

Summergrove

helping you live your best life



Evaluation Report

October 2011

“The bond between children and their parents is the most critical influence on a child’s life and parenting strongly influences educational attainment; behaviour and mental issues”

Green Paper Parental Separation; children’s needs and parent’s responsibilities July 2004

“I find it really hard to describe, but I have a real sense of safety and security. I feel that the whole family feels safe here and especially my Mum and Dad know that I am safe, so that makes us all feel better. My kids aren’t experiencing anyone knocking on the door and demanding money – this is what was happening for years. So I feel really safe here”

Service user accommodated during 2008

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1. Executive Summary

Summergrove is a supported housing project for whole families, whose parents have experienced drug and or alcohol addictions. It was developed through a partnership between The Big Life group, Maritime Housing Association and Liverpool City Council, following focus groups with drug using parents.

Research published by the Department of Health in 2008 (funded as part of the Drugs Misuse Research Initiative (DMRI) phase II – Research on Understanding Treatment Experiences and Services (ROUTES)), reports that there is a need for more consistent, co-ordinated responses for children and families where there is a parental drug misuse (PDM) and that the development of effective, family focused approaches remains a priority. Parental drug misuse can often be a direct result of a difficult early history and it can have the potential to have a significant impact on the capacity of individuals to ensure the safety, security and well being of their children. As substance misuse can be illegal and characterised by shame, secrecy and denial, there is often a range of barriers to accessing services, with parents frequently falling through the gaps in agency provision and children's needs being unmet.

In 2008, the UK had 60,000 children in the care of the local authority and 32,000 children on the 'at risk register'.

The project aims to enable families to rebuild their relationships and develop skills that will enable them to live successful independent lives. To this end the project does not provide all services internally, but encourages residents to access mainstream services in the community.

Summergrove has eleven self-contained two-bedroom apartments in a converted Victorian House in inner city Liverpool. The project is staffed 24 hours a day and includes a staff office and residents meeting room/kitchen. Adults are required to be aged 19+ with a previous drug or alcohol problem and be drug free at the time of admission. They must also be pregnant or have children with whom they are able or planning to develop/rebuild a relationship with. Families are funded to stay at the project for up to 12 months.

It is primarily funded by Liverpool DAAT and Liverpool Supporting People. Some residents are funded by Sefton DAAT.

Summergrove opened in July 2003 and this report is an internal evaluation of the eight years for which the service ran. Since opening Summergrove has accommodated **118 adults** and **134 children**. Of these, 84 have been families headed by single females, 16 have been families headed by single males and 9 have been families headed by couples. A further **54 children** who did not live on site have been supported by Summergrove staff to have access with their parents who were resident.

Key Results:

- 29 children on the Local Authority child protection register have been accommodated at Summergrove, 14 of whom have been subsequently removed from the register. 38 children have returned from the care of the local authority or other family members to live with their parents.
- 49 adults have started Voluntary Work.
- 61 adults accessed training, with 15 gaining a qualification.
- The project has a Social Return on Investment of £2.83p for every £1 invested
- Whilst occupancy levels have fluctuated slightly the project has achieved occupancy of at least 90% for the last three years.
- 62 families have moved into permanent accommodation from the project, one third into the private rented sector.

Key Lessons:

- When Summergrove was designed it was proposed that residents would be required to maintain the garden, clean communal areas and participate in a structured programme of community activities for a minimum of sixteen hours per week. This proved difficult to enforce without the funding to support a therapeutic community (TC) and as such the service moved towards a supported housing service that delivered a tailored programme of holistic support that prepared people who were already drug free, to focus on rebuilding their lives with their children.
- Initially, a member of staff was seconded to Summergrove from NCH to lead on services supporting children. However, the creation of a separate 'children's worker' created a division of responsibility in the team and the lack of funding for specific work with children eventually led to the ending of this post. As a result key workers now work with all the family and families are encouraged to access specialist support from other agencies.
- The project recruited some staff with experience of drug misuse who could act as role models to residents moving into the project. However following an allegation in 2004 that a staff member was using drugs, Summergrove introduced random drug testing for all staff. In addition, whilst ex service users continued to be encouraged to apply for posts at the project, a requirement of a minimum of two years abstinence was also introduced. The requirement for staff drug testing is now included in recruitment advertising and also discussed at the interview stage.
- Tenants are issued with an Assured Shorthold Tenancy (AST). The AST gives clients security of tenure, which means that the landlord can only regain possession of the property 6 months after the beginning of the tenancy, provided that 2 months' notice requiring possession are given. This is a challenge as it means that if a client lapses the service cannot immediately evict that individual. In the first two years of operation this was a key issue for the project, but systems have subsequently been developed to manage clients who lapse, including escort, restriction on visitors and warnings. Summergrove is the last step for people prior to being reintegrated into the community and it is important that it represents real life. Whilst the project has been criticised for having to continue to accommodate people who have lapsed until they can be moved on, it reflects the kind of challenges its families will have to face when they live independently.

- Summerville does not receive any dedicated funding for supporting children. Whilst it has received small pots of funding over the years, it has never successfully secured any funding for this work. It has been an ongoing difficulty to integrate adult and children's services into a family service.
- It remains challenging to secure appropriate accommodation for people to move on from the project in the social rented sector. Whilst many people may prefer to move into the social rented sector, two thirds of clients moved into privately rented accommodation.

Introduction

Summerville is a supported housing project for whole families, whose parents have experienced drug and or alcohol addictions. It currently has eleven self-contained two-bedroom apartments in a converted Victorian House in inner city Liverpool. The project is staffed 24 hours a day and includes a staff office and residents meeting room/kitchen. Adults are required to be aged 19+ with a previous drug or alcohol problem and be drug free at the time of admission. They must also be pregnant or have children with whom they are able or planning to develop/rebuild a relationship with. Families are funded to stay at the project for up to 12 months.

The project aims to enable families to rebuild their relationships and develop skills that will enable them to live successful independent lives. To this end the project does not provide all services internally, but encourages residents to access mainstream services in the community.

Each family is allocated with a key worker who meets with the family on a weekly basis and is responsible for developing and reviewing a support plan. They are the first point of contact for any external agencies regarding the progress of that family. Whilst the Key worker provides specific, structured one to one support, the staff team work together to provide a range of support including help:

- Securing and setting up a home;
- Developing/maintaining home management skills such as cooking, cleaning and money management;
- Accessing benefits, health and community care services;
- Establishing and maintaining social support;
- Medication;
- Parenting skills and establishing family support.

