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**The University of Edinburgh,
School of Social and Political Studies**

Evaluation of the Sunflower Garden Project

Final Report

**By Professor Vivienne E. Cree and Dr Michael
Gallagher**

October 2007

Email viv.cree@ed.ac.uk

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Evaluation of the Sunflower Garden Project

Research Summary

Introduction

This research summary provides an overview of the findings from an evaluation of the Sunflower Garden Project's work with children of drug using parents and carers, conducted between April and October 2007. The aim of the study was to evaluate the project from the perspectives of those using and delivering the service. The study follows on from an earlier evaluation of the project which was completed in July 2004.

Background to the Sunflower Garden Project

The Sunflower Garden Project began in 2003. It developed out of a need observed at Simpson House Counselling Service, which has worked with adult drug users and their families since the 1980s. The project initially offered one therapeutic group to eight children; from April 2006 to March 2007, it worked with 88 children, aged between 0 and 12 years.

The aim of the project at its outset was to reduce the impact of substance misuse on children in Edinburgh. As the project developed, so the overall aim became 'To improve the lives of children affected by drug and alcohol use in their families within the city of Edinburgh'. Leading on from this, five objectives have been identified:

- a) Increase attachment between young children and their carers
- b) Develop children's resilience
- c) Increase children's self-esteem and confidence
- d) Teach children new skills
- e) Contribute to improving the safety of children at risk.

Aims of the evaluation

The aim of the study was to evaluate the Sunflower Garden Project from the perspectives of those using, delivering and working with the project. The study follows on from an earlier, extremely positive, evaluation of the Sunflower Garden Project which was completed in July 2004. The new study was intended to re-examine some of these findings three years on, and, more specifically, to consider

ways in which project staff might deploy the project's resources more effectively in the future.

Methodology of the evaluation

The evaluation set out to explore perspectives and outcomes of the project from the points of view of different stakeholders, focusing on the services offered to primary school aged children. Detailed research questions were worked out in consultation with the project staff. The following methods were used:

- Early planning meetings with the project manager
- A brief literature review
- Participant observation in the day-to-day work of the project
- Interviews with parents and carers, project workers and referrers
- A comparison with findings from the 2004 evaluation

Analysis of the findings

The findings demonstrate that the Sunflower Garden Project is a resource which is valued by children, parents and referrers alike. It provides a specialist service in Edinburgh to children affected by parental substance misuse and to other professionals who work with those children. Although it has grown and developed since its beginnings, it remains true to its original aim and purpose.

The study did not uncover any specific areas of unmet need, nor any dissatisfaction with the services currently provided by the Sunflower Garden Project. However, everyone agreed that there should be more services: children want to come to the project more often; parents would like more help; referrers are unhappy that the long waiting-list means that children and parents do not receive help when they need it; meanwhile project staff express frustration that they cannot provide as much help as they would like to. In more detail:

Services

- The Sunflower Garden Project is valued highly by the children who use its services, by their care givers and by other agencies.
- The project works intensively and therapeutically with its service users, focusing on quality rather than quantity of work.
- A key strength of the project is its ability to adapt flexibly to individual children and their needs. This child-centred, flexible approach is particularly valued by external referrers, who see it as a unique feature of the project.

- The project works collaboratively with other projects in the city which support families where drug misuse is identified as a problem. This partnership working allows the project to extend its services to vulnerable children.
- The project also offers support to parents in various ways, through family activity days and through providing advice and consultation to parents (e.g. support to discuss drug use with children, advice on dealing with children's behaviour).
- Besides direct work with children and families, the project performs an important consultative role for other professionals.

Challenges

- As referrals from social workers have increased, so project staff find themselves increasingly involved in child protection work. This presents challenges for the project, in terms of disclosure and follow-through by project workers.
- Project staff describe themselves as "stretched" and describe this as frustrating; at the same time, referrers remark that the project would be improved if it had more capacity and more staffing.
- The project's use of volunteers enriches the children's experience of the service as well as increasing its value for money. Volunteers, however, also require training and support in working with troubled children.

Management

- Assessment, review and internal evaluation processes are well-developed, and undergoing continual refinement.
- The service managers carry out a vital process of mediation between the demands and priorities of funders and those of the project staff and service users.
- The project's premises are not designed around children's needs, particularly in terms of physical safety.

Recommendations

1. The main recommendation, drawn from the findings, is that the Sunflower Garden Project should be supported to continue offering its services along current lines. It is furthermore recommended that increased staffing is necessary just for the project to continue to operate at current levels.

2. The findings also identify considerable scope for expansion of services. Given the extent of drug use in Edinburgh, and the changing nature of referrals to the project (i.e. more from statutory social work agencies), there is much more that could be done, if the project were to be adequately funded. This would enable the project to offer:
 - Increased support to children and parents who already use the project (e.g. through the development of single sex groups);
 - Support to children and parents who have been identified as in need but have not yet been able to access the project's services;
 - Increased attention to children who have been identified (or who identify themselves) as in need of child protection;
 - Development of training and consultation services to other children's workers (i.e. teachers, social workers, youth workers).

3. The project should look either to moving to new purpose-built premises, or to improving the accommodation which it currently uses so that it is more 'child-friendly'.

4. Like many voluntary initiatives, the Sunflower Garden Project struggles from one grant to the next, wasting valuable staff time in the imperative to stay 'afloat'. It would be greatly beneficial to the project if funding could be secured on a more long-term basis, for example, for a 10-year period. This would allow staff to focus on their primary task to support some of Edinburgh's most needy children.

**Written by: Professor Vivienne E. Cree and Dr. Michael Gallagher, October 2007,
email viv.cree@ed.ac.uk**

Evaluation of the Sunflower Garden Project

1. Background

1.1 Introduction

This report outlines the findings from an evaluation of the Sunflower Garden Project's work with children of drug using parents and carers, conducted between May and October 2007. The research set out to evaluate the Sunflower Garden Project from the perspectives of those using and delivering the service. The following methods were used:

- Early planning meetings with the project manager
- A brief literature review
- Participant observation in the day-to-day work of the project
- Interviews with parents and carers, project workers and referrers
- A comparison with findings from the 2004 evaluation

The evaluation indicates that the Sunflower Garden Project is a resource valued by children, parents and referrers, and recommends that services should be expanded in the future.

1.2 Background to the Sunflower Garden Project

The Sunflower Garden Project began in 2003. It developed out of a need observed at Simpson House Counselling Service, which has worked with adult drug users and their families since the 1980s. The project initially offered one therapeutic group to eight children; from April 2006 to March 2007, it worked with 88 children, aged between 0 and 12 years.

The aim of the project at its outset was to reduce the impact of substance misuse on children in Edinburgh. As the project developed, so the overall aim became 'To improve the lives of children affected by drug and alcohol use in their families within the city of Edinburgh'. Leading on from this, five objectives have been identified:

- a) Increase attachment between young children and their carers
- b) Develop children's resilience

- c) Increase children's self-esteem and confidence
- d) Teach children new skills
- e) Contribute to improving the safety of children at risk.

1.3 Aims and objectives of the evaluation

The aim of the study was to evaluate the Sunflower Garden Project from the perspectives of those using, delivering and working with the project. The study follows on from an earlier, extremely positive, evaluation of the Sunflower Garden Project which was completed in July 2004. The new study was intended to re-examine some of these findings three years on, and, more specifically, to consider ways in which project staff might deploy the project's resources more effectively in the future.

The detailed research questions were worked out in consultation with the project staff. They were as follows:

- a) How is the project managing the balance between different areas of work, specifically:
 - Between specialised therapeutic interventions and fun activities?
 - Between working with children and working with families?
 - Between therapeutic work and child protection work?
- b) Should the project change the balance between these things in order to work more effectively? In particular, how can the project maintain positive therapeutic relationships with children who have disclosed abuse in therapy, leading to child protection proceedings?
- c) Should the project work take place at the headquarters on Queen Street or in a wider range of locations across the city?
- d) How effective is the project's assessment process? How could it be improved? Is partnership working used effectively in this process?

Further themes emerged in the course of data collection, as reflected in the findings reported below.

2. Research methodology

2.1 Introduction

The study used a range of qualitative methods to investigate the research aims: a literature review, fieldwork and a detailed comparison between the first and the second evaluation reports. In doing so, it drew on two different approaches to evaluation: formative evaluation (which sets out to give information so that people can make improvements to a project or intervention) and process evaluation (which aims to give people a better understanding of how their project or intervention operates). The study did not set out either to assess the effectiveness of the services offered (as in a summative evaluation) or to identify the outcomes or impact of the project (this is an outcome or impact evaluation). Neither of these would have been possible in the short timescale agreed for the study. (See McKie et al 2002.)

The study was completed by two researchers: a research manager who conducted the literature review and comparison of evaluations and led on the production of the final report and a researcher who carried out the fieldwork and wrote up the main findings.

2.2 Literature review

It was agreed in advance that the review of literature would be a brief, targeted review, focusing specifically on evaluations of similar services, where they existed. A literature search was carried out using standard bibliographic search procedures. In addition, useful resources were identified by a colleague at the University of Edinburgh who is currently conducting a doctorate on children affected by parental alcohol misuse.

2.3 Fieldwork

Fieldwork (participant observation and interviews) took place at the Sunflower Garden Project's premises and at two summer activity days.

Participant observation

This was the principal method of data collection, chosen to enable the researcher to develop an in-depth understanding of the project and the nature of its everyday work (see Delamont 2004 on participant observation).

The method was extremely successful in giving the researcher detailed insight into the project's work, as the findings demonstrate. The method was also ideal for working with young children, as it afforded the opportunity to investigate their experiences and views in context, within the project, rather than in the more abstracted settings of interviews or focus group. The researcher took on the role of 'helper' or 'assistant' to the adults in the project, and this allowed him to be accepted by the children and parents as a useful, and trust-worthy participant (see Punch 2004 for a discussion of negotiation of research roles in observation).

