

Brighton Oasis Project: POCAR Programme Evaluation



Background – Brighton Oasis Project



Background - Parenting Our Children, Addressing Risk

- Psychosocial programme for women who use drugs or alcohol problematically and have social services involvement with their children
- Includes group work and individual key working
- Aim to address substance misuse, reduce risk to their children, and improve parenting skills and other relationships
- Access to crèche and therapy for children
- Works in partnership with children's social work teams

Background – rationale for project

- Around 60% of children placed in local authority care are due to familial substance misuse¹
- Financial burden to State
- BOP model offers innovative whole family approach
- Initial data shows impact on children's outcomes and reunification with parents

POCAR referrals since 2006/2007

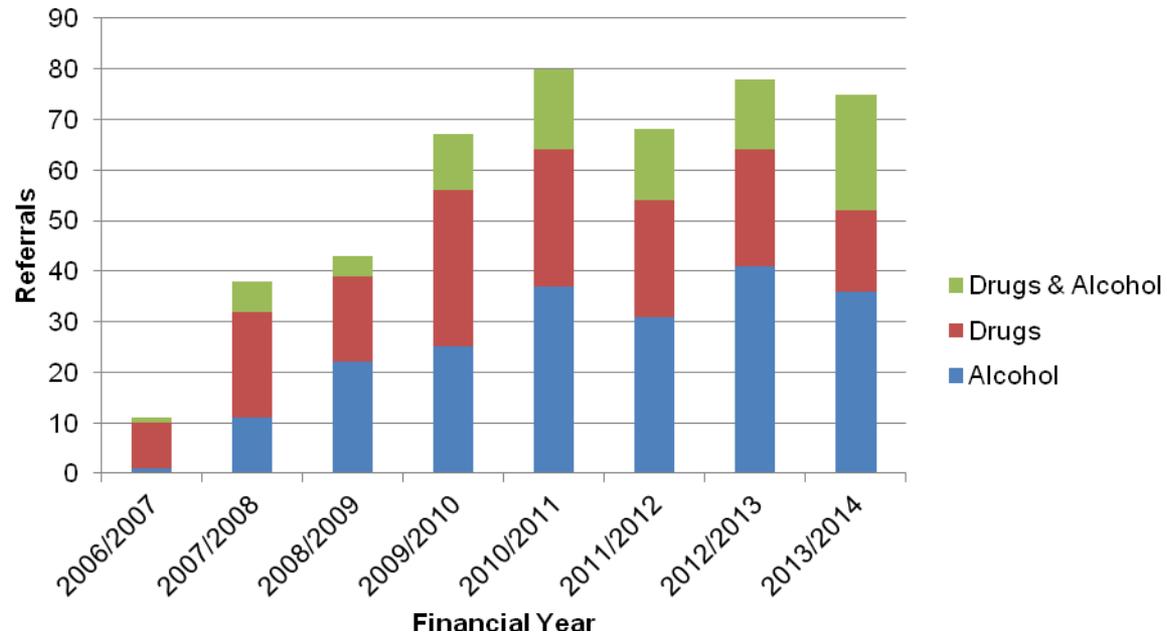


Figure 1: POCAR referrals since 2006/2007

Background

- Funded by the Dept of Education Innovation programme
- Seed funding for new ideas to radically redesign children's social work and improve outcomes
- BOP commissioned NEF Consulting to undertake research using a Social Return on Investment approach
- Data shared through BHCC provides high level information for 356 children of POCAR participants, monitored at 3, 6 and 12 months intervals after completion of the programme.