There is a small activities programme for children but in the main the care of children including developmental care remains with the parent receiving support. All activities, supervision and support are provided by a Senior Project Worker, six Project Workers (two part time), 2 Waking Night staff under the direction of a Project Manager assisted by a Project Administrator.

Summerville opened in July 2003 and this report is an internal evaluation of the first six years of the service. It gathers monitoring information and feedback from clients to assess the effectiveness and operation of the service. The Social Return On Investment (SROI)¹ tool was used by an independent consultant as part of the Cabinet Office of the Third Sector pilot to assess the cost and value of the service. The results of this exercise are appended to the report.

¹ Social Return on Investment (SROI) is a framework for measuring social value derived from a particular activity. The process of SROI includes the creation of an account of the value of change that happens to the stakeholders of that activity.¹

2. Policy Context

In June 2003 the UK's Advisory Council on the Misuse of Drugs (ACMD) published the report *Hidden Harm: Responding to the needs of children of problem drug users*. (Home Office, 2003). This report highlighted the plight of children affected by parental drug misuse and in 2004 and 2005, Scotland, England and Wales responded with, *Government Responses to Hidden Harm: The report of an inquiry by the Advisory Council on the Misuse of Drugs*. These documents set out to take the 'Next Steps' or actions to take place by the governments to improve ways in which agencies identify, protect and support children and young people living with parental substance misuse.

It is in the Scottish Government publication that they recognise that:

"Parental problem drug or alcohol use is often linked to other social and domestic problems that may include poor housing conditions, homelessness, unemployment, domestic abuse and social deprivation. In these circumstances, a child may well fail to thrive and be adversely affected." (*Scottish Executive Publication, 2006*).

Research also suggests that the more problems that are present within a family, the greater the likelihood that the children in the family will also experience poor outcomes². For example, a comparison between people who were clinically depressed and women who were both clinically depressed and alcohol dependent found that the latter group had significantly higher levels of difficulty in parenting³.

With this recognition it is evident that consideration needs to be taken into account to support children and families together, and to support them in a surrounding that covers all aspects of social problems that go in turn with drug and alcohol misuse.

The Liverpool Supporting People Commissioning body commissioned a comprehensive analysis of the hidden or unmet housing and support needs of vulnerable people in Liverpool, which was undertaken in September 2006.

The needs analysis identified particular issues of service users being "excluded" from some services. The Liverpool Supporting People Five Year Strategy (2007 – 2012) identifies nine specific groups to whom this applied to, this includes:

- People with both mental health and substance misuse issues (dual diagnosis).
- Families with substance misuse issues
- Service users who have previously accessed services but have exclusions due to behaviour, rent arrears or substance misuse.

The strategy goes on to comment "it is acknowledged that the appropriate housing and support services are crucial in enabling individuals to successfully complete and sustain treatment".

Research published by the Department of Health in 2008 (funded as part of the Drugs Misuse Research Initiative (DMRI) phase II – Research on Understanding

Treatment Experiences and Services (ROUTES) reports that there is a need for more consistent, co-ordinated responses for children and families where there is a parental drug misuse (PDM) and that the development of effective, family focused approaches remains a priority.

As parental drug misuse can often be as a direct result of a difficult early history, it can have the potential to have a significant impact on the capacity of individuals to ensure the safety, security and well being of their children. As substance misuse can be illegal and characterised by shame, secrecy and denial, there is often a range of barriers to accessing services, with parents frequently falling through the gaps in agency provision and children's needs being unmet.

² Maternal Problems in year after delivery and subsequent behaviour problems in children *Whitaker, Orzol and Kahn, 2006*

³ Double trouble: maternal depression and alcohol dependence as combined factors in child and family social work, *Woodcock and Shepherd, 2002*

In 2008, the UK had 60,000 children in the care of the local authority and 32,000 children on the 'at risk register'. In March 2007, Liverpool Local Authority had 868 Looked After Children placed with foster carers, family members or in residential care both in the city and in other authorities. There is evidence that this figure has grown exponentially since. Care proceedings were up by 38% in March 2009 when compared to the same period last year (CAFCASS). The Child Well Being Index 2009 report by CLG found that Liverpool was third from the bottom of 354 local authorities in the UK.

3. Development of the Service

The Big Life group worked alongside Liverpool City Council, Liverpool and Sefton DAAT and Maritime Housing Association to develop a service to help people who had previously had a drug or alcohol problem to rebuild their lives with their children in a safe and secure environment. The project aimed to enable families to be reintegrated into the wider community after a short period of support at the project.

The Big Life group held focus groups with male and female drug using parents who had undergone detox programmes. The focus groups aimed to identify the obstacles to parents successfully keeping their children living with them after a detox programme. Many of the parents who attended the focus groups described suddenly feeling completely overwhelmed by the responsibilities (both emotional and practical) of parenting, when they became drug free. Many had used drugs from an early age and this had affected their emotional resilience and skills. The parents developed a model of service delivery, which was then developed into Summergrove.

In 2002 a Steering group was established bringing together the key stakeholders including ex service users and development work undertaken by a Big Life group Consultant and funded by Maritime Charitable Trust. Maritime Housing Association identified a suitable property that they refurbished with funding secured from the Housing Corporation. Opposition from the local community to the development led to restrictive planning conditions being placed on the project. Monitoring meetings were established with the local residents association and facilitated by the regeneration team. However, after the first year of operation the meetings ceased, as there were no negative consequences from the projects location in the local community. The service opened on July 28th 2003 and was initially revenue funded through Liverpool Drug and Alcohol team (DAAT), Sefton DAAT and Liverpool Supporting People.

A full review of Supporting People priorities was carried out in 2011 which identified the need for more accommodation for people suffering domestic Violence. As a result, in June 2011, Summergrove was decommissioned. The building is now used to deliver a Supporting People service.

4. Operation of Summergrove

4.1 Occupancy levels

Table 1 highlights that whilst occupancy levels have fluctuated slightly the project has achieved occupancy of at least 85% over the last four years.

Table 1

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Occupancy Levels	82.8%	68.4%	88.4%	92.2%	85.4%	90.5%	90.4%	93%

The first two years of the service were a learning curve as the staff team began to establish and promote the service and at the same time learn “what worked”. As Summergrove was a unique service and the first of its kind in the country, it has very much had to learn from its mistakes. The dip in occupancy during 2004/05 is attributed to the difficulty in moving on residents with chaotic behaviour in the first year of operation. As the project learned how to manage clients and move people on more effectively, confidence in the service was restored and tenancies increased.

