



Intensive Playgroup Evaluation
Final Report

2007

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Abbreviations

AOD	Alcohol and Other Drugs
FaCSIA	Department of Families, Community Services and Indigenous Affairs
GWH	Gwenyth Williams House (youth residential withdrawal unit)
LACP	Leslie Anne Curran Place (adult residential withdrawal unit)
UCMH	UnitingCare Moreland Hall

Evaluation Report

Prepared by:

Paul Aiken and David Rose

Special Projects, UnitingCare Moreland Hall

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Executive Summary

Program Description

International research conducted by the then Executive Director of *UnitingCare* Moreland Hall (UCMH) identified the need to develop and evaluate programs for pre-school children attached to specialist drug treatment services (Farrow 2002). In 2002 UCMH also undertook an internal review of areas for possible program development. Consultations with agency staff and management identified the need for service initiatives related to parental drug use.

The *UnitingCare* Moreland Hall Intensive Playgroup (generally to be referred to as 'Playgroup') was established in 2004 as a two-year pilot project funded by The William Buckland Foundation. The project aimed to develop an intensive playgroup model for pre-school aged children of clients participating in Alcohol and Other Drug (AOD) treatment with UCMH. Under this model, it was intended that the support provided to substance-using parents through the playgroup would assist them to provide better care to their young children, cope more effectively with the stresses of parenting and engage more effectively with drug treatment while providing positive socialisation opportunities for their children.

During the pilot phase the Intensive Playgroup employed two staff: Co-ordinator and Intensive Playgroup Worker, each at 0.6 EFT. Playgroup sessions were run two days a week at UCMH's main site in an area reserved and redeveloped specifically for the project.

The Evaluation

This evaluation was conducted by UCMH's Special Projects unit, an independent unit within the agency's structure. It focuses on the first two years of the Intensive Playgroup project's operation and attempts to contribute to sectoral knowledge in an area which has received only limited attention. Its intention is to document the pilot project's implementation in order to recommend improvements for its future development and to contribute to a broader understanding of how the AOD sector can best meet the needs of drug-using parents and their children. It also provides an analysis of the Playgroup model developed within the project and the key success factors necessary to replicate the model elsewhere.

The key questions posed by the evaluation were:

1. What is an effective model for providing an enhanced playgroup to drug using parents and their children?
2. What are the experiences of all key stakeholders (parents, children, project staff, UCMH staff) of the project, and what are the issues that need to be addressed in providing such a service?
3. What is the impact of the intensive playgroup on parents and their children, particularly:
 - Parents' engagement with treatment
 - Overall social connectedness of parents and their children?

4. What is the impact of the intensive playgroup on the wider UCMH/other drug treatment service staff, particularly in relation to their knowledge and attitudes towards working with parenting/child issues?

As a pilot project, there were several restrictions imposed upon possible evaluation strategies. The combination of relatively small client numbers, the need for evaluators to remain unobtrusive and aware of client sensitivities and the limited timeframe of the project's operation led the evaluators to focus largely on collecting qualitative data from clients (personal and family experiences at Playgroup) and staff (impact on own and agency practice).

Key Learnings from the Literature

The impact of parental drug use on young children is an area that has received increasing attention. Recent estimates indicate there are potentially 60,000 children of people in drug treatment in Australia based on service use statistics (Gruenert et al., 2004).

The harm caused to children by parental drug use can be summarised accordingly:

- There is a strong association between parental drug use and involvement with the child protection system (Kroll and Taylor, 2003; Patton, 2004);
- It has been observed that parental drug use places children at higher risk of developing problematic drug use themselves (Merikangas et al., 1998); and
- There is widespread evidence documenting the health and developmental consequences for children exposed to parental drug use both *in utero* and after birth.

Responding to the needs of parent drug-users has been a particularly challenging area for both AOD treatment services and the child welfare sector. The difficulty for substance-using parents to negotiate the service system, whilst seeking to improve their parenting capacity and retain custody of their children is substantial. Research suggests that one key factor in successfully engaging parents in treatment is to build trusting and consistent relationships with treatment workers (*Early Intervention Parenting Program: Volume Two*, 2004).

Recent reviews of initiatives within the child welfare field targeted at high-risk families have identified key gaps in the current system. These include lack of 'parent and child sensitive drug and alcohol treatment and rehabilitation' and few early intervention/prevention services such as playgroups for marginalised families (Campbell et. al. 2002:4). Increasingly, facilitated/supported playgroups (ie. Playgroups conducted with staff support) are being seen as an effective way to engage parents and children from disadvantaged families (Plowman 2004).

Findings

Responses from Playgroup participants, UCMH staff and external stakeholders were overwhelmingly positive regarding the effects it has had on clients and their families and the shifting of UCMH agency practice towards a more family-sensitive model.

In the two years of the project's existence, 21 clients (+ 32 children) engaged with the Playgroup (i.e. attended 3 or more sessions). The great majority of these clients have been women, single parents with an average age of 29, who had already engaged with other forms of AOD treatment e.g. counselling, residential withdrawal or supported accommodation. They reported experiencing relatively high rates of anxiety and/or depression (including post natal depression) and tended to have a history of using only one drug. Those clients referred but not engaging with Playgroup were more likely to report more severe mental health concerns (e.g. psychosis, schizophrenia, self-harm/suicidality) and were more likely to report poly-drug use.

Playgroup Clients

Clients consistently reported positive outcomes from their engagement with Playgroup. These included:

- Feeling accepted and supported (not judged), and that they can be honest about their struggles, rather than having to pretend, out of fear of possible reprisals.
- This provides direct therapeutic opportunities within Playgroup sessions as well as a more accurate assessment of further treatment needs.
- Being recognised as parents (not only as drug-users).
- Feeling more confident as parents and knowing that they are doing well for their children. Reducing their and their children's social isolation; improving social and support networks.
- Their children become more socially confident and demonstrate improved physical, emotional and cognitive development.
- Feeling more comfortable with making use of other AOD treatment services at UCMH and asking for help at early stages of relapse.

Impact on Agency and Individual Staff Practice

Agency staff reported that the presence of the Playgroup at the agency had helped to bring the needs of families more to the fore for organisational planning and individual practice. It was perceived that, once staff developed a better understanding of risks to children from parental drug use and the benefits for clients of participating in Playgroup, the project's influence could be felt throughout the agency.

The key findings provided by UCMH staff were as follows:

- Counselling staff gained a deeper understanding of their clients after seeing them at Playgroup with their children, rather than an individual in a counselling session.
- Staff have come to see the program's work as being directly relevant to their own. They generally now feel more aware of early childhood issues and more confident in raising them with clients.
- Moreland Hall is now providing a more holistic service. The needs of clients' families are now more clearly 'on the agenda' within the agency.
- The expertise of Playgroup staff in early childhood services has become a valuable resource for the rest of the agency.

The Model

Given the vulnerability of the target client group and the AOD sector's general practice of not asking clients about their children, the model was grounded on the

capacity of Playgroup staff to establish trusting relationships with clients. The development of a positive therapeutic environment with a focus on providing support to families was identified by clients and Playgroup staff as the primary contributor to the project's success.

The key findings in relation to the model and its implementation were as follows:

- Playgroup provides a flexible model for keeping substance-using parents in contact with treatment and support services across a range of service areas, including: AOD, Child Protection, Mental Health, Maternal and Child Health and Family Support.
- Face-to-face contact with program staff and active follow-up of referrals has a positive effect on client engagement.
- The development of a program environment of acceptance and trust is essential to retain clients once engaged. Once this is established, exited clients will voluntarily return when experiencing difficulties.
- The current model has proven effective in meeting the support needs for parents who are focussed on controlling their drug use and whose lives are comparatively stable. However, it has not been able to effectively engage the group of clients with more complex mental health concerns or with fathers. Finding a way to work with these client groups remains a challenge for the agency.
- As a service not traditionally associated with AOD treatment, Playgroup does not hold the same sort of stigma associated with counselling, withdrawal etc. Parents see it as something positive for them and their children, not something problem-focussed.
- Participating clients have a strong sense of ownership towards Playgroup and feel a need to return something to a service they feel that they have benefited from.
- Because of previous bad experiences with mainstream services, many clients identify Playgroup as playing a long-term role in their recovery and feel that there are no other services catering appropriately to their particular support needs.
- Clients reported that they typically only learn about services through word of mouth. As a regular point of contact for discussion of parenting and child development concerns, Playgroup has the potential to become the primary source of information for parents in relation to child and family services.
- Clients recognise other clients (as well as program staff) as sources of advice, support and information about other relevant services.
- Lack of access to occasional childcare remains an obstacle for some parents to attend counselling sessions beyond Playgroup times.

Recommendations

For UCMH Playgroup

1. Develop capacity to engage fathers and more high-needs clients.
2. Consider expansion of current program to include external referrals and incorporate more Playgroup sessions per week (dependent upon resources).
3. Given the reticence of some clients to engage with other external services, expand role of Playgroup as a treatment hub. This could include:
 - site visits to Playgroup by suitable services (e.g. Maternal & Child Health).
 - increased capacity for therapeutic group programs (e.g. grief & loss, self-esteem/assertiveness, self defence)
4. Develop structure for leadership development for established long-term Playgroup participants.
5. Encourage development of peer-facilitated Playgroup sessions to ensure sustainability of the program.
6. Develop formal structures for collection of client data.
7. Future evaluation – shift focus from analysis of process towards looking at treatment outcomes for participating clients.

For UCMH

1. Continue to integrate family-centred practice into all program areas.
2. Develop Playgroup policies and procedures manual
3. Provide appropriate training in family-centred practice for non-Playgroup staff.
4. Develop clear guidelines covering co-ordination of simultaneous treatment episodes e.g. Playgroup and counselling.
5. Address ongoing impact of difficulty in accessing occasional childcare by UCMH clients.
6. Continue to advocate for a broader acceptance of the service model and explore possibilities to expand the itto other sites and/or services.
7. Secure sustainable funding for Playgroup

For the AOD Sector

1. Recognise the value of the Playgroup model for engaging parents of young children in ongoing contact with treatment agencies and the likely multiplier effect of subsequent reduced harms to parents and their children.
2. Encourage a general shift in practice in existing programs towards incorporating a more family-centred approach.
3. Develop new projects focussing on the needs of AOD-using parents and their families.
4. Explore options for engaging high-needs parents and their children in a supportive treatment environment.
5. Encourage a more collaborative approach to family-centred service provision, particularly with Child Protection and Mental Health services.
6. Allocate specific and sustained funding for family-centred projects.

1. Introduction

The *UnitingCare* Moreland Hall Intensive Playgroup was established in 2004 as a two year pilot project funded by The William Buckland Foundation. The project aimed to develop an intensive playgroup model for pre-school aged children of clients participating in Alcohol and Other Drug (AOD) treatment with UCMH. Under this model, it was intended that the support provided to substance-using parents through the playgroup would assist them to provide better care to their young children, cope more effectively with the stresses of parenting and engage more effectively with drug treatment while providing positive socialisation opportunities for their children.

This report provides the evaluation findings from the program's first two years operation. The report is divided into the following sections:

- **Section 2:** provides the background and context of the playgroup and its implementation.
- **Section 3:** provides details of the project evaluation process.
- **Section 4:** provides a summary of some key findings from the literature including parental substance use, strategies to support parents and use of playgroup models.
- **Section 5:** provides the findings of the evaluation including demographic and throughput data, and participant and staff perceptions of the playgroup model.
- **Section 6:** provides details of the playgroup model as it has developed at UCMH, including a program logic model and critical success factors for the program.
- **Section 7:** provides a summary of the key findings and recommendations for future development of the UCMH Playgroup, and recommendations for the development of similar programs by other organisations.

2. Program Description

2.1 Overview of Uniting Care Moreland Hall

UCMH is a specialist alcohol and other drug treatment organisation that has been providing services in Melbourne for over 30 years. Treatment services are provided primarily in the Northern Region of Melbourne with the majority of funding being provided by the Victorian Department of Human Services. Services provided include:

- *Counselling and Support*- Counselling and support services in the local government areas of Moreland, Darebin and Hume, Forensic Counselling, Youth Counsellor, Supported Accommodation (3 houses), Intensive Support Service (ISS), Hume Young Peoples Alcohol and Drug Program (Hy-pd) and alcohol and drug services for Port Phillip Prison.
- *Withdrawal Services*- Adult Community Residential Drug Withdrawal (12 bed unit based in Heidelberg), Youth Community Residential Drug Withdrawal (4 bed unit in Moreland), Home based withdrawal and Outpatient withdrawal.
- *Education and Training*- Registered Training Organisation providing competency training and professional alcohol and drug training, and development of resources and training for health and welfare workers, families, schools, young people and families- some on a statewide basis.

UCMH covers the local government areas of Moreland, Darebin and Hume for counselling services, the whole northern metropolitan region for adult withdrawal services, the northern metropolitan and Hume (rural) region for youth withdrawal services and many of the education and training services are offered on a statewide basis.

The Intensive Playgroup is located within the Counselling and Support Program and managed by the Manager- Counselling and Support.

2.2 Genesis of the project idea

UCMH's Executive Director was awarded a Churchill Trust Fellowship in 2001 to study treatment and support programs for individuals and their families where substance abuse is present in the USA, Europe and the UK. A key recommendation from the report of the Fellowship was the need to develop and evaluate programs for pre-school children attached to specialist drug treatment services (Farrow 2002). In 2002 UCMH also undertook a review of service gaps/ areas for new program development and consultations with staff further identified the need for service initiatives related to parental drug use.

A working group was established to look at possible projects that could be implemented, initially with the focus on developing a childcare program. As the possibilities were discussed, it was decided that a program that actively engaged parents and their children, rather than simply providing childcare would be desirable. The idea of an Intensive/Supported Playgroup was developed, and after various consultations a proposal for funding a pilot was completed.

2.3 Funding

The UCMH Playgroup Project was mainly funded through a grant from The William Buckland Foundation. The grant commenced in 2004 for a two-year pilot period. The grant covered the costs of establishing the project (eg. set-up of the playgroup room) and then the ongoing operational costs (eg. staffing) for the two-year period.

During the pilot phase a small grant was also provided by the Uniting Care Share Appeal to construct an outdoor play area and equipment adjacent to the playgroup room.

2.4 Advisory Group

A project advisory group was established at the commencement of the project to guide the implementation and to act as a resource to the project. The advisory group has met bi-monthly throughout the project.

Members of the advisory group included:

- Ms Kaye Plowman – Executive Officer, Playgroup Victoria
- Dr Lynda Campbell – Senior Lecturer, School of Social Work, University of Melbourne
- Ms Sue Edwards – Manager, Parenting Support Services, Child Protection and Family Services, DHS
- Ms Susanne Walshe – Family and Children’s Services, Moreland City Council
- Ms Melissa Coutts – Project Officer, Early Childhood Unit, Centre for Community Child Health, Royal Children’s Hospital
- Mr Laurence Alvis – Executive Director UCMH (from March 2005)
- Ms Janet Farrow- Executive Director UCMH (to December 2004)
- Ms Sheridan Manley – Manager, Counselling & Project Support UCMH
- Ms Wendy Moncur- Manager, Counselling & Support UCMH
- Mr David Rose – Manager, Special Projects UCMH
- Mr Paul Aiken – Project Officer, Special Projects UCMH
- Playgroup Staff

2.5 Overall program description & rationale for the model

The Intensive Playgroup works on a traditional playgroup model with the addition of paid staff (2 part time) to facilitate the group. The playgroup operates over a number of sessions each week and includes facilitated play, nutrition, child development, and parent-child attachment. The project staff collaborate with counselling staff who provide drug treatment services to the parents through normal UCMH services. Most of the playgroups take place on-site, however outings also take place (eg. to the Children’s Farm).

Staffing: During the start-up phase, the staffing of the program consisted of two staff with extensive experience in the areas of early childhood and maternal and child health:

- 0.6 EFT Intensive Playgroup Co-ordinator

- 0.6 EFT Intensive Playgroup Worker

Now that the program has become established, it is facilitated by:

- 0.6 EFT Intensive Playgroup Worker
- 0.6 EFT Alcohol and other drug counsellor

Co-ordination of the program is within the duties of the program Manager.

