Moreland Hall

Uniting*Care* MORELAND HALL

Intensive Playgroup Evaluation

Abridged Report

2007

Acknowledgments

The evaluators would like to thank the following people who assisted with the evaluation process:

- The Playgroup participants who provided feedback on the project through interviews and other activities;
- The Playgroup staff and managers – Catriona Good , Lis Steen, Liz Jones, Maree Beaney, Sheridan Manley, and Wendy Moncur.
- The Playgroup Project Advisory Group.

We are also particularly grateful to Dr Lynda Campbell, Senior Lecturer, School of Social Work, University of Melbourne and member of the project Advisory Group for her advice and special input to the evaluation process.

This evaluation has been funded by the **William Buckland Foundation**, as the principal donor for the implementation of the Intensive Playgroup pilot project.

Uniting*Care* Moreland Hall would also like to thank the following for their contributions to the success of the project to date:

- Uniting*Care* SHARE Community Appeal (Outdoor Play Area);
- Scotch College (donation);
- Mr Colin Watson (Play area design and construction, Mr Fix-It and ramp-builder extraordinaire).

Abbreviations

AOD	Alcohol and Other Drugs
GWH	Gwenyth Williams House (UCMH youth residential withdrawal service)
LACP	Leslie Anne Curran Place (UCMH adult residential withdrawal service)
UCMH	Uniting*Care* Moreland Hall

Evaluation Report

Prepared by:
Paul Aiken and David Rose
Special Projects, Uniting*Care* Moreland Hall
February 2007

Full-Text Report

For a copy of the full evaluation report, follow the links from UnitingCare Moreland Hall's web page: http://www.morelandhall.org

Contents

FIGURES

Program Description

International research conducted by the then Executive Director of Uniting*Care* 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 Uniting*Care* 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 aftr 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).

'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 by life back together and keeping it so. Really with all things said, the title of "playgroup" doesn't do it justice'. Mother

Evaluating Playgroup

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.

Client Profile

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.

For all referred clients, the three main drugs of choice were cannabis, alcohol and heroin. These three drugs were also the most reported as being used in addition to client's primary substance. 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.

There appear to be 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.

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 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.

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 new parents with very young children.

Summary of Key Findings

The following evaluation findings are grouped according to the 4 identified areas for investigation:

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.

'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

Impact on Participating Families

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. Children become more socially confident and demonstrate improved physical, emotional and cognitive development.
6. 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.
7. 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.
8. 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.
9. 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.
10. Exited clients will voluntarily return to Playgroup at point of relapse, thereby reducing risk to their children and assisting their further recovery.

Impact on Agency and Staff Practice

1. 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.
2. Counselling staff now look forward to the chance to participate in Playgroup sessions and appreciate the opportunity to see first hand the tangible benefits is has for clients. It also provides a chance to see clients in a more positive light; outside the frame of their AOD use.
3. 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.
4. 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.
5. 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.

6. 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.

'This is our playgroup lunch. We also have birthday parties here around the table with all out 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

Case Studies

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

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 moths 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.

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.

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 Playgorup;
- 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.