The average length of stay of clients has steadily increased over the past three years which demonstrates that Summergrove has been more successful supporting residents to lead stable lives. (See Table 2). This is also supported by the increasing number of residents moving into permanent tenancies.

Table 2

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Average length of stay (weeks)	16.4	28.2	13.8	22.6	30.64	36	33.2	41.4

Table 3 indicates that since 2006 the service has continually increased the number of people moving on to permanent accommodation. This was initially a significant challenge for the service, as some clients had difficult housing histories that made landlords reluctant to accommodate them. This was particularly the case with those who had prior histories of violence, rent arrears and drug convictions. In addition, Summergrove offers high quality accommodation in a quiet residential area, and this has often raised clients expectations of the type of accommodation that they want and its location. Areas such as Childwall, Woolton and Mossley Hill were often cited but waiting lists for these areas were high and staff often have to encourage clients to consider other areas.

Support was given by Maritime Housing Association who developed a nomination scheme which could be applied for by Summergrove residents. However it was impossible for one Housing Association to have suitably sized properties in all the areas of Liverpool.

The introduction of Propertypool, a choice based lettings scheme with fifteen Registered Social Landlords (RSL) provided clients with more choice over the property and area they would like to live in. They can choose to:

- identify the area and type of property they wish to be re-housed in when applying to be included on the Waiting List of any participating RSL.
- choose a property available for letting via the Choice Based Lettings system

New tenants at Summergrove are registered on Propertypool within their first month and a Move on plan is developed that considers short, medium and long term plans. This is referred to during Keywork sessions and also reviewed on a quarterly basis.

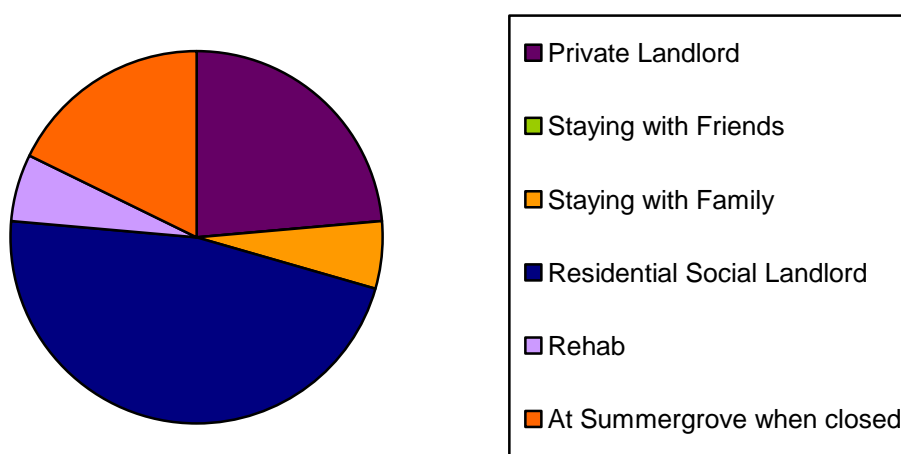
In addition the project developed positive relationships with key private landlords which facilitated move ons. However, there remains difficulty in accessing rent deposit schemes and so residents then become reliant on family members to support them.

Summergrove has also been able to support residents to demonstrate a settled period of managing a tenancy (for up to a year) through their residency at the project, which makes them more attractive tenants to all future landlords.

Table 3

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
No. of tenants who moved onto permanent accommodation	1	2	2	5	15	13	11	10

The chart below shows the breakdown of those people who moved on from Summergrove, in 2010/11– primarily to the private rented sector.



As part of a co-ordinated move on approach, Summergrove facilitates referrals to external resettlement / floating support services a maximum of two months prior to the move out date (this would coincide with a Section 21 Notice To Quit being served) or alternatively at the point that the client is either offered a property or decides to leave.

The increased number of floating support services has allowed clients greater choice in terms of which agencies they choose to work with but also more specialised support if there are specific issues such as drugs or alcohol. However, the transition from a 24 hour support service to a tenancy in the community is still significant and from our experience clients often find it very difficult to manage that change and are most at risk of lapsing at this point. Whilst floating support meets a real need, often a weekly visit isn't sufficient in the first stages. Summergrove staff frequently receive phone calls and visits from clients initially when they move out. Staff will arrange a maximum of four visits over the first month to provide some consistency but any client support needs are passed to the floating support team.

Whilst it is positive that the numbers moving into their own accommodation has increased, the service is challenged by clients who are encouraged to sign for new tenancies prior to the date that the property will be handed over. This means that the client remains at Summergrove until the property is ready, but during this time they are liable for rent at both properties. Applications for dual housing benefit are rarely granted and housing benefit is usually transferred to the new property. As a result Summergrove has seen an increase in bad debts over the past twelve months.

4.2 Funding the service

In 2010/11 Summergrove was funded through two main stakeholders and Housing Benefit.

The amounts were as follows:

Supporting People	£191,016
Liverpool DAAT	£176,748
Housing Benefit	<u>£ 70,677</u>
Total	£438,441

The Every Child Matters programme has created greater co-operation amongst children's services. However the links between adults and children's services are often not as developed, particularly in relation to funding.

Summergrove does not receive any dedicated funding for supporting children. Whilst it has received small pots of funding over the years, it has never successfully secured any funding for this work. It has been an ongoing difficulty to integrate adult and children's services into a family service.

The incentive to pool resources to facilitate integrated service delivery can be low when the benefit of an intervention does not accrue to the agency who pays for it. For example, payment may be made for an adult to get treatment for their alcohol addiction, but the gains from preventing the parent's children from going into care accrue to children's social services.

Liverpool DAAT provides funding on the basis of supporting the equivalent of six families for up to a twelve-month period. Sefton DAAT provides funding for the equivalent of one family for up to twelve months (this is only received if a Sefton client is accommodated).

This means that only seven of the eleven flats are directly funded through the DAAT's. Further funding is generated through housing benefit although this is dependant on occupancy levels and a percentage is paid directly to the landlord (Maritime Housing).

4.3 Referrals

Table 4 indicates that the majority of the referrals originated from the Liverpool area. Frequently referrals are received from prisons outside of Liverpool but these relate to Liverpool clients returning to the area. Three clients have been accommodated from elsewhere in the country; however this was done on the basis of a “spot purchase” and only occurred in the first year.

