



Evaluation of the Longreach Parenting Project

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Executive Summary

- National drug policy has changed as a result of a report produced by the Advisory Council for the Misuse of Drugs (ACMD) (2003). Its shape was initially outlined in *Every Child Matters*, and then formalized in *Drugs: protecting families and communities*. Essentially this means multi-agency working and placing the needs of families affected by drugs at the heart of mainstream provision for problematic drug users.
- The Broadreach Organisation has pre-empted this policy shift in establishing the Parenting Project. The Organisation itself has several strands:
 - a) Broadreach which is a mixed gender, residential primary treatment unit
 - b) Longreach which is a residential facility for women only
 - c) Closereach which is residential centre for men only
 - d) Ocean Quay which houses a number of day services including the Parenting Project
 - e) Parenting Project which straddles all the above locations and services
- With the opening of Longreach in 1996, a female-only facility, the needs of children and mothers were identified early on. Though some provision was made as early as 1999, provision was first formalized in 2004 as a result of funding from the Parenting Fund.
- The Parenting Project works in the following ways:
 - In residential settings it allows parents to benefit from individual and group work including support for parents with older children who have challenging behaviour.
 - In day service settings there are family therapy service and parenting teenager workshops built around Webster-Stratton parenting programmes. The workshops aimed at helping parents deal with challenging behaviour in their children, are seen as key in helping to break intergenerational substance misuse problems and supporting families to stay together.

- The Parenting Project also works with couples in residential and day services, allowing them to address their substance misuse within the context of their family.
 - Day clients at the Quay Project can also access Parenting Project services such as the crèche, family therapists, housing advice and the volunteer project.
 - A Domestic Violence Project has also recently been piloted.
- Throughput information relating to the Parenting Project, Family Therapy and Creche Facilities indicates that:
 - Qualitative information obtained through interviews with clients suggest a high degree of support for the Parenting Project and the designated worker. Numerous benefits were highlighted including strengthening existing familial relationships and in some instances re-establishing them. There was a general distrust for Social Services and the Project was regarded as an appropriate mediating influence.
 - The Parenting Project has operated in a multi-agency context successfully in certain contexts, but this is sometimes ad hoc and piecemeal. This work appears to depend on the continuity of staffing and the sustenance of contacts.
 - This evaluation concludes that:
 - a) The Parenting Project has pre-empted the direction of national drug policy as it relates to parenting and family needs. It also appears to have implemented many of the recommendations set out in *Hidden Harm Strategy for Plymouth – Taking the Next Steps Together (2009 – 2011)*. Thus it would seem to offer a key element in meeting the city's strategic attempts to meet the needs of families where drugs misuse is occurring.
 - b) There is a dearth of service provision in this area, and the Parenting Project appears to be cutting edge in national terms.
 - A total of five recommendations emerged from this evaluation:
 - 1) The Parenting Project should maintain and strengthen its current approach
 - 2) That links are reinforced between Broadreach and the Parenting Project

- 3) That external agencies are kept informed of personnel changes and the profile of the Project is raised.
- 4) That staff photo boards are placed in the reception area
- 5) That the Project should be monitored more effectively and staff should be made of aware of oragnisational hierarchy.

1 Introduction

This report is an evaluation of the Parenting Project, which took place from November 2008 until January 2009. In order to achieve this we undertook documentary analysis of national policy documents and documents relating to the Parenting Project; we interviewed key staff from both within the Broadreach House organization and outside agencies, we interviewed clients and ex-clients; undertook a survey of Quay Project users.

The report is structured in the following manner: it begins with an overview of the current UK substance policy. From there it provides a brief history of the Broadreach House organization and the services it provides. It then looks specifically at the genesis and development of the parenting project. From there it moves to review the findings from the data collection, looking at the throughputs of the project and offering some qualitative data taken from interviews with clients and ex-clients. It ends by providing some conclusions and recommendations.

It is important to note that the structure of the Broadreach House organization is such that it has a number of different strands to it. These are:

Broadreach which is a mixed gender, residential primary treatment unit

Longreach which is a residential facility for women only

Closereach which is residential centre for men only

Ocean Quay which houses a number of day services including the Parenting Project

The Parenting Project which straddles all the above locations and services

2. Current UK substance misuse policy

2.1 Current Government drug policy recognises that substance misuse has a detrimental effect upon the lives of children. The difficulties that such children face were explored in Hidden Harm (2003) by the Advisory Council for the Misuse of Drugs (ACMD). This report found that children face multiple difficulties such as poor health, delayed development, relationship difficulties and poor educational outcomes.