The researcher spent time observing and participating in various different settings within the project:

a) A therapeutic group for six children

The group was a partnership project led by two female workers, one a project worker with the Sunflower Garden and the other from Circle's Harbour Project, another Edinburgh project which works with families affected by drug use. Three two-hour sessions were observed over the course of a month. The researcher also observed and made notes on the planning sessions with the two group workers. Due to absences, the researcher only met five of the children, two boys and three girls. One was aged six years, one aged seven and three aged eight. The researcher took part in the activities of the group and wrote jottings openly in a note pad based on his observations of what took place. Where children asked to see the pad, the researcher showed them and read out what he had written. Where appropriate, the researcher asked the children questions about their views and experiences of the project. The jottings were later written up into more detailed field notes, and these were shared with the project workers. (Use of field notes is discussed in Delamont 2004 and Thorne 2004). The researcher was also able accompany, observe and talk to two volunteers who were escorting a child to the project in a taxi (the usual mode of transport for children attending the groups).

b) Two summer activity days

One of these was a family picnic day where 35 parents and children were present, enabling the researcher to directly observe the project's work with parents. The other was a day out in limousines to the beach which, due to inclement weather, became a trip to an ice-cream parlour and a playground. The latter involved only children. On both days, the researcher was able to talk to volunteers about their experiences of working with the project.

c) The Sunflower Garden offices

The researcher observed and made notes on two 'client work' meetings. (These are monthly meetings where all available staff attend and discuss their ongoing work in detail.) The notes were shared with all workers who had been present at the meetings. The researcher also spent a morning in the office chatting to staff and managers, and observing them at work. Again, this was documented through field notes.

Interviews with staff

Semi-structured interviews (see Mason 2002) were carried out with four members of staff: one of the project managers (part-time), two project workers (one full-time and one part-time) and an administrative and support worker (part time). Informants were recruited on the basis of a convenience sample, selected on the basis of staff availability during the fieldwork period (for further information about this method of sampling, see Henry 1990).

A short interview schedule was used (Appendix 2). The interviews lasted between 15 and 40 minutes, depending on how much time the staff members had to talk and how much they had to say. The interviews were recorded (verbal consent was obtained for this) and partially transcribed afterwards.

Interviews with referrers and partnership workers

Six short telephone interviews were carried out to gather the views of workers in other agencies who have referred children to the project and/or worked in collaboration with its staff (e.g. on child protection cases). Contact details for a range of such workers were provided for the researcher by the Sunflower Garden staff. Many of these workers were busy or unavailable, so convenience sampling was used. The researcher worked through the list of contacts repeatedly until he had managed to interview six workers.

A short schedule was used, adapted from a similar telephone evaluation carried out previously by one of the project managers. The interviews ranged from five to ten minutes in length. They were recorded using jottings, which were then typed up into more detailed notes immediately afterwards, including some verbatim transcriptions from memory.

Consent

Consent from parents

After discussion with project staff, it was agreed that parental consent for participant observation was covered by the existing consents obtained by the project, as the research was part of the project's own auditing and review work rather than an external project. However, a letter was sent out to parents informing them in clear and simple language about the research, what it would involve and what it would not involve (Appendix 1). The letter also provided contact details for the researcher with an invitation to contact him with questions or to find out more, though no parents did so.

Consent from children

Because of the nature of the evaluation, it was agreed that written consent was not required from each child attending the project. However, the researcher introduced himself to the children at the beginning of his first session at the project, explaining what he was doing and gave them the chance to ask him any questions. This open negotiation continued throughout the time of his involvement with the project (see Punch 2004).

Consent from project workers and referrers

Verbal consent was sought at the beginning of each interview.

2.4 Comparison between 2004 and 2007 Evaluations

A detailed analysis of both sets of findings was carried out at the end of the second evaluation.

3. Findings

3.1 Introduction

Overall, the findings present an extremely positive picture of the Sunflower Garden Project's work. The literature review demonstrates that the project's aims, objectives and methods are at the cutting edge of what is seen as helpful for children affected by parental drug misuse. Moreover, the fieldwork did not uncover any specific areas of unmet need, nor did it identify any dissatisfaction with the services currently provided by the Sunflower Garden Project. On the contrary, all those involved in the project spoke highly of it; their one criticism was that there should be more services. The study showed that children wanted to come to the project more often; parents would like more help; referrers were unhappy that the long waiting-list means that children and parents do not receive help when they need it; project staff similarly expressed frustration that they cannot provide as much help as they would like to. The comparison between the 2004 and 2007 evaluation shows that the project has continued to offer a first-class service to vulnerable children.

3.2 Literature review

3.2.1 Policy overview

There are an estimated 40 to 60,000 children under 16 in Scotland who have one or both parents affected by serious drug problems (Scottish Executive 2003; Scottish Executive 2006). This amounts to between four and six percent of all children, a figure which rises steeply in the population of those who are 'looked after' (Phillips 2004). Government reports and inquiries (e.g. ACMD 2003; O'Brien 2003; Scottish Executive 2002; Scottish Executive 2003) have consistently demonstrated cross-parliamentary concern for children in families where drug abuse is the norm. The recent report *Hidden Harm Next Steps* (Scottish Executive 2006) takes this concern even further, arguing that 'serious and chaotic' drug abuse is 'incompatible with effective parenting'.

The main focus of research in relation to parental drug use to date has been on the perceived harmful effects of parental drug abuse on children's development and relationships. More recently, research has also begun to explore the usefulness of different kinds of support for families affected by drug use. We will briefly consider each in turn.

3.2.2 Research on the impact of parental drug misuse on children

An extensive body of research published over the last 10 years or so (e.g. Bancroft et al 2004; Cleaver, Unell and Aldgate 1999; Forrester 2000; Kroll and Taylor 2003; McElhatton 2004; Phillips 2004; Russell 2006; Tunnard 2002)) has demonstrated that parental drug misuse negatively impacts on children in several ways: emotionally, physically, socially, educationally and, sometimes, intellectually. At the same time, it impairs parents' capacity to attend to, and look after their children adequately, with sometimes fatal results (e.g. Buchanan 1996; Reder and Lucey 1995). Research also shows that the damaging effect of parental substance misuse is not likely to be an isolated occurrence in a child's life; on the contrary, disadvantage is often cumulative. Thus the combined impact of parental drug use, poverty and living in areas of high deprivation greatly increases the likelihood of a child coming into the care system (Social Exclusion Unit 1998).

A Think Tank conducted in 2006 by Aberlour (Russell 2006) provides additional evidence of practitioners' views about the nature of the problems experienced by children living with parental drug abuse, and what might be done to support them better. Findings highlight the ways in which a child's age inevitably affects their experience: from 0 to 4 years; from 5 to 11 years; and from 12 to 16 years. The report concludes that parental substance use is not a single issue (because other factors are usually present); it is a social issue (because it affects the community's attitudes to the family); it is a public health issue (because it is related to health inequalities); and it is a child issue (because children are different, so there needs to be a range of options available to them).

There is some evidence, however, that parental substance misuse need not always have a negative impact on children. In reviewing the evidence from across a range of studies, Templeton et al (2006) suggest that whilst the impact of, and risks associated with, parental substance misuse appear to have been well mapped, some research studies, perhaps surprisingly, have found no evidence of heightened risk for children stemming from parental substance misuse alone. On the contrary, some children seem to manage well in spite of a parent's drug use. The scoping study concludes that 'it is associated factors, such as parental conflict and family disharmony or worry about drinking or drug-taking, that most significantly affect children' (2006: 25). The crucial implication of this – and one which is highly significant for projects such as the Sunflower Garden Project – is that interventions

which focus purely on parents' drug and alcohol use may not be the most effective. Instead, children need support for themselves. Templeton et al put this as follows:

'Children need support in dealing with their often confused feelings and emotions towards their parents and their families, they need strategies to help them cope with the various consequences of their parent's substance misuse. This support needs to continue in its own right, regardless of where the parent may be in their treatment, and needs to be provided in an environment where children can feel safe to talk, but not forced to. How to initiate the provision of support is perhaps a more problematic issue. What is clear from the findings [...] is that professionals need to be open to even the subtlest signs of parental substance misuse, and respond with sensitivity and patience' (2006: 25).

The recognition that some children thrive in spite of difficulties has led to an attempt in research to identify the factors which might offer a measure of protection to children's well-being, also known as 'resilience'. Kroll and Taylor argue that the following factors can be protective:

- secure attachment
- strong self-esteem
- positively regarded temperament
- cognitive competence
- absence of neurobiological problems
- absence of early loss and trauma
- social understanding; awareness and empathy
- internal locus of control
- goal directness
- ability to use adults as resources
- spiritual or religious faith
- good verbal skills
- and a good sense of humour (2003: 153-4).

In a review of literature on support for families of drug users, Bancroft et al (2002) also examine research which looks at what might help children in these situations. . One such study, by Dore et al (1996), recommends that children affected by parental

drug use need to have their social competence promoted; their interpersonal skills strengthened and social isolation decreased; their self-esteem increased by learning that they are not different and to learn new skills/problem solving strategies for dealing with difficult situations. Another study, by Bekir et al (1993), suggests that those children who respond to parental drug use by taking over some aspects of the parenting role can be at greater risk than those who do not (see Bancroft et al 2002). Research has further shown that a child's capacity to attach to one person (most frequently, a parent, grandparent or close family friend) is critical in enabling her or him to build characteristics of resilience. At the same time, community members (neighbours, teachers, youth workers) are said to play a significant role in adding to the 'socially rich' environment (Jack 2000).

A number of projects across the UK have been set up with the expressed aim of supporting children so that they can cope better with the impact of parental drug abuse on their lives. We will now consider the available research evidence about how far these projects achieve this.

3.2.3 Evaluations of support services for children affected by parental drug misuse

Two evaluations conducted in England in 2004 provide some information about the usefulness of projects for children with parents with substance misuse problems: one is an agency review, the other has been conducted by an external research team (see Children's Society 2004 and Scott-Flynn and Malfait 2004). A report published by the Drug Misuse Research Programme in 2006 states that whilst a growing number of projects in Scotland exist to assist young people who are vulnerable because of their own substance misuse or that of others, few 'have been subjected to any form of systematic evaluation' (McIntosh et al 2006). The report goes on to present an evaluation of four projects: the Reiver Project based in the Scottish Borders, Perth Connect, East Ayrshire Substance Misuse Family Support Project and Aberlour Edinburgh Outreach Project.