Facilities: The Intensive Playgroup is held in a purpose-designed room that was established at the commencement of the 2-year pilot. While previous efforts have been made to make other areas at the agency more family-friendly (e.g. reception area, counselling rooms, visiting room at LACP), the Playgroup space is the only specifically family-centred service area within the agency. It is semi-detached from the main building at UCMH's main site, fronting on to an enclosed garden and courtyard. A purpose-built outside playground was developed for the program with funds provided by the UnitingCare SHARE Community Appeal (2004).

3. The Evaluation

3.1 Evaluation model/methodology

The Intensive Playgroup is a pilot project in an area where there have been few service developments. While evaluating the project is a requirement of the funder, a key aim of the project and associated evaluation is that it will add to the knowledge and experience of how to best meet the needs of drug using parents and their children in a major drug treatment service. It is anticipated that this knowledge will be incorporated into further service delivery and program developments. Thus the main purpose of the evaluation was to document the project implementation issues and to make recommendations about the future development of such programs.

The evaluation was conducted by the UCMH Special Projects unit, which is separate to the unit responsible for management and operation of the Intensive Playgroup. This enabled both an “insider” and “outsider” approach to the evaluation. The evaluators were able to take advantage of the deeper understanding of the organizational context and involvement with the project from its design phase that came from being internal, while also remaining separate from the day-to-day operations and implementation of the program. While this approach provided particular strengths for a process focussed evaluation and was very cost effective with limited resources for evaluation, there are also clearly some limitations to the approach (see section 3.4 below). Consistent with the focus of the evaluation on process and implementation issues, the evaluation design utilised multiple methods of data collection to increase the validity and reliability of the findings.

3.2 Evaluation questions

The key questions to be answered by the evaluation are:

1. What is an effective model for providing an Intensive Playgroup to drug using parents and their children?
2. What are the experiences of all key stakeholders (parents, children, program staff, UCMH staff) of the program, and what are the issues that need to be addressed in providing such a service?
3. What is the impact of the Intensive Playgroup on parents and their children, particularly:
 - Parents’ engagement with treatment
 - Overall social connectedness of parents and their children?
4. What is the impact of the intensive playgroup on the wider UCMH/other drug treatment service staff, particularly in relation to their knowledge and attitudes towards working with parenting/child issues?

3.3 Data collection

To answer the evaluation questions multiple methods of data collection were utilised including:

Literature review: a review of key literature and research related to parental drug use and development of Playgroup-type programs with disadvantaged parent groups.

Examination of project documents: content analysis of key project documentation such as the program proposal, Advisory Group meeting minutes, Playgroup Co-ordinator reports to the Advisory Group, procedures and guidelines, and incident reports.

Attendance at meetings: attendance at all key meetings throughout the pilot phase of the project including Advisory Group meetings, and periodic meetings between the evaluators and the project staff/managers to discuss progress on the program implementation, difficulties/issues and changes in the program from the original design.

Project data: analysis of data collected during program operation including referral points, basic demographic data, duration of engagement with program, exit and referral on from the program.

Interviews: semi-structured interviews with individuals/groups (as appropriate) which focused on experiences of the program including interviews with program participants, project staff, and UCMH staff. The interviews conducted as part of the evaluation included:

- 9 participants
- 15 MH staff

Observation: this involved the evaluator attending several Playgroup sessions to observe the Playgroup in operation.

Photography: given that Playgroup is an activity-based program involving children in play, photography was utilised as a way to show how the program operates. Some participants were also given a camera and asked to take photographs that demonstrate key elements of the program for them and to write a short description about the photograph. Some examples of photographs and descriptions developed by participants are provided throughout this report.

Case studies: that demonstrate aspects of the program in operation were documented by Playgroup staff. Given the small number of participants in the program, any inclusion of case studies in this report involved the removal of any potentially identifying details and /or use of composite case studies from 2 or more participants to ensure anonymity of participants in the evaluation.

3.4 Limitations of the Evaluation

There are several limitations to the evaluation design including:

- **Internal evaluation:** It is recognized that while internal evaluation has benefits, particularly where the aim is to understand operations of a program, it can also lead to biases in the findings. To help minimise potential bias the project Advisory Group, which includes several external members, provided consultation on the overall design of the evaluation and feedback on the initial findings.
- **Pilot project:** The Playgroup was a pilot project involving a relatively small number of participants, thus findings such as participants' perceptions of the program are based on a very small sample. This also meant data collection was focussed on qualitative measures of participants and other stakeholders' perceptions of the program rather than quantitative measures of outcome.

- **Primarily Direct Service Delivery:** While evaluation of the project was seen as a key element of the pilot phase of the Playgroup program, it was clearly a direct service delivery program rather than a research project. This meant the evaluation methods utilised needed to be unobtrusive and cognisant of the fact that the group being targeted by the program historically presented some challenges for engagement with mainstream AOD treatment services.
- **Recruitment:** One perennial challenge to researchers in the AOD sector is the difficulty contacting clients beyond their immediate period of engagement with a service. This was also the case with this evaluation. The experiences of clients who were referred but did not engage are subsequently not directly represented in the findings. Those clients who were recruited to the study were either currently attending Playgroup or had been engaged for a significant period within the preceding 12 months.
- **Time Line:** The evaluation covers the first two years pilot phase of the Playgroup program. In practice, given the time for implementing a new program this relates to only around 12 to 18 months of full client participation in the program. This means findings are focussed more on participants' short term experiences and impact of the program rather than longer term outcomes (eg. follow-up after leaving the program) that will be possible when the program has been running longer and a larger cohort of participants have been through the playgroup.

3.5 Ethics

The evaluation process had the full approval of the Victorian Department of Human Services Human Research Ethics Committee (Approval Number 108/05).

4. Key learnings from the literature

4.1 General issues of parenting and drug use

The impact of parental drug use on young children is an area that has received increasing attention, with UK data indicating that there are between 250,000 to 350,000 children of serious problematic drug users in the UK (ACMD, 2003). Recent estimates indicate there are potentially 60,000 children of people in drug treatment in Australia based on service use statistics (Gruenert et al., 2004). Increased research efforts and government inquiries such as the *Hidden Harm Inquiry* in England (ACMD, 2003), the *Getting our Priorities Right* report in Scotland (Scottish Executive, 2003), and local reviews and initiatives (Gruenert et al., 2004; Patton, 2004) have resulted in clearer understandings and awareness about the nature of parental drug misuse and the potential impact on children, along with the need for enhanced policy and service delivery strategies.

There can be little doubt that parental drug use has the potential to, and does, cause significant harm to children and young people. This is most clearly apparent in the strong association between parental drug use and involvement with the child protection system (Kroll and Taylor, 2003; Patton, 2004), and in the observation that parental drug use places children at higher risk of developing problematic drug use themselves (Merikangas et al., 1998). In the Australian context, a high proportion of notifications and re-notifications to child protection services involve drug-using parents. For example, in the year 2000-01 in Victoria, of the cases where there was substantiated child abuse or neglect 31% involved parents with problems with alcohol abuse and 33% with a substance abuse problem (DHS, 2002). The developmental consequences for children of parental alcohol and other drug use are well documented. The health impacts for children exposed to drugs *in utero* can include increased risk of: prematurity and low birth weight, foetal alcohol syndrome, SIDS, blood-borne virus transmission and neo-natal withdrawal (Kropenske & Howard, 1994). After birth, the impacts of parental substance use are 'typically multiple and cumulative' (*Hidden Harm*, 2003; p10) and can include: failure to thrive, impaired emotional, cognitive and behavioural development, abuse or neglect, temporary or permanent separation from family, social isolation, poor socialisation and education (*ibid*).

Related to these observations are findings that effective drug treatment for the parent will consequently have major benefits for their children (Barnard, 1999; McKeganey et al., 2002; Kroll and Taylor, 2003; Barnard and McKeganey, 2004; Kroll, 2004). The notion that parental drug use is likely to have serious consequences for children is compatible with general practise wisdom and what is known about the nature and course of serious drug use and dependence – people become increasingly focussed on the drug and obtaining the drug, often at the expense of their own health and wellbeing and of those around them. However, it should be noted that there is considerable evidence to suggest that many parents with drug problems are able to care for their children with little apparent long term negative impact on the children (Copello et al., 2005). This finding, whether due to resilience factors in the children or the family, indicates that any conclusions about the impact of all parental drug use on children needs to be made with caution.

4.2 Models for working with that group

While there is extensive research into the many impacts of parental substance use on children, there has been little to date on the effect of standard alcohol and other drug treatment on clients' families, particularly their children (Keen *et al.* 2000). The *Hidden Harm* report noted that:

[b]ecause drug agencies are often the main ongoing agency in contact with drug-using parents, we believe that they should play an important role in the overall effort to support parents and their children....This should be seen as an integral part of reducing drug-related harm. (p. 82)

The *Getting our Priorities Right* report (2003) also suggests that AOD treatment agencies take a more holistic approach to their work with clients:

Agencies should consider families as a whole, not just mothers and children....Parents may need additional help at critical transition points, such as entry to or exit from treatment programmes or residential rehabilitation or relapse. (p. 54)

Responding to the needs of parent drug users has been a particularly challenging area for both AOD treatment services and the child welfare sector. Over 10 years ago, Scott and Campbell (1994) identified a range of factors that serve as barriers to AOD treatment services taking a family centred approach that could take account of clients' children. A more recent review of the Australian context has identified similar issues and highlighted the often different approaches of the AOD treatment services and child welfare services to dealing with parental substance use (Ainsworth, 2004). These issues include:

- AOD services being adult focussed.
- Confidentiality and trust issues meaning AOD staff are uncomfortable addressing matters related to children due to concerns that it may result in them having to act and make a report to child protection.
- Differing philosophies whereby AOD treatment is based on stages of change and motivation which recognises that drug dependence is often a chronic relapsing condition, while child welfare recognises there is often only a small "window of opportunity" when considering child growth and development.
- Identification of who is the client and differing needs of adults and children.

A small study that examined child protection workers perceptions of working with parental substance use in NSW found that a major issue was the lack of collaboration between child protection services and specialist services such as mental health and drug treatment services. The key reasons that appeared to contribute to these poor relationships between services included conflict over who was the client, concerns with confidentiality and the adult focus of the specialist services (Hallgrimsdottir *et al.*, 2004).

These type of issues are not unique to the Australian context and present major dilemmas for health and welfare staff in other countries such as the UK (ACMD, 2003; Hayden, 2004; Taylor and Kroll, 2004). Taylor and Kroll (2004) undertook a study which interviewed a range of health and welfare professionals likely to have contact with substance using parents. The key issues identified as impacting on effective practice with these parents included:

- Trust issues and problems of engagement.
- Conflicts for practitioners in that they often tried hard to engage parents on the issues with their children, but at the same time sometimes relief that they would not have to deal with the issues if blocked by the family.
- The conflict between adult needs and children's needs, and the dilemma that, by default, children could not usually ask for help with their needs and at times joined with the rest of the family in hiding the true extent of the problem.
- The true impact of the parental drug use on children (except for cases of extreme abuse/neglect that result in statutory intervention) are often not apparent or expressed by children until after they are out of the situation, for example when older.
- The need for a much wider awareness of the potential impact of parental drug use amongst those professionals most likely to see more of the children, for example, teachers and GPs. Other workers focussed on adult needs, such as drug treatment workers may only get limited opportunity to assess the true situation for children.

4.3 Playgroups

Recent reviews of initiatives within the child welfare field targeted at high-risk families have identified key gaps in the current system. These include lack of 'parent and child sensitive drug and alcohol treatment and rehabilitation' and few early intervention/prevention services such as playgroups for marginalised families (Campbell et. al. 2002:4). Increasingly, facilitated/supported playgroups (ie. Playgroups conducted with staff support) are being seen as an effective way to engage parents and children from disadvantaged families (Plowman, 2004).

Plowman (2006) seeks to highlight the variety of Supported and Intensive Support Playgroup models currently operating in Victoria, including the Intensive Playgroup that is the subject of this evaluation. She provides broad summaries of the 18 featured playgroups and identifies key learnings for use by other services seeking to implement their own playgroup models.

The federal Department of Families, Community Services and Indigenous Affairs (FaCSIA) has recognised the value of the playgroup model in engaging high-needs families. The Department currently supports a range of playgroup models, including what it describes as 'Supported and Intensive Support Playgroups'. The FaCSIA website describes this format as incorporating a support worker providing extensive assistance to participating families and providing information about other relevant services. The Department also recognises that families participating in such programs, 'are often harder to reach and require support for a longer time' (<http://www.facs.gov.au/internet/facsinternet.nsf/family/parenting-playgroups.htm>).

The benefits of playgroups for both parents and children have been well documented. A 2001 FaCSIA research project identified that best practice playgroups incorporate the following elements:

- Building friendships and social supports
- Helping children to learn and develop through play
- Participants taking responsibility and working together
- Providing a safe and supportive environment
- Exchanging ideas and share parenting information (Plowman, 2006)

The *Early Intervention Parenting Project* final report (Centre for Community Child Health, 2003) identified some of the difficulties associated with recruiting disadvantaged or socially isolated families into mainstream playgroups. Substance-using parents face the double barrier of social stigma around drug dependency and the fear of losing custody of their children if their use becomes known (*Hidden Harm*). For these reasons, AOD treatment agencies have traditionally found drug-using parents difficult to engage as clients, except for when clients are obliged to attend treatment under Direction from Child Protection Services.

The difficulty for substance-using parents to negotiate the service system, whilst seeking to improve their parenting capacity and retain custody of their children is substantial. Research suggests that one key factor in successfully engaging parents in treatment is to build trusting and consistent relationships with treatment workers (*Early Intervention Parenting Program: Volume Two*, 2004). Taking a strengths-based approach that recognises and builds on families' capabilities and capacities for change is well supported by research in increasing the resilience of all family members (*ibid*).

Denton (2002) notes the increasing interest in Australia for programs focussing on improving parenting skills for substance-using parents. Banwell, Denton and Bammer (2002) describe the operation of Parents and Childrens' Clinics, which started in Canberra as a playgroup in 1990 and which focus on the health, welfare and advocacy needs of clients and their children. While these centres provided a more specific health focus (as the name of the project suggests) than is the case for the UCMH Intensive Playgroup model, they report similar key challenges to implementation, including:

- Building trust with clients and achieving a balance between relationship-building and the need to intervene in situations of risk to parents and/or children;
- Retaining program structure whilst retaining flexible service delivery;
- Finding a suitable location;
- Supporting staff;
- Developing collaborative relationships with other service providers;
- Securing stable funding.

In highlighting the limited number of such programs in Australia and the difficulties they face in securing ongoing funding, they comment that:

[a]lthough successful strategies [for developing and maintaining such programs] are likely to be context-specific, documenting and sharing them is still highly likely to be worthwhile and to contribute overall to helping these programmes [*sic*]to better meet their aims. (p. 385)

5. Findings

The results presented in this section are based upon data drawn primarily from the following sources:

- Individual interviews with current and exited Playgroup participants and external stakeholders who had attended Playgroup sessions
- Individual and group interviews with UCMH staff
- Group interviews with Playgroup staff
- Program data collected by Playgroup staff
- Evaluator observation of Playgroup sessions
- Proceedings of Playgroup Advisory Committee meetings

5.1 Describing the need for Playgroup

As current AOD sectoral databases do not record information about clients' children, UCMH set out to establish a baseline figure for the size of the target client group. At the outset of the program the agency's Assessment and Intake staff began collecting basic data from clients presenting to the agency for assessment. A selection of three samples of data collected over separate three-month periods provided consistent data in relation to the agency's clients and their children:

- Approximately 15% of clients presenting for assessment at the agency reported having children 5 years or younger. With a typical annual client count of 1500, this equates to around 225 affected families each year.
- Each client was a parent to approximately 1.6 children (or 360 children affected each year)
- Approximately 50% were currently in the custody of the parent presenting for assessment.