Aims

- To determine the extent to which it improves outcomes for POCAR clients and their children
- To consider the long-term savings for the State
- To understand how multi-agency working enhances skills of other professionals in relation to families who misuse substances

METHODOLOGY - Social Returns on Investment principles

- Involve stakeholders;
- Understand what changes;
- Value the things that matter;
- Only include what is material;
- Do not over claim;
- Be transparent

METHODOLOGY – Developing theories of change

- Stakeholder interviews with service users, professionals and POCAR staff
- Analysis of who is responsible for the change
- Analysis of theories of change for POCAR clients, their children, professionals and resultant state outcomes.

i.e. The social return on the investment

Stakeholder interviews

● Current POCAR	2
● Completed POCAR	2
● Ex-POCAR ('in-recovery')	1
● Delivery staff	1
● Social worker	4
● Primary health care	2
● Family support services	2
Total number interviewed	14

Theory of change

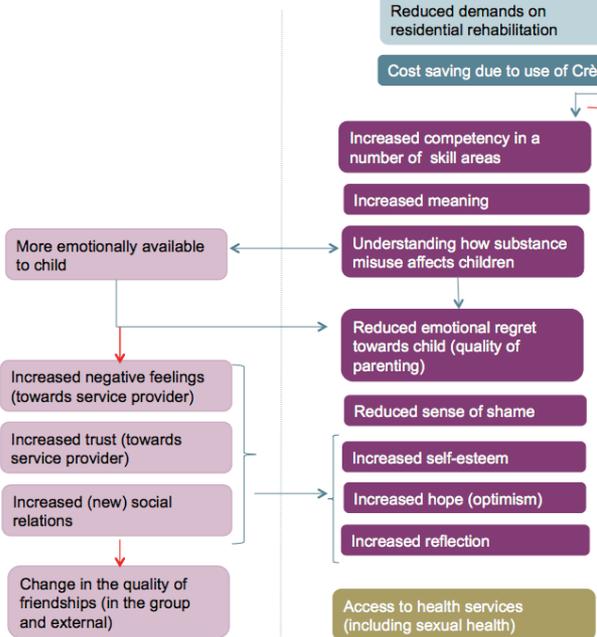
Developed for:

- POCAR programme users
- Children of POCAR programme users
- The unborn children of POCAR programme users
- Staff and other professionals

Theory of change for POCAR Programme users



Short Term Outcomes: Programme duration (16 weeks +)