The evaluation had two components: a process evaluation which provided detailed information about the projects and an outcome evaluation aimed to measure clients' progress over time by means of repeat interviews with them. In examining the findings in detail, it is clear that none of these projects offers services in the same way as the Sunflower Garden Project. The first two projects are targeted at the drug use of young people themselves (aged 11-16 years and aged 12-18 years);

intervention is aimed at helping young people to confront their own substance use. The third project grew out of a young carers' group, and provides support and respite for young carers aged 7 to 17. It is the final project, Aberlour Edinburgh Outreach Project, which looks at first glance closest to Sunflower in its aspiration and target-group. It works with families whose children are under the age of 12, but the focus here is, self-evidently, parents rather than children. Although children receive a service, this is in the context of casework with parents, designed to change adults' behaviour. (It should be noted that this project was formerly based at Brenda House, Edinburgh, a residential project for drug-using mothers and their children under 12 years, which was forced to close down in April 2007, following the withdrawal of local authority funding.)

Although the evaluation focused on four projects which were substantially different to the Sunflower Garden Project in orientation, the report usefully distinguishes between those factors which appeared to facilitate the effective operation of each project and those that seemed to impede or limit its effectiveness. These are as follows:

Facilitating factors

- Being well embedded in established host and parent agencies
- Having experienced and committed workers
- Client recruitment approaches and referrals
- Effective engagement
- Use of assessment tools
- Confidentiality and the development of trust
- Outreach working
- Work with other agencies

Limiting factors

- The organisational environment in other services
- Other agencies' lack of awareness of children's needs in drug misuse contexts
- Internal management and staffing issues
- Geographically dispersed client group
- Challenges in maintaining focus
- Demonstrating outcomes
- Lack of client involvement in project development

In reviewing what is most helpful in direct work with children, Tunnard asserts that children need opportunities 'both to understand and escape from the stresses they experience' (2002: 40). She continues that while parenting programmes may succeed in having an impact on the behaviour of very young children, they are less effective with older children. She concludes that what seems to work better is:

'Separate work with the children to help them develop their own problem-solving skills and new ways of coping with stress or joint sessions of both parents and children' (2002: 41).

Finally, Templeton et al's (2006) scoping study draws attention to one study by Banwell, Denton and Bammer (1992) which helpfully identifies six challenges to be overcome in working with children: All of these areas are considered in our own evaluation of the Sunflower Garden Project.

1. Getting the balance right between intervention and trust
2. Location
3. Staff support
4. Multi-agency collaboration
5. Funding (including for evaluation)
6. The need for flexibility.

3.2.4 Conclusions

Our brief review of relevant literature has highlighted two main kinds of research which has been carried out in this area: firstly, studies into the impact of substance misuse on children, and, more recently, some evaluations of services for families affected by drug use. Although we have not identified any evaluations of projects like the Sunflower Garden Project, we have nevertheless found much which can (and already does) inform Sunflower's services. At a general level, studies which have examined ways of building children's resilience fit well with the aims and approaches adopted by the project. At a more specific level, the challenges and facilitating/limiting factors identified above also have much to offer in creating a framework not just for effective evaluation, but also for planning ahead.

3.3 Fieldwork

The findings of the research are presented below, grouped into key areas according to the project aims and the themes that arose from the data.

3.3.1 The nature of the project's work

Participant observation enabled the researcher to witness the project's core work with children in the context of a therapy group and two summer activity days. The researcher was profoundly affected by the levels of distress exhibited by some of the children, and by how the project workers were able to provide a safe space in which this distress could be expressed.

It was clear that the children and their families were in circumstances of extreme need and vulnerability. For most, drug addiction within the family was either the cause or the effect of many other problems. In speaking about the children, workers frequently referred to histories of domestic violence, neglect, heavy caring responsibilities and social work involvement. In some cases, children had been removed from their parents and accommodated, raising all kinds of emotional and behavioural issues. Workers spoken of children who were depressed, even suicidal or self-harming, or who were expressing anger through other kinds of destructive behaviour. Many had low self-esteem and confidence, and were experiencing bullying or other problems at school.

The researcher observed behaviour that was frequently frightening, challenging and distressing to behold in young children. The following excerpts from field notes give some indication of the levels of distress and need with which the project is working:

A rather nasty argument breaks out between two children about one child's brother. There is much talk of "battering" him, and a lot of insults are traded. The workers express that they don't want this to be how people behave in the group...One of the boys also fires off some really harsh insults to one of the girls: "you're ugly, you're greedy, I hope you bleed to death".

[The workers have set the children a scavenger hunt]. One child expresses anger that her name is on the sheet of paper (several of the items to be scavenged relate to things that individual children have done

over the course of the previous sessions). She rips up the sheet and says that she didn't want her name to be on it, and that she is, "Not doing it." The workers invite her to join one of the teams, but emphasise that it is her choice and that she doesn't have to do it. The child opts herself out, sitting away from the others, saying nothing and looking very sullen.

One child starts to talk about swear words, saying that he knows what 'bastard' and 'bitch' mean, and referring to an incident when a parent was drunk and allowed him to have a draw on his cigarette.

Similarly, at the start of the family picnic day, the researcher was able to observe the difficult dynamics within some of the families:

The scene was pretty chaotic, with children moving about a lot, sometimes causing disruption, parents shouting at them to behave properly, project workers doing what they could to help and so on. It was interesting to witness the contrast between the project workers' therapeutically-orientated approach to behaviour management ("now, I'm not sure that what you did there was very fair, was it?"), and the much more desperate tactics of the parents (shouting, telling them to stop doing things, threatening to hit them or take them home).

I witnessed a lot of inter-sibling friction. For example, one boy poured some of his bubble solution over his brother, prompting a retaliation in kind, with the child actually throwing the whole contents of his own bubble pot violently towards his brother [the children had all been given bubbles as a treat]. There was a fair amount of swearing and insulting each other, and much talk of brothers "battering each other". I even saw one boy punch his brother in the face over a disagreement that to me seemed quite minor.

In the therapy group, endings were particularly difficult for the children. The group began with a candle being lit, and ended with it being blown out, but often this ceremony was complicated by expressions of anger, as in the following excerpt:

The workers say that it is time to finish up and go home, and invite anyone who has 'managed' [i.e. coped with being part of the group] to

come to the quiet room to blow out the candle. One child is climbing in the sand tray outside the room, but some of the others manage to go into the quiet room, where the worker suggests that they all blow out the candle together around the basket, acknowledging that, "group's been quite difficult today." Just as the children are about to blow out the candle, a child who is not 'managing' rushes into the room, smacks the candle basket up out of the children's hands, and then rushes out again. One worker goes to deal with this, while the other stays in the quiet room to give out stickers to those who have managed.

Therapy group sessions typically involved several such incidents. Yet the researcher was impressed by how the workers consistently responded to such challenging behaviour in a supportive way, with love, care and acknowledgment of difficult feelings. This is exemplified in the following incident recorded in the field notes:

The group moves to the art room to begin a clay activity. This transition brings an element of chaos, with some group members opening up a closed partition door and running away through this, and others violently kicking and jumping at the door of the art room...One child grabs a large rolling pin and bangs it on the table making a very loud sound; seeming to enjoy this, he does it repeatedly, and then proceeds to use the rolling pin to hammer the clay in a very violent way. I was amazed at how calm the workers were about this – in any other setting I've worked in, the rolling pin would be taken off the child immediately, an action that would no doubt be rationalised afterwards in terms of health and safety. In the therapy group, however, the workers acknowledged the child's anger, saying that it sounded like he was quite angry, and that it was good to express anger by hitting the clay.

The project workers were endlessly resourceful in finding ways to help the children with the difficulties they were experiencing. In particular, the researcher observed that they tended to support the children to deal with small problems in their interactions with each other, rather than intervening to solve the problems of the children's behalf. This constructive, enabling approach can be seen in the following observations:

One child is copying what another says. The copied child says to one of the workers, "I don't like copying." Rather than intervening herself, the worker asks the child, "Could you tell [name of child] that?" So the child who is being copied says to the other, "I don't like copying!"

I see an exchange between two children and a worker. Child 1 has a blanket, and child 2 grabs this from child 1.

Child 1: [to worker] He's takin it off me!

Worker: Can you ask for it back?

Child 1: [to child 2] Can I have it back?

Child 2: Yeah. [releases grasp on blanket]

Worker: [to child 1] That worked well didn't it?

The workers also displayed an impressive ability to provide positive regard even where children were displaying challenging behaviour. For example:

During snack, one child climbs onto the window sill, then onto the bench at the table. The child also kicks the wall. One worker says to everyone, "[name of child] often finds it hard to sit at snack, doesn't he? But I've seen him doing it beautifully before." The other worker concurs.

At the same time, the workers set clear boundaries on acceptable behaviour, and worked hard to enforce these and explain them to the children. This can be seen in the following excerpt from the therapy group:

When lighting the candle, one child grabs the matches and begins to try to strike one. One of the workers intervenes quite decisively, saying, "That's not a safe thing to do. Are you listening to me? I need you to be listening to me. I can't let you light matches cos that's not a safe thing to do. If you want a match lit, ask me or [name of other worker]."

3.3.2 A flexible, child-centred approach

Two key features of the project are its focus on the needs of children, and its ability to adapt its services to these. This was evident in participant observation within the project, and was a recurring theme in interviews with staff and referrers. One project worker, when asked about the project's strengths, said that:

“I think it’s really child focussed. I think we provide a very needs-led service, so we’re very adaptable. We provide a range or services for children and that’s constantly revised, so we could be working with a child individually and think, no, they need group, and vice versa. We do a bit of everything, but keeping the child at the centre. And everyone is very passionate and focussed on the children, and that’s what it’s about.”