It should be noted that, in order to avoid causing concern to clients at what was possibly their first point of contact with the agency, this data was completely de-identified at point of collection. Consequently, the data is likely to include some double counts of clients re-presenting for assessment at a later stage in this data collection process. While the strategy of selecting three distinct samples reduced this risk somewhat, it could not be considered to have eliminated the risk entirely.

5.2 Client pathways and outcomes

The flow diagram below (figure 1) provides a brief summary of the numbers of clients involved with each stage of the Playgroup process. It depicts a relatively high rate of referees attending at least one Playgroup session and a good success rate in these clients then engaging with the program in an ongoing fashion. It also provides a snapshot of the processes for those clients who exited the program and the level of use of other UCMH services by those who remained engaged.

While it indicates a successful referral process, the numbers of clients consenting to referral in figure 1 should be contrasted with the above estimates of potential need within the broader UCMH client group. Even when taking into account the possibility of some double-counting, there is a marked disparity between the two.

Assessment & Intake staff (who were responsible for gathering the data described in 5.1) observed the following as some of the main reasons for clients declining a referral to Playgroup:

- Concern over possibly initiating or increasing involvement of Child Protection with client’s children;
- Not wanting their family associated with AOD treatment;
- Feeling that they need to focus on themselves before addressing other areas of their lives;
- Not seeing parenting as related to their AOD use.

The data included in the diagram was collected from the commencement of the program in July 2005 until 30 June, 2006. All graphs and tables below are based upon the data provided in this period.

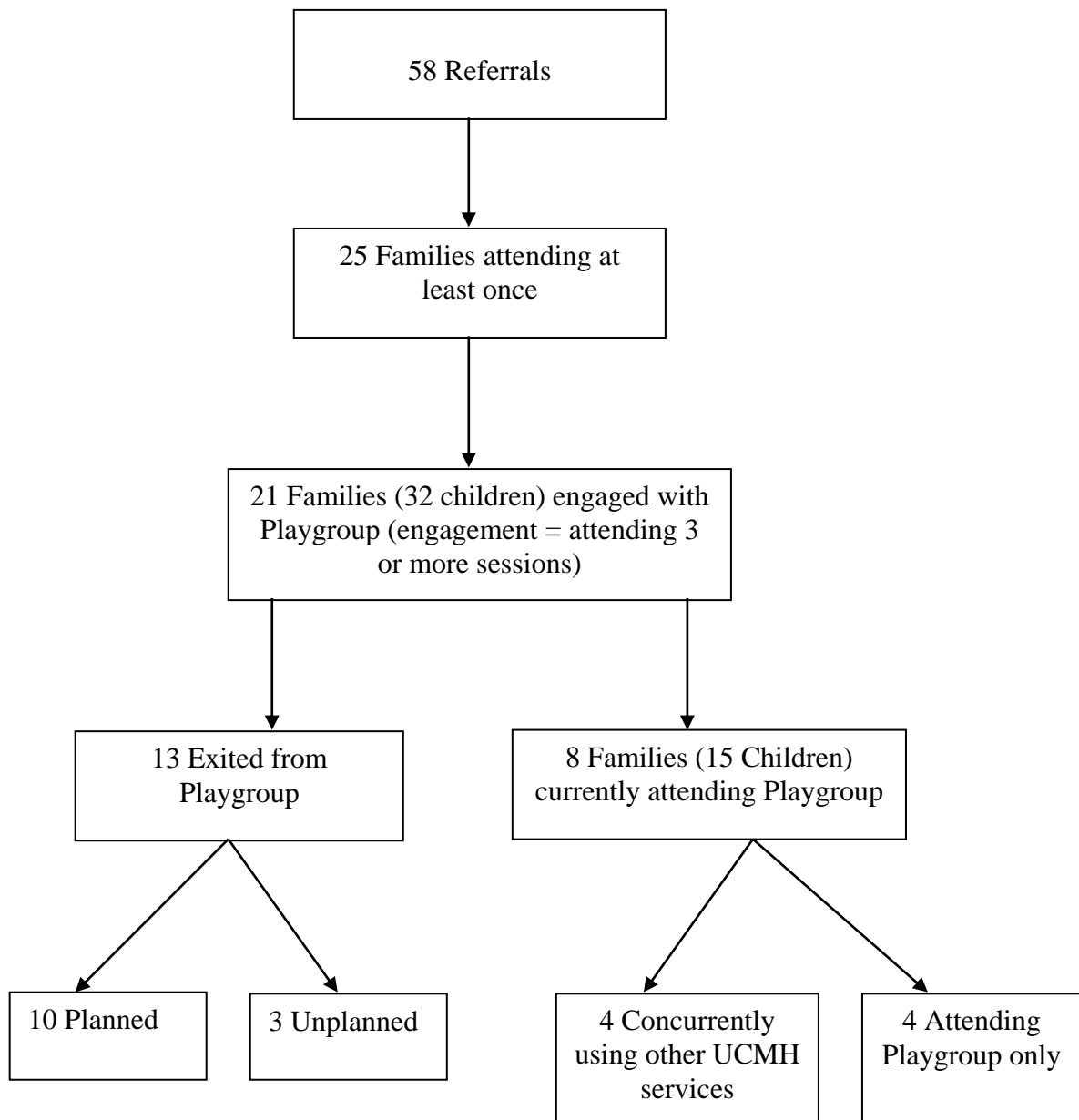


Figure 1: Playgroup Throughput Model for Evaluation Period

5.2 Demographic data

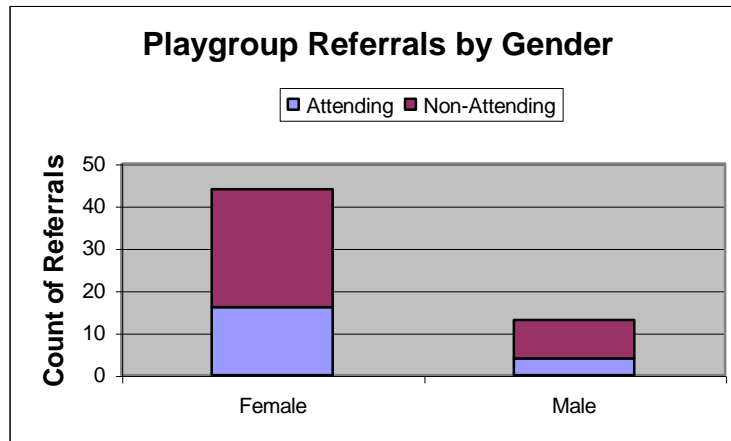


Figure 2: Playgroup Referrals by Gender

Figure 2 shows that the great majority (75%) of all clients referred to Playgroup (in both the ‘Attending’ and ‘Non-Attending’ sub categories) were women. This finding was in keeping with project expectations that, within the client group, women would be more likely to be the carers for young children. Table 1 shows an average age for all referred clients of 20-30 years, with a consistent range from early 20s to early 40s. There is no observable difference in age between those clients engaging with Playgroup and those not attending. Table 2 demonstrates that, once an engagement with Playgroup occurs, other family members (such as partners or parents of UCMH clients) are more likely to become involved in attending sessions. This has served to allow for continuity of attendance for children in the case of parent relapse and has provided opportunities for family members to seek support which they consider to be unavailable elsewhere.

Age Range of Referred Clients		
	Attending	Non-Attending
Female (average)	29	30
Male (average)	29	27
Oldest	45	42
Youngest	19	20

Table 1: Age Range of Referred Clients

Relationship of Playgroup Attendee to Child(ren)	% (Attending)	% (Non-Attending)
Parent	86	100
Parent (partner of MH client)	9	0
Grandparent	5	0

Table 2: Relationship of Playgroup Attendee

Figure 3 shows that, as would be expected, the great majority of clients referred to Playgroup come from within UCMH’s catchment area (Moreland, Hume & Darebin LGAs). Worth noting is a possible impact of client’s location and whether or not they engaged with Playgroup. While this did not appear to have any effect for clients in Moreland (who were already physically close to the agency), it seems to have had a clearer impact for clients in Darebin and Hume LGAs. Clients in Hume appear to be almost twice as likely to engage as clients in Darebin. Further research would need to be done to investigate causes of this possible link.

While the majority of engaged clients came to playgroup in private vehicles, up to a third would use public transport on any given day. Several used public transport on a regular basis while others would use public transport when they were unable to afford petrol for their family car. In the early stages of the program, Playgroup staff were able to provide assistance to clients facing transport difficulties. As proximity to accessible public transport options was a concern for some clients, a small number were initially collected from home and then supported in identifying and utilising appropriate public transport.

Playgroup staff reported that clients depending on public transport were more likely to miss Playgroup sessions on hot days. Rain did not appear to be affect these clients’ attendance.

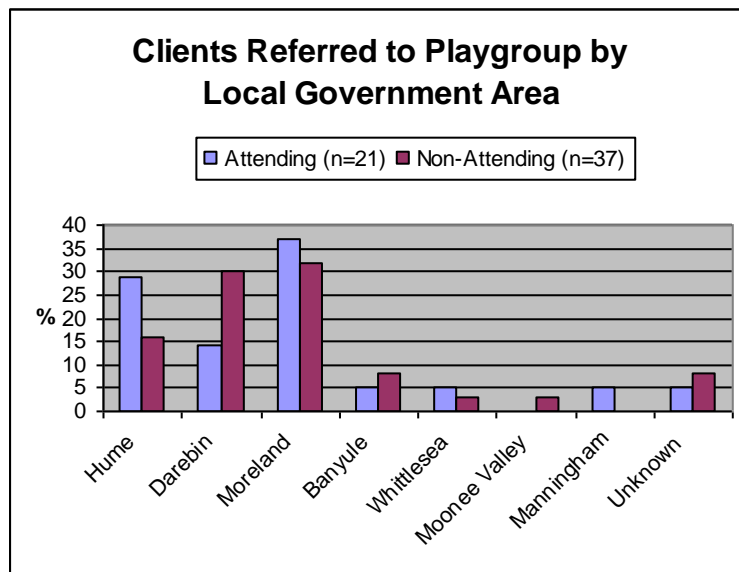


Figure 3: Clients Referred to Playgroup by LGA

Figure 4 shows that the great majority of referred clients are single parents, with half receiving little or no support from their former partners. The only noticeable difference between those attending and not attending Playgroup is that those attending appear to be slightly more likely to be living with a partner.

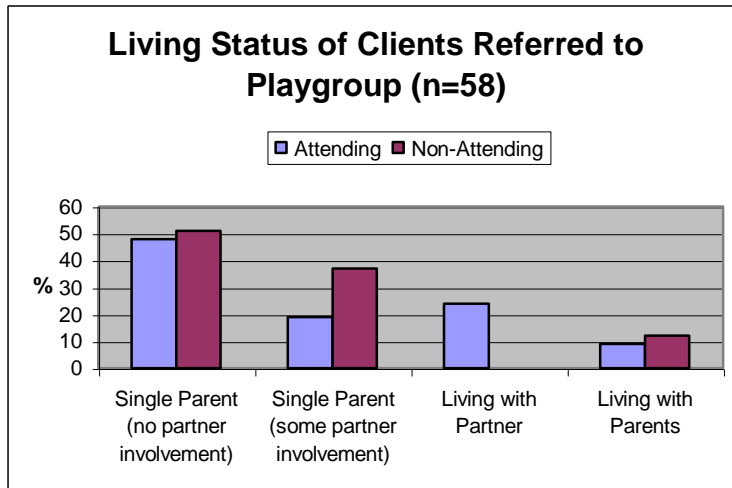


Figure 4: Living Status of Clients Referred to Playgroup

Figures 5 & 6 provide a summary of reported mental health concerns and drugs of choice for referred clients. Figure 5 indicates that clients attending Playgroup reported comparatively higher rates of the high prevalence disorders anxiety and depression (which included Post-Natal Depression) whereas those not engaging tended to report a spread of more severe concerns e.g. previous suicidality/self harm, psychosis, schizophrenia or severe depression. Both groups provided comparable levels of complex mental health needs (more than one condition), however this may be due to the deeper level of involvement that attending clients had with UCMH staff. Over the period of their engagement, staff would have had more opportunity to observe or elicit information relating to mental health concerns. The data provided for those clients not attending was based upon a significantly lower level of contact with each client. This factor could provide some explanation of the difference between the two groups in the 'None Reported' category.

Figure 6 indicates that, for all referred clients, the three main drugs of choice are cannabis, alcohol and heroin. These three drugs were also the most reported as being used in addition to client's primary substance (see Figure 7). One distinction between attending and non-attending clients appears to be the prevalence of poly-drug use, with those successfully engaging with Playgroup being more likely to use only one substance.