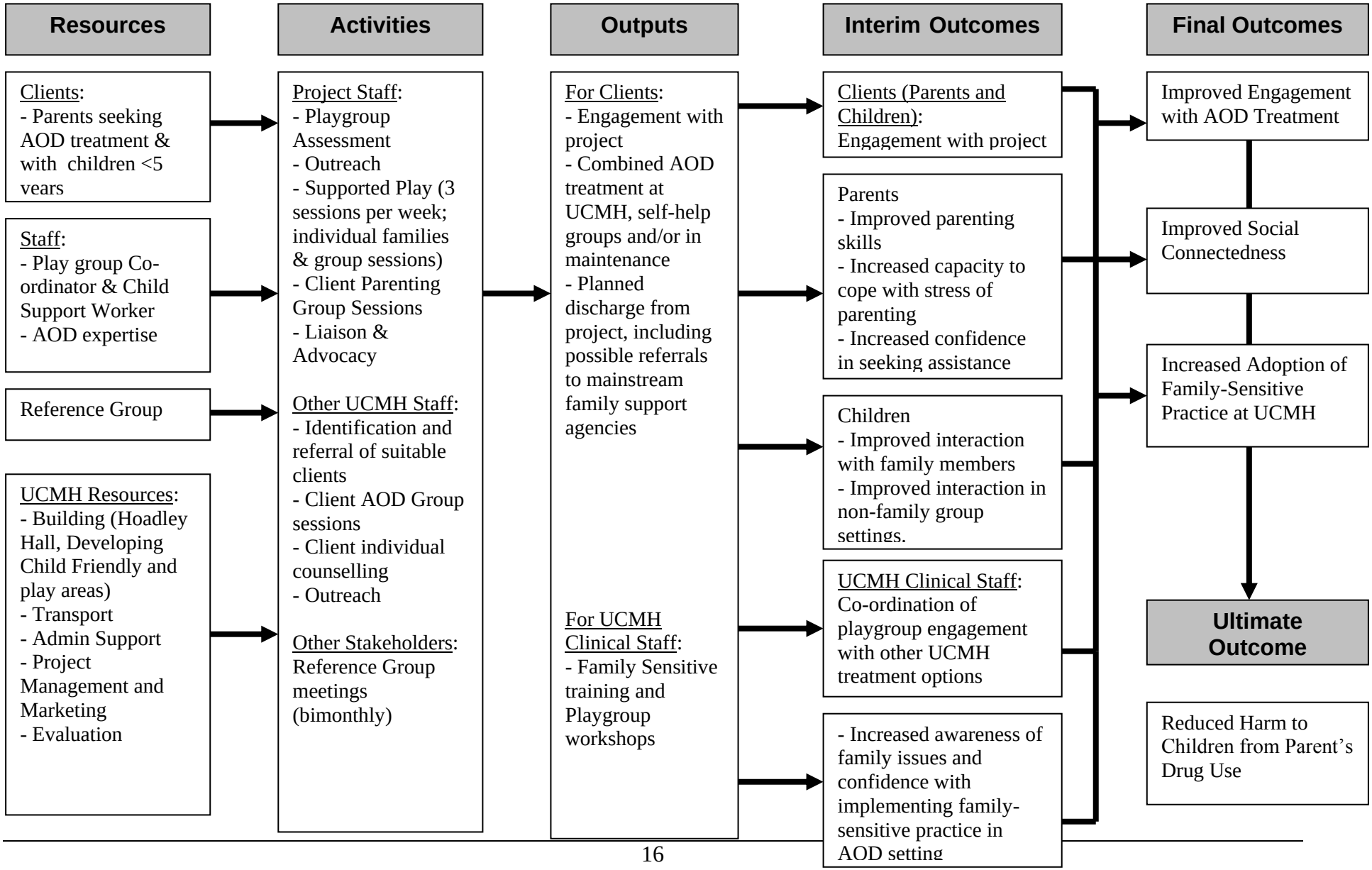
The Model

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 diagram below was developed in consultation with program stakeholders and captures the various processes at work within the program and their impact on the broader agency.

Figure 1 provides 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. The full evaluation report contains other logic models describing the specific frameworks of causal links between program activities and outcomes that underpin the client experience of the program and its impact on the agency as a whole.

Figure 1: Program Logic - Intensive Playgroup Project



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.

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.

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.

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.

Recommendations for future program development

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.

References

Campbell, L. *et al* (2002) *High Risk Infants Service Quality Initiatives Project: Evaluation.* Victorian Department of Human Services.

Farrow, J. (2002) *To assess treatment and support programs for individuals and their families where substance abuse, family violence or mental disorders are present: Churchill Trust Report.* The Winston Churchill Memorial Trust of Australia.

Gruenert, S. Ratnam, S. & Tsantefski, M. (2004), *The Nobody's Clients Project: Identifying and addressing the needs of children with substance dependent parents*, Melbourne: Odyssey Institute of Studies.

Kroll, B. & Taylor, A. (2003), *Parental Substance Misuse and Child Welfare*, London: Jessica Kingsley Publishers.

Merikangas, K. Dierker, L. & Fenton, B. (1998) 'Familial factors and substance abuse: implications for prevention' In Ashery, R., Robertson, E. and Kumpfer, K. (Eds.) *Drug abuse prevention through family interventions*, Rockville, MD: National Institute on Drug Abuse, U.S Departnment of Health and Human Services.

Patton, N. (2004), *Parental drug use- A recent phenomenon*, Melbourne: The Mirabel Foundation.

Plowman, K. (2004) *A new playgroup model that broadens learning opportunities for children in families with high needs*, Playgroup Victoria.

RPR Consulting, (2004) *Review of the Early Intervention Parenting Program and Good Beginnings Prototypes – Volume Two: Literature Review and Project Profiles*, Department of Family and Community Services.