The project staff come from a range of different backgrounds, and this enables the project to employ a wide range of therapeutic methods with children. One worker described this diversity as follows:

“We work therapeutically with children, so we use different aspects, different models from different backgrounds, so some CBT, some more psychoanalytic, we draw from a range of approaches with kids...[name of worker] is from an art therapy background, [name of worker] is from more of a health background and [manager] is from a social work background and so am I.”

Referrers repeatedly emphasised how much they valued the flexibility of the service:

“It’s really good that they run different therapies and interventions. It caters to what the children need, the project can be flexible.”

“They seem to be able to adapt the resource to the need of the child according to the nature of the problem, and very quickly...The family situation has been deteriorating and the project has been able to step up as things got worse.”

3.3.3 Views of children

Participant observation enabled the researcher to speak to some of the children in context about their views of the project. The field notes from the therapy group record that:

I find a moment to ask [four] children what they think of the group, and they are all very positive. They say that the group was “fun” and “great”. I ask them what in particular they liked. Their answers are:

"I liked snack time."

"I liked it when [names of children] stopped hitting me."

"Ice cream in the garden." (2 children)

I then ask was there anything they didn't like. Two say no, but two offer answers:

"When people pushed me against the wall."

"Football."

During the activity days, the researcher also initiated informal conversations with two children about their experience of the project. Again, the children were very positive about the project. The field notes from the family picnic day record that:

[One child] said, "I'm actually enjoying this." I asked him if I could write that down and he said yes, so we had a little conversation with me making notes. I asked why he was enjoying it.

Child: Prizes. Cos you don't know what you're going to get. And there's been a lot of talking and chatting.

Mike: Do you mean people chatting with each other?

C: Yeah. And also sharing things.

M: OK. Like what?

C: Like [name of child] shared his phone with us and let us play mobile chess. And I've got another one when you've finished writing that. Being helpful.

M: OK, so who was being helpful?

C: [name of parent], when she was tidying up.

Another child who had been involved with the project for two years spoke to the researcher at the end of the family picnic day:

Mike: So what do you think of Sunflower?

Child: Good.

M: And what's good about it? Anything in particular?

C: This bit.

M: You mean, sitting here eating ice cream?

C: Yeah.

M: And is there other stuff that you do here?

C: Play games. Like, hide and seek. [shouting across] MUM! Can you get me free balloon!

M: So you like the balloons?

C: Yeah.

M: An' is there anythin' about Sunflower you don't like?

C: No.

M: OK, cool. So what did you think of today?

C: Fun.

M: And what was the best bit?

C: Getting balloons.

Finally, on the beach trip, the researcher spoke to another child who was also extremely positive about the project. He said that:

“They have good food. And a lot of toys. A good back garden. You can make a lot of friends. You get to play football. And snack and that – you can eat as much as you want.”

3.3.4 Views of referrers and project staff

The referrers who were interviewed held the project staff in high esteem:

“Their worker has been excellent, I think everyone would agree with that.”

“I think they're great, the service is excellent, they seem to have workers who are very clear on boundaries, clear about their role with families, clear about where they stand on child protection which is really important for social workers. We're very happy.”

“I think the project offers a great support to young people and to parents as well. I think very highly of it and I'd recommend it to other families.”

“All the workers I've had contact with were very professional and very sympathetic and understanding. The family I was working with were very chaotic but they were able to manage that. So it's been a very positive experience for this family.”

“I know a lot of other social workers have made referrals and have been very positive about it.”

These comments are in line with views expressed in previous telephone interviews with referrers carried out by the project staff for internal monitoring purposes.

Illustrative comments from these interviews include:

“An exceptional service, there’s not enough of this. It’s brilliant, we need more of it.”

“It’s the one place for children that is specifically aimed at the children’s needs, that is completely for that child.”

“Wish you could expand.”

“[Project worker] works fantastically well. We work well together, sharing information and ways of working.”

“Wish you could offer more to children – expand the age range.”

“Completely professional.”

“The summer programme is very valuable.”

“Really necessary, really beneficial.”

“Fills a gap that is not filled by other services.”

Similarly, staff were unanimous in their recognition that the project’s strength lies in its direct work with children in situations of extreme difficulty:

“I think the therapeutic work with the children is mostly an excellent job. I think some of it is very difficult, some of it is quite traumatic, but it’s very rewarding. I think we do that well.”

There was also a strong sense amongst staff that the project is a unique service, providing a kind of intensive, child-centred support that is not available elsewhere locally:

“I do think it’s a really unique service. I don’t think there’s anything else out there that offers what we offer. What’s nice is that other services work with families and this one is just really focussed on the child.”

“As far as the work is concerned, and the commitment to the work, I think it’s fantastic. I think we do a really good job here. And we’re the only people that are doing that job.”

“The quality of our work with children, and the quality of relationships, is exceptional.”

This is echoed by the referrers, who remarked that the service was able to provide a level of care that statutory bodies could not:

“As a worker in Children and Families, our time is really limited and it’s difficult to do the kind of work with the children that they need.”

“It’s a type of service that we’re not able to provide as social workers.”

“Apart from school, it’s been the only thing that has been there for [the children] consistently.”

Some referrers also spoke about how the children whom they had referred had reported positive experiences of the Sunflower Garden:

“The children themselves have been very positive about it. It’s hard to say what change there has been in them – it’s more a case of how much worse would it have been without Sunflower.”

“I’ve seen that the kids really benefit. They’ve really enjoyed it. It’s a safe place for them to discuss difficult issues about their parents’ drug use. And maybe as social workers they don’t feel able to tell us that stuff because they think they’ll get taken away.”

Project workers also commented repeatedly on how much the children appear to enjoy coming to the Sunflower Garden:

“The children love it, they love coming, it’s a place where I think they feel safe, and that’s the biggest thing.”

These comments are very much in line with the children’s views reported above.

3.3.5 Working with families

The project’s central focus is on working with children, as detailed above. However, project workers appear to perceive children in the context of their families, rather than in isolation from them. The researcher witnessed the project workers building close, supportive, caring relationships with the children’s care givers, as evidenced in the following observations from the project office:

A project worker speaks to parents and carers and provides a lot of support over the phone: listening, empathising, suggesting ideas for dealing with children’s difficult behaviour and reasons why this might be happening. She says to one parent, “Any time you need to call, if you’re having a bad day or whatever, just give me a call.” She also arranges a time with this parent for a home visit to review the children’s progress and provide support for a forthcoming Children’s Hearing.

Further insights into the project’s work with families were afforded through participant observation of a family picnic day, offered as part of the project’s summer activity programme. 35 children and caregivers were invited to this event. The day began indoors, with a buffet of sandwiches and party food. Everyone then moved out to a large private garden close to the project offices, where an entertainer gave a show of magic tricks, music and balloon animals. The field notes record that:

Somehow, being outdoors on the grass with some warm sunshine seemed to have a calming effect – the children quickly settled quite contentedly in little groups, with parents on chairs and benches towards the back of the party...The parents, having in some cases begun the afternoon quite stressed about their children’s behaviour, seemed to relax very quickly. Some had brought partners and reclined cuddled up with

them. By the time the entertainer launched into some singalong songs, a really mellow, relaxed atmosphere had developed.

Similarly, the notes from the end of the day record that:

I wandered about soaking up the positive atmosphere, and overhearing parents saying how much they and their children had enjoyed the day. So many people were smiling and looking relaxed, it was quite a sight to behold. It felt like something truly good had just happened.

On this occasion, the researcher was also able to speak to one of the parents about her family's experience of the Sunflower Garden. She was full of praise for the project:

Parent: He [child] has been coming here for two years and he loves it.

Don't you?

Child: YEAAAAAAH! [runs off across grass]

Parent: A think it's a brilliant thing, he's been great, after I come off the...[mouths name of substance]. I tell you, this is a fantastic place. Oh aye.

These views are confirmed by the comments of one referrer. Speaking about the family activity days, she said that:

"The parents spoke very highly of them. They took the family to places where they wouldn't have been otherwise. And I think the parents regressed a bit as well, when they saw the children having fun, these were things that maybe the parents didn't have the chance to do when they were young."

Talking more generally about the project's relationships with parents, another referrer explained that:

"I know with parents they can be very wary if their child is going to be talking to people about what's going on at home, but they have also been quite positive. They seem to find the project welcoming."

Project staff also commented favourably upon their relationships with parents and care givers:

“What I think is nice is the relationship that we have with families. They don’t seem to feel as threatened as they do by some of the other agencies, like social work. They trust us more.”

Interestingly, this worker went on to argue that the project’s focus on children can actually help to maintain good relationships with parents in some cases:

“With, say, social work, a social worker might go along and tell them ‘well, you need to do this’ and we wouldn’t do that because we’re working with the children. We might pass on information to social work, like to say that we’ve seen such and such a thing, and they would have to follow it up, but we wouldn’t be the bad guys.”

Unsurprisingly, resource constraints were cited as the key limitation upon working more intensively with families. As one of the managers explained in an interview:

“we see the need for, not parenting work as such, but parent-child work which is more about helping the parent enjoy their children, which is a slightly different emphasis than parenting. We do not have the resources to do parent-child work to the extent that we once did in the project...So in many ways I think it is OK if we hold our hands up and say, ‘we’d like to do parent-child work but we can’t because we haven’t the resources.’ And that feels OK. But we’d love to do it if we had the resources, so give us a half time worker to do that and we’ll use them to the full.”

3.3.6 Working with other agencies

The researcher was able to observe the project’s inter-agency working first-hand through observing the therapy group (run jointly by Sunflower and Harbour Project staff) and through spending time in the Sunflower Garden office. The field notes record a phone conversation that demonstrates the workers’ commitment to their relationships with other agencies:

The project worker has a long conversation on the phone with a social worker about a family that they are both working with. It sounds as though the children have recently been moved away from their parents' home and accommodated elsewhere. The level of detail of the dialogue is striking: they discuss the children's current and past living situations, the long term prospects, the different personalities of the children, the project worker's perception of how they are reacting to the circumstances emotionally and in their behaviour, how the new caregiver is dealing with all of this (e.g. discussion of the caregiver's behaviour management strategies, whether the caregiver could be supported to try something different, how they can both work to help her with all of this), and a full discussion of the parents' situation and what might help with that. In short, the discussion of the case and the reflection on it is exhaustive.