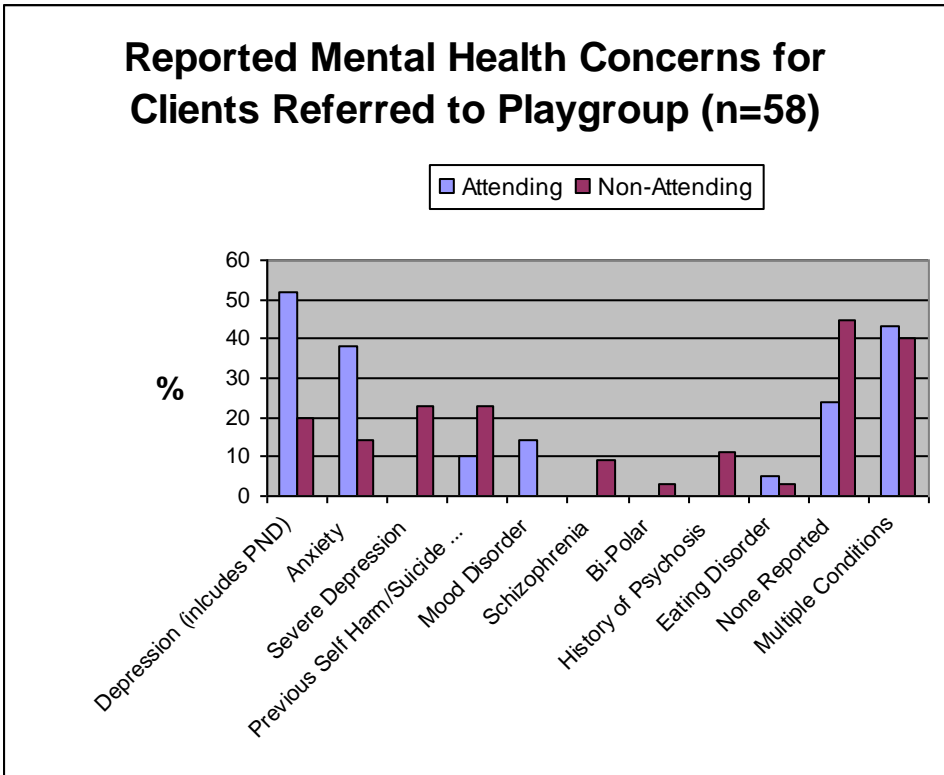


Figure 5: Mental Health Concerns for Clients Referred to Playgroup

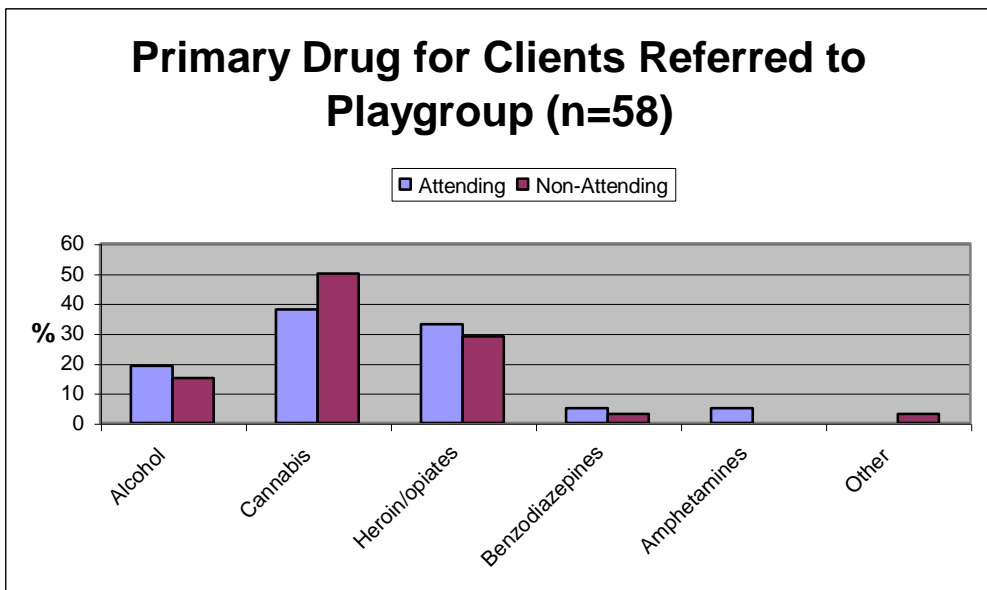


Figure 6: Primary Drug for Clients Referred to Playgroup

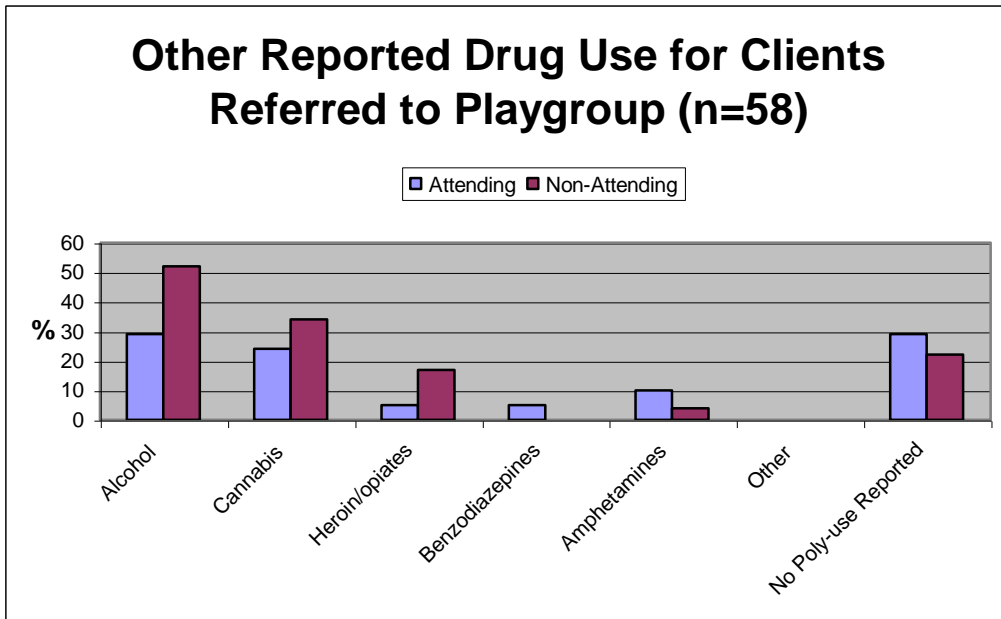


Figure 7: Other Reported Drug Use for Clients Referred to Playgroup

5.3 Client Engagement with Playgroup

Table 3 appears to indicate that DHS (Child Protection) involvement in clients' custodial arrangements with their children did not have a significant impact on the likely success of referrals to Playgroup. While there were clients attending Playgroup who were instructed to attend by Protection workers, those with current DHS involvement were no more likely to engage with the service.

DHS Involvement	Attending (%)	Non-Attending (%)
Yes	38	39
No	62	61

Table 3: DHS Involvement for Clients Referred to Playgroup

What does appear to have had more of an impact upon the success of the referral process was the source within the agency. Figure 8 shows that clients referred during a residential withdrawal episode (Lesley Anne Curran Place) or from the Supported Accommodation service were clearly more likely to lead to clients engaging with Playgroup, while referrals from Counsellors (C&S) had a lower success rate (around 50%). Referrals made during clients' initial assessment with the agency (A&I) were the least likely to result in attendance at Playgroup.

Possible explanations for the variable effectiveness of the different referral sites are offered below:

- Clients engaging with Playgroup tended to have already made a significant step towards addressing their substance use e.g. having completed a withdrawal episode;

- Completing a focussed and intensive treatment episode, such as residential withdrawal, could dispose clients more favourably to taking up further support options than does individual counselling. Often, withdrawal episodes occur after clients have reached a crisis point at which change has become essential. The physical removal of clients from their usual environment during residential treatment and an emphasis on post-exit planning encourages considered evaluation of support options. Typically, counselling is experienced as more episodic; occurring within the context of clients' competing needs for survival and change. Counselling is more likely to occur when a client is more stable and not crisis-driven. Consequently, counselling clients may have felt as though they were less in need of the additional support provided by Playgroup;
- During a client's residential withdrawal episode, the adult withdrawal unit's Post-Withdrawal Support worker is able to discuss possible referral to Playgroup and arrange a face-to-face meeting with Playgroup staff before the client leaves the unit;
- Participants in the Supported Accommodation program are required to be engaged in ongoing AOD treatment. While program staff have reported resistance to engaging with counselling, Playgroup has proven popular with Supported Accommodation clients, who are predominantly parents with young children;
- The Supported Accommodation program has an outreach component which allows for staff to provide transport for clients and their children to Playgroup sessions;
- Clients attending the agency for assessment are typically focussed on entering withdrawal. Referrals to Playgroup at this stage of their engagement with the agency appear to be 'too much, too soon.'

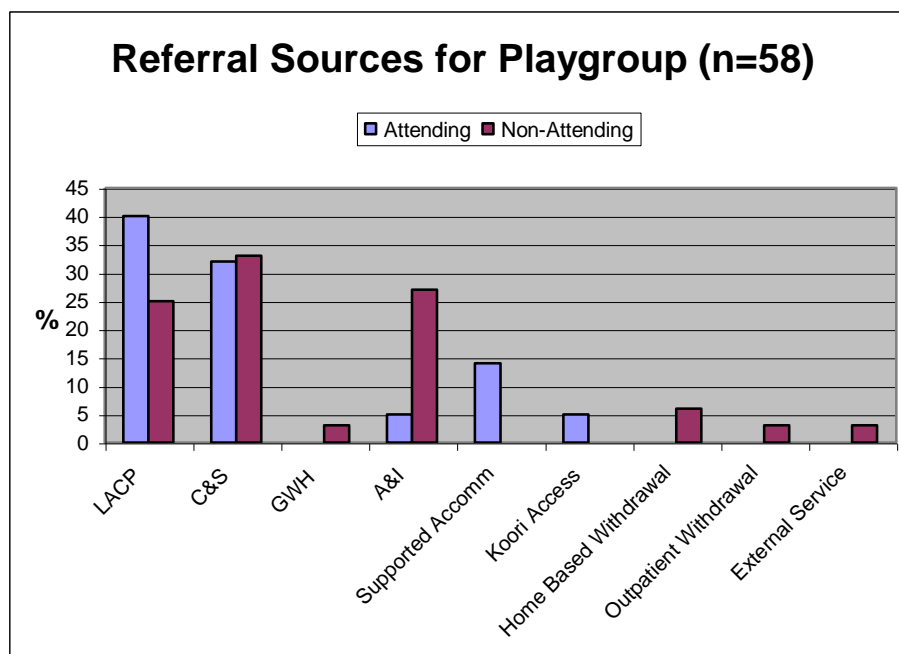


Figure 8: Referral Sources for Playgroup

Another factor appearing to influence the success of referrals to Playgroup appears to be the degree of post-referral follow-up by Playgroup staff. Figure 9 indicates a clear link between Playgroup engagement and whether clients receive home visits by Playgroup staff. It also suggests a correlation with clients personally meeting Playgroup staff at Moreland Hall and/or being contacted by phone. In participant interviews, several Playgroup participants commented upon the impact that post-referral contact had upon overcoming their initial reticence to come to Playgroup.

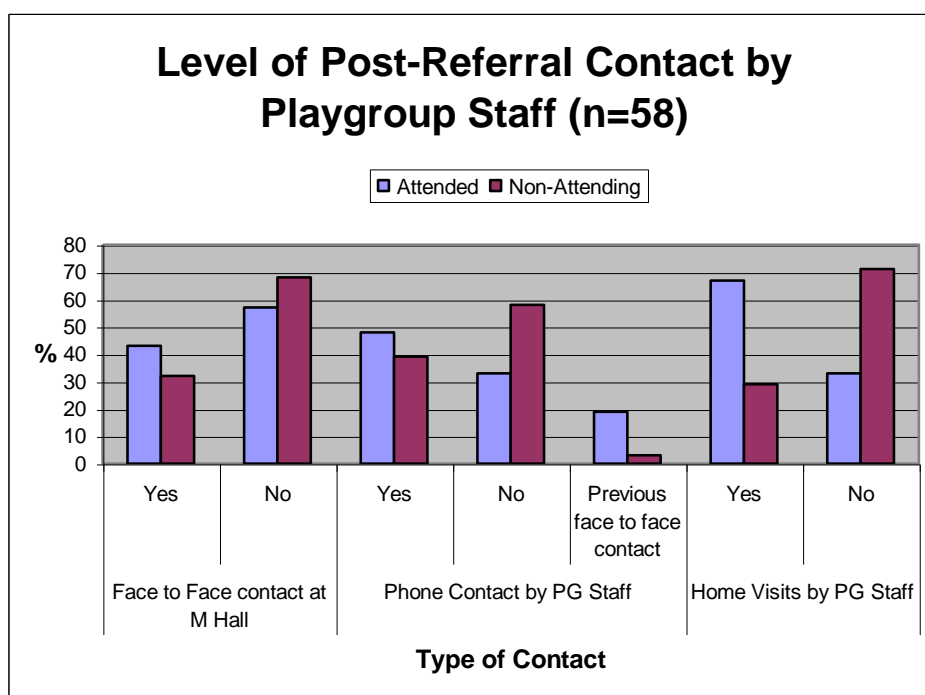


Figure 9: Level of Post-Referral Contact by Playgroup Staff

5.4 Clients Referred but not Engaging

Playgroup staff reported that, in general, clients who were referred but did not engage were harder to contact. Approximately one quarter of this group could not be contacted after being referred. Of those who were contacted by Playgroup staff, almost half indicated that they were interested in attending the service but did not engage with the service. A small number were provided with information relating to relevant services in their local area such as toy libraries, community playgroups and parent support services.

Typical reasons given for not engaging with Playgroup included:

- Child(ren) already attending other service e.g. childcare, kindergarten;
- Clients' or family members' health concerns taking priority;
- Clients feeling that they already have enough support e.g. from own parents.

5.5 Implementation of Playgroup

5.5.1 Size of Groups

Due to the often intense levels of need for support by participating parents and children, Playgroup staff required a few months of observing Playgroup sessions before they were able to decide on an appropriate group size. Eventually, they settled on 5 parents (incorporating typically 7-8 children) as providing an optimal balance between group dynamics and the capacity of 2 staff to address the presenting issues for parents and children on any given day. On occasion (especially during group programs or celebrations), sessions have involved up to 9 parents and up to 15 children. For these sessions, Playgroup staff have called in support from elsewhere in Moreland Hall, particularly counsellors and students on placement with the agency.

5.5.2 Program Activities

In addition to the regular Playgroup sessions clients were also able to participate in specialist group activities. Two of these ('Growing and Learning Together' and the Mothers & Infants group) were developed within the program while 'Sing and Grow' was an external program run by Playgroups Victoria, with a specialist worker attending Playgroup to conduct individual sessions.

'Sing & Grow' focussed on parent-child attachment through music and associated activities, as well as providing parents with information about child development. 'Growing & Learning Together' was a group formed by Playgroup parents and facilitated by Playgroup staff and Moreland Hall counsellors. The group was conducted outside of the Playgroup area while staff cared for the children. Its focus was on providing an opportunity for parents to raise their concerns about parenting and substance use. As a group, the participating parents identified the following issues which provided the focus for specific sessions:

- Relapse prevention
- Self-care
- Child development
- Managing children's behaviour
- Dealing with depression and anxiety

The Mothers & Infants sessions formed a distinct Playgroup established to focus on the particular needs of parents with very young children. The need for this specific playgroup did not emerge until relatively late in the evaluation period, so participation rates appear relatively low in Figure 10. It indicates that 'Sing & Grow' and 'Growing & Learning Together' each attracted around one third of all Playgroup participants.

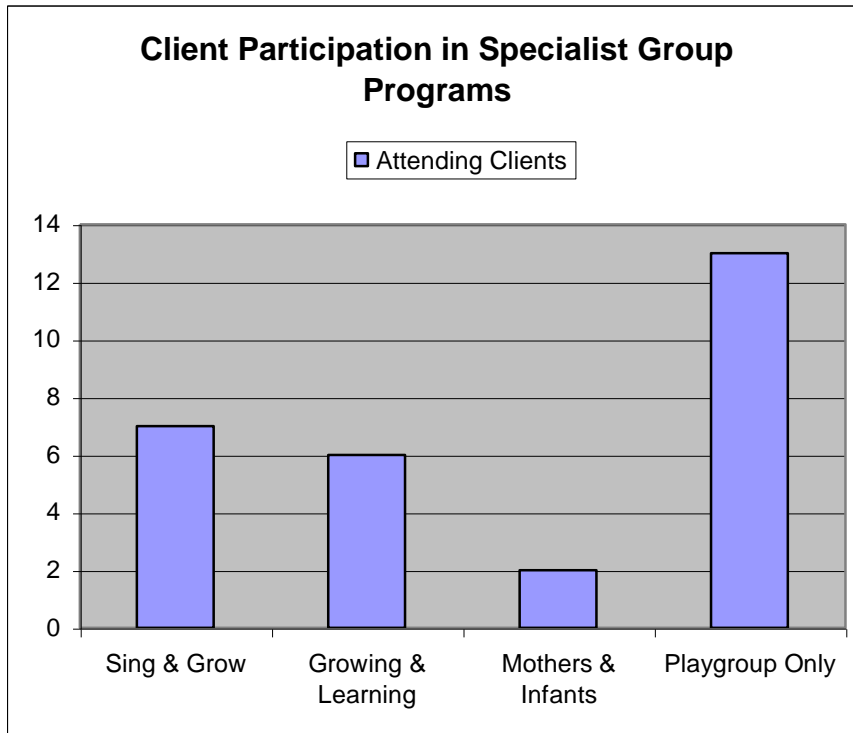


Figure 10: Client Participation in Specialist Group Programs

Figure 11 shows client attendance at special Playgroup events such as Easter or Christmas parties and a visit to a children’s farm.

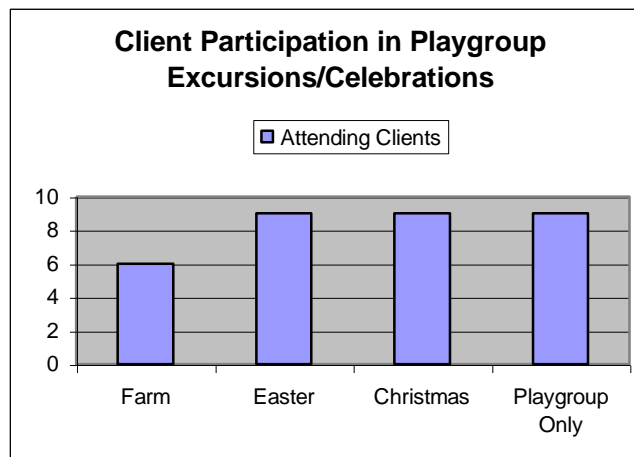


Figure 11: Client Participation in Playgroup Excursions/Celebrations

In addition to these activities, participating clients also identified the production of a Christmas Newsletter as a means by which they could help raise awareness of the program with other UCMH clients and develop a resource which would be useful for other parents at Christmas time. Once clients had developed the newsletter contents and layout, the publication was produced by Playgroup staff and made available to clients attending the agency in December 2005 (see appendix 1).