2.2 These poor outcomes, the report suggested, were, in part, due to the fact that only a minority of agencies make any provision for clients with children and fewer still make an

attempt to assess and meet the needs of those children, which should be seen as an 'integral part of reducing drug related harm' (ACMD 2003, :82). The report highlighted barriers that women substance users face in seeking treatment. These include stigmatization, child protection issues and a lack of childcare and transport. The report suggested that social care, education and health agencies should aim to engage more with parents who misuse substances.

2.3 The government response to this was that substance abuse services should work with other services to respond in a coordinated way to children's needs. This is in line with current practice as outlined in Every Child Matters (ECM). Schools should have a designated person for students affected by substance misuse.

2.4 In line with ECM, government suggests that drug and alcohol agencies have a responsibility to the children of dependent clients and should aim to provide accessible and effective support either directly or via good links with other services. Further, services for children must be identified in adult treatment plans.

2.5 Integral to the new drug policy *Drugs: protecting families and communities* the government aim is to have guidelines to help in the commissioning and delivery of treatment services with a greater focus on the needs of parents and families. This means that treatment services have to be more accessible to parents.

2.6 The key strategies aim to provide parents with a treatment need to rapid access to treatment and all assessments must take into account the family's needs. Interventions for families should include:

- Improving parenting skills.
- Helping parents to educate their children about the risks of substance abuse.
- Supporting families to stay together.
- Breaking the cycles of substance misuse that can be transmitted from generation to generation.
- Learning from innovative programmes

Parents should also be adequately supported so their children do not become carers, either inappropriately or 'excessively'.

2.7 The policy aims are thus focused around greater multiagency working, with children's needs being integral to any interventions or assessments. This should be backed up by improved accessibility to treatment services for parents and supporting and facilitating work with clients to be enable them to more effective parents.

2.8 Thus, the thrust and direction of the new 2008 drug policy places children and families firmly at the heart of provision for problematic drug users. The remainder of this report looks at the manner in which Broadreach House and Longreach have preempted this move and is an evaluation of their policy and practice with regard to embedding parenting skills within their work

3. Background to the Broadreach House Organisation

3.1 Overview of Broadreach House services

3.1.1 Broadreach House offers a variety of interventions to help people with substance abuse problems. The organization aims to offer quality individually tailored and affordable rehabilitation services to clients from diverse backgrounds. Referrals come from various sources including primary care services, drug and alcohol agencies, social services, and the probation service as well as from private individuals.

3.1.2 Broadreach House consists of 4 separate units offering interventions at all stages of the treatment journey, including in-patient detoxification, stabilization, Residential care, Aftercare and Day Services. Entry into these services can take a number of routes – a client may make a linear journey through all stages of treatment, or may be referred for one or more stages. The package of care chosen is determined by a needs assessment, matched against available funding.

Clients entering as residents at Broadreach, will be offered a medically supervised scripted detoxification programme. Clients may also be provided with assisted withdrawal and stabilization, offered counseling, individual and group, in order to aid clients to resist relapse. This is the first point at which the Parenting Project is made available to clients.

3.1.3 The entry criteria for the male and female residential units (Closereach and Longreach) require that clients are fully detoxed. Clients are referred nationally and may have undergone detoxification in their home area, or been referred via Broadreach.

Treatment focuses strongly on the clients' psychological and social needs as well as on relapse prevention. This residential programme lasts from three to six months. Clients undergo group and individual therapy alongside a range of interventions aimed at addressing needs identified on assessment. The Parenting Project offers group and individual support to help with current difficulties and improve parenting skills for the future.

After residential treatment clients will either return to their home area to link in with continued support there, or be funded to attend the 12 week Aftercare provided by Broadreach House and based at Ocean Quay. Completion of this is followed by access to the day services and volunteers project, also provided by Broadreach House and based at Ocean Quay.

3.2 Day services at The Quay Project

3.2.1 While there is some input in the residential programmes, the Parenting Project is based at Ocean Quay. Ocean Quay is a building in Richmond Walk, Plymouth, which houses the *Quay Project* and *Action for Change (AfC)* day services. The Quay Project and AfC both run as 12 week, full time programmes which can be either consecutive programmes as part of Broadreach House's overall rehabilitation programme, or individual programmes that can be accessed sideways via external referrers.

3.2.2 The AfC programme is only available to fully funded service users and provides a structured daily environment to help support clients to remain substance free, however it is not a requirement of the Quay Project that clients are substance free. AfC offers clients individual and group therapy, social and life skills training. Clients have access to a gym and various physical therapies as well as various complementary therapies and IT equipment. Clients can access help with supported housing and resettlement. This helps those who have come from residential programmes move back into their own accommodation by helping them maintain budgets, keep the property in good order and resolve conflicts which may otherwise result in eviction. The focus is on helping clients re-integrate into the community and the Parenting Project, along with family therapy and the crèche, which clients can also fully access at this point, is part of that process.

