

# **Evaluation of the Aberlour Dundee Outreach Service**

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## **S U M M A R Y**

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## The project and its aims

The Aberlour Dundee Outreach service was established in June 2001, initially with funding from Dundee City Council and the Scottish Executive.

The aim of the service is to reduce the impact of problem parental substance use on children and families. The service works with parents (usually mothers) of children up to age 16, who have been identified as having a drug or alcohol problem. The service also works directly with children.

In 2002, it was identified that there was a specific need for a service in the Stobswell area of Dundee. Stobswell was of particular concern because of high levels of deprivation, poor housing and a transient population. The area also had a high level of illicit drug use, particularly among single women with children.

Dundee Outreach established a one-year pilot project in Stobswell in 2003 — initially involving one family worker. Following the pilot, additional funding was sought and the work in Stobswell was expanded to include a dedicated children's worker.

## Evaluation aims and methods

The evaluation of the Dundee Outreach service was undertaken on behalf of the Aberlour Child Care Trust, the Scottish Government, the Dundee City Drug and Alcohol Action Team, the Lloyd's TSB Foundation Partnership Drugs Initiative and the Dundee City Social Work Department.

This evaluation was one of the actions in the Scottish Government's national action plan, *Hidden Harm – Next Steps* (2006), which sets out a plan for reducing harm to children in Scotland who are affected by parental substance use.

The study was commissioned in October 2006. Its aims were:

- To assess the effectiveness of the Dundee Outreach service, and the Stobswell Project
- To describe the specific approach being used in the Stobswell Project, to ascertain how this is different from the wider Dundee Outreach service, and to determine what difference the

difference makes, in terms of effectiveness and impact

- To identify ways in which the findings from this work can be applied beyond Dundee Outreach, to other services in Scotland working with children and families affected by parental substance use.

A lack of recorded data on service user outcomes made it impossible to fully address the first and second aims of the study. Therefore, the focus of the evaluation was instead on assessing the effectiveness of service processes, and on providing descriptions of the Stobswell Project and the wider Dundee Outreach service. In addition, qualitative data on perceived outcomes of the service were collected through interviews with service users, and through interviews and focus groups with a wide range of other people including:

- The Dundee Outreach service manager and staff
- Professionals from other agencies around Dundee, including health visitors, social workers, housing officers, midwives, drug and alcohol workers, and individuals responsible for the strategic planning of services in Dundee.

Data collection took place between November 2006 – October 2007.

## Key findings

### Description of the Dundee Outreach service

The staff complement of Dundee Outreach comprises a full-time service manager, three full-time family workers, two full-time children's workers and a half-time administrator. This includes one family worker and one children's worker in the Stobswell Project. The formal educational qualifications of staff varied widely.

Family workers work directly only with parents, but children's workers work with both children and parents. The service does *not* routinely work directly with the children of their adult service users, nor does it necessarily work directly with the parents of their child service users.

**Work with adults:** The service engages in a range of activities on behalf of their adult service users, including the provision of practical and emotional support, advocacy, and advice and support in

parenting. The service also helps parents to find different ways (apart from through drug and alcohol use) of coping with the demands of life; to understand the needs of their children and respond to them appropriately; to manage their children's behaviour; to identify and work towards their own goals; and to achieve independence from services. Dundee Outreach staff reported that much of their work also involves responding to crises which arise regularly in the lives of their service users.

**Work with children:** Work with children focuses on issues that are important to each individual child, but in general, aims to build resilience, confidence and self-esteem; to promote positive school experiences; to develop supportive relationships with adults and peers, and to help children make sense of the statutory systems that exist to support and look after them. In practice, direct work is carried out with school-aged children only. The service also has an important role in identifying children who may be at risk of abuse or neglect, contributing to multi-agency child protection processes, and liaising with child welfare services.

Information obtained through staff interviews suggested that there was no difference between the Stobswell Project and the main service regarding the way casework with families is carried out. The differences were that, in the Stobswell Project:

- Referrals could be prioritised and responded to more quickly
- There was a dedicated family worker and children's worker in the area
- Project workers were involved in activities which aimed to foster links with agencies and groups in the wider community.