5.5.3 Lengths of Episode and Client Exits

Figures 12 & 13 suggest that there are two broad categories of Playgroup client: those for whom it provides a short term bridge into mainstream structures and those who see Playgroup as a primary source of long term support. Of clients who have exited from the program, there is a concentration of episodes of less than six months' duration leading to parents returning to work/study or children starting school/kinder. The second group of exited clients have tended to remain engaged for 12-18 months before exiting. For those still attending Playgroup, the majority have been engaged for almost a year. Within this group, the expectation that they will continue to be able to attend Playgroup for the foreseeable future has been consistently expressed during participant interviews. This group sees few alternatives to Playgroup in terms of sources of ongoing support for them around parenting and managing their substance use.

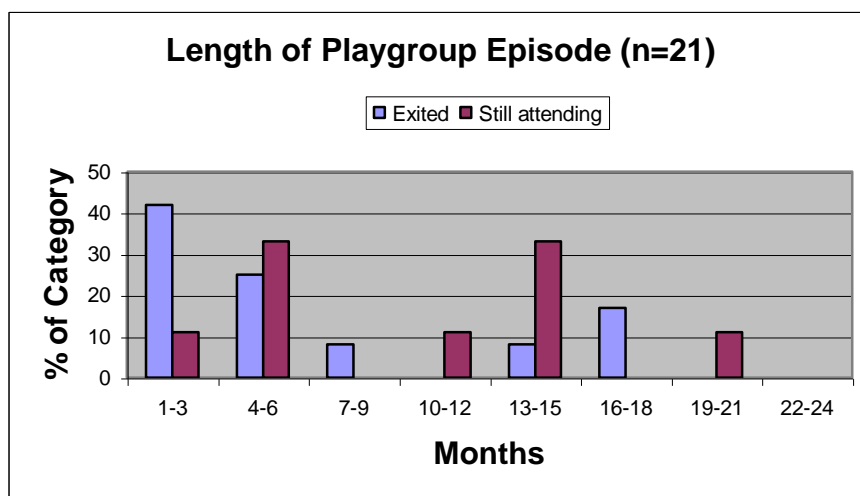


Figure 12: Length of Playgroup Episode

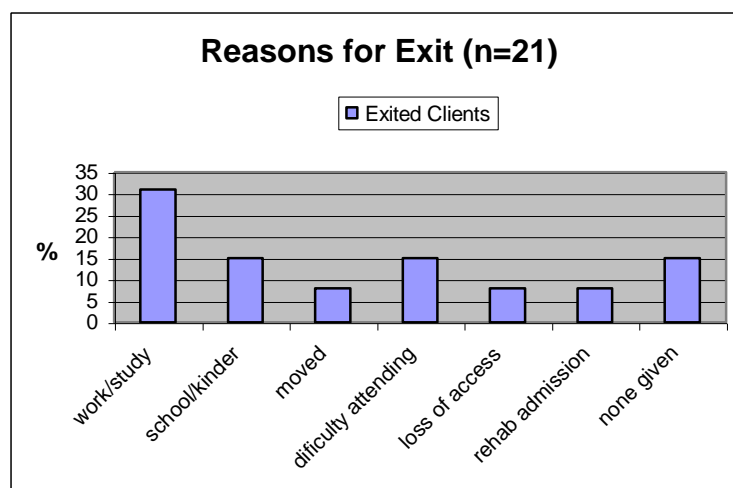


Figure 13: Reasons for Exit

As the throughput diagram in section 5.1 indicates, the great majority of exits from Playgroup were planned. Of the three that were not, one involved a client relapsing and having a facilitated admission to residential rehabilitation, one the parent losing

access to her child and the other a rapid deterioration in the parent's mental health. Two of these clients received follow-up by Playgroup staff after their exit. The third was unable to be contacted.

5.5.4 Playgroup and Use of Other Services

Of those clients who engaged with Playgroup, the majority were already users of a variety of community services. However, these were primarily for AOD treatment, housing or mental health concerns. Of the group of 21 clients, only 3 reported any involvement with family-related services. During clients' period of engagement, Playgroup staff typically provided referrals to other program areas within Moreland Hall (i.e. AOD counselling, financial counselling & supported accommodation) and to a range of external services. While clients may not have wished to engage with additional AOD treatment (see section 5.7 below), they responded positively to the support provided by financial counselling and several of the external services. The most common external services to which clients were referred were:

- Community Health Services
- Parenting support services
- Neighbourhood houses
- Royal Children's Hospital

5.6 Client perspective (impressions & impact)

5.6.1 Overall Experience

The general experience for clients participating in Playgroup sessions has been overwhelmingly positive. Clients reported that this was due to a number of factors:

- Playgroup provided a friendly and welcoming environment. All interviewed clients mentioned the warmth with which they had been received by Playgroup staff. Other clients were also considered as having contributed to them feeling welcomed.
- The physical space was noted as having a large impact on clients' experience at Playgroup. Clients stated that they were initially not expecting the service to be in such a beautiful room. It was considered as being particularly suitable for a children's service with abundant natural light and appropriate outdoor play facilities.

'What a nice place to bring your child'

'It is a precious environment.'

- Parents feel that they are accepted and valued for who they are: that they are understood not judged. They made a clear distinction between their experience at Playgroup and those they have encountered at other services or when they tried to engage with playgroups in their local communities, where they either felt that they were not welcome or did not belong.

'Going to normal playgroup, I wouldn't meet people with the same sort of life experiences....When I came here, I really needed people who understood me. I wouldn't have found that anywhere else.'

'[Playgroup staff] don't look at you any differently.'

- Attending Playgroup sessions helps reduce parents' social isolation by encouraging the development of positive social networks.

'Playgroup made me realise that I wasn't alone.'

- Playgroup sessions come to provide a structure of security and happiness for parents, within lives which can be characterised by vulnerability, chaos and anxiety.

'It's just a very comfortable, relaxing place to be, especially for the children.'

Clients have referred to Playgroup as providing 'time out' from their lives, in which they can put aside the daily problems of survival to focus on their children and their relationship with them. They identified the attitude of Playgroup staff as being the key for creating this environment:

'Catriona and Lis [playgroup staff] are just wonderful people.'

5.6.2 Engagement

Engaged clients listed the following as being the main reasons that they were willing and able to engage with Playgroup:

- No waiting period after being referred.
- Intensive follow-up by Playgroup staff after referral demonstrated that staff were really interested in providing them with support.
- Having seen the Playgroup area or meeting staff before attending the first session helped allay any fears and gave a better understanding of what to expect.

'I didn't come at first but [Playgroup staff] kept calling and it made me want to come later on because it showed that she cared about people.'

'When [Playgroup staff] came to visit me at home, I felt more comfortable talking to her and it made me want to give it a go.'

When asked what it was about Playgroup that kept them coming back after the first session, typical responses were:

- They were quickly able to overcome their anxiety about attending. [after exiting residential rehabilitation]

I would have really struggled to take [my child] to any other playgroup. The amount of anxiety I would have gone through probably would have led me to either not go at all, or just go one or two times and not continue with it.'

- The practical advice they were able to get from the outset.

'[the staff] are experts in the field of children, but also experts in working with mothers like myself.'

'No-one else has given me these options.'

- They felt that, when they were at Playgroup, they are doing something positive for themselves and their children.

'When you feel like you are doing something good for your child, you feel more confident as a parent.'

'It gives us the chance to get out of the house and spend some quality time together.'

- Because of the trust that was established with staff and other clients, parents felt as though they could be honest about what was happening for them in their daily lives, without fear of stigma or reprisal.

'I didn't have to pretend that I was anything that I wasn't...I didn't have my defensive walls up. I didn't have to lie about my life or where I lived or what my circumstances were, or had been.'

'It is so hard for women like myself to come from different lifestyles and then have a child. There's not a lot of support out there and this type of thing has done us the world of good.'

- Realising that they were not the only one experiencing the same difficulties and being able to draw on other clients' for inspiration.

'Sometimes, you think that you're worse off than other people out there, but at Playgroup I've realised that there are other mothers in worse situations than me who have overcome their problems.'

5.6.3 Playgroup Learning

When asked to identify what they had learned from their time at Playgroup, parents listed the following main areas:

- New craft activities and how to repeat them at home. Some parents said that, previously, they had not encouraged craft at home as they were concerned about how much mess would be made (and how much cleaning up would be required afterwards).
- New play activities e.g. playdough, water play and exercise balls.
- Understanding the importance of music and singing for attachment. This was particularly popular, especially the Sing and Grow program which was run during sessions by Playgroup Victoria. Almost all interviewed parents mentioned the impact of this program on their home life. Feedback from this program included:

'What a wonderful thing singing is.'

'[Sing and Grow] is like a gift for you and your child.'

'[I have learnt] how important music is for children and adults.' [NB, Feedback provided by Playgroup Victoria]

- Strategies for dealing with particular behaviour or developmental stages e.g. sleep routines, toilet training or maintaining eye contact for attachment with infants.

One consistent theme from parents was that advice did not come only from Playgroup staff, but that all participating parents were able to share their own experiences to provide options to choose from when addressing any particular issue.

'Often, as parents, each week we come in and someone has a new problem, and everyone will say their two cents.'

Parents especially seemed to appreciate the fact that, when staff were providing advice, they were encouraged to choose the solution which best suited them and their own circumstances. Others also realised that parenting, like remaining drug free, requires perseverance and resilience:

'It's a learning process. You get confident and then it's just crushed again when other problems arrive. Then you build it up again and you're forever changing your tactics. It's a hard game really. Each stage has different challenges. You get over one and there's another one you have to tackle.'

Insert Goat picture

'Playgroup means support. It means playtime for me and my daughter. Wonderful fun. Paint, playdough, cutting, pasting, singing, dancing, dress-ups and outdoor activities. This is where my little girl learns about life and her place in it.'

It's great to have others around us, with similar stories and tragedies. A group where I feel normal. Normal to cry, be sad, happy, ask for help, receive support with whatever the week has brought.

I cherish this space because I'm accepted for all I am and it's not a sin to show weakness, guilt or regret. It's been a wealth of information for all my needs that have arisen, as I try to connect with people and the community again.

When I've gone through rough patches, losing jobs, relapsing, bad moods, loneliness, doubt, Moreland Hall playgroup has been a point of return, a wonderful network. It's so easy to feel judged and embarrassed, sometimes by our children's behaviour, sometimes by our own in response to theirs.

I feel blessed to have such a space for me and my daughter. It's always felt warm and welcoming, safe and comfortable- this program has been vitally important for me. This program has been instrumental in putting my life back together and keeping it so. Really with all things said, the title of "playgroup" doesn't do it justice'. Mother

5.6.4 Benefit for Clients

Parents described two main areas in which they felt they had benefited most during their time at Playgroup:

- Developing new parenting skills and a better understanding of their children's needs. Typically, this involved a shift in focus from meeting children's material needs to allow themselves the time to play with them and encourage their emotional, cognitive and behavioural development.

'It taught me to enjoy time out with my son and that it wasn't just about what I had to do, rather than sitting down to play with him.'

'You can ask questions without worrying that someone will think that you're stupid or that, "You should know that. You're his Mum."'

- The personal support provided by Playgroup staff and other clients. This support was experienced in many ways and has helped increase clients' general confidence.

'I was lacking a lot of self-confidence before, but now I feel a lot more confident as a parent. I'm not ashamed to ask questions any more.'

'You can talk to [Playgroup staff] about anything and it wouldn't matter. I mean, if you were having a really down day or something like that, they never judged you.'

'The support is wonderful because, if you don't have that support, some days it's hard to get through.'

'I feel normal now. I don't feel like an outcast.'

'Playgroup is a part of my weekly routine and that always makes you feel good, when you have a routine.'

'It was good to know that I wasn't alone and that there were people there to help.'

'When you come to Playgroup, you feel like you're not alone. You meet people who are exactly the same as you.'

'Before starting Playgroup, I never thought that I'd get out there and work. Just getting out of the house and going to Moreland Hall for my counselling and Playgroup, it gave me the confidence to actually go out there and look for a job.'

Clients who had used Playgroup for supervised access visits appreciated the opportunity to simply spend time with their children. They reported that the welcoming and supportive environment made it easier for them to try to reconnect with their children in what can often be a frustrating or traumatic experience for both parents and children.

5.6.5 Benefit for Children

Parents described the benefits for their children predominantly in terms of socialisation. Shame, fear of public exposure (and subsequent attention from Child Protection), or simply the difficulty for a single parent to manage the logistics of outings for a large family have served to pass on parents' social isolation to their children. The opportunities at Playgroup sessions for social contact beyond their immediate family has assisted with the development of their social skills and provided opportunities for learning through observation of older children and other adults. This has encouraged change in sharing, communication and managing their behaviour.

'She wasn't a very sociable child before Playgroup because I never went out. I wasn't confident with her to take her to the park or anything so Playgroup was a really great place for her to meet other kids.'

'He made his first friend at Playgroup.'

Parents also identified that, at Playgroup, their children had access to toys and activities that they didn't have at home and that it had opened up new possibilities for them in terms of what play can mean.

'Playgroup provides an opportunity for her to grow and develop'

The routine of weekly attendance was reported as being a positive factor for children as well as their parents. The sense of routine and being able to look forward to 'Playgroup days' helped to shape their children's week and provide a sense of predictability and security.

'She likes knowing that she is going somewhere she feels comfortable and where her Mum feels comfortable and happy.'

Insert client and children picture

'Since my children have been in my life I haven't had quality time with them. Now I have been attending Moreland Hall playgroup with my children and I have learnt how to have time with them and enjoying every moment of it.' Mother

5.6.6 Playgroup and AOD Treatment

The relationship between Playgroup attendance and engagement with other AOD treatment services appears to have been very much dependent upon the individual. The one unifying factor for Playgroup clients is that their referral has followed a conscious decision to make a change to their substance use. Typically, this decision would then have led the parents to complete a residential withdrawal episode or commence counselling (the two main referral points to date). For those who were referred during their withdrawal episode, the fact that they were able to come straight to Playgroup after completing their withdrawal was particularly helpful.

'If you do through detox and go straight back to being alone, you think, "What was the point of going through all of that?"'

'You come out [of withdrawal] and they will help you fix your life. You don't just come out and get left. That's the most important thing.'

'When you get out of withdrawal, there are a lot of things you have to fix and they have to be fixed very quickly. I like that [at Moreland Hall] they get them out of the way and then you can start to get back to your life.'

Once engaged with Playgroup and feeling more confident as parents, some clients then chose to refer themselves to AOD counselling. Others completed their counselling but remained at Playgroup. Others exited from Playgroup only to re-engage at a later time after (or on the verge of) relapse. In these cases, they saw Playgroup as their point of contact with Moreland Hall and had enough trust to seek

assistance before their substance use had escalated beyond their control. This provided the opportunity for them to be admitted for residential withdrawal and receive ongoing support in a timely manner, thereby reducing the potential harms for their children as a result of their relapse.

'If I hadn't done counselling, I probably wouldn't have been ready to go to Playgroup...I couldn't have done one without the other.'

Parents reported that the speed with which they were seen by other services made it easier to take advantage of those services and that the co-ordinated service provision helped make a noticeable difference in their lives within a relatively short space of time. This accessibility appears to have been a key for promoting the re-engagement of at risk clients:

'that's why the women keep coming back. It's been a great support and it's somewhere you can just go and be yourself.'

The combination of practical, collegial support and trusting relationships appears to have played a major role in clients' deciding to remain engaged with Playgroup over an extended period. Several parents identified the support they get at Playgroup as not being available to them elsewhere:

'If you're having a bad day, you can talk about it without worrying whether people are going to judge you or call DHS. We all have bad days and good days.'

'I've had some really down, bad times and I know that even if I didn't come to Playgroup then I could just pick up the phone and talk to somebody.'

Many clients reported that they would not consider exiting from Playgroup until their children started school (and were too old). Some identified the need for ongoing support in their efforts to remain drug free; building on their own experiences of relapse and their awareness of what Playgroup has to offer.

'You do get to a point where you think about whether you should move on because you have achieved everything you wanted to achieve, but then some people stay on for the support and friendships they've made, and for their kids.'

'The thing that I've learnt in recovery is that you don't cut yourself short. You might be doing great that week, or that month, but don't cut your supports because you just don't know what's around the next corner...I just keep the support around me...I just keep going until I reach a point where I know I don't need it anymore but at the moment I know that I do, and I probably will for quite some time...It takes a long time to readjust.'