3.2.3 Clients completing the 12 week AfC project then become eligible to participate in the Quay Project. This project is free to people who have attended any drug and alcohol treatment services in Plymouth and Devon. They also need to be resident in

Devon and out of work. The Quay Project can be conceptualized as follow-on to AfC, in that it moves clients on to more independent and substance-free living. It does this by continuing to support clients to maintain their recovery by helping them become more fully included into society via careers advice, some training courses. As with AfC, clients have access to supported housing and resettlement, as well as the family therapy services, the crèche and the Parenting Project.

3.2.4 The final part of the process is the volunteer project, which again helps clients with the final transition back into the community by providing employment skills and experience. This is seen as the final block in a client's rehabilitation, bringing them from the chaotic lives lived pre-detoxification, to something more structured and ordered which will hopefully allow them to become included into society. All people who use the residential and day services either have used or are currently using drug and alcohol treatment services. The Parenting Project is however anomalous in that it can be accessed externally of other drug and alcohol services.

3.3 The Parenting Project within the Broadreach House Organisation

3.3.1 The need to provide support and guidance on parenting skills is embedded within all the services Broadreach House offers. As a result, although it is physically based at the day services at Ocean Quay, the Parenting Project it has a presence in all three residential units.

3.3.2 The Parenting Project aims to support people who have problems with drug and/or alcohol misuse to rebuild relationships with their children and to become effective or 'good enough' parents. It does this by exploring the impact of parents' substance misuse on their children, addressing the feelings of guilt and shame that can act as a barrier to parenting and also how to approach talking to children about their addiction in an attempt to build the bridges in relationships. It delivers this aim by way of a flexible, parent-led programme which offers support to clients from the start of their detoxification process right through to day care services and beyond. Additionally it aims to prevent children entering the care system or any escalation in child protection proceedings. It delivers the service in all three residential units, the day services at Ocean Quay and also within clients' homes. For the sake of brevity and consistency we have referred to this process as 'parenting skills' throughout the remainder of the report.

3.3.3 In detail this involves the following:

- Support around talking to the children appropriately around substance misuse
- The impact of their substance misuse on the children
- Work around setting boundaries,
- Support around planning and managing contact sessions,
- Advice and support on re-establishing contact with children
- Parenting advice based on the principles of the Webster Stratton Incredible Years Programme.
- Family Therapy services – encompassing support for kinship carers
- Parenting Groups/Workshops

3.3.4 The Project also signposts clients to other agencies and provides opportunities to access Webster Stratton programmes, Strengthening Families programmes, family therapy, introducing to nursery and mainstream family centres and providing CAMHS workshops on children's emotional well-being. As a consequence of working with agencies the Parenting Project contributes to Multi agency Child Protection Plans. For example, these can include:

- Parenting support/advice
- Referral to parenting programmes/ CAHMS workshops
- Family Therapy services
- Support supervised contact arrangements

4. 1 Genesis and development of the Parenting Project

4.1.1 As with most drug services in the UK providing support and guidance around parenting skills was not seen as part of the remit at Broadreach House's inception. However, with the opening of Longreach in 1996, which was aimed specifically at women's needs, it soon became apparent that developing parenting skills was an unmet need.

4.1.2 Longreach was developed in response to the traditional male-centred residential settings. It was found that women clients often had complex issues around domestic or

sexual abuse. In addition worries about the fate of children once women entered treatment led to recognition that there was a need for a women-only service. In what was a prescient and innovative decision, the Broadreach House organization recognised that parenting was a key issue in the lives of the women they were seeing. Longreach was established in 1996 and is currently women only and registered to allow overnight visits by children less than 12 years of age.

4.1.3 Parenting skills *per se* were established as part of the service three years after the establishment of Longreach. Although it was recognized that such a programme was needed, the organization had struggled to find a suitable child and family worker who was had an awareness and understanding of the specific issues that drug and/or alcohol dependent parents face. The employment of a sessional worker who had previously worked in family centres allowed Broadreach House to offer a degree of consistency in piloting this area. However, due to staff leaving and unsuitable arrangements being put in place, it was not until 2003 that a clear vision of what Longreach wanted to achieve in terms of parenting services offered to clients was formulated.

4.1.4 In 2004 Longreach secured funding from the Parenting Fund to allow the organization to:

- set up of the overnight family contact suite,
- establish the crèche,
- establish the family therapy room
- recruit staff specifically aimed at supporting parents.

As a result of the funding, parenting skills were able to become embedded into Longreach's services.