Table 4

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Total referrals from Liverpool (no accommodated from area*)	39 (8)	24 (10)	20 (12)	46 (13)	45 (10)	47 (20)	41 (11)	26 (7)
Total referrals from Sefton (no accommodated from area)	6 (1)	3 (0)	3 (2)	0 (0)	2 (2)	3 (3**)	7 (0***)	0 (0)
Total referrals countrywide (no. accommodated from outside of area)	11 (3)	6 (0)	4 (0)	2 (0)	1(0)	4 (0)	0	0

* this figure may include clients who were accommodated in the previous financial year but still resident after April of the following year

** three Sefton clients (one couple) accommodated for a total of 36 weeks

***all referrals made were alcohol only clients therefore funding couldn't be accessed via the DAAT

Table 5 indicates the number of children accommodated at Summergrove. Staff report that the dynamics within the project vary significantly depending on the age of the children. Older children / teenagers often find it difficult to live at Summergrove due to the curfew conditions and so staff have to balance the needs of the adult, alongside the needs of a young person growing up and the needs of the other residents.

Table 5

	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
Number of children accommodated	16	31	17	12	19	14	11	14

Summergrove accepts referrals from both third parties and self-referrals. Table 6 indicates the origins of referrals from thirty-seven different organisations, including three prisons, drugs agencies, social services and criminal justice services.

Table 6

	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
Adelaide House				1		1	2	2
Anne Fowler						1	1	
ARCH initiatives	1	1	1					
Armistead Project					1	3	1	
Basement project	2							
Children's Centre						1		
Community Justice Centre				1	1			
Community Voice			1	1	4			
DDU	4	1	2	2	1			
Fairway Project	2							
Health Visitor					2			
HMP Altcourse		2						
HMP Liverpool	1		1		1	1	2	
HMP Styal	5	1	1			3	4	
Kevin White Unit	5	1	1	4	2	2	2	1
Lighthouse Project			4	2	2	5		
LCC homelessness						1		
LSSDAT/Gateway	8	3		2				
LWH				1				
NSPCC				1				
New Start							1	
Other	13	8	4	8	1	2		
ParkView						1	1	4
Phoenix House				1		1		
Probation	6	4	1	3	1	2		
Project 8	3	1	3	5	2	1		
Sefton DAAT					1	1		
Sefton DIP			1		1			
Sefton Agencies							4	
Sefton SR							3	
Self Referral	1	3		3	7	8		
SHARP				6	9	6	7	5
Social Partnership						1	5	6
Social Services		5	1	2	4	1		
Solicitors				2	1			
South Sefton CDT	4	2						
Spider		1						
Together Women Project					7	9	9	
Whitechapel Project	1		3	2				
Windsor Clinic				1		2	1	
TOTALS	56	33	24	48	48	54	43	18

It can be seen that in the first three years the number of referrals dropped and then increased from year four onwards. This may be attributed to agencies developing a better understanding of “what works” at Summergrove. It is also feasible that other agencies lost confidence in the service following a number of staffing issues, which were widely known within the drugs and social work arena. However, following a restructure of staff, a stable management team and the acceptance of Summergrove as a supported housing service (as opposed to a therapeutic community), the figures initially doubled and average 50 over the past three years.

Table 7

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Number of different agencies / sources making referrals	24	18	16	25	18	22	14	6

The service does a minimum of two mail outs per annum and in addition to this, Summergrove held its first Open Day in the summer of 2008 to celebrate its fifth birthday. This attracted over fifty attendees from 27 different agencies, which may account for the fact that nine of 2008/9 referrals (16.67%) came from agencies who previously hadn’t referred to the service.



4.4 Nature of Support

Families who are caught in a cycle of low achievement often require high levels of intervention from public services, which is costly. Without effective interventions the cycle of disadvantage across generations will not be broken. Summergrove provides support to families where very poor outcomes are already a reality, with the aim to improve their situation quickly and with sustained impact.

Initially the service was developed with the view to providing a Therapeutic Community. Therapeutic Communities (TC) are drug-free residential settings that use a hierarchical model with treatment stages that reflect increased levels of personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills. TC's differ from other treatment approaches principally in their use of community members to deliver treatments to other members as part of their recovery. TC members interact in structured and unstructured ways to influence attitudes, perceptions and behaviours associated with drug use.

When Summergrove was designed it was proposed that residents would be required to maintain the garden, clean communal areas and participate in a structured programme of community activities for a minimum of sixteen hours per week. This proved difficult to enforce without the funding to support a TC and as such the service moved towards a supported housing service that delivered a tailored programme of holistic support that prepared people who were already drug free, to focus on rebuilding their lives with their children.

As the project has progressed the growing concern from staff and management has been that high levels of consistent support can foster a culture of dependence. A desired outcome for those moving on from the project is self-sufficiency and learned skills that promote this. Therefore in 2009 it was decided that a phased plan of support would be implemented which would see high -medium - low levels of intervention within 3-6-12 month time frames. For example, when a resident moves in they can expect a full support package including reporting repairs, support at appointments and waking night support. The phased package also encourages compliance through the granting of additional benefits as support is gradually withdrawn, such as extended curfews and over night absences from the project. A resident will be assessed at 3 months as standard and then movement between phases 1-3 is dependant upon their own commitment to the process

Research has shown that families who suffer from problems that hamper their ability to parent effectively may be reluctant to engage with services and not trust the offered support because they fear sanctions if they 'own up to problems', do not feel staff understand their needs and they may have had negative experiences in the past; or feel that too many agencies are involved in their lives. Summergrove staff are therefore proactive in contacting service users when they are first referred to the service in order to start to build trust and rapport with family members.

Summergrove is open to families headed by single males, females or couples who are drug or alcohol free. This is a fairly unique model as men involved in the initial focus groups felt that social services generally focussed support on females and often encouraged women to leave partners who were substance abusers. Children do not have to be living with the parents at the time of moving into the project, but they do have to be planning to assume parental responsibility in the future.

Initially, individuals are invited to visit the service, together with a support worker if they wish, to meet staff, other tenants and to have a look around the service. Staff explain the house "rules" and what would be expected of them, including agreeing to

random drug testing, being “on escort” for a minimum of four weeks (when people first move in), adhering to a curfew and not being able to stay off site overnight for the first three months.