Playgroup clients who were also participating in AOD counselling at Moreland Hall reported mixed experiences. Playgroup sessions provided some of them with an opportunity to catch up with their counsellors, without having to arrange for a separate appointment. This assisted them as it meant that they did not have to arrange for separate child-care in order to attend their counselling session. Some found this

setup helpful for them and that, as they were not currently using substances, they only needed a quick 'check-in' session with their counsellors. Others found that there were too many distractions at Playgroup to be able to focus on their counselling. All clients appreciated the flexibility shown by Playgroup and counselling staff in co-ordinating their time with them. On some occasions, counselling staff had been able to provide *ad hoc* child-minding (in the Playgroup area) for clients presenting to counselling sessions in crisis.

5.6.7 Use of Other Services

'[Playgroup] helps bring you back into the community.'

For many Playgroup clients, the same factors that were keeping them socially isolated had prevented them from using child and family services in their communities. While some clients had already been using mainstream services such as kindergarten and crèche, most had not been provided with much information about what services were available.

'The only way I've ever found out about any of the services I've ever used is by word of mouth.'

After encouragement by Playgroup staff and, as they started to feel more confident, parents began to refer to external services for particular issues e.g. speech pathology, sleep routines and parenting courses. Although most parents did not feel comfortable with the idea of attending mainstream playgroups (because of previous bad experiences or a perception that they were too little in common with other parents in their communities), some had made initial steps in that direction. One mother who had left a community playgroup before as she felt like an 'outcast' in a group of parents she perceived as being 'too different' from her, had been referred to the Tweddle centre and had made two 'good friends' while attending their mainstream sleep program. Another mother hadn't used play programs in her local community before but had recently attended one session. Although it felt, 'strange' at the time, she reported that she, 'didn't feel stupid being there', and that she didn't feel isolated from the other mothers present:

'We were all the same. We just have different issues.'

For some clients, over the period of their engagement with Playgroup, the age of their children acted as a stimulus to move into mainstream services such as kindergartens or schools.

5.6.8 Suggestions

When asked about possible improvements to Playgroup, in general clients considered that:

'It's fine the way it is. There is no room for improvement.'

The one overriding suggestion was that it continue, with several clients emphasising how much they had come to rely on the service and how important they thought it was to be able to offer to parents trying to overcome drug dependence.

Clients recognised that Playgroup staff were always willing to incorporate their suggestions for activities or outings. One request was for the ‘Sing and Grow’ program to be ongoing, or for there to be an ‘advanced’ option for those who have already completed the program.

A few clients commented on the limited availability of occasional childcare and the difficulty this posed for single parents trying to access traditional AOD treatment:

‘Some mums would find it easier to make it to their counselling appointments if there was childcare available.’

5.7 Staff perspective/ impact on agency (impressions and impact)

As with the Playgroup clients, Moreland Hall staff were overwhelmingly positive in response to the contribution that Playgroup has made to their practice, the agency as a whole and the participating clients. Interviews were carried out with staff from all program areas, but most data was gathered from members of the Counselling and Support team, whose work was most directly affected by the operation of the service.

5.7.1 Value of Playgroup Model

The general impressions were as follows:

- There was less of a stigma attached to participating in Playgroup than in Moreland Hall's other services and that it helps affirm clients' views of themselves as 'parents' and not just 'service or substance users'. This was aided by the physical separation of the Playgroup area from the rest of the Moreland Hall building and the perception that Playgroup, *'is something that normal people do with their kids.'*
- Including Playgroup within the agency's service mix improved its capacity to provide a holistic service. The length of engagement by Playgroup clients was also recognised as facilitating the use of multiple services by clients during their contact with the agency e.g. residential withdrawal, counselling, Playgroup, supported accommodation and financial counselling.
- Playgroup is fun for everyone concerned. Staff enjoyed attending sessions with their clients and this also provided opportunities to see their clients in a different context: happy and enjoying their family life, rather than simply as an individual with a substance dependence.
- Although the experience for those participating in Playgroup was generally very positive, there were still particular groups of clients which were not using the service, especially fathers and clients with more chaotic presentations e.g. more severe mental illness.
- Clients that were not ready to engage with other forms of AOD treatment (such as counselling) were still very enthusiastic about their participation in Playgroup and wanted it to continue.

Child protection workers involved with referring clients to Playgroup for supervised access visits or supervising those visits reported that they were surprised by the ease of making referrals to the service and the speed with which parents were able to attend after being referred. They also commented upon the level of expertise demonstrated by Playgroup staff in understanding the requirements of supervision during access visits and identifying possible areas for concern e.g. developmental delay and specific risk factors for children.

5.7.2 Impact on Agency

Staff saw Playgroup as something to be proud of: a service that was both innovative and producing positive outcomes for clients. They also considered that the presence of the service (particularly the children attending) brought a positive energy to the agency and helped to establish the needs of children and families as an issue that

needs further attention. The use of children's artwork around the agency and the utilisation of the Playgroup space for assessments and counselling sessions for clients presenting with children helped to send a message to clients that children were 'on the agenda'.

'Playgroup has pushed the agency a long way.'

It was noted that the co-ordination of service provision for Playgroup clients had been very effective, with clients able to access other Moreland Hall services (such as residential withdrawal) in a timely fashion. This co-ordination and the ongoing contact with clients over a longer than usual period of engagement improved the agency's capacity for early intervention with some clients. This helped to reduce the amount of harm caused by crises as they emerged and the amount of time clients needed to recover and 'get back on track'.

The initial stages had involved unexpected complications. For example, the required OH&S review of the program-specific and common areas at the program site ended up being more involved and time-consuming than was originally foreseen by the agency. This, in turn, delayed the development of the Playgroup physical environment and the commencement of program sessions. A clear commitment from agency management was required to ensure that the process did not become bogged down in the challenges that the new service approach posed to the agency's existing structures.

This commitment from management also served to confirm the agency's intent to establish the Playgroup model for staff from other program areas. This intent was supported by the provision of information sessions by Playgroup Victoria to all Counselling and Support team members. These sessions focussed on providing team members with a basic understanding of the benefits of playgroups for parents and children and were intended to raise awareness of the program with the staff most likely to be affected by its operations.

The full integration of Playgroup into the Moreland Hall service mix was recognised as being slow at the outset but that, after the first year of operation, staff were developing a better understanding of what Playgroup was about and beginning to appreciate the value of referring clients to the service. By the end of the second year, clients had been referred to Playgroup by almost all program areas and the majority of staff had attended playgroup sessions, either with their clients or assisting Playgroup staff in facilitating activities. The integration process was also driven by the efforts of Playgroup staff in attending team meetings for other program areas on a regular and presenting both their program and relevant service delivery concerns. This, and their willingness to make themselves available for all staff to discuss referrals, work with clients or the Playgroup program contributed to what staff perceived as a very easy and flexible referral pathway.

'In one way, they're [physically] isolated but, in another way, they are always engaged with the other staff.'

'[Playgroup staff] really made it easy to get my clients into the service. The fact that clients were able to meet with [Playgroup staff] before the referral and get to see the environment really helped to give them a good idea of what to expect.'

While it was considered that Playgroup had increased the agency's capacity to address client need more holistically, there were some gaps identified in service provision. This was especially the case for clients whose lives were too chaotic to be able to engage effectively with Playgroup in its current form and for fathers, whose rate of referral and engagement have been very low. It was also noted that Playgroup is tending to target individual parents and their children, and that the agency is still yet to provide broader treatment options for whole families.

'You don't see many families coming through the door at Moreland Hall. It's still mainly individuals and their kids.'

The management of client files was one area raised as needing more work. Examples included monitoring simultaneous access to client files by two or more service areas (e.g. Playgroup and Counselling and Support) and recording of relevant family issues in file notes, in order to alert staff in other Moreland Hall service areas in their work with clients.

'It makes it difficult to identify a Playgroup referral as being appropriate if I don't have much information about the client's children in the file.'

5.7.3 Impact on Staff Practice

Across all service areas, it was clear that the greatest impact occurred for staff who had attended Playgroup sessions. For those staff without a background in working with children or families, they reported that being present during these sessions helped to open their eyes to the broader picture of clients' lives. Seeing clients being happy and actively enjoying their role as a parent provided a marked contrast to individual counselling sessions in which naturally tended to focus on the individual client and the problems related to their substance use. Counselling staff in particular reported that this helped shift their thinking about their clients in a more systemic way and helped to make more concrete the impacts of parental substance use. This increased awareness then assisted with the developing of individual treatment plans, that took children's needs into consideration.

'It's good to see the human side of clients, not just the "counselling side".'

'It made me more aware of what relapse means for the kids.'

'Usually, you don't know the client's children or anything about them, but at Playgroup you begin to understand how they affect their parent's life and what role they can play in their parent's recovery.'

Staff reported that, while there were issues around file notes and general recording of client information, Playgroup staff were very good in providing *ad hoc* verbal consultations with counsellors in relation to their clients' progress. For particular clients, Playgroup staff would notify their counsellor when they were currently

attending a Playgroup session. This provided an opportunity for the counsellor to have at least brief contact with clients who found it difficult to attend regular counselling sessions. While these ‘catch-up sessions’ were sufficient for some clients, most counsellors reported that they did not meet the treatment needs of the majority of Playgroup clients who were officially engaged with counselling. It was clear that attending Playgroup sessions was not considered as a replacement or substitute for counselling. Counsellors identified both the difficulty of ‘competing’ with Playgroup for client’s time and that Playgroup sessions often did not provide an appropriate environment for parents to be able to discuss certain issues.

‘If I had to choose between a fun Playgroup session and a difficult, problem focussed counselling session, I know which one I’d be going for.’

‘[At Playgroup] there are too many distractions to be able to run a proper counselling session. Sometimes you just need to get the client on their own.’

While counselling staff did not necessarily feel equipped to engage in family therapy or address early childhood issues in depth with their clients, they did report feeling more confident in raising relevant concerns during counselling sessions and identifying possible referral options to specialist services. The availability of Playgroup staff (with expertise in early childhood services) for advice in identifying concerns and working with parents was noted as playing a large part in the development of this capacity within the Counselling and Support team. Even staff who did not yet feel confident in identifying and treating the needs of parents with young children, did recognise that they could take advantage of the specific expertise of the Playgroup staff. Some staff expressed concern that, after the amount of work that had gone in to increasing the capacity of the team to respond to these needs, the overall impact on the agency would gradually be lost over time if Playgroup was to be discontinued:

‘If it stops now, a lot of the learning will be retained but the real influence on our practice is only just starting to penetrate our psyches.’

One marker of the impact of Playgroup on the attitudes and practice of Moreland Hall staff was the level of internal interest in applying for Playgroup-specific positions. During the setup phase, when the Playgroup positions were first advertised, no internal applications were received. When a position became available after nearly two years, there was a marked increase in the level of interest expressed by members of the Counselling and Support team, with the position being filled by a team member.

‘Now, just about everyone wants to spend time down at Playgroup.’

5.7.4 Impact for Participating Families

‘You only really start to understand the benefits when you see them first hand – some impacts are only visible through facial expressions or when you see the children smile. You need to see these things for yourself.’

Staff saw a positive impact for parents within two broad areas: parenting and AOD treatment. They observed clients becoming more confident as parents as they became more informed about issues ranging from the stages of child development and parenting strategies to the functioning of Child Protection and childcare systems. It was reported that the combination of increased knowledge and a growing recognition of their own capacity to have a positive influence on their children's development encouraged parents to play a more active role in their children's lives. This was especially the case for non-custodial parents who appeared to be more confident in negotiating with Child Protection workers and/or guardians over their involvement in planning for their children's care.

'With their greater confidence and information, they are more able to change the way workers see them: becoming more the "active parent" rather than the more problematic, "disengaged parent".'

The impact of Playgroup on parents' participation in AOD treatment was observed as occurring at different levels. For those parents who came to Playgroup after completing a withdrawal episode or who were already engaged with counselling, it provided an immediate bridge to reasonably long-term, ongoing support within the context of an AOD agency. This extended period of ongoing contact with clients (the average length of non-residential treatment episodes with the agency is around 3 months) has made it possible to identify when a client may be heading for a relapse and create the opportunity for an early intervention to avoid more serious problems for parents and their children.

'Even parents who aren't coming to Playgroup anymore feel comfortable to call if they need some extra support.'

Although clients often appeared to be resistant to the idea being referred to Playgroup, in general they gradually came to see it as a good opportunity. The high levels of trust that parents have developed in the staff attending Playgroup also appears to have helped them to build more trust in the agency as a whole. This trust has then encouraged some parents to engage in AOD counselling for the first time. Counselling staff observed that, once parents start to feel more confident that one part of their life is going well, that they are more willing to start engaging with the more 'challenging' work involved in counselling.

'Coming to Playgroup helps clear some space to allow the mums to feel a bit better about themselves. Then they can start addressing their personal issues.'

'It's good for clients to know that coming to Moreland Hall isn't always about failure.'

Staff observed that, for many clients, the development of a trusting relationship can be a difficult process. This can be due to a range of factors, including previous experience with other service providers and the history of clients' own personal relationships. It was clear that some clients still struggle with how much trust to put in Moreland Hall staff, not to mention their willingness to engage with other, external services. It was also clear that the primary factor affecting client trust was the

development, over time, of their individual relationship with Playgroup staff and that, for many clients, achieving this sort of therapeutic relationship was, in itself a major achievement.

A Playgroup Victoria worker responsible for running the ‘Sing and Grow’ program commented on the fact that she was surprised by how open the participating families were to the program content on attachment and child development. She noted that, when running the program in other AOD treatment settings in the past, she had encountered significant resistance from parents who seemed defensive and perceived her as *‘another person coming in to tell them what to do.’* In comparison, Playgroup families were willing to engage with the program from the outset. This was considered to be largely due to the positive therapeutic environment created by Playgroup staff.

One of the additional positive factors noticed by staff was the formation of positive peer networks and the strong sense of ownership that parents appeared to feel for Playgroup. As the great majority of participating parents were seeking to remain AOD free, the new friendships they were able to make at Playgroup helped them to deal with the social isolation experienced by those who often feel that they have to leave their AOD using friends behind. The strength of the bonds formed amongst the parents appears to have played a positive role in the development of a positive peer pressure to avoid relapse. This appears to have been especially the case for those parents taking part in the ‘Growing and Learning Together’ group, which covered topics identified by participants as contributing to their substance use and increasing the risk of relapse. One staff member observed that, during these group sessions, the sense of shared commitment and mutual support was so strong that parents volunteered information that would probably never have come out during individual counselling.

As theirs were the only staff roles involving significant ongoing contact with clients’ children, Playgroup staff were the only ones able to offer observations on possible impacts for children attending Playgroup. While specific examples are provided in the case studies below (section 5.8), Playgroup staff made the following general observations of changes they observed in children over the course of their time at Playgroup:

- Improved social confidence and interaction with peers and adults;
- Improved capacity to manage own behaviour through a combination of observation of others at Playgroup and their parents implementing new strategies at home;
- Feeling more settled and confident within the predictable routine of Playgroup sessions;
- Improved motor skills and creative play through exposure to new toys and play activities;
- Improved bonding and interaction with their parents.

One negative consequence of the strong sense of belonging to a group with shared values and experiences appeared to be the subsequent exclusion of the small number of parents who attended sessions while they were still using. The subsequent tension between those parents who had already made changes and those who were still

struggling with their choices is something that is common within self-help groups within the AOD sector but was seen to be something that had not been fully resolved within the evaluation period. It provides a challenge to the agency in its efforts to refine the Playgroup model and reassess its eligibility criteria.

Some staff noticed quite a holistic change in Playgroup participants. One counsellor observed that, after starting with Playgroup, one of her counselling clients showed:

'improved appearance (like she was taking more care), more organised in making appointments and having the baby bag fully packed, taking more responsibility for her kids while they were in the room, having a more positive relationship with them and being more able to open up during counselling sessions.'