4.2 Funding of the Parenting Project

4.2.1 The underlying ethos of the Parenting Project revolves heavily around the ethos that contact between parents and their children is vital and that positive contact should be encouraged and supported at all times. This ethos is embedded into and across the whole Broadreach House organization.

4.2.2 This ethos spans all genders and there is a commitment to encourage and support positive contact between male as well as female clients. Work with male clients at the male only centre at Closereach is different to that carried out at Longreach in as much that very few men have contact with their children. Work often happens around fathers re-establishing contact with their children. Originally this was done on a one-to-one basis but now male clients access the project in the same way as the women, via group sessions and then one-to-one if requested.

4.2.3 The Parenting Project is funded by the government Parenting Fund and is specifically aimed at parents with substance abuse problems. The first round of Parenting Fund money allowed for the setting up of the project and the crèche as well as funding 4 staff. The second round of funding, being half of the first round, resulted in a cut of staff and now only funds one full time worker. Although this means that the Project is unable to fully develop its work in North Cornwall, it has succeeded in carrying out some work in this area and the demands on the service have substantially increased despite the reduction in staff.

The Project is broad based and runs across all the services that Broadreach House offers. The Parenting Project is currently accessed via Broadreach House residential treatment centres and Ocean Quay day services, including Time4Change. Time4Change is a service aimed at supporting the families of people with substance abuse issues, which Broadreach House runs in partnership with FamilyMatters, a local charity specialising in family therapy. Referrals to Time4Change come from within Broadreach House, other drug agencies, GPs and social services.

4.2.4 In theory, the Parenting Project can be accessed by any parent within the city. Indeed, Parenting Project staff have done outreach work in child and family organisations to raise awareness of the services they offer. In practice, the clients so far have come from referrals via drug and alcohol services, social services and GPs as well as participating via Broadreach House residential and day services.

4.2.5 The Parenting Project is parent-led and responsive to the individual needs of the clients. The Project's states that its "underlying philosophy (is) that we are working with 'good enough' parents with particular difficulties".

4.2.6 The Parenting Project works in the following ways:

- In residential settings it allows parents to benefit from individual and group work including support for parents with older children who have challenging behaviour.
- In day service settings there are family therapy service and parenting teenager workshops built around Webster-Stratton parenting programmes. The workshops aimed at helping parents deal with challenging behaviour in their children, are seen as key in helping to break intergenerational substance misuse problems and supporting families to stay together.
- The Parenting Project also works with couples in residential and day services, allowing them to address their substance misuse within the context of their family.
- Day clients at the Quay Project can also access Parenting Project services such as the crèche, family therapists, housing advice and the volunteer project.

4.2.7 This allows Broadreach House to achieve a key objective of the government's 2008 Drug Strategy.

4.2.8 Specifically, The Parenting Project is delivered in the following ways:

- Broadreach: One to one work mostly around problem solving, practical advice and support.
- Closereach: Weekly one to one sessions offering practical advice and support.
- Longreach: Weekly group sessions around clients current issues with the option of one to one sessions later.
- Ocean Quay: Group and individual sessions with parenting workers.
- Outreach: The Parenting Project also delivers in clients' homes as an outreach service offering support to parents in their own homes where they. This enables isolated parents with substance misuse problems to receive support and advice around their children. Home visits can be offered to families who are not currently engaging with the Quay or Broadreach House services.

4.2.9 Within group work, the facilitator identifies core themes from individual and group feedback which then feeds into a more structured programme. On an individual basis,

clients are offered advocacy services, information, letter writing and attending case meetings.

4.2.10 For those clients at who need supervised contact with their children Broadreach House provides contact sites but contact must be supervised by a supervisor provided by social services. If social services want Broadreach House to provide a supervisor, then social services have to pay extra for that service. Broadreach House does not charge social services for using the contact sites nor does it charge for any parenting work.

4.2.11 The Parenting Project also covers the Domestic Violence Project which has been piloted more recently, the project looks at issues around physical, emotional and sexual abuse, empowerment, the impact of domestic violence on children and families, positive parenting, and stopping the transmission of inappropriate behaviour across generations. The groups are based on 2 different models (Changing Patterns and Freedom) and adapted to include drug/alcohol issues and effects on children. Initial evaluation allowed the development of a Freedom to Change group, merging the best of both models to run as a 15 week programme. This has been running in an all women residential setting, but could be offered elsewhere. It aims to develop programmes for perpetrators and possibly children/young people witnessing violence. This group has reached 24 women to date. The current model encourages those completing the course to act as mentors on future courses. Clearly as this is a pilot study, a consistent and substantive body of data does not exist to enable us to fully evaluate its outcomes.