Often, clients who are referred may be in a detox facility, on a hospital ward or possibly in prison. In these instances, staff visit them and talk to them about the project and showing them the service literature (including photographs). All residents are required to be drug and alcohol free when they move into Summergrove.

Following the ‘initial visit’ or meeting, information is then collated from any other agency that currently or previously worked with the client. This forms the basis of an initial risk assessment and builds a picture of the clients potential support needs. At this stage the client is invited for a comprehensive assessment conducted by the Project manager and a member of staff.

This process aims to assess the individual’s motivation to change their life and remain drug free. It considers the individuals ability to manage a tenancy and adhere to the house rules. It takes into consideration other tenants living in the project and asks the client what their aspirations are for the future.

On being offered accommodation, clients are required to sign a “Residents Contract”. This document was produced and written by service users and staff and outlines the minimum standards of behaviours that are acceptable, a form of “house rules”. Failure to adhere to this contract means that the client will receive a warning, which in turn may affect their accommodation.

Because substance misuse is viewed as a chronic lifelong condition, with relapse always a risk, relapse prevention becomes the primary treatment intervention once stability has been achieved. Relapse prevention activities are psycho educational and skill building in nature and focus on providing the individual with the knowledge and skills necessary to maintain long term recovery. Relapse prevention skills include such things as managing cravings, learning to socialise without drugs and with people outside of drug using circles or developing anger management skills. Individuals in the early stages of recovery also often need a living environment that is drug free and supportive of their recovery.

In order to promote an abstinent environment, tenants are randomly drug and alcohol tested. One tenant said:

“The fact that we are tested, and we don’t know when we’ll be tested makes me feel and stay safe. You also know that if someone has relapsed and is using drugs, then they will be tested soon. Although this can have an effect on everyone, we have our own front door so we can shut things out that are happening in the project”.

The service is staffed 24 hours a day offers a variety of activities for adults including one to one sessions with a key worker, and other sessions geared around self help, recovery support, relapse prevention, counselling and other therapies.

The support available includes:

- Individual support plans (reviewed on a quarterly basis)
- Weekly action plans
- Quality of Life tools (reviewed on a quarterly basis)
- One to one keywork sessions
- Structured move on plans
- Peer support and community groups
- Access to employment, education and training opportunities

- Independent living skills including budgeting and household management
- Access to complementary therapies
- Access to a large garden and play area with a vegetable plot for each family
- Access to recreational and social activities for families, particularly during school holidays
- Liaison with external agencies to facilitate specialised support, where necessary

Research was conducted in April 2009 by a Social Work student on placement at Summergrove. Five families were interviewed and they were asked to consider in what ways they thought growing up in a supported housing environment affected their child/ren as they grew older.

Two parents stated that they felt it was **good to mix with other families** and understood that they would be much more isolated when living independently. Others mentioned that it helped them by giving them **a routine and structure**; other residents stated that **there is always somebody there** if there are any problems – one mentioned that **this could be a problem and** that her child might expect all people to be as friendly and helpful when they moved out to live independently.

Summergrove alleviates problems of isolation by encouraging families to support each other and interact in a family environment. Many of the children coming to live at Summergrove have previously been at risk of poor parenting practices. Summergrove project workers support parents in effective parenting on a day to day basis and help them access parenting courses. This support and advice enables parents to discipline their children appropriately and apply boundaries that the children may not have been used to.

Staff do not offer childminding facilities for residents as Summergrove aims to reflect real life. As such, staff work in a way that encourages parents to problem solve and / or seek alternative solutions, such as having a relationship with a neighbour or friend who will provide childcare in emergencies.

When a family with multiple issues moves into Summergrove, a key challenge for staff is to co-ordinate a “package” of interventions, rather than support with a single issue. For example, where parental problems impact negatively on the child, an intervention aimed only at the child will not lead to sustained improvement. Similarly if adults face additional stress due to their parenting responsibility, failure to recognise these responsibilities undermines the effectiveness of other interventions. In some cases in order to be effective, interventions need to be phased, so that the most severe problems are addressed first.

Many families with multiple problems receive a large number of support services. The costs to public services of supporting families with multiple problems are likely to be particularly large. This is not just because of the sum of the individual problems. Multiple family problems often interact and exacerbate each other leading to more harmful and costly outcomes, especially for children in the family.

Case study 1: Services supporting families with multiple problems

‘Andy’ aged 37 moved into Summergrove with his partner ‘Carol’, aged 27 on 13th December 2004.

Andy had a long history of poly drug use over a period of 20 years. Andy was known to use cannabis and alcohol on occasions and heroin and crack cocaine on a daily basis. Carol's poly drug use was over a duration of four years where she also used

heroin and crack cocaine. Andy and Carol completed a community detox of Methadone and Subutex before moving into the project.

Andy had a history of overdose, injury and infection due to his substance misuse. Carol had a history of depression and self harm. Both Andy and Carol were homeless before moving into Summergrove.

Previous to signing his tenancy at Summergrove, Andy's offending behaviour had resulted in him having 21 convictions, 4 of which resulted in a custodial sentence and all of which were connected to him funding his and his partner's habit. Andy was under a community rehabilitation order, community punishment order and a drug treatment testing order.

Andy and Carol had two children one male aged 3 years old and one female aged 5 years old, both of whom were placed on the CP register due to extremely poor home conditions which were unsafe and unsanitary. Both children were placed with Andy's parents on a voluntary basis but were later returned to Andy and Carol after moving into Summergrove. Both children had an allocated social worker, a family support worker and had a child protection plan. During their time at Summergrove the children were removed from the child protection register.

With regards to the extended family of Andy and Carol, the parents of Andy accessed support from Parents Against Drug Abuse (PADA) and liaised with Summergrove staff to build bridges with their son.

This couple terminated their tenancy on 29th January 2006 when they were rehoused by Liverpool City Council.

Since leaving Summergrove there has been feedback from other services that the family are progressing very well and Andy is now in employment.

Services involved:

- * The Gateway.
- * Social Services (plus Family Support)
- * Criminal Justice Prosecution. (fairway scheme)
- * Jubilee medical centre
- * MDC Bail support Scheme.
- * Liverpool DDU
- * Transit
- * Cobalt (Liverpool City Council)
- * PADA (Family Support)
- * HMPS
- * Chatterson Hay (Residential Rehabilitation)

Family members' negative perceptions and attitudes towards their relatives as a result of drug or alcohol misuse can easily become entrenched. This means that any intervention to "turn around" families where such attitudes are prevalent also focuses on building trusting and constructive relationships with family members.