### Description of Dundee Outreach service users

During the 18-month period between January 2006 and June 2007, the service had 44 adult service users and 22 child service users. In total, the service worked with **46 families** in this period. At the time of data collection on 1 June 2007, the service was working with 26 adults and 9 children.

**Adult service users:** Mothers involved with the service ranged in age from 21- 45 and fathers from 24 - 47. A total of 100 children were associated with the 44 adult service users. The Stobswell Project had 11 adult clients in this 18-month period.

**Child service users:** The 22 child service users ranged in age from 5-13. The majority of child service users lived with their mothers. The Stobswell children's worker had six child clients during this 18-month period.

### Other professionals' perceptions of Dundee Outreach

Professionals from around Dundee had a clear and accurate perception about the general work of the Dundee Outreach service. They understood that it was a voluntary sector outreach service that supports children and parents affected by parental drug or alcohol use, and that there were people on the team who worked with adults and people who worked directly with children. However, they were less aware of the methods of intervention and the specific approaches used by Dundee Outreach in its work with families. When asked to say more specifically what they thought the service did on a day-to-day basis, responses tended to focus on the *practical* help that the Dundee Outreach gave to *parents*. It was less common for professionals to mention any sort of *therapeutic* role that the service had with their service users.

Other Dundee professionals perceived the strengths of Dundee Outreach to be that:

- It is an outreach service which works with people intensively on a one-to-one basis
- It provides people with support for a wide range of practical issues
- It is able to respond quickly and flexibly in crisis situations
- It is good at engaging with service users
- It is seen by service users to be non-threatening and non-stigmatising.

The service was also perceived to be good at working with statutory sector agencies. Dundee Outreach staff were described as friendly, reliable, creative in working with their service users, having 'stickability', having good skills in working with children, and able to be challenging, but non-judgemental with families.

Improvements were perceived to be needed in relation to service capacity; the need for a more integrated approach to service user assessment; and the need for greater consistency between different members of staff in responding to child protection concerns. In addition, there was felt to

be a need for greater awareness of the service among other professionals in Dundee and a better understanding by Dundee Outreach staff of the work of other agencies.

### **Effectiveness of referral, assessment, care planning and review processes**

Dundee Outreach does not maintain a waiting list. Enquiries that may or may not lead to a referral, and referrals that are not allocated, were not recorded on the service's electronic database. Therefore, referrals can not be prioritised by need or length of waiting time. This system does not support equitable access to the service.

Once a referral is allocated, staff felt that a period of about 4 – 6 weeks was required for the process of engagement with new service users.

An examination of service user case files was carried out to ascertain the effectiveness of service processes related to referral, assessment, care planning, service user review, case recording and case closure. The findings suggested a lack of consistency within the service in relation to all of these processes. In addition, there was a lack of evidence of service user involvement in the action planning and review processes and a lack of evidence of internal reviews taking place. On the other hand, there was evidence of effective networking and information-sharing with other agencies, and evidence of communication with, and on behalf of service users.

Significant changes were introduced in the service's assessment processes in February 2007. However, by autumn 2007, these new processes were still not fully bedded-in.

### **Outcomes for parents**

Nine parents were interviewed as part of the evaluation. Eight of these identified a range of helpful services provided by Dundee Outreach staff, including support to deal with addiction problems, advocacy and support to access services, practical and emotional support and parenting advice. The aspects of the service that parents valued most were the quality of the client-worker relationship and the workers' ability to respond to a wide range of needs.

Seven parents identified positive changes in their lives which they attributed to their involvement with the service, including improvements in substance

use, parenting, health and quality of life. Most parents also identified positive outcomes for their children, such as reduced child protection concerns, improved behaviour, more friends and regular school attendance.

In general, social workers, health visitors and other professionals from around Dundee had very positive perceptions of the outcomes achieved in families through their involvement with the Dundee Outreach service, especially in the areas of safeguarding children and enhancing parenting skills. The main concerns were that parents were sometimes unable to sustain these changes once the service stopped and that there was a lack of consistency between staff in relation to child protection issues.