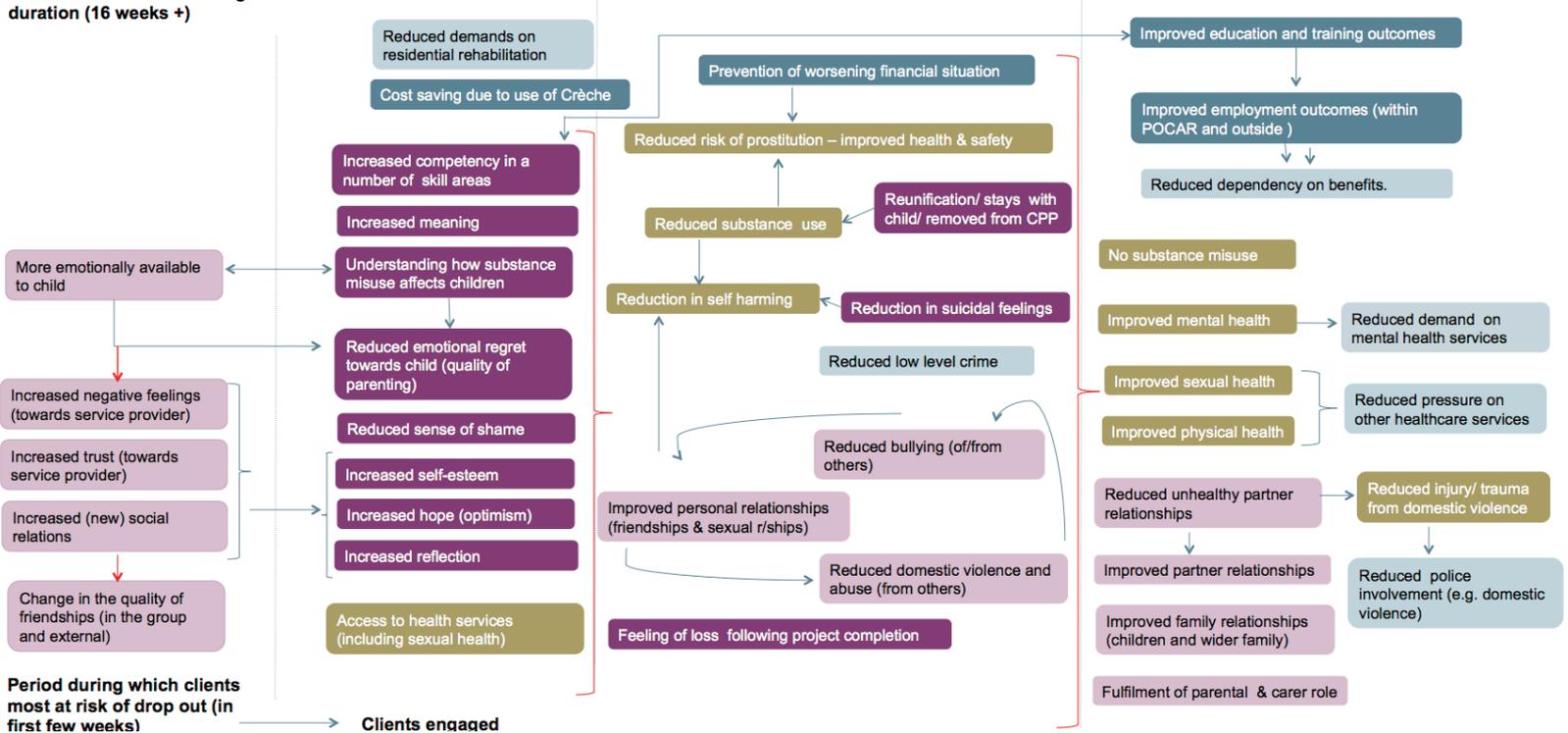


Period during which clients most at risk of drop out (in first few weeks)