4.2.12 However, we do have some evaluation of the project by clients who accessed it, and they have reported that that although it has sometimes been difficult for them to discuss, the process has been beneficial for them and has equipped them to resist abusive relationships:

Sometimes it raked up some bad memories which have been painfull but I guess it has made me a more knowledgeable and stronger person. I have brought from the program to be a stronger person and more aware of domestic abuse and not to let anyone to abuse me mentally, physically and sexually ever again (DV 1).

I found it a very powerful group, it has changed my thoughts and feelings completely (DV 2).

As these quotes demonstrate there are verifiable links between the Parenting Project and the Domestic Violence Pilot:

Cause it made me look at how I parent my kid...I will parent different (DV 3).

It helped me see why my daughter behaves the way she does towards me today...She will have a mum who doesn't abuse herself or allow anyone to abuse her anymore (DV 4).

It's made me more aware of how involved the children became by being mixed up in rows and arguments...There will be no more witnessing of D.V. in the household as it will never be happening again. And I can now help teach them that it is unacceptable by teaching others (DV 5).

This report now moves to provide more structured information about the throughputs in the Parenting Project (all information in this section is derived from Broadreach House files)

5. Throughputs

5.1 Parenting Project

Location	Male	Female	Referred from Cornwall	Total
Broadreach	52	44	4	96
Closereach	12	0		12
Longreach	0	18		18
AfC Quay project				14
Overall total				140

Table 1
Parenting Project clients by gender, location and referral area 06.06/12.06

Location	Male	Female	Referred from Cornwall	Total
Broadreach	17	7	7	24

Closereach	10	0	1	10
Longreach	0	19	3	19
AfC Quay project	24	19	NA	43
Overall total				96

Table 2
Parenting Project clients by gender, location and referral area 01.07/06.07

Location	Male	Female	Referred from Cornwall	Total
Broadreach				19
Closereach	8	0		8
Longreach	0	16		16
AfC Quay project				38
Overall total				81

Table 3
Parenting Project clients by gender, location and referral area 07.07/12.07

Location	Male	Female	Referred from Cornwall	Total
Broadreach	6	6		12
Closereach	3	0		3
Longreach	0	10		10
AfC Quay project	8	20		28
Overall total				53

Table 4
Parenting Project clients by gender, location and referral area 01.08 – 08.08

Location	Male	Female	Referred from Cornwall	Total
Broadreach				35
Closereach	10	0		10
Longreach	0	22		22
AfC Quay project				17
Overall total				84

Table 5
Parenting Project clients by gender, location and referral area 09.08/12.08

5.2 Family Therapy

The Family Therapy Service is offered as part of the Parenting Project but is delivered by Time for Change, which is external to the Broadreach organization. Since this service has been available:

- 23 Families (A total of 26 Broadreach Service Users)
- 21 affected others.

5.3 Crèche

This service is located at the Quay Project and has seen the following throughputs:

- June 2006 - December 2006: 24 children
- January 2007 - June 2007: 34 children
- June 2007-December 2007: 27 children
- September 2008 – December 2008: 38 children

6. Clients' experiences of the Parenting Project

6.1 In addition to the quantitative data proved above we interviewed eleven clients and ex-clients in order to get the views of a cross section of clients who have used the Parenting Project. Of those eleven, five women were interviewed at Longreach; two men were interviewed at Closereach; one male and one female were interviewed at the Quay Project and two interviews were conducted over the telephone. In addition to these interviews we conducted a questionnaire with service users at the Quay Project ($n=26$)

6.2 We were concerned to discover their perspectives on seven points relating to the service.

- First time awareness of the Parenting Project
- First time contact with the Parenting Project
- How and with what ease the Parenting Project is accessed

- Approachability of the workers
- Motivations for accessing the Parenting Project
- Individual benefits derived from accessing the Parenting Project
- Improvements to be made to the service.

6.3 Awareness

The clients were identified as being parents in their assessments, although not all of them disclosed the fact. The clients were largely unaware of the Parenting Project during their detoxification at Broadreach, unless they knew about it prior to attending via the website or literature. For most of the clients, it was only when they got into secondary residential care that they were aware of the Parenting Project in any meaningful way. A survey of 26 clients who use the day service showed a good awareness of the presence of the project (21/26) even though very few of those surveyed used the project.