One service user commented during research conducted in 2008:

“My family relationships have got so much better, I wasn’t allowed in my parents house and now, both Mum and Dad let me in. I even went for Sunday dinner there the other day”.

Another service user said:

“The contact with my son and daughter had completely stopped. They were taken from me after relapsing. I hadn’t seen them for months. Now I am working on rebuilding this relationship with both of them; they have even had overnight stays. I have been reassured by my social worker that they are working towards them permanently moving in with me soon.”

Case Study 2

‘Anna’ moved into the Summergrove project on 4th February 2008. Anna had two children, aged 6 and 5 at the point of referral. Due to Anna’s chaotic heroin and crack cocaine use, her two children were raised for the majority of their lives by their grandmother. Anna’s mother, who suffered from physical and mental health problems, struggled to cope having older children of her own.

When Anna and her children moved into Summergrove, the project supported the children to move to a local school and access a mentor, however the burden of after school and holiday care fell upon Anna’s mother whilst she attended a 9-5 treatment programme. Summergrove was the first agency to secure funding from the Carer’s Grant which enabled after school care to be put in place for the children and so Anna’s mother was able to attend various appointments connected with her own physical and mental health which she had allowed to slide because of her caring responsibilities. Anna’s mother was also referred to other agencies such as PADA and Sanctuary to access support while she was caring for her grandchildren and supporting Anna. Summergrove referred Anna’s mother to KIND and Impact who provided much needed respite for her during school holidays.

Staff supported Anna in re-engaging with health professionals to address her children’s educational and emotional needs, attending appointments with her children which identified specific educational needs including Asperger’s Syndrome.

This letter was written to the Project manager shortly before Anna left the project to live in the community with her children:

Dear Manager and Staff,

I must thank you and your staff for all the help my daughter has received whilst in your care at Summergrove. She has got more confident in herself and her medication thanks to you all supervising it, her epilepsy is now under control. Anna has had a very turbulent time up until this time in her life, what with being bullied at school, my illness and then being in a violent relationship being mentally and physically abused by ex-boyfriends and losing babies it all had a detrimental affect upon my daughter. But thanks to you all and her own determination she has come through all that and she is still only 25 years old, and to think at one stage I thought I would lose her. But you have all helped and I am really grateful to you all, you are really good people and I hope you will be well blessed.

Mrs R

4.5 Empowering Service Users

Poverty of aspiration and a feeling of lack of control over one's own life can exacerbate client dependence and be a barrier to successfully living an independent life. A powerful way to enable families to take responsibility and to aspire to a better life is to involve them in the delivery of the service. Summergrove involves service users in a range of ways including:

- Service design
- House meetings
- Children's Meetings
- Surveys/Consultations
- Exit interviews
- Involvement in the development of policies
- Decision making around allocation of resources
- Decision making on fixtures and fittings in the service
- Taking responsibility for maintaining part of the garden
- Recruitment and selection of staff
- Representation at Liverpool Service user group

4.6 Staffing

Staff were initially appointed with backgrounds of social work and drug dependency. A partnership with NCH was developed and a member of staff was seconded to Summergrove to lead on services supporting children. However, the creation of a separate 'Children's worker' created a division of responsibility in the team and the lack of funding for specific work with children eventually led to the ending of this post. As a result key workers now work with all the family and families are encouraged to access specialist support from other agencies.

The project recruited some staff with experience of drug misuse who could act as role models to residents moving into the project. However following an allegation in 2004 that a staff member was using drugs, Summergrove introduced random drug testing for all staff. In addition, whilst ex service users continued to be encouraged to apply for posts at the project, a requirement of a minimum of two years abstinence was also introduced. The requirement for staff drug testing is now included in recruitment advertising and also discussed at the interview stage.

Summergrove provides a unique challenge in terms of recruitment. Due to the nature of the client group, it is desirable for staff to have experience, knowledge and understanding around substance misuse, child protection and family support. This has also proved to be particularly challenging in terms of appointing managers with the breadth of experience required. In the first three years the high turnover of managers impacted on the staff team who felt that each person brought a new way of working which meant ongoing change and disruption.

In April 2006, Summergrove underwent a significant staffing restructure. A manager was seconded from elsewhere in The Big Life group who had experience of managing Supported Housing. Following a Supporting People review the manager overhauled the projects staffing, systems and procedures. Summergrove exceeded

the cost parameters for support to clients per hour. One management post was subsequently made redundant, all Project Workers were required to do sleep in duties (this had previously been optional), the rota / shift patterns were reviewed and Waking Night staff roles were introduced.

The Waking Night role has proved to be a success in terms of providing continuity and consistency for residents. The two staff members alternate between covering four shifts one week and then three shifts the following week.

As a 24-hour supported housing service, staff are required to work shifts over a seven day period. The rota provides a minimum of two staff at any one time with a third member of staff on duty during weekday evenings when most families are at home. This provides staff with an opportunity to engage with families and also run group work sessions. The rota works on a rolling basis to allow staff to predict and plan their shift patterns up to five weeks in advance. Despite this, staff occasionally report that the rota isn't family friendly.

Bank staff (or relief workers) are used on an ad hoc basis to provide staff cover for sickness absence, annual leave and training. Typically they are students, in training or maybe have jobs elsewhere.

Summergrove have had a number of student placements which provide the student with the opportunity to immerse themselves within a residential service and offer the project the opportunity to undertake specific projects – such as client surveys, improving information for families and working with children etc.

4.7 Tenancies

Tenants are issued with an Assured Shorthold Tenancy (AST). The AST gives clients security of tenure, which means that the landlord can only regain possession of the property 6 months after the beginning of the tenancy, provided that 2 months' notice requiring possession are given. This is a challenge as it means that if a client lapses the service cannot immediately evict that individual. In the first two years of operation this was a key issue for the project, but systems have subsequently been developed to manage clients who lapse, including escort, restriction on visitors and warnings. Summergrove is the last step for people prior to being reintegrated into the community and it is important that it represents real life. Whilst the project has been criticised for having to continue to accommodate people who have lapsed until they can be moved on, it reflects the kind of challenges its families will have to face when they live independently.

5. Outcomes

In the first six years Summerville has accommodated 118 adults and 134 children. Of these, 81 have been families headed by single females, 16 have been families headed by single males and 9 have been families headed by couples. A further 54 children who did not live on site have been supported by Summerville staff to have access with their parents who were resident. Summerville measures the impact of its work using both qualitative tools and gathering quantitative outcomes. In 2009 it also participated in a Cabinet Office pilot of Social Return on Investment.