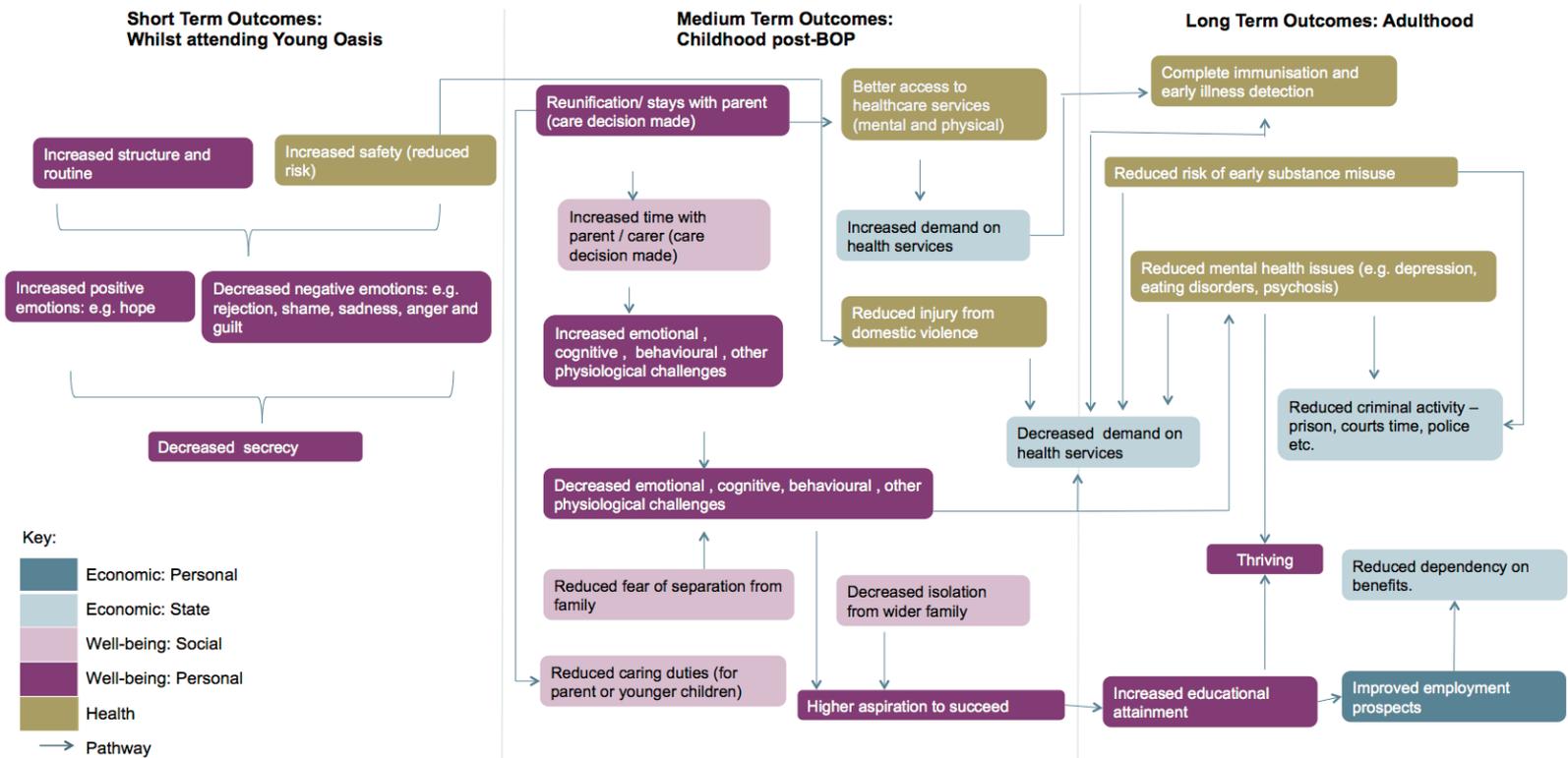
Clients engaged

Medium Term Outcomes: Completed POCAR

Long Term Outcomes: In Recovery



Theory of change for children of programme users



METHODOLOGY – Value for money analysis

- Use of BHCC data to review outcomes
- Case studies developed and outcomes checked with State outcomes
- Monetisation of State outcomes using wide range of sources
- Value for money outcomes established

i.e. The financial return on the investment

Case studies

'Julie'

Gave birth in prison with history of problematic substance misuse

- ➡ Referred to POCAR, baby in foster care
- ➡ Julie engages with professionals and is abstinent from substances
- ➡ Plans to place baby in long term care is averted and baby returned to Julie's care
- ➡ Julie engaged in Phase two programme and is doing well

Costs to the public purse avoided as a result of the intervention

- Kinship care legal costs - £27,354
- Costs of transition to CIN plan - £1,682
- Prescribing costs – £1,409 - £2,818
- Mothers detox - £608 - £1,824
- Residential rehab - £11,636 - £17,453

- Overall costs avoided - £42,416 - £51,131
- Between £9.40 - £11.40 for every £1 spent on the POCAR programme

Value for money analysis

Key outcomes of the POCAR Programme:

- Helps reduce the number of cases with Child Protection Plans by 53% by 3 months after clients have finished the programme
- Further reduces CPP cases by 85% by 12 months after clients have finished the programme
- Supports significant numbers of parents towards caring for their own children safely and averts the need for them to become looked after by the Local Authority
- Changes arising occur swiftly, with the majority of transitions in social care status taking place within 3 months of completing the programme

Conclusions and key messages for services

- Significant short and long term outcomes for children when parents attend programme
- Drug treatment services can deliver significant benefits to children and families and reduce social services concerns
- Partnership working with children's' social work teams has all round benefits
- Gender specific services have a part to play