6.4 For some of the clients, the Parenting Project was instrumental in their decision to attend Broadreach:

It is actually stated in the brochure that they do a parenting course and this is why it took so long, because they were looking through all the rehab places for me to be able to do everything under one roof, instead of having to here there and everywhere and if this place didn't do it, I don't know where I would be. (LRJ)

6.5 The clients value the accessibility of the Parenting Project worker:

If we need time with [key worker]. She's always there, we can make appointments to see her anytime of the week, not just on parents' (group), we don't have to wait the full week. (LRT)

I knew they were there and knew if I needed support in that area I could get it. (Ex-service user:D)

Without these people here I wouldn't have had anyone to ask. I could go to crèche or parenting workers and say, "is it because of something I did or how I have behaved since he was born? Can he remember stuff?" and they would say, no no it's fine it's completely normal. So although it was a tiny little thing, I thought it was something to do with me and so that is where, if there hadn't been the Parenting Project, I wouldn't have been able to go to anyone else to ask about it. It was there for practical advice on small issues. (Ex-service user:V)

6.6 All the clients reported a positive experience with Broadreach services and the Parenting Project in particular. It was emphasized that it was not reliant on the personality of the sole case worker, although the fact that she was herself a parent, meant that clients felt she was better able to empathize with them.

6.7 Clients who were able to keep contact with their children via home visits or their children visiting them at Closereach or Longreach were very positive about the support the Parenting Project gave them in this regard. Equally there were strong elements of mutual support within the groups:

Each person has different needs and expectations from the group.... If you listen to other people's situations and views, you can pick up some helpful hints as well... everybody gets little bits from what everybody's saying. Yeah, you can associate with parts of it which is very good to use. (CRL)

It was good doing the group work with everyone and how they coped because it was really interesting listening to them because they had done the hard stuff. I could ask them how they coped. (OQT)

There was a Quay Project client at the time, that had her kids taken off her and was feeling really bad and it was good because there were people like me who could show that you can get your kids back. So it was good, there were lots of different people at different stages of parenting, with different issues, but one could feed off another and it was really helpful. It was helpful for me because I knew I could pass my experience onto someone else and it helped them to see that I had done well and it gave them something to work towards. (Ex-service user:V)

6.8 Benefits

Clients have reported immediate and tangible benefits from attending the parenting group, particularly with respect to their personal recovery:

It's helped me come to terms with some of the things I might have put my children through and made me see it a bit more for their point of view and this helped maybe to try and build bridges and building back a relationship (LRT)

... it was so hard for me (seeing children on a home visit), but [key worker] helped me talk through that and by talking to her, we're giving other people tips on how to cope when they go home. (LRJ)

CRP: The children are my main motivation for keeping clean.

Int: You hope the Parenting Project will help with that?

CRP: I don't have hopes; I know that they will. (CRP)

I attend every parenting class, because if I don't finish this treatment, I don't get my children. My recovery is really important to me, not just for my children but for myself as well, because with (my son's) disabilities, I struggle. (LRJ)

A lot of addicts have serious issues surrounding their kids, neglecting their kids, where we put our drugs and our drink in front of everything, not deliberately, it's just how we are. And then when you do come into treatment, you realize that your kids are the most important thing in your life. (CRP)

I think the Parenting Project has been invaluable actually. It helped me to see that I'm not actually a bad mum, but I had an addiction, I was ill. It helped me to separate my addiction from my role as a mum. (Ex-service user: D)

6.9 The way that relationships have been strengthened is a recurring theme:

.... my relationship with my daughter is a lot better, its something that was really strained, and with (my son) I managed to have him two nights and he behaved really, really well for me and I didn't find it a struggle. We sat and chatted, played games and I was more interactive and he was more interactive with me and he kind of kicked out a little bit and I said to him "now don't do that," and he listened and it's about being, for me, more assertive because when dad left they walked all over me and treated me the same way he treated me... (LRJ)

I definitely think that the Parenting Project helped keep us together as a family. (Ex-service user: V)

I thought I was the worse mum in the world because I drank. I can see now through doing the parenting that that is not the case. (Ex-service user: D)

It's helped me quite a lot, it helped me with my son's behaviour and with learning to play and things like that, quite practical, yes. (OQ: N)

I went to the Parenting Project because I wanted to get in touch with my son again. It helped for me to speak to him and get over some hurdles (OQ: J)

6.10 For some clients with older children, the Parenting Project is also helping them to re-establish and improve relations with offspring from whom they have become estranged:

There's nothing at the moment that I can do, except that [key worker]'s going to help me write a letter, cos I can't go to social services, I can't fight for them in court because they're adults... It makes me feel a bit better that with [key worker] something might be happening, there might be a light at the end of that tunnel which is good for me to feel. (LRS)

I went to the Parenting Project because I wanted to get in touch with my son again. I never got contact with him for a long time. It was only when I started coming here that I got in contact again. The contact has been going good, very good. We talk about his mum and things. Sometimes I do struggle with him. (OQ: T)

6.11 One of the Closereach residents is trying to establish a better relationship with his adult children and the counseling he is undergoing, along with the support of the Parenting Project is helping him to achieve this.