The referrers appeared to value this level of communication very highly. Illustrative comments include:

"I've had good communication with them, they've been really helpful. They've been good at giving a timescale and keeping to it."

"Their communication with families and with us has been excellent. We're very happy...we can trust them and communicate and get on well with them."

"They gave us regular updates. They didn't just take the child off and do group work and leave it there, they fed back into reviews and then they did a follow-up assessment and looked at other work they could undertake."

Project staff also seemed to be aware of how the project is perceived by other agencies:

"We do have really good relationships with social work and the other agencies. We always hear nice comments, or at least if there's any negative comments then they don't tell us [laughter]."

All six referrers said that they would refer again, with some indicating that they already had children in mind but were refraining from making referrals as the waiting lists were closed.

When asked what, if anything, would improve the project, one referrer said that more information about the project would be useful:

“I think, maybe they already do this, but more open days for professionals to come along and see what they do, and get more information about the service. They do send us stuff, but a bit more would be useful.”

One referrer spoke at length about how the project had provided an invaluable ‘sounding board’ for her as a social worker. She suggested that the project could offer training to other workers, based on the expertise that has been developed there over the years:

“It’s also been excellent for consultation [i.e. giving advice on how to handle difficult situations]. I think if they could offer more of that, that’d be really great. If they could do training, it would be fantastic. I know it’s a lot to ask, but they have such a resource there, and for us it can be really daunting, like how do you help a parent to discuss drug use with their children? And for them, that’s their bread and butter, they’re doing it every day. We would really benefit from that kind of training.”

This is an intriguing suggestion that merits further consideration by the organisation. Training other workers would be a way for the project to reach more children indirectly, whilst still carrying out intensive direct work with those in the most acute need.

3.3.7 Assessment and evaluation: a reflexive approach

There was a general sense amongst the project team that robust processes of assessment and review were crucial to working flexibly with limited resources in situations of extreme need. The researcher was able to observe part of the assessment process taking place in a client work meeting, and spoke further to several staff in interviews about these matters.

One worker described the assessment process as follows:

“We now do three visits and then a couple of one to one sessions to find out about the children. So we do a visit to the whole family, with both parents and children. Then we do a visit with just the parents, where we can talk more about drug use and how much the children know about this. Then the whole family come to Sunflower to see the place, and after that I’ll do a couple of one to one sessions with the child to find out where they’re up to and what might work best for them.”

The researcher was impressed by this use of different forms of contact with the family to provide different information. Furthermore, in his observation of the discussion of one case in a client work meeting, the researcher found the project’s assessment process to be detailed, thorough and reflexive. This view is supported by evidence from the researcher’s field notes:

One assessment was discussed in considerable detail. There have been two visits to the family, then the family came to visit the project. The worker had a short session with the child to explore what she might respond to...The key worker gave a very full account of family health circumstances – parent, partner, grandparents, siblings relationships, complexities to do with the caring roles of the different members. She discussed housing issues, schools and location issues, and how the child was responding to these factors. The worker said that she thought that the parent seemed very aware of her own needs and the children’s. This seemed to be seen as a positive starting point for work with the child.

Then the child was discussed: emotional and health needs, concentration and attention span, and how a package could be tailored to these things. The key worker outlined her suggestion for intervention, and the other workers affirmed that this seemed to them to be a good plan.

Following this presentation by the key worker, the other project workers then offered their own perspectives. The result was a supportive dialogue, making use of the different perspectives within the team:

The other workers then asked some questions. The parent's substance use and details of treatment were discussed, and questions asked about social work involvement and if there were any child protection concerns. Also questions were asked about child's social skills and friendships. The suggested plan for intervention by the project was then discussed again, with the key worker justifying her decisions, and outlining timescale and provisions for review.

This level of commitment to a multi-stage, reflexive, dialogic assessment process is particularly impressive given the project's limited resources. This reflects the project's commitment to intensive, detailed, therapeutic work, and to quality rather than quantity. It also reflects the project's central focus on the needs of children. There was a strong sense amongst project workers that careful, ongoing reflexive appraisal of these needs is essential if the project is to adapt flexibly to them.

In keeping with this reflexive approach, the project staff reported that their assessment process was undergoing continual refinement. One worker said that the process "evolves". As an example of this, she explained that they were currently "revising the [assessment] forms we use with children, to make them more child-friendly." One of the managers in particular had a clear sense of what could be done to improve the process further:

"It needs to be sharper, and clearer. I think that's why I'm quite clear when folk get back after summer I want to do a session on assessment. I think folk have struggled a wee bit, it's part of the problem with a multi-disciplinary team, folk come from different backgrounds. But it's organic and its growing and it's not a one off, but you need to have some baseline from which to start. It's tied in with the referral process."

The manager went on to discuss the usefulness of the DoH triangle [see Department of Health (2000)] as an "aide memoire" that might help make the assessment process more comprehensive. She argued that the process "has to be broader, and more holistic, and by virtue of that it will take longer. Rather than just a one visit."

The project's internal processes of evaluation and review appeared to be similarly detailed and thorough. Participant observation of a therapeutic group gave the researcher first-hand insights into the weekly processes of review, reflection and

planning within the project. These were comprehensive, involving several different components. First, the workers wrote detailed weekly reports following each group, as described in the researcher's field notes:

One worker gives the other a detailed paper write-up of the last group (they take it in turns to do this). I ask to look at this, and am struck by how detailed it is. It contains a blow-by-blow description of the key interactions that took place in sequence, along with the worker's reflections on and interpretations of these.

In planning each group, the workers also engaged in detailed discussion of issues raised in the previous week's session, and how these could be addressed. Supportive dialogue between the workers appeared to be an essential part of dealing with these issues, as evidenced in the following field notes:

There was an in-depth discussion of an incident from last time and how to deal with this. Two children had apparently pushed another child against a wall, hurting this person. The workers had assured the victim that they did not think this behaviour was OK, and that they would address it. The workers are keen to keep this promise, but also don't want to single out the culprits and risk starting the group negatively for them. A compromise is reached: they will discuss the issue with the whole group over snack, mentioning no names. This will hopefully prompt the children to steer the discussion, and enable some dialogue about group rules, safety, how people might feel if they are pushed against walls, and what could be done to stop this happening again.

On another occasion, the field notes record similarly detailed reflections:

The workers tell me all about the previous week, which I missed. They said it had been a very difficult week. Two children had not been managing and had to be sent home. Lots of issues were going on at home for these children, so it could be another tough one today. They say that last week was "a curve ball", so they are trying to work out how to respond to this, as well as beginning to deal with endings, this being the penultimate session.

The workers also say that last week they tolerated a lot of difficult behaviour before issuing warnings and sending children home. With hindsight, given that in the end the disruptive children went home, they think that it might have been better to be much firmer and clearer from the start. So this week they will be really working to enforce the warnings system. In one case, the worker went out to visit the child to explain why the behaviour was unacceptable and why they can't tolerate that again in the group.

Rather than dwelling on the negative aspects of this, they decide to begin the group by setting positive expectations: that they expect everyone to manage this week.

In addition to all of this ongoing reflection, the project has a formal process of evaluation and review for therapeutic groups which takes place when groups have finished. This involves several components, as explained to the researcher by a project worker:

First, the two workers will evaluate the process themselves and write a report detailing their views and reflections. Then there will be an individual evaluation for each child, which will include a review with the caregivers about their perceptions of how the process has affected the child, and in some cases consulting the school on what differences they might have seen. Then the project workers will both have supervision from their managers, which will help them to reflect on the group process, and clinical supervision, to help the workers reflect more deeply on the emotional effects of the group on themselves.

Again, the researcher was impressed by these multiple forms of evaluation and their level of detail, particularly within a project of this size.

It should be emphasised that the resource implications of these reflexive processes are considerable. Project staff felt strongly from previous experience that this level of investment in assessment and review was essential for effective child-focused working, and the researcher concurred with this view. If the project is to build strong long-term relationships with its funders, it may be helpful to ensure that this feature of its work is made clear to them. Funders should be aware that they are resourcing

intensive, child-focussed work of exceptional quality, that this work requires detailed, reflexive processes of assessment and review, and that these processes require a financial commitment far beyond what would be expected in a non-therapeutic youth project. This is explored further in the following section.

3.3.8 Resources and funding

The need for more resources was one of the most predominant themes throughout the research. This is unsurprising, given that at the time of the research the project's waiting lists were closed for all but one therapeutic service (the infant massage group, a relatively new service). This indicates that the local demand for the project's services far outstrips its capacity. Comments from referrers reinforce this finding. One remarked that:

“The service is quite overworked and busy, it's taken until two weeks ago [i.e. around 5 months after referral] to do an assessment for one child. And the other one [that I referred] has been on the waiting list for quite a while now. It's a very busy service.”

When asked how the service could be improved, she said that “It would be good to have a quicker turnaround.”

Another referrer said that the only improvement she would want to see would be “more resources, get more people onto it” while a third said that “there's a real need for more of it if I'm honest.” Yet another explained that:

“The main thing is they're so limited with the staff. They need more. You know, it's city wide, and the work they do is extremely intensive.”

These comments closely match the perceptions of the project staff. For example, one admitted that:

“What the agencies do sometimes find frustrating is that there's not always someone in the office, and also that we can't work right away with children as we used to cos we have a waiting list and we can't meet the demand.”

This inability to meet demand was a predominant theme of the staff interviews. These repeatedly and consistently highlighted the project's need for more resources:

"We need more bodies, I feel like we're really stretched. We could do so much more if we had more bodies. And the budget, we need more money."

"Our weakest points are because we're very stretched with staff. And because we're all very keen and all very enthusiastic we all try to do far too much. And it's about getting the balance in that. Our heart can rule our head, and we try to be too ambitious."

"I think everybody's over-stretched. An I think that's partly due to the fact that people are caring, and they see the need, and they take it on."