The qualitative impact of the project is measured using the Balance wheel / wheel of life. Clients complete this at the point of entry into the service and then again every three months.

In the last quarter of 2010/11, six residents reported an increase in one or more areas of their lives. The chart below indicates those areas that clients felt had improved.

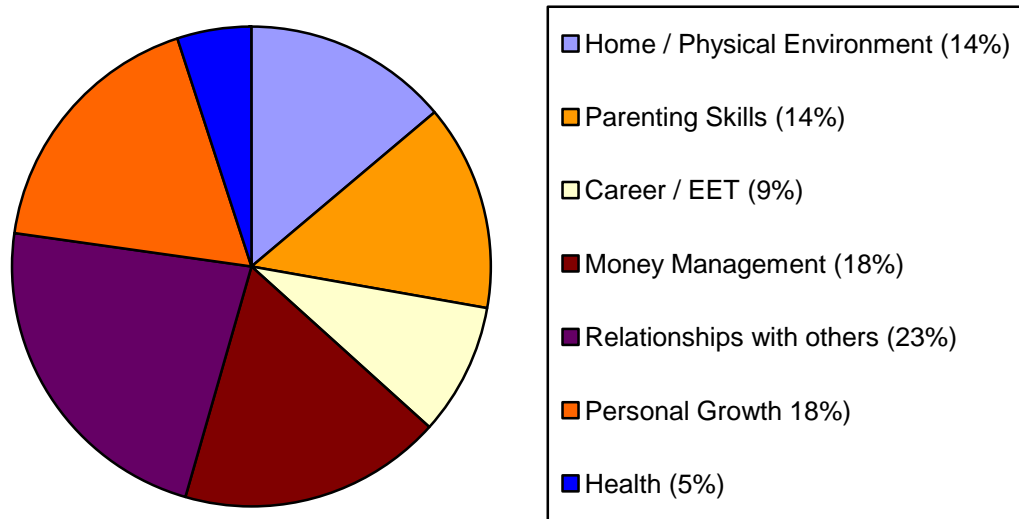


Table 8 demonstrates the number of clients who have accessed employment, education and training opportunities.

Table 8

	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
No. who accessed vol work / employment	1	3	2	5	14	7	11	6
No. who accessed training course	7	4	4	8	22	16	8	10
No. who gained a qualification	0	1	5	1	1	1	2	4
Total	8	8	11	14	37	24	21	20

The slight decline in figures in 2008/09 can be attributed to the fact that Summergrove accommodated a number of women who had very young babies and who wished to stay at home with them.

Table 9 indicates the number of people who have accessed counselling either in-house at Summergrove or externally. In 2008/09, Summergrove funded 68 counselling sessions for nine residents at a cost of £35 per session.

Table 9

	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
No. who accessed counselling via Summergrove	3	4	4	12	5	9	4	2
No. who accessed counselling external to service	3	1	1	4	28	24	1	0

Table 10 shows that Summergrove has accommodated 41 children who have been on the Local Authority child protection register and by supporting families it has enabled 14 children to be removed from the register whilst living at the project. A total of 38 children have also returned to live with their parent(s) on a permanent basis since being accommodated at Summergrove.

Table 10

Table 10	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
No of children on register	5	1	1	3	3	7	11	15
No of children removed from register	1	0	1	2	2	3	1	4
No of children who have returned to live with their parent(s)	4	7	3	2	4	6	8	4

It is the impact on the children and the associated costs with being involved with Children's Services where Summergrove believes that it can have the most significant impact. In the research conducted in April 2009 by a Social Work student on placement at Summergrove, she asked; 'Where do you think your children would be now, if you hadn't moved into the Summergrove project?' Most parents stated that their children would not be living with them. Some would be in the care of the local authority, and some would be living with their grandparents. One resident stated that they knew that they would still be having supervised contact visits with their child. One resident stated that she 'dread to think' where she would be if she had not come to live at Summergrove.

Case study 3 demonstrates the broader financial impact that Summergrove can have on other services. Through being accommodated at Summergrove, Children's Services were able to make direct savings through the following areas:

Moving from supervised contact in foster care to unsupervised contact at Summergrove

Moving from a foster care placed to living full time at Summergrove

It is estimated that there has been a direct saving of over £18,000 through one family having been accommodated at Summergrove over a 36 week period.

Case Study 3

Mother-of-five 'Jane' has been a tenant at Summergrove for just over a year and has been successfully living without drugs for 14 months.

Jane (33) has had a long history of heroin and crack cocaine use; she has spent time in Styal Women's Prison, a mother and baby hostel and has experienced the success of becoming clean but then returning to drugs because of a lack of ongoing support.

Jane's addiction started with cannabis, but at the age of 18 got back in touch with old school friends who introduced her to heroin and crack cocaine, which she used until the age of 23.

After self detoxing she was clean for a full six years but various pressures of life sucked her back into using and without any ongoing support her problems spiralled out of control and into Styal Women's Prison.

She self referred to Summergrove after hearing about the project at her local NA meeting, and was allocated a self contained flat almost immediately as one of her children was under threat of imminent foster care.

She said, 'I really wanted to stop my youngest son going into foster care, and because of this the Summergrove staff were able to prioritise me for a flat. My parents were looking after my three other children but it was getting hard for them to cope and they couldn't take any other children on.'

'It's because of my place here at Summergrove that they were able to carry on looking after my other children and the family is still together. I can't credit Summergrove enough for this.'

Jane moved in to her flat with her son, then aged 2 and half years old. During this time her three year old son was subject to supervised contact for eleven hours per week whilst in foster care, at a cost of £11 per hour (£121.00 a week). This changed to unsupervised contact after 8 weeks of Jane moving into Summergrove this represents an additional saving of £968 in family support hours. After 5 months in Summergrove, her three year old son was returned to the family after spending 16 months in foster care. The foster carer was paid £390 per week. On the assumption that the foster carer would still have been involved this represents a saving of £14,040 (36 weeks). Her three other children are being cared for by her parents and each family member is in regular contact.

Jane said: 'My other children love visiting here, there's a big garden for them with lots of space for them to play.'

Since living at Summergrove, Jane has accessed Independence Initiatives and has completed an introduction to computers course, drugs awareness course, photography course, and benefited from massage and manicures.