### **Outcomes for children**

Three children participated in the evaluation. All three spoke positively of their time with the service. In exploring the changes that had taken place in children's social and support networks since they joined the service, the main changes were that they had more friends than before, and that the children's worker had become an additional safe adult in their lives. It was not possible to ascertain from the children whether their relationships with their parents had changed since joining the service.

Social workers, health visitors and other professionals from around Dundee reported that they had seen positive changes in children with whom Dundee Outreach had worked — including the children feeling more relaxed, attending school regularly, being more confident, and having improved relationships with parents.

## **Conclusions and recommendations**

An overwhelmingly positive message from this evaluation supports the importance of staff investing time in developing relationships with service users based on trust. The Dundee Outreach service was engaging with some 'hard to reach' families, who are possibly less likely to turn to statutory agencies for support. The ability of staff to form positive and supportive relationships with service users can be considered to be one of its strengths. However, the process of engagement with families can take time.

Recommendations have been made in relation to:

- A need for clarity about the service model used by Dundee Outreach, what outcomes the service aims to achieve and for whom and what methods of intervention are used
- The recording and monitoring of outcomes, for both child and adult service users
- Achieving consistency in service processes such as referral, assessment, care planning, review and recording, and greater service user involvement in these processes
- Putting in place a staff development strategy which clarifies staff roles and tasks and identifies the training required by staff to carry out their work effectively
- Widening the range of methods of intervention used by the service to increase capacity and provide a fuller range of services to whole families, including fathers.

### Learning applied to other areas of Scotland

Many of the lessons learned in this evaluation can be applied to other services in Scotland which work with similar populations — both in the voluntary and statutory sectors.

In particular, working with families affected by parental substance misuse involves finding a balance between carrying out planned interventions to meet assessed needs, and responding to the changing circumstances of families living in the midst of chaos. Maintaining a focus on individual and family goals can be difficult where so much time must be spent in responding to crises. Services may benefit from increased joint working with staff from other agencies, especially in terms of developing skills in assessment and planning.

There is a need for services to have adequate data collection systems to record and collate information about service activities and service user outcomes. *Services cannot demonstrate effectiveness if they do not monitor service processes and measure outcomes.* Services should be able to demonstrate that they respond to referrals in line with their service criteria, and that the service is allocated equitably to meet priority needs. There is also a need to record waiting times to be able to identify unmet need for local strategic planning purposes.

However, the ability to measure the success of a service is also dependent on a clarity of the service

model and the methods of intervention to be used. Outreach services, in particular, need to be clear about what they intend to achieve, and for whom. At the same time, it is recognised that any service model, however well-thought-through and clearly articulated, must also be flexible enough to be able to respond to the very complex, diverse and changing needs of their service users.

Intensive services like Dundee Outreach are in a unique position to be able to respond to these needs. However, staff members need to possess knowledge and skills across a wide range of subjects including substance misuse; child development, child welfare and child protection; family relationships and functioning; mental health; and loss, abuse and trauma which can often be factors underlying substance misuse. At present there are no qualifications available that would equip workers with the necessary knowledge and skills to cover this diverse area.

At the same time, there may be a need in services for greater consistency of practice among staff who themselves come from diverse backgrounds. Staff need to have a shared knowledge base upon which to build their practice, and services may need to consider how they can make greater use of mentoring, secondments and internal and external training to provide staff with that shared foundation.

The findings from this evaluation support the importance of staff investing time in developing relationships with service users based on trust. The process of engaging with families takes time. In addition, routine follow-up of families that have ceased to use the service and an open-door policy to allow people to return should the need arise, are important to help families to sustain change.

The voluntary sector has a vital role in providing services to hard-to-engage-with populations, who may perceive their experiences with local authority or NHS services as less positive. However, it must be acknowledged that work in this area is not the sole domain of the voluntary sector. The statutory sector also provides family support services to this population — often very successfully. There is a need for greater awareness among services, both in the voluntary and statutory sectors, about what each other does, and how they can better work together.



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