It could be argued that this sense of needing more resources is likely to be the attitude of staff working for any ambitious voluntary sector organisation. However, staff represented this need as acute, and justified it convincingly in various ways:

"We could be doing so much more with more staff. There's so much more need and demand than we can meet. And that's really frustrating, it's really frustrating for all the workers, you can sense that."

"There's two wee boys we have that we seriously think need one to one, or something else, and there's just not spaces. And that's lack of resources, lack of funding, lack of staff really."

"If we had another full time worker it would make a terrific difference. It wouldn't mean that we would increase our workload dramatically but it'd mean that we approached it in a better thought-through way. And it has its challenges managing a staff where half your work force is part time. And I'm part time myself. And so the full time worker feels like she bears the project."

3.3.9 Relationships with funders

Participant observation enabled the researcher to identify a tension within the project between:

1. its external environment – a goal-orientated, bureaucratic funding culture, which demands clear predictions of outcomes and is based on values of effectiveness and efficiency; and
2. its internal practice – reflexive, therapeutic work, based on values of care and love, which is by nature experimental, unpredictable and uncertain.

The former often emphasises the importance of thinking towards the future (predicting what the project will achieve), whereas the latter is primarily orientated towards the past (reflecting on the project's work with hindsight). In informal conversation, one of the service managers admitted that the project's funders and its staff "speak different languages". Translating between these languages is an important part of managing the project, and may at times be challenging.

The managers repeatedly emphasised their positive experiences of Lloyds/TSB as a current funder. They said that this funder is very responsive, helping to feed into the project's processes of reflection and evaluation. For example, at the time of the fieldwork, a progress report had recently been submitted and Lloyds/TSB had asked further questions. Both managers felt that these had been constructive, enabling the project staff to identify areas where further reflection might be useful. This is documented in the following field notes from a client work meeting:

Discussion of feedback from Lloyds/TSB (key funders) on a recent report. They wanted to see a bit more on how workers support children through child protection procedures, more from referrers, and more of what services children connect to after leaving the project. They also had some questions about how the project deals with challenging behaviour and mental health issues with children; the manager's response to the latter is that the project needs another resource to address these issues more effectively. There is an overall sense from the manager's comments that she sees this feedback as constructive, and that they have plenty to say

in each of these areas. The only problem is that the word limit of the report is tight, so some of these things were left out in the submission.

It could therefore be argued that the ongoing success of the Sunflower Garden project depends not only upon the continued commitment of its staff and managers, but also on the ability of funders to understand and support the project's distinctive way of working. For example, one manager talked informally about the importance of identifying a 'link' person within a funding body who could understand the project, and thus become the managers' main point of contact.

Two recommendations emerge from this. The first applies to funding bodies: it may be useful for them to ensure that they employ people who can occupy this 'linking' role if they wish to cultivate good long term relationships with their partners. The second applies to the Sunflower Garden managers: it may be helpful for them to understand mediation between project staff and funders as a central challenge of their role. This might mean, for example, allocating more time to communicating with funders about the project in ways that would build greater understanding.

3.3.10 Child protection work

The Sunflower Garden is primarily a project that works therapeutically with children. However, some of the project workers have found themselves spending a large amount of time on child protection work. The family situations of the children involved with the project are such that, when given a safe space in which to share difficult emotions by project workers, some children disclose possible or actual abuse. The staff are then bound by local child protection guidelines to follow up these cases, and for some children this will lead to social work involvement and legal proceedings.

Just prior to the data collection phase of the research, one worker in particular had experienced a particularly heavy load of this kind of work. In an interview, she argued that this was a result of the child centred approach taken by the project:

"I think because we are very needs-led, and go with what's needed at that time, at times it can get a bit out of balance, for particular individual workers. So for a time before the summer, I had a lot of children who were heavily involved with the child protection system, which meant I was

going to a lot of meetings, writing a lot of reports and supporting children a lot through that process.”

Unsurprisingly, this places demands on the project’s limited resources. As the worker commented:

“It does mean that you’re having to juggle when you do your one-to-one work cos all these meetings are going on. And just more pushed, more stretched, you’re still doing the therapeutic work but you’re just squeezing it in.”

Other project staff expressed concerns about the impact of this extra workload. However, none saw an easy solution:

“Sometimes from where I’m sittin’ it seems to me to be too much. It takes away from the, because this is what this project’s about, the children. It just seems to me to take up a lot of time in this project. But a don’t know how you would stop that. An we have to do it.”

“I do struggle with the amount of time that child protection systems get us involved in, and I don’t know an easy way round that, other than saying, ‘Do we really need to be at all these meetings?’”

As these comments suggest, there was a general feeling amongst project workers that child protection work, though not core to the project’s initial remit, was inevitable given the nature of the project’s work:

“It’s the nature of oor work, the children who come here are all compromised in that way, you know, they are, and they’re likely to be in that situation.”

“It’s difficult but it is just part of what we do. It would feel too much of a risk not to tell, it wouldn’t be safe to offer more confidentiality. And it helps that the other agencies are all the same, it helps to paint a bigger picture.”

Despite the difficulties of child protection cases, there was a clear sense amongst staff that the project was ‘doing the right thing’ by becoming involved. This view is

reinforced by comments from several external referrers who praised the involvement of the project workers in child protection cases:

“Their involvement in child protection, in the core group and case conference, has been excellent.”

“They’ve been really helpful going to children’s hearings, they’ve always been really open and honest. What they do helps us to do our own assessments.”

“The Sunflower worker has been involved in child protection work, and has been vital – the project provided a space where the children could disclose things about what was going on at home and as a result they have been accommodated with another family member, which has been a really positive outcome for the children. And Sunflower has adapted to that, so now they are working to support that family member to cope with their behaviour and the things that they are disclosing.”

These views reinforce the opinion of the project worker that, despite the challenges of child protection work, she had a unique and important role to play: “you’re going to the hearing and being an advocate for them...at times I feel like I’m the only one, sometimes in these meetings, saying, well what might the child feel like?”

Nevertheless, the project workers emphasised that child protection work can be challenging, traumatic and emotionally exhausting. A particular difficulty is that children may experience the project’s involvement in child protection proceedings as a form of betrayal. As one worker explained, “you do sometimes feel like you’re betraying the child or the parent. We tell them at the start that if we suspect that abuse is going on we’ll have to pass that on, but they forget.” One of the managers enlarged upon this:

“It’s very difficult when a child says, when you say to a child, ‘look, I need to chat to your mum about that’ and the child says, ‘don’t do that, ma mum’ll batter me’ or something like that, that’s a really difficult one. They’re not easy dilemmas, they’re not easily resolved, but as a worker you shouldn’t be sittin with that on your own. You should bring it to supervision, or bring it on the day to whoever’s around...It is difficult, folk

get very cross at you for doing it, you feel like you've betrayed children's trust."

Another worker cited an example of a case where children disclosed abuse, were then interviewed with social workers present and were removed from parents that very night. This led to an extremely stressful and difficult situation for all concerned. However, the worker felt that such problems were inevitable given the nature of the work carried out within the project:

"That was part of me having a relationship with them, and part of the work we'd done previously at Sunflower, which led them to feel safe enough to [disclose] but then resulted in a very hard decision being made, and the children being very cross and angry and guilty and feeling that they'd betrayed mum and dad, but it was the right decision in the end. So that's almost what our work could lead to with a lot of children, is making them feel safe enough then to be able to speak about things at home."

There are no straightforward solutions to these complex problems. However, it seems clear that for the foreseeable future, child protection work will continue to arise given the project's child-centred, therapeutic approach and the circumstances of the children who attend. The project might therefore benefit from a clearer recognition of this in its staffing, funding and strategic planning. A first step towards this has already been taken in a recent revision of the project's proposed outcomes to include 'contribute to improving the safety of children at risk' (in the project's report to Lloyds/TSB for April 2006 - March 2007).

One possible solution, proposed by the researcher in one of the staff interviews, would be to employ a dedicated worker to carry out child protection work. This could be a part-time worker with expertise in children's rights and child protection, rather than therapeutic work, who would take on the child protection work following disclosure of abuse, leaving the therapeutic workers free to continue with their core practice. The worker had mixed views about this:

"Part of me thinks you are so involved, the child might feel betrayed that they've disclosed this to you and you've just left them. But then on the other hand you are then able to continue the therapeutic work and a safe space for the child, that they don't feel you're so implicated...In some

ways it might be helpful to have a worker who then, if you felt it was appropriate, could take on some of that, you know, not necessarily saying that they would in every case, I think it would still be appropriate for the children's worker to go to these core group meetings, cos they're the one actually working in depth with the child and know how the child is feeling, but maybe in very complicated cases, if it was felt that it was important to protect that child's space, then it would be handy to have someone who could go and do that bit."

It is therefore unclear whether this would be an effective way to address the issues raised by child protection working within the project. However, the idea merits further discussion. More generally, the researchers recommend that the project managers think creatively about other possible ways to address this issue.

3.3.11 Physical space: the Sunflower Garden building

Several staff members commented upon the limitation of the physical space in which the Sunflower Garden project currently operates:

"It would be good to have a purpose-built building. It's not great to have children in this building. Not really, it's not set up for it."

"It's the building to me, downstairs, I do not think the building is safe for what we're doing. An I feel very strongly about that. Because, as you know I see the wee ones, an we're dealing wi children whose behaviour is challenging, and they're gonna try and push, they don't know about boundaries...and the fact that we use the same room for the crèche as for the groups, so therefore you find little things in the sand that babies could choke over, and that kind of thing."

"I think we're probably all aware of that, the building is not suitable, the basement is not suitable."

In approaching this issue, the project managers have considered working within other organisations around the city. However, the evidence collected by this evaluation suggests that this is not an effective solution. Staff felt that children saw the Sunflower Garden as a particular *place*, which had positive connotations for them:

“I think the dedicated premises is good because there is something about Sunflower Garden for these children. It’s interesting because we took the activity group that I’m involved with to a great big soft play area for a Christmas treat. And after all that, they said, ‘Are we goin back to Sunflower now?’ And it’s the same when we took them to the pictures. There is something about Sunflower for them...an a think that’s why a dedicated space is a good idea.”