Counselling staff noticed that children attending Playgroup tended to become more outgoing and to show more confidence and self-control in their interactions with others. They also typically presented as being more settled and content with their lives outside of Playgroup, as they began to repeat play activities at home with their parents.

Staff also commented on the strong sense of ownership that parents held towards Playgroup and the development of leadership roles within the groups, with some more established parents taking on a mentor role for newer arrivals. These clients had expressed the wish that new families would feel as welcomed and supported as they had when they first attended. When the idea of producing a Christmas newsletter for Playgroup families was raised, parents co-ordinated content (activities, recipes and personal messages – see appendix 1) and produced the newsletters within a couple of weeks. In their planning, they advised Playgroup staff that they would like the newsletter to be available to other Moreland Hall clients to both offer a resource for them to use and to advertise the program to other potential participants. Parent's sense of ownership for Playgroup was also highlighted during the process of this evaluation as many of the parents interviewed expressed their desire to undertake their own fundraising activities and advocacy to ensure its continued operation.

5.7.5 Suggestions

Playgroup staff made the following suggestions for possible changes/developments to the program:

- Develop Playgroup options for fathers;
- Try to get more male staff to attend;
- Develop programs on women's self-esteem/assertiveness and personal healing;
- Run more parenting courses;
- Expand program to offer Playgroup sessions every day. There is currently a capacity for at least one new group;
- Mentoring training for parents to enable them to facilitate their own Playgroup sessions.
- Possibly provide more transport for clients, as the logistics of just getting to Playgroup can be a significant obstacle to large or geographically isolated families.

Other Moreland Hall staff came up with the additional suggestions:

- Improve access to childcare to make it easier for clients with young children to be able to attend assessments and counselling sessions;
- Develop a complementary capacity within the agency to provide appropriate family therapy, for those family groupings affected by one or more members' substance use;
- Develop a more structured approach to combining Playgroup attendance with counselling sessions;
- Rotate more staff through Playgroup e.g. make spending time there part of the induction process for all new staff;
- Develop a manual for running Playgroup sessions (for use by other staff or clients taking on a leadership role);
- Develop clearer group guidelines with participating parents e.g. how to deal with intoxicated clients;
- Staff to be made more aware of Playgroups 'treatment outcomes' in order to better appreciate the role of the program;
- Add other forms of material assistance e.g. food vouchers;
- Introduce external workers to visit sessions e.g. speech pathologists;
- Improve co-ordination and recording of client data.

Insert group lunch picture

'This is our playgroup lunch. We also have birthday parties here around the table with all our friends. Lis (staff member) always makes sure the children are well fed and happy. It is one of the nice times we all have as a group.' Mother

5.8 Case Studies

The names and identifying details in the clients' stories presented below have been changed.

5.8.1 Case Study 1 ('Jean')

Jean is a 25 year old mother with four children under six who lives in a two-bedroom house in Reservoir. She has a history of alcohol abuse, which had steadily increased since the birth of her second child in 2000. At this time she was living with a man who abused her both physically and emotionally. Jean was notified to Child Protection Services (DHS) following the birth of her second youngest child in July 2004. Her second and third children ('Winona' and 'Emily') were removed from her custody and she was instructed to engage in drug and alcohol treatment and completed a residential withdrawal episode with Moreland Hall, before being referred to Playgroup. She started attending Playgroup in September 2004, shortly before the birth of her fourth child.

Client Background

Jean was a Ward of State at thirteen years of age. She says that she suffered from depression from an early age and often had suicidal thoughts with one unsuccessful attempt. She reports no history of self-harm or significant mental illness, but has been prescribed anti-depressants in the past.

Jean's relationship with her mother has over the years been up and down. Her mum has suffered from Schizophrenia since Jean was a child and has not always been compliant with her medication. Jean's ex partner and the father of three of her children also had schizophrenia and was violent towards her. Today Jean says that she cannot depend on her mother. She does not speak about her father.

Following the removal of her children by DHS, Jean has been very reluctant to talk about her family and it has taken about nine months for Jean to start to trust the Playgroup staff.

Involvement with Playgroup

Jean's initial engagement provided an opportunity for regular supervised access visits with Winona (now 4 yrs) and Emily (3 yrs). For the first few months after their commencing at playgroup the two children were unable to engage in any significant interactions (blank facial expressions, not speaking or responding). There was no eye contact. It was impossible to engage the children in any play and the only activity that the children participated in was eating. Jean was very concerned for Winona and Emily because of the effect her AOD dependence and the children's removal may have had upon their development.

After about three months of getting to know the Playgroup staff and providing consistent routines during sessions and the children being returned to Jean's custody to see slow and gradual improvement in the two children. They gradually started to play: Winona enjoying the sand pit and playing with the animals. She began to learn the names of the sounds and being able to repeat the animal sounds. Her speech was

about a year in delay. A referral to speech therapy was arranged and today, her speech is still delayed but there has been improvement. She is growing in confidence seeking out and engaging with people.

Emily is also improving and each month there are positive changes. She is offering eye contact and is now interacting with staff, as well as other Playgroup clients and their children.

In addition to the linkage with speech therapy, Playgroup staff also facilitated referrals to the following services Enhanced Home Visiting, Maternal and Child Health and the Eye Clinic at the Royal Children's Hospital.

Jean has now been attending Playgroup for almost two years. In that time, she has been able to develop a trusting relationship with Playgroup staff and Moreland Hall. However, it took over nine months of attending Playgroup before she was able to start trusting staff enough to start asking for help.

She has stated that the '*Playgroup is the best thing that has happened for me and my children*' and that it provides her with '*time out*' from the stresses of daily life where she can just relax and enjoy spending time with her children.

During her engagement with Playgroup, Jean has developed enough trust in Playgroup staff to be able to openly discuss changes in her drinking patterns with staff. This has allowed Moreland Hall to respond to her needs before there was a serious threat to herself or her children. By agreeing to a re-admission to the agency's residential withdrawal unit and participating in complementary counselling, Jean has been able to minimise the negative effects of her relapse on her family. Her long-term engagement with Playgroup has allowed her to make use of Moreland Hall's other services in order to help support her ongoing efforts to manage her alcohol dependence and create a better life for her family.

5.8.2 Case Study 2 ('Susan')

Susan is a 24 year-old woman with a history of polydrug use, including heroin, amphetamines, methadone and cannabis. Susan has two children, 'Allan' (7 yrs) and 'Lucy' (1 yr) and lives alone with them in a flat in Bundoora. Susan is unemployed and lives on a sole parent benefit. She is currently prescribed anti-depressant medication.

Involvement with Playgroup and other AOD treatment

Susan first presented at Moreland Hall in October 2000 wanting to address her heroin use. In October 2004, Susan was court ordered to participate in AOD treatment. Allan was in the care of his maternal grandmother at this time. She attended Playgroup with Lucy and went to three counselling sessions before discontinuing her treatment.

Susan then represented at Playgroup in March 2005 with both children in her care. She reported that she had come back because she had developed a friendship with another woman who was already accessing a variety of services at Moreland Hall,

including Playgroup. Through encouragement from Playgroup staff she recommenced counselling around her heroin and cannabis use. She started counselling in March and stopped using heroin but reported that she did not see her cannabis use as being a problem at that stage. After attending another three sessions, she again discontinued her counselling episode and did not seek to re-engage. During this time Susan was attending the playgroup regularly and was building a relationship with the playgroup staff. She continued to attend Playgroup after she had stopped attending counselling. She stopped attending Playgroup in February 2006.

Upon re-engaging with Playgroup Susan was transported by her friend, but there came a time when her friend wasn't going to be available for a few weeks and so staff worked with her on planning how to get to playgroup on her own. Time was taken on researching the best options of public transport, and then practical support in the form of a support person to come with her on the first couple of trips. Susan subsequently managed to get herself to Playgroup numerous times on her own.

Susan is a quiet, anxious person who has indicated to staff that she has a problem with her self-esteem. It took several months for Susan to develop sufficient trust in order to fully engage with the playgroup staff, but then became open to discussing her substance use and her parenting skills, including behaviour management, nutrition and setting boundaries with her children. Playgroup staff have also been able to support Susan to make use of some other resources within the community that could provide support for her in her role as a single parent.

Allan is at school and attends regularly. He has some learning difficulties and Susan began accessing physio for him and doing some work with him at home. Staff have observed that Susan had some difficulty in setting boundaries for Allan's behaviour and were able to offer her some ideas on positive behaviour management.

Lucy is now one and is developing very well. At Playgroup, staff were able to assist her to overcome her separation anxiety by supporting Susan to begin to give Lucy a little more 'space' and to start to let her be a little bit more independent. This progressed to the stage where she was able to leave Lucy in the care of staff for short periods of time while she went to the bathroom or has a cigarette. Susan was very anxious about Lucy's development and was in need of constant reassurance that she was doing 'the right thing'. Support around Lucy's diet included what foods to offer and in what way, and how to transfer her from formula to cows milk.

Post-Playgroup Outcomes

Playgroup staff contacted her when she stopped attending regular sessions. Susan explained that she had begun attending a playgroup in her local community and that she had followed through with the suggestion that she and her children attend Tweddle Family Services to assist her with sleep and settling issues. She reported that that she could not believe the difference this has made to her as both children were sleeping much better and that Lucy had begun sleeping in her own bed.

Susan stated that the Moreland Hall's location and her difficulty in gaining access to occasional childcare had made it difficult to keep attending AOD treatment, but that she had taken the advice of her counsellor and commenced counselling with another

agency that was easier to get to. She also reported that she had commenced on a low dose anti-depressant which she says is helping with her mood.

5.8.3 Key Issues Raised by Case Studies

- Prevalence of depression/anxiety for clients attending Playgroup;
- Involvement with Child Protection served as stimulus to engage with AOD treatment;
- Clients needed several months to develop trust in Playgroup staff. Once this had occurred, they were willing to openly discuss their AOD use and parenting concerns with staff and other clients;
- Clients saw noticeable differences in their children after engaging with Playgroup;
- Clients successfully engaged with other community services with support from Playgroup staff;
- Challenge of engaging Playgroup clients with parallel AOD counselling;
- Once trust is established, clients will re-present to Playgroup after relapse.

5.9 Sectoral Awareness and Sustainability

In order to ensure the sustainability of the program it was considered essential to increase awareness of Playgroup within the AOD and related sectors. Learnings from Playgroup have been presented at a number of conferences and professional gatherings:

- Playgroup Victoria conference; conference paper and panel discussion (2006)
- APSAD conference; poster presentation (2005)
- UnitingCare National Conference; conference paper (2006)
- Moreland Hall Seminar Series (2005)
- Moreland Hall AGM; presentation (2005)
- Women's Health in the North; conference paper (2006)
- Moreland Community Health Service; presentation (2005)

The program has also been featured in a range of publications including:

- Playgroup Victoria's Supported Playgroup Manual (Plowman, 2006)
- Moreland Hall newsletters and annual reports
- Moreland community newspapers

The program model anticipates that it will become more self-sustaining in the future. To this end, established participants are encouraged to take on leadership roles within Playgroup sessions, with a view to the possible development of some peer-facilitated groups in the future. To date, one client has attended Playgroup Victoria facilitator's training. UCMH has also been conducting discussions with other services in the northern region over possible expansion of the program to offer co-facilitated Playgroup sessions at additional sites.

6. The model

6.1 Program logic models for program implementation and overall impact

In an effort to make the learnings gained from the implementation and evaluation of Playgroup accessible to other service providers, the evaluators sought to graphically represent the implementation and impacts of the program. The following diagrams were developed in consultation with program stakeholders and were designed to capture the various processes at work within the program and their impact on the broader agency. They provide a depiction of the various pathways of clients through Playgroup and resulting outcomes for clients, staff and the agency as a whole.

Figures 14, 15 and 16 represent an attempt to capture the general ‘theory’ behind the program, or, how it has been implemented and why it works. They describe the framework of causal links between program activities and outcomes that form the basis for the program.

Figure 14 focuses on the Playgroup model itself and how it is likely to contribute to positive outcomes for participating clients. It describes the processes from initial referral to client exit and identifies the key factors contributing to the program’s success. For those seeking to replicate the model in other service settings, it would be advisable to address these factors.

Figure 15 addresses the impact of the program upon individual staff practice and broader cultural change at UCMH. It considers the effect of the program upon the practice of Playgroup and non-Playgroup staff, the capacity of the agency to provide family friendly AOD treatment options and the consequences for client experiences in utilising UCMH services.

Figure 16 combines elements of both Figures 14 and 15, providing an overall summary of the program’s logic. It includes the resources that were available for the program’s planning and implementation and describes the integrated systems incorporated in the program’s overall design. It provides the most coherent representation of the various questions that the program set out to answer.