6.12 Interviews with staff, clients and ex-clients have highlighted the difficulties that substance mis-users face in terms of trusting social services. The fear of losing custody of their children was a recurring theme, which resulted in parents not disclosing difficulties they had to the social and health services agencies. The Parenting Project is seen as a buffer by parents/clients between themselves and statutory authorities:

(If it weren't for the Parenting Project) I would never go to a doctor or Health Visitor and say, "is my son doing this because of what I did?" Without these people here I wouldn't have had anyone to ask. We would have had to have health visitors as our support network who would have reported back to social services, so I would have had to discuss all my personal fears with my health visitor, which I wouldn't have done because

it would have been about my drug use when I was pregnant, so I probably wouldn't have been honest. (Ex-service user: V)

6.13 Clients' Suggestions for improvement

- The clients at Longreach had no suggestions for improvements. They were happy with the way the Parenting Project is run and the service they received.
- The clients at Closereach said that more information handouts would be useful, especially around fathers' rights.
- Closereach clients also said that if the residential centre had internet access, then information could be accessed much quicker.
- One interviewee had only just come into contact with the Parenting Project however and his immediate needs were practical assistance.

7 Outcomes from contacts with other child and family agencies

7.1 The Parenting Project has carried out joint work with Children's Services/Social Services. For example, the Project, in conjunction with Children's Services, currently works with 11 families in the Day Services at Ocean Quay, thus providing a unique service within the city.

7.2 The Parenting Project has, from its outset, established links with KEW-5 (part of CAMHS), Family Matters, a family therapy service and Trevi House, a women's and children's residential rehabilitation unit. These links have provided opportunities for multi-agency working through working jointly with families and also by providing training in to child and family organisations in parenting programmes such as Webster-Stratton.

7.3 The Parenting Project Team has been engaged in raising the profile of the project by giving presentations to other agencies within the city. In some cases these agencies can be referring clients to both services running out of the Ocean Quay building – Ocean Quay and AfC - and in others the contact has been made as a result of meeting at training days.

7.4 We contacted some agencies with a child and parenting remit to ascertain if they were aware of the Parenting Project and if and how they used the service.

7.5 Agencies which had no knowledge could be explained in the following manner:

- The key Parenting Project worker is new to the post and so not known to the agency as an individual
- Secondly, many of their counterparts have now left and their replacements are unaware of Broadreach as an agency and the Parenting Project in particular.

7.6 However, some agencies reported that they work with the Parenting Project on an *ad hoc*, case by case basis. This means that sometimes months can pass with no contact between the project and the external agency. As a result, workers in the agencies concerned are unaware of personnel or policy changes. Restrictions on staffing and budgets for all agencies concerned mean that inter-agency meetings are only attended if absolutely imperative and the attending staff members may not be the person with whom the Parenting Project has previously been communicating with. These issues all conspire to reduce the visibility of the Parenting Project, and indeed Broadreach House, within the overarching network of agencies working around substance abuse, children and families.

8 Conclusions and Recommendations

8.1 In terms of treatment provision, drug and alcohol services have for a long time been focused on the needs of men and the way treatment centres have evolved reflects this. An electronic search of UK organisations that also provide drug and alcohol rehabilitation services, revealed that although many organisations offer family support, this is either aimed at the parents, siblings and children of people with substance misuse problems, or, either additionally or discretely, aimed at rebuilding fractured relationships via forms of family therapy.

8.2 In many respects the Parenting Project is already implementing many of the recommendations outlined in *Hidden Harm Strategy for Plymouth – Taking the Next Steps Together (2009 – 2011)*. Given the list of recommendations taken from the consultation document provided below, the Longreach Parenting Project clearly has the potential to be a major contributor in the city's strategic provision of services for families with children where there is substance misuse taking place.

- Reduction in the number of looked after children where parental substance misuse is significantly implicated
- Reduction in the number of children with a child protection plan where parental substance misuse is significantly implicated
- Support families to stay together safely
- Improvement in parenting skills and capacity in substance misusing parents

8.3 It emerged that only two other organisations offered any kind of parenting skills to substance misusing clients. This paucity of service provision beyond that supplied by Broadreach was highlighted in client interviews where respondents cited the presence of the Parenting Project as their main reason for choosing Broadreach House for their rehabilitation. Based on our research of similar projects nationwide it appears that the Parenting Project is in the vanguard of providing parenting skills in order to reduce the harm that drugs and alcohol do to children and families.