Jane has gone on to further education, has completed a second stage counselling course at an Adult Learning Centre and works as a mentor for local drugs organisation, Community Voice, helping others overcome their addictions. She is also training to be a volunteer with the NSPCC.

Whilst Summergrove has facilitated access for Jane in terms of accessing employment, training and education opportunities there is a significant saving of £18,405.00 to Children's Services as a direct result of Jane being accommodated with his mother at Summergrove for 36 weeks.

Case Study 4

'Carl' had a history of using Cocaine over a ten year period and alcohol over a two year period; Carl was eight months clean on referral to Summergrove and was involved in treatment at SHARP. On referral to Summergrove, Carl was on prescribed medication for Depression after suffering a nervous breakdown in 2005. Carl has two daughters aged 7 and 4 at the time of referral both of whom Carl had informal contact with.

Whilst at Summergrove Carl gained confidence in himself which motivated him to move forward in his recovery and access an intermediate counselling course in which he gained a qualification. Carl also completed a basic English course and a first aid course.

Carl successfully graduated from treatment at SHARP whilst living at Summergrove and regularly attended both AA and CA meetings. He regularly had weekend contact with his daughters who would stay over at Summergrove whilst visiting. Carl applied for voluntary work at the Lighthouse Project in which he was successful and this has led to full time employment as a support worker.

Carl terminated his tenancy with Summergrove in August 2008 to move into his own flat in the community with support from "Move On Move In" Project.

Outcomes that Carl has demonstrated include:

- Drug free and managing his substance misuses.
- Weekend contact with his children.
- Gained basic and intermediate counselling qualification.
- Voluntary work with the Lighthouse which has led to full time employment.
- Completed Treatment at SHARP.
- Lives independently in the community.
- Gained self esteem and confidence.
- Improved quality of life.

Social Return on Investment (SROI) is a framework for measuring social value derived from a particular activity. The process of SROI includes the creation of an account of the value of change that happens to the stakeholders of that activity.

SROI is an approach to understanding and managing the impacts of the activity under analysis. It is based on stakeholders and puts financial value on the important

impacts identified by stakeholders that otherwise attributed any value and therefore may not feature in future decision making processes.

In 2009 Summergrove was funded by the Dept. of Health through The Big Life group to be involved in an SROI which focuses on the potential social value created by social enterprises that are delivering mainstream services in the field of Health & Social Care.

It found that stakeholders who experience outcomes relating to the activities at Summergrove which are not contracted and so the service does not receive funding from are as follows:

- Children at Summergrove
- Other family members
- Social Services outcomes relating to children
- School system
- Police & judicial outcomes relating to children.

The report concluded that **for every £1 invested in the project, £2.83 is returned.**

Summergrove submits statistics via the formal National Drug Treatment Monitoring System (NDTMS), which is managed by Liverpool John Moores University.

This system is very much focussed on clinical service data and targets such as waiting times can be inappropriate measure of effectiveness. For example, a client may be referred to Summergrove whilst in treatment or in prison. The staff may visit the client over a number of months, undertaking assessment whilst they are still in treatment or custody. The database doesn't have the scope to reflect this.

Subsequently following an assessment by the Healthcare commission in 2008, it was agreed that technically Summergrove should not be considered a Tier 4 drug treatment service and that it was in fact a supported housing service.

As part of the Supporting People re-tender process, which is due to start in 2010 (for Summergrove), Supporting People (SP) will become the sole commissioner (rather than SP and the DAAT) and as such Summergrove will be formally classed as a supported housing service.

6. Conclusion

There is a small but diverse group of families suffering from a multitude of problems that negatively impact on the life chances of children and young people in the family. Families caught in this cycle **need co-ordinated packages of intensive support**, coupled with a degree of challenge that encourages them to **change their lives**. One service user who was accommodated and interviewed for research during 2008 commented:

"I had a drink not long after I moved into the project. I thought that maybe I would be ok in my flat with just (one) drink. But I wasn't. It just escalated until staff got involved. I then had to detox from the drink and that wasn't nice. I know now that I can't do that, I don't want to. I am so much happier in recovery than drinking. I also got a warning and wouldn't want this to affect the chances of having my kids back".

The research around parents suggests that substance misuse is often a symptom of a complex range of psychosocial problems as well as being the cause of additional difficulties in the present. Whilst many parents' best efforts to protect and care for their children, the evidence from young people as highlighted in Department of Health research 2008, shows that they are generally adversely affected.

As has been demonstrated in Section 5.0, Summergrove has a key role to play in terms of addressing the long shadow that the physical and emotional impact of parental drug use can have on the family. It can positively **improve children's safety and security** in day to day life, including school, relationships and community.

Summergrove can be seen to tackle many of the issues that families affected by parental substance misuse are faced with. Through a stable and supportive environment, we achieve the following:

- **Families remain together** with significant and sustained improvement in circumstances, a stable lifestyle, increased awareness of and provision of children's needs (significantly reducing risk for those children on an 'at risk' register).
- **Routines and structure** enabling parents to undertake and organise daily tasks upon returning to the community.
- Suitable accommodation so that the family can live together, feeling safe and secure.
- Substance misuse - **remaining drug and/or alcohol free**, introducing stability and changes in attitudes and beliefs about substance use
- **Improved behaviour and attitude** (including criminal behaviour) demonstrating the individual's ongoing commitment to change their lifestyle.
- Financial issues dealing with budgeting difficulties, debts and unpaid fines to reach a workable agreement between the parties.
- Health - **improving both physical and mental health**.
- Education and employment helping parents to returning to education or undertake voluntary work.

Summergrove promotes the aim of the Children Act 1989, by understanding that wherever possible, children should be raised within their own family. It recognises that with substance misuse comes many other sociological problems, and addresses them by working in a holistic manner, signposting service users to specialist services. By providing stable accommodation in a supportive environment where staff can

assist parents with all aspects of their lives, Summergrove works to break the cycle of drug and alcohol addiction that blights so many children's life chances.

One Summergrove residents' journey in pictures:



Photo above. One of our residents, "Jane", 5 months prior to moving into Summergrove. *Above right,* the same resident during a supervised contact visit with her eldest son who was in foster care, at the time. *Right,* August 2008 at Chester Zoo with Summergrove staff: the first time "Jane" and her 5 children had ever been together.





**Summerville is a Big Life Centre. Big Life Centres is a registered charity (no.1062333).
Part of The Big Life group of social businesses and charities**