Figure 14: Program logic for client service model

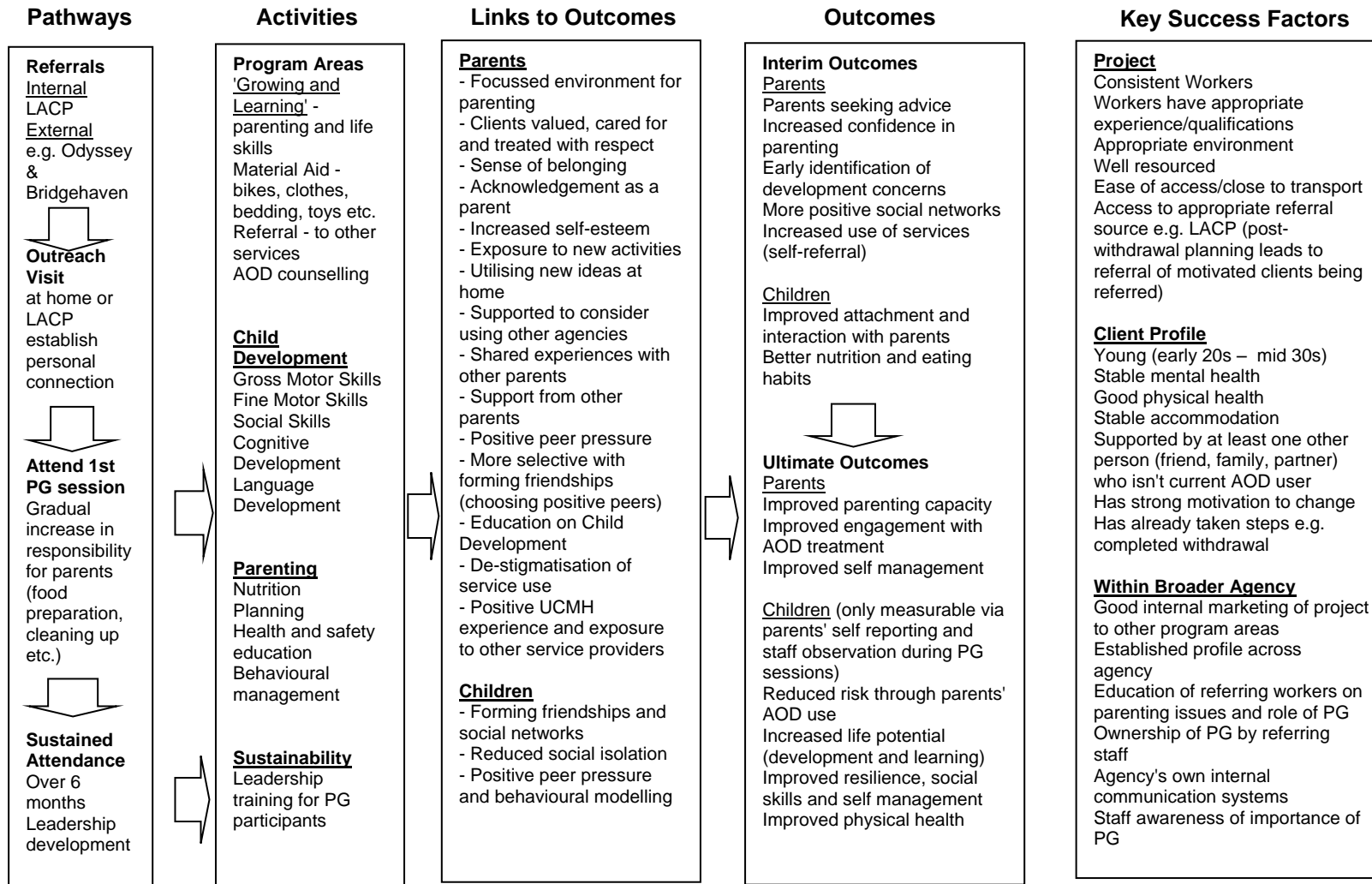
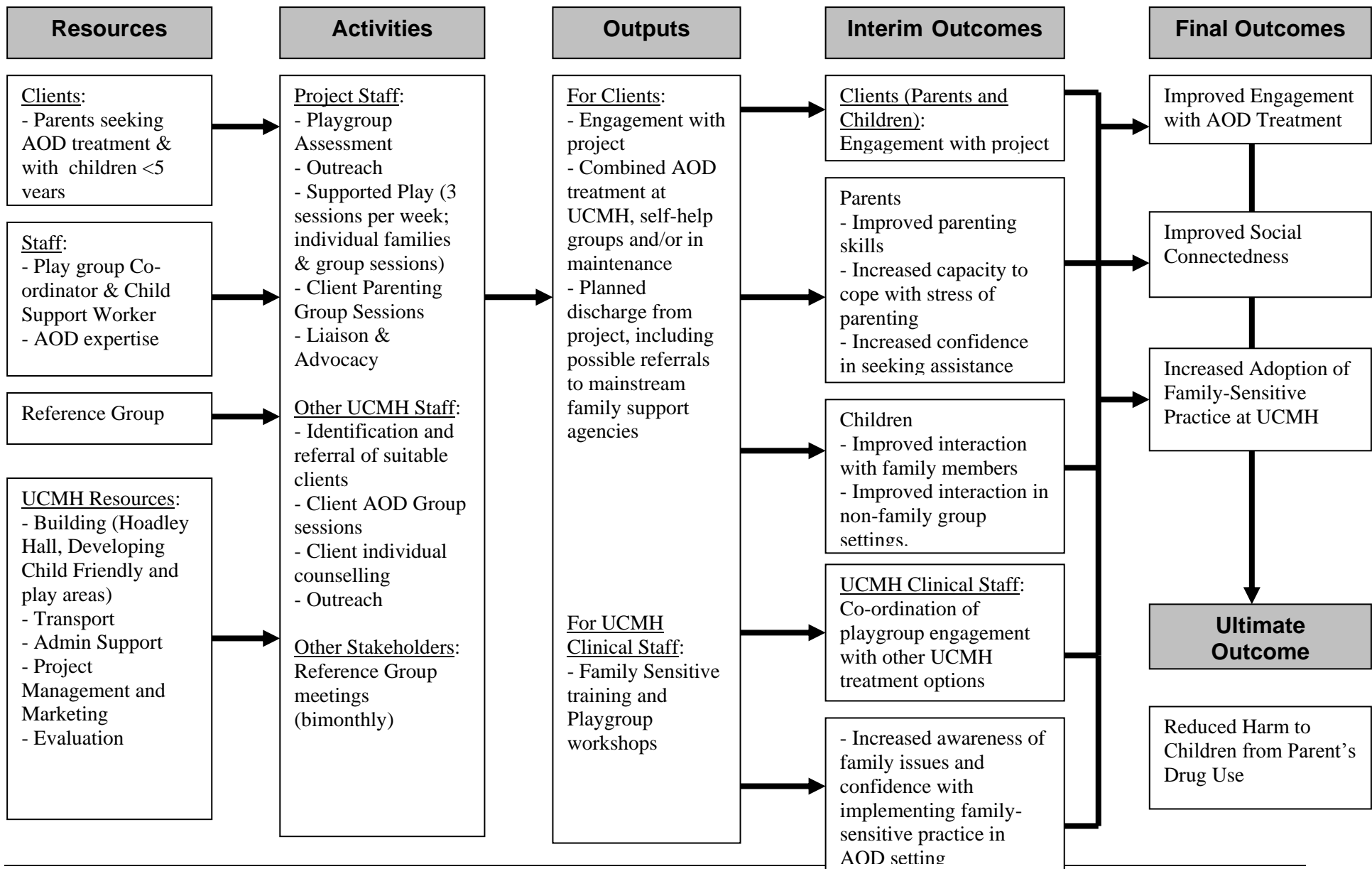


Figure 15: Logic Model for Change to Individual Practice and Agency Culture

Inputs	Activities	Initial Outcomes	Intermediate Outcomes
Intensive Playgroup Staff	Provide secondary consultations to UCMH staff	Increased staff awareness of Child & Family Service sector and appropriate external referral options for clients	Intensive Playgroup staff are identified as important resource by UCMH staff
		Increased awareness of child welfare issues informing their work with parents	Playgroup becomes fully integrated into the UCMH service mix
UCMH Staff	Attend Playgroups Victoria training session	Better understanding of role of playgroups in mainstream community service sector	UCMH staff become more confident in addressing parenting and child welfare concerns with parents
	Attend UCMH Intensive Playgroup sessions	Better understanding of role of Intensive Playgroup in AOD treatment setting	UCMH staff identify new possibilities for family-sensitive practice at the agency
		Altered perception of client through seeing them interacting with their children	Agency culture more welcoming and responsive to families
		Increased capacity to contribute to/facilitate Playgroup sessions	
	Liaise with Intensive Playgroup staff over common clients	Increased awareness of scope for family-sensitive practice in AOD setting	Ultimate Outcomes
UCMH physical infrastructure	Playgroup area utilized outside of session times for assessment and counseling with clients presenting at the agency with children	Clients with children provided with more appropriate service setting. Managing children's needs no longer viewed as impediment to attending	<u>Agency</u> Family-sensitive practice has become the norm for all UCMH staff
	Children's artwork from Playgroup sessions placed counseling rooms	Agency sends visible message to staff and clients that needs of children & families are 'on the agenda'	UCMH staff working with increased numbers of drug-using parents
	Toys etc. made available in client waiting area and in counseling rooms		<u>Sector</u> Program has influenced similar changes in other agencies and/or throughout AOD sector
Clients	Playgroup and other clients attend agency with their children	Presence of children around the agency becomes normalized	
		Staff notice changed atmosphere at agency	

Figure 16: Program Logic - Facilitated Playgroup Project



6.2 Critical success factors for program

Factors affecting the success of the program can be considered in two broad categories: those affecting the development of Playgroup and its capacity to contribute to positive outcomes for its clients and those affecting the program's integration into the work of Moreland Hall; from an organisational level to individual practice by non-Playgroup staff members.

6.2.1 Developing the Program

- Right venue (both indoor and outdoor space) – should be user-friendly and appropriate for young children;
- Be clear about who is client group – there needs to be enough commonality within the target group to allow for the development of positive group dynamics;
- Be clear about who are referral sources – to enable sufficient training of referrers as to eligibility criteria etc. It can take time to develop this knowledge in workers without specific experience in early childhood;
- PG staff need to be well balanced (personality and communication style as well as qualifications) – while there is the clear ongoing need for the practical support provided by staff with Child & Maternal Health or other early childhood backgrounds, this is most important during the setup phase, in order for clients to develop trust and see concrete benefits;
- Be flexible about how to engage clients – be willing to adapt to the needs of individual clients and to go out of your way to overcome some initial reticence.
- Need time to follow-up and engage potential clients – engagement is fundamentally relationship-based. Building trusting relationships can take time.
- Be flexible about how PG sessions are run – balance need for structure and routines with presenting immediate client needs. Be willing to encourage parent participation in session planning and be ready to respond to crisis presentations.
- Keep appropriate size for PG sessions – if numbers are too large, staff will not be able to provide the appropriate level of intensive or individual support.
- Keep waiting lists short – speedy inclusion of clients in program provides timely response to client need/motivation and improves success rate of referrals.

6.2.2 Agency Impact

- Program receive clear and visible support from agency management – in order to overcome initial obstacles to developing a new approach and support the integration process.
- Program staff actively seek opportunities to promote program with other staff – includes attending regular team meetings, being available to discuss potential referrals etc.

- Other staff encouraged to use program facilities for their own work with parents and children – e.g. assessments or counselling sessions.
- Staff from other program areas spend time attending Playgroup sessions – to more effectively demonstrate the impact for clients and understand how program can fit in with existing forms of AOD treatment.
- Program staff make their specific expertise available to other staff – for consultations on appropriate early childhood referral pathways, child development etc.

6.2.3 Sectoral Impact

- Recruit advisory group members capable of advocating on behalf of the program and influencing professional opinion in related sectors – to provide both expertise and support to develop program and widen its impact.
- Agency to commit to building sectoral awareness of the program – through a range of professional fora e.g. conferences, network meetings, newsletters.
- Develop sectoral acceptance of model as effective and sustainable – to expand impact and help secure a sustainable funding base.

7. Summary of key findings & Recommendations for future program development

7.1 Summary of Key Findings

This summary is organised in response to the original four evaluation questions:

1. What is an effective model for providing an Intensive Playgroup to drug using parents and their children?
2. What are the experiences of all key stakeholders (parents, children, program staff, UCMH staff) of the program, and what are the issues that need to be addressed in providing such a service?
3. What is the impact of the Intensive Playgroup on parents and their children, particularly:
 - Parents' engagement with treatment
 - Overall social connectedness of parents and their children?
4. What is the impact of the intensive playgroup on the wider UCMH/other drug treatment service staff, particularly in relation to their knowledge and attitudes towards working with parenting/child issues?

7.1.1 Development of a Playgroup Model

1. Playgroup provides a flexible model for keeping substance-using parents in contact with treatment and support services across a range of service areas, including: AOD, Child Protection, Mental Health, Maternal and Child Health and Family Support.
2. Clients engaging with the service to date are typically: female, single parents with one child and experiencing moderate mental health concerns (e.g. depression, anxiety).
3. Engagement of clients is positively affected by the following factors:
 - Provision of a welcoming environment where acceptance of clients as parents is a priority. Clients will engage if they feel that they are not being judged.
 - Prompt and intensive follow-up after initial referral, especially face-to-face contact and home visitation. Repeated follow-up phone calls sometimes necessary to demonstrate ongoing interest of agency in engaging reticent clients
 - Clients have already made commitment to some form of AOD treatment e.g. completing withdrawal episode or engaging with counselling.
 - Clients reported that they typically only learn about services through word of mouth. As a regular point of contact for discussion of parenting and child development concerns, Playgroup has the potential to become the primary source of information for parents in relation to child and family services.
 - Clients recognise other clients (as well as program staff) as sources of advice, support and information about other relevant services.
4. The current model has proven effective in meeting the support needs for parents who are focussed on controlling their drug use and whose lives are comparatively stable. However, it has not been able to effectively engage the

group of clients with more complex mental health concerns or with fathers. Finding a way to work with these client groups remains a challenge for the agency.

5. The period of engagement by clients tends to be either three to six months (with children moving on to school/kindergarten or parent returning to work/study), or at least 12 months. Of those still attending, several would only think of exiting if their children were no longer eligible (i.e. too old).
6. Once a trusting relationship is established, exited clients will voluntarily re-engage with service at point of relapse or shortly afterwards. This allows for prompt intervention to minimise harm to client and family.
7. Lack of access to occasional childcare remains an obstacle for some parents to attend counselling sessions beyond Playgroup times.
8. As a service not traditionally associated with AOD treatment, Playgroup does not hold the same sort of stigma associated with counselling, withdrawal etc. Parents see it as something positive for them and their children, not something problem-focussed.

7.1.2 Experiences of Key Stakeholders

1. Clients feel accepted and valued as parents (often for the first time), rather than simply seen in the context of their AOD use.
2. Parents feel as though they '*don't have to pretend*' at Playgroup, and can speak openly about difficulties they are experiencing.
3. Participating clients have a strong sense of ownership towards Playgroup and feel a need to return something to a service they feel that they have benefited from.
4. Many clients identify Playgroup as playing a long-term role in their recovery and feel that there are no other services catering appropriately to their particular support needs.
5. Staff have come to see the program's work as being directly relevant to their own. While there was little internal interest in applying for Playgroup positions when the program was in its setup phase, after 18 months of the program being in operation a position became available and attracted a significant number of internal applications.
6. C&S staff now look forward to the chance to participate in Playgroup sessions and appreciate the opportunity to see first hand the tangible benefits it has for clients. It also provides a chance to see clients in a more positive light; outside the frame of their AOD use.

7.1.3 Impact on Participating Families

1. Children become more socially confident and demonstrate improved physical, emotional and cognitive development.
2. Parents are more empowered after receiving child development information and parenting advice. Feeling more confident as parents tends to lead to greater confidence in general and a greater capacity to negotiate conditions of access to children not in their custody.
3. Parents form social networks at Playgroup, thereby reducing social isolation for parents and children. These networks continue beyond Playgroup sessions to provide informal support around child minding, social activities etc.

4. Ongoing engagement with agency encourages parents to feel more comfortable with the use of other AOD treatment options or external support services. However, because of previous experiences, many parents continue to find the prospect of approaching a new service a cause of anxiety.
5. Once trusting relationships have been established with program staff, clients openly talking about their substance use and parenting concerns provides direct therapeutic opportunities within Playgroup sessions as well as a more accurate assessment of further treatment needs.
6. Exited clients will voluntarily return to Playgroup at point of relapse, thereby reducing risk to their children and assisting their further recovery.

7.1.4 Impact on Agency and Staff Practice

1. Moreland Hall is now providing a more holistic service. This is recognised by clients and staff and allows for a more comprehensive approach to clients' typically complex needs.
2. Placement of children's artwork around the building and the use of Playgroup space for assessments and counselling for parents presenting with children sends a message to clients that children and family needs are 'on the agenda' at the agency.
3. Although the integration of Playgroup into the agency as a whole took some time to get going, most Counselling & Support staff have now spent time at Playgroup sessions and referral pathways to and from the program are now clearly established.
4. Staff generally now feel more aware of early childhood issues and more confident in raising them with clients. They see Playgroup staff as holding expertise in the field and will seek them out for secondary consultations over work with individual clients or appropriate referrals to external services.

7.2 Recommendations

7.2.1 For UCMH Playgroup

8. Develop capacity to engage fathers and more high-needs clients.
9. Consider expansion of current program to include external referrals and incorporate more Playgroup sessions per week (dependent upon resources).
10. Given the reticence of some clients to engage with other external services, expand role of Playgroup as a treatment hub. This could include:
 - site visits to Playgroup by suitable services (e.g. Maternal & Child Health).
 - increased capacity for therapeutic group programs (e.g. grief & loss, self-esteem/assertiveness, self defence)
11. Develop structure for leadership development for established long-term Playgroup participants.
12. Encourage development of peer-facilitated Playgroup sessions to ensure sustainability of the program.
13. Develop formal structures for collection of client data.
14. Future evaluation – shift focus from analysis of process towards looking at treatment outcomes for participating clients.

7.2.2 For UCMH

8. Continue to integrate family-centred practice into all program areas.
9. Develop Playgroup policies and procedures manual
10. Provide appropriate training in family-centred practice for non-Playgroup staff.
11. Develop clear guidelines covering co-ordination of simultaneous treatment episodes e.g. Playgroup and counselling.
12. Address ongoing impact of difficulty in accessing occasional childcare by UCMH clients.
13. Continue to advocate for a broader acceptance of the service model and explore possibilities to expand the itto other sites and/or services.
14. Secure sustainable funding for Playgroup

7.2.3 For the AOD Sector

7. Recognise the value of the Playgroup model for engaging parents of young children in ongoing contact with treatment agencies and the likely multiplier effect of subsequent reduced harms to parents and their children.
8. Encourage a general shift in practice in existing programs towards incorporating a more family-centred approach.
9. Develop new projects focussing on the needs of AOD-using parents and their families.
10. Explore options for engaging high-needs parents and their children in a supportive treatment environment.
11. Encourage a more collaborative approach to family-centred service provision, particularly with Child Protection and Mental Health services.
12. Allocate specific and sustained funding for family-centred projects.

Appendix 1: Intensive Playgroup Christmas Newsletter

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