One referrer emphasised the importance of the project’s location in a single building in the town centre as a kind of ‘safe haven’:

“It’s a friendly place, a safe place, and also it’s not anywhere near where they live.”

Likewise, a parent attending the family picnic day remarked of the project that, “I tell you, this is a fantastic place. Oh aye.” It seems notable that this parent did not refer to the Sunflower Garden as a fantastic *project*, or a fantastic *service*, but specifically as a fantastic *place*. This was also reinforced by data from the participant observation of the therapy group.

In summary, though the project would benefit from alternative premises better suited to its needs, this should be a dedicated building in a single location, rather than a series of ‘outposts’ around town.

3.3.12 Volunteers and students

The Sunflower Garden project has extensive involvement with volunteers and students on placements. Unfortunately, no students were on placement at the time of the fieldwork for this research. Their perspectives, input to and impact on the project cannot therefore be represented in this evaluation.

However, during participant observation, the researcher met several volunteers and was able to witness their work and collect their views of the project.

A key role of volunteers is to chaperone young people to and from the project’s premises. The researcher met two older volunteers, a male and a female, who

carried out this duty with one child, as described in the following excerpt from the field notes:

On the way back in the taxi, the three of us chat with the child, who tells us what he has been doing today. The volunteers share some stories of their own. It is a really nice intergenerational moment, as the volunteers are quite a lot older than me, so there are three generations chatting. The volunteers are really sweet, like surrogate grandparents, and the child seems to like them very much. They discuss fairness, using the example of cutting a cake in half.

On the family picnic day, the researcher was also able to speak to a younger male volunteer who had been working with the crèche service for about a year. In line with the comments of other stakeholders, he was very positive about the project, explaining his views as follows:

Volunteer: It's a really, really good project. The kids are great, I really enjoy it. And it's effective. I can see the effectiveness in the kids cos they've really started enjoying it and opening up more.

Mike: And can you think of a particular example of it being effective, of you seeing that?

V: Well, yeah, one time I brought my guitar down. And until that point they weren't really talking to each other, but when I brought the guitar down they started opening up a bit more.

M: And how did you see that?

V: Well, they all started joining in, where at the start some had been really quiet, and some had been really rowdy or were bullying the others. But with the guitar they all opened up and started joining in with each other.

It would therefore appear that, in addition to the obvious value for money implications, the use of volunteers enriches the project in various ways. A particular strength seemed to be the wide age range of the volunteers, which helped to give the project the feel of a big extended family.

3.3.13 Gender dynamics

During participant observation with the therapeutic group, the researcher witnessed some challenging gender dynamics. Typically, the boys expressed their distress in high-profile ways, such as shouting, swearing, insulting others, climbing on furniture, running around, making noise or using physical violence. The girls, by contrast, tended to express their distress in more subtle ways. This meant that, at times, the boys could monopolise the attention of the project workers. Having two workers was advantageous in addressing this issue, as one worker was able to focus on the boys while the other spent time with the girls. However, this did not always happen, as in the following incident recorded in the field notes:

One child, a small girl, says that “ma gums are sare” but the boys are making so much noise that no-one really notices. She has to repeat this three times before the project workers pick up on it and give her some attention. This isn’t the project workers’ fault – there is just so much going on that the quieter voices can easily be drowned out. [The boys] are certainly more vocal and overt in their demands.

As the field notes suggest, it is difficult to imagine how the project workers could have handled the situation differently given the behaviour of the boys. In many of these cases, the boys were challenging group boundaries and behaving in ways which carried clear physical risks, so the project workers would have been negligent had they not focussed their attention on addressing these issues. However, it might be worthwhile for the project to consider the merits of single gender therapeutic groups. This is something that could be trialled and then evaluated internally.

It is also notable that gender balance of the children who attended the project from April 2006 to March 2007 was 42% female and 58% male, whereas the project staff are all female with the exception of one manager. The project works with a number of male volunteers, but if funding can be found for an additional project worker, it would be worth considering appointing a male to achieve a more even gender balance. Given that many of the children attending the project will have experienced abusive or absent fathers, it could be beneficial for the project to invest in a positive male role model.

3.3.14 Food and consumer ethics

The researcher judged that the project might benefit from reviewing the variety and provenance of the food provided to the children at snack times. While there was a good range of healthy options (grapes, strawberries, oranges, yoghurts, etc.), and more 'fun' foods (e.g. chocolate cereal), there did appear to be a bias towards more processed foods, such as white bread, processed cheese and ham.

Furthermore, a number of the products offered were made by producers whose ethics do not match the caring ethos of the project as a whole. The two most striking of these were the multi-national company Nestle and the supermarket Tesco. Nestle's marketing of powdered baby milk in the majority world is considered by numerous lobby groups to be detrimental to child health. Likewise, Tesco has a poor record on ethics, scoring 0.5 out of 20 ('very poor') in research by one ethical consumer group (see www.corporatecritic.org).

It is therefore recommended that the project review its policies on food purchasing. This might involve sourcing fair trade products where available, looking for producers and suppliers whose ethics are more closely in line with those of the organisation, buying from food co-operatives and increasing the food budget to make such changes possible.

3.4 Comparison with 2004 Evaluation

A detailed comparison between this evaluation and one conducted in 2004 (Marsden 2004) provides additional information about the work of the Sunflower Garden Project and how it has developed over the last three years.

3.4.1 Methodological comparison

Like the 2007 evaluation, the 2004 study was concerned to access the voices of different stakeholders: children, parents and carers, project workers and those who had referred children to the project (described as 'other support workers' in the 2004 evaluation). The 2004 study relied primarily on interviews as its main method of data collection, whereas in 2007, although interviews were carried out, the main source of evidence in the evaluation came from participant observation. The 2004 evaluation focused on one group attended by six children, and on the activities and tools used in that group. In contrast, the scope of the 2007 evaluation was broader, and included observation at two summer activity days and in the project's offices, as well as at one of the project's therapy groups. Analysis of the two sets of findings reveals strong similarities and also some development which has taken place in the project's work over the last three years.

3.4.2 Views of children

Although the research methods were very different, the outcomes were broadly similar in relation to children's views. In both studies, children expressed a balanced view of the project. They were able to state clearly what they liked and did not like, and although the detailed examples which they gave were not the same across the two evaluations, some of the general issues they raised were of the same nature. For example, children in both studies said that they enjoyed coming to the project because they had fun and played games there. But across both evaluations, we can find illustrations of children's awareness that the project is also, in a sense, a kind of 'work'. In the 2007 study, one child acknowledged that coming to the project was good because it encouraged other children to share; another said they found different ways of managing their anger and frustration. Similarly in the earlier study, one child said they liked the use of the 'worry jar' tool, while another was pleased to have learned more about drugs.

3.4.3 Views of parents/carers

Findings in relation to parents and carers' views are markedly different across the two studies; it is unclear to what degree this can be explained because different

research methods were used and how far the divergence represents an improvement in the project's relationship with parents.

The 2004 evaluation presents detailed comments from parents and carers, six of whom were interviewed at home. Although they all said that their children enjoyed coming to the project, they also said that they would have liked more information about the project; they seemed unclear and, in at least one case, unhappy, with the project's focus on drugs; and they said they would like more follow-up and an opportunity to visit the project to see what was going on. Three years later, the researcher's evidence from participant observation is that a real partnership now exists between parents/carers and project staff. He reports that the interaction between the two groups seemed genuinely warm and friendly. Project staff conducted lengthy, supportive telephone conversations with parents, and visited families at home. Meanwhile, parents enjoyed the family activity days and, although nervous at first, relaxed into the occasions.

3.4.4 Views of project workers

In both evaluations, project workers demonstrated a strong commitment to the work of the project and to the part they play within it. In 2007, one worker described their work as difficult, traumatic at times, but rewarding, because mostly they 'do an excellent job'. Similarly in 2004, one worker said that they felt that everything was 'very well organised and very well thought out'. Again in both evaluations, staff outlined being over-stretched in their work, but nevertheless having fun with the children.

One new issue came up in the 2007 evaluation, reflecting a change in the project's referrals. Workers noted that child protection was now taking up a lot of the project's time and resources, and bringing with it challenges to the ethos and spirit of the project. Another new concern which came to the fore was the building, and its lack of suitability for working with children.

3.4.5 Views of referrers

Telephone interviews were conducted with workers who had referred children to the project in both evaluations. Again, workers spoke very positively about the project in 2004 and 2007.

There were, however, two points of contrast over the three year period. In 2004, the over-riding picture is one of a lack of contact after the referral has been picked up. Referrers all stated that they would have liked to have heard more about how the child was getting on in the project. The 2007 evaluation demonstrates that progress has been made here. Referrers noted good communication with the project. They said that they appreciated the regular updates; they had good relationships with project staff; and they found helpful the expert guidance and consultation which project staff gave from time to time. One even suggested that this should be developed further into the provision of training for other children's workers in how to handle difficult situations.

The other point of contrast relates to the concern expressed in 2007 about the long waiting list and the resultant time-delay between making a referral and the child beginning at the project. There is no mention of such an issue in the 2004 evaluation, suggesting that for referrers at least, this is a fairly new concern.

3.4.6 Additional findings

Three additional findings emerge from the 2007 evaluation which did not appear in the earlier study: the use of volunteers and students; gender dynamics in the groups; and food and consumer ethics.

3.4.7 Conclusions

Both evaluations, as already stated, are extremely positive, and provide useful information about what those involved in the project have to say about it. The striking areas of difference between the two studies centre on improved relationships with parents, carers and referrers, and an increase in child protection work over the three year period. At the same time, concerns about the waiting list and the suitability of the building emerge for the first time in 2007.

4. Analysis of Findings

4.1 Introduction

To reiterate, the detailed research questions identified at the outset of the evaluation were as follows:

1. How is the project managing the balance between different areas of work, specifically:
 - a. Between specialised therapeutic interventions and fun activities?
 - b. Between working with children and working with families?
 - c. Between therapeutic work and child protection work?