8.4 This is one of the key reasons for the Parenting Project's success. Further, it is clear that the Parenting Project is firmly embedded within the Broadreach House organization and there is a firm commitment across the organization to supporting both mothers and fathers who have misused drugs or alcohol and this commitment is reflected in the positive experiences that clients gave in interviews. Additionally the service is valued by referring external organisations that work with drug and alcohol misuse. The Parenting Project thus allows Broadreach House to adhere to and comply with the current drug strategy and is clearly ahead of its time. In sum, the Parenting Project enables Broadreach House to provide a cutting edge service nationally.

There are a number of reasons for this:

1. The length of time that the organization has recognised that parenting and parenting skills can be an unmet need for their client group
2. The way the aim of maintaining positive contacts with children across all aspects of provision and the aim of enabling parents to be effective in their roles as parents is embedded across the organization.

3. The recognition that the needs of male and female clients in terms of parenting skills may be different and the accompanying variation in approaches and services provided
4. Taken together, the above philosophies and practices are an integral part of client treatments and also help in preventing the intergenerational transmission of substance misuse

Recommendation 1

The research recommends that Broadreach continues with this approach and uses it as a foundation to match government policies around reducing the harm that substance misuse does to families and children.

In addition we would recommend that the Parenting Project is reviewed by strategic bodies in the City as a potential service provider for future strategic developments in child and family provision

8.5 The individual staff tasked with providing Parenting Project services are enthusiastic and committed to their roles, seeking opportunities to raise the profile of the project where ever possible. This enthusiasm and dedication has been transmitted to other workers within the organization who are not directly connected with the Parenting Project. The establishment of the Parenting Project in close proximity to the other day services means that parenting project staff are closely integrated with other Broadreach House organization staff and as a result, workers outside of the Parenting Project have a greater understanding of parenting and child protection issues than they had previously. This is beneficial because it means parenting and child welfare are better embedded within the organization, fulfilling the criteria outlined in ECM and the current UK drug strategy. It is recognized that this understanding could be deepened further to extend beyond the child protection training most staff have undertaken. Further, the way that the Parenting Project is now more closely aligned in terms of location, enhances the embedded nature of the project. We would suggest that because the project is now in physical proximity to other Broadreach House services, all staff now take a greater consideration of parents' needs than previously.

Recommendation 2

The research recommends that Broadreach House continues to support the Parenting Project staff and to maintain the project workers' close physical proximity to other Broadreach House staff at Ocean Quay.

It further recommends that *all* staff have up to date child protection training.

8.6 It is understood that there are issues with high staff turnover in this area and that this has an impact on multi-agency working. For example, because the Parenting Project is used on a case by case basis by other agencies, many people from external agencies were unaware that the Parenting Project had a new lead worker. Additionally new workers in external agencies were not fully aware of the project. This is not something Broadreach House can remedy alone.

Recommendation 3

When there is a change of personnel it is recommended that external agencies are informed of this. Notification of who is leaving and when, and who is taking over and when, will enhance inter-agency communication.

We would also add that more work could be done in raising the profile of the Parenting Project throughout the city and beyond into Cornwall and Devon

8.7 Also of concern is that some Quay Project service users were also unaware of personnel changes within the Parenting Project.

Recommendation 4

Simple measures like Staff photo boards in reception could help overcome this problem

8.8 The way that the Parenting Project runs through all the organization, means that there is a blurring of where the Parenting Project ends and other services, like family therapy, begin. This could be seen as strength in that it indicates that the needs of families are firmly embedded within the organization, however, it also makes it more difficult to assess the work of the Parenting Project and evaluate outcomes as the

degree of overlap and embeddedness makes it difficult to see where one project ends and another begins.

8.9 Monitoring of clients throughout their contact with the Broadreach House organization is weak and the organisational structure was also less than transparent to us. We also found it difficult to understand some of the statistical data as the format in which it is presented seems to vary from year to year and project to project.

Recommendation 5

The research recommends that more effective monitoring policies be put into place and that staff are clearer about the organisational hierarchy

8.10 Whilst the above report demonstrates that there are some problems, these are chiefly to be found in areas of data collection and recording, and unpicking the strands of the project from the rest of the work that goes on in the organization. Whilst we do not necessarily see this as a weakness it makes evaluation of individual projects difficult.

8.11 However, overall the Parenting Project can be seen as an important addition to the range of services provided to Broadreach House clients. There are high levels of support for the aims, objectives and under-pinning philosophy of the project and these are supported and embraced by the staff and managers we interviewed. Clients of the service have shown high levels of satisfaction – indeed some mentioned that they had chosen the Broadreach House organization specifically because of the Parenting Project. The project and its underpinning philosophy reflects and anticipates the direction of travel of current government policy, but the embedded nature of the work places Broadreach slightly ahead of the pack. One of its main strengths is the manner in which the need to support and enable clients to achieve more effective parenting has become central to large parts of the organization as a whole.