2. Should the project change the balance between these things in order to work more effectively? In particular, how can the project maintain positive therapeutic relationships with children who have disclosed abuse in therapy, leading to child protection proceedings?

3. Should the project work take place at the headquarters on Queen Street or in a wider range of locations across the city?

4. How effective is the project's assessment process? How could it be improved? Is partnership working used effectively in this process?

These will now be addressed in turn.

4.2. Balance of work?

In relation to the first question, the evaluation has found that the project manages the difficult balance between the different areas of its work extremely well. It is valued very highly by the children, their care givers and by other agencies. Findings suggest that the project currently focuses on quality, rather than quantity of work. This is felt to be essential given the acutely difficult life circumstances of the children who use the project, and the challenges that they present for workers. It is recommended that this approach, and its resource implications, should be communicated to, and recognised by, those who fund the project.

A key strength of the project is its ability to adapt flexibly to individual children and their needs. The project works in an extremely detailed and reflexive way in

appraising and reviewing these needs. This means that it can work in a wide range of situations, and can adapt as children's situations change. This child-centred, flexible approach is particularly valued by external referrers, who see it as a unique feature of the project.

Despite the focus on children, the evaluation shows that the project works well with families. Children are seen in the context of their family situations, rather than separate from them. The project also offers support to parents in various ways (e.g. support to discuss drug use with children, advice on dealing with children's behaviour, family activity days).

The project also works well with other agencies. Sometimes this means jointly running groups; in other instances, it means giving specialist advice to other childcare workers. The project workers are increasingly involved in inter-agency working, often having a crucial input to child protection cases, and performing a consultative role for other professionals.

4.3 Any changes in balance recommended?

The evaluation did not come up with any specific recommendations in relation to the second question, except to acknowledge that more resources are needed to maintain the existing level of services, let alone to increase provision. The project clearly requires more resources if it is to fully realise its enormous potential. Project staff describe themselves as "stretched" and describe this process as frustrating, and referrers remark that the project would be improved if it had more capacity and more staffing.

Child protection presents enormous challenges for the project. In many cases, the therapeutic space provided by project workers leads to disclosures of abuse. In turn, these may lead to consequences which undermine the therapeutic work, both by eroding children's trust and by diverting staff resources towards legal proceedings. The study findings suggest that there are no easy solutions to these problems; project workers see them as inevitable given the nature of their work and the current policy climate around child protection.

The evaluation suggested that building good relationships with funders is crucial to the project's ongoing success. This is challenging, because there is some tension for the project between its external environment (a goal-orientated funding culture) and

its internal practice (reflexive, therapeutic work). In this context, the service managers can be seen as carrying out a vital process of mediation between these two very different approaches. Findings from the evaluation suggest that this should be recognised and supported.

4.4 What about the venue?

The evaluation uncovered some dissatisfaction with the venue, and a clear feeling that it is not, at present, 'fit for purpose'. One suggestion made was that the project might benefit from relocation to purpose-built premises designed around children's needs, particularly in terms of physical safety. This could become a long term aim for the service.

4.5 What about the assessment process?

The evaluation found that the assessment, review and internal evaluation processes are well-developed, and undergoing continual refinement. More generally, the level of reflexivity within the project and the staff time dedicated to this are impressive, particularly for a project of this size. This is, however, resource-intensive, with implications for funding and the quantity of work that the project can carry out.

4.6 Another framework for evaluation

The literature review identified a useful framework for taking forward this work, one which separates out facilitating and limiting factors in the operation of a project (see McIntosh et al 2006). We will now re-examine the findings in relation to the questions raised by this.

4.6.1 Facilitating factors

Being well embedded in established host and parent agencies

The recent demise of Brenda House, Aberlour's residential project in Edinburgh, (noted in the literature review) is a salutary reminder of the vulnerability of voluntary sector projects of this nature. Sunflower Garden Project staff report high levels of commitment to the project from the Church of Scotland. This is demonstrated in two ways. Firstly, between 2003 and 2006 the Guild adopted the project as one of the six projects that it fund-raised for. Furthermore, all the project's developmental initiatives go through the Social Care Council of the Church of Scotland.

Having experienced and committed workers:

There is clear evidence of this from the evaluation.

Client recruitment approaches and referrals

These are already well developed, giving ample opportunity for children and parents to find out about the project.

Effective engagement

The findings demonstrate this at all levels.

Use of assessment tools

This is an area of development for the project.

Confidentiality and the development of trust

This is a major priority for staff, who have good understandings of the difficulties of managing consent and confidentiality in relation to young children.

Outreach working

There is no outreach at present beyond visits to parents.

Work with other agencies

The evaluation has shown excellent working relationships with other agencies, illustrated in the fact that the project runs groups jointly with Circle's Harbour Project. Partnership is central to Sunflower's ethos and functioning; thus the therapy group observed for this study was planned, carried out and monitored by a joint team of workers from both projects.

4.6.2 Limiting factors

The organisational environment in other services

This is inevitably a challenge for project staff, in working with agencies which are also heavily over-stretched, and whose priorities may be different.

Other agencies' lack of awareness of children's needs in drug misuse contexts

Findings suggest that the problem is lack of provision, not lack of awareness – social workers do know the problems that may emerge from parental substance misuse.

Internal management and staffing issues

Findings suggest that project workers feel well supported by senior staff, but there is too much work to be done and not enough people to do it.

Geographically dispersed client group

This is a problem which is managed by use of taxis. But it is recognised that this is an expensive solution which demands a large and regular financial outlay.

Challenges in maintaining focus

The evaluation shows a continuing focus from 2004 to 2007 on children and their needs and wishes. Staff members are acutely aware that it would be easy to get drawn into providing more services for parents, but they have chosen to resist this pull. It is acknowledged that managers need to keep the 'bigger picture' in mind here.

Demonstrating outcomes

The project's commitment to monitoring and to evaluation is substantial, as demonstrated by the two external reviews conducted in 2004 and now 2007.

Lack of client involvement in project development

Client involvement is an area which the project has developed since the 2004 evaluation. Services are tailored to what individual children and families need, and the project is very responsive to its users, building from good relationships as the basis of this.

5. Recommendations

1. The main recommendation, drawn from the findings, is that the Sunflower Garden Project should be supported to continue offering its services along current lines. It is furthermore recommended that an increase in staffing is necessary just to allow the project to continue to operate at current levels.

- We propose that funding is secured to enable the appointment of another full time project worker in addition to current staffing. This should be seen as an absolute minimum requirement for the long-term sustainability of the project.
- Funding should also allow for the appointment of a full-time manager. This would give the project greater consistency, coherence and long-term viability, and potentially reduce the load of child protection work on the project workers.

2. The findings also identify considerable scope for expansion of services. Given the extent of drug use in Edinburgh, and the changing nature of referrals to the project (i.e. more from statutory social work agencies), there is much more that could be done, if the project were to be adequately funded. This would enable the project to offer:

- Increased support to children and parents who already use the project (e.g. through the development of single sex groups);
- Support to children and parents who have been identified as in need but have not yet been able to access the project's services;
- Increased attention to children who have been identified (or who identify themselves) as in need of child protection;
- Development of training and consultation services to other children's workers (i.e. teachers, social workers, youth workers).

3. It is recommended further that the project should look either to moving to new purpose-built premises, or to improving the accommodation which it currently uses so that it is more 'child-friendly'. Any decisions should be taken in full consultation with project staff and service users (both children and their care givers) to ensure that they meet the needs of all stakeholders.

4. We recommend that the project staff consider in more detail the possibilities for offering training and consultation to other agencies. This would enable the project to work with children indirectly. Any training and consultation would need to generate

sufficient income to increase staffing levels accordingly, so as not to further load current staff.

5. Like many voluntary initiatives, the Sunflower Garden Project struggles from one grant to the next, wasting valuable staff time in the imperative to stay 'afloat'. It is recommended that project staff take time to explore different ways of communicating with funders about the project. It is also acknowledged that it would be greatly beneficial to the project if funding could be secured on a more long-term basis, for example, for a 10-year period. This would allow staff to focus on their primary task to support some of Edinburgh's most needy children.

6. We finally recommend that project staff review how the project currently addresses gender dynamics, and considers running single gender therapy groups and employing a male worker. In addition, we hope that staff might review food purchasing strategies, appraising the ethical status of producers and suppliers in light of the project's core values of love and care.

6. Appendices

6.1 References

- Advisory Committee on the Misuse of Drugs (ACMD) (2003) *Hidden Harm. Responding to the Needs of Children of Problem Drug users*, Report of an Inquiry by the Advisory Council on the Misuse of Drugs, London: Home Office.
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6.2 Letter to Parents

[Sunflower project address]

Dear parent/guardian,

Over the next few weeks, a researcher will be working at the Sunflower Garden. He is helping us find out how we could improve the project. His name is Mike Gallagher and he works for the University of Edinburgh.

Mike will be:

- Helping out in some of our groups, so he can see what goes on
- Listening to what children say about the project
- Talking to some parents to find out their views
- Talking to staff

Mike will write about what he sees and what people tell him. He will then write a report of his findings for us.

No names will be used in the report. The report will be kept by us. You will be able to see it if you wish.

Mike might also use his findings for other publications, or in his teaching at the university. Again, no names or personal details will be used.

Mike will NOT be:

- Asking the children personal questions, e.g. about their families
- Writing down the names of children or parents
- Working as a therapist

If you have any questions, Mike will be happy to hear from you. You can reach him on:

Email: michael.gallagher@ed.ac.uk

Phone: 0131 651 3892

Mobile: 07854 357574

6.3 Interview Schedules

6.3.1 Interview schedule: staff (one-to-one interview)

What does the Sunflower Garden Project do well?

What does the Sunflower Garden Project not do so well?

What do you think would improve the service?

What do you think of the balance:

- Between therapy and activities?
- Between working with children and working with families?
- Between preventative interventions and child protection work

What do you think of the assessment process?

6.3.2 Interview schedule: referrers/joint workers (telephone interview)

What is your experience of the service?

What is your opinion of the service?

Would you refer to the project again?

Have you any other comments about the service?