

EVALUATION REPORT

DUN LAOGHAIRE RATHDOWN DRUGS TASK FORCE

APRIL 2000

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Introduction

In this review I will include a summary of the fourteen projects included in the Dun Laoghaire Rathdown Drugs Task Force. Each project summary is completed under similar headings of Project Background, Project Development and Implementation and Conclusions.

By the very nature of the methodology (ie a single interview with the project manager) and a review of supporting documentation, the conclusions for each project are summary in nature and rarely venture into the area of recommendations.

I have also included in the report an overview of issues arising out of the project review. This is an attempt to draw out some more general themes and relate them to the functioning of the Task Force. The functioning of the Task Force as a group falls outside the remit of this study and so these overview conclusions should not be read in the context of a review of the Task Force as an organisation.

The project reports are based primarily on an extensive structured interview format prepared by the Public Research Centre of the National College of Ireland.

I would like to thank all those who assisted me in the collation and preparation of this report including Jim Ryan the Task Force co-ordinator, Gwen Jaffro of the Public Research Centre and all the project managers who gave their time and provided me with additional information when required.

Gerry McKeever

Methodology

The methodology for this review was based on an already prepared template developed by the Public Research Centre of the National College of Ireland. This consisted of a 74-question structured interview schedule to be conducted with each project manager. Where relevant, supporting documentation was provided if this was available. No supporting or other stakeholder interviews were carried out in the course of this study. A summary of some of the questions relating to project objectives, funding and participant profiles was circulated to the project manager prior to the interview.

In order to focus project managers on the content and purpose of the review, a briefing session prior to the interviews was organised with the help of the Dun Laoghaire Rathdown Task Force Co-ordinator on February 21st. Representatives of nine of the fourteen projects turned up and the purpose and nature of the review was outlined and some issues clarified through a question and answer session.

Interviews were then arranged with each of the project managers and these were conducted in a period from the 25th February to the 31st March. Where supporting documentation was not available, this was forwarded to me by the project manager.

The interview schedules and supporting documentation men formed the basis for the project review summary contained in this document.

An Appendix of supporting documentation is available with this review:

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

PROJECT NAME: _ Drugs Education and Prevention Officer _

PROJECT CODE: __DLR1

INTERVIEWEE: ___ Tony Corcoran and Gerry O'Shea

BACKGROUND:

This Project is run jointly by Tivoli Training Centre and Dun Laoghaire Training workshop, two geographically adjacent projects, dealing with a broadly similar target group. For purposes of administration, Tivoli Training Centre is the employing body.

A Steering Committee drawn from the Managers of both centres, the FAS Advocate, Gardai and a Community representative, meets quarterly and reviews the progress of the project and advises on operational decisions.

The project arose from a need identified in the two training centres around the necessity of a relevant drugs education programme for training centre participants. The young people undertaking courses in the centres tend to be early school leavers with a history of family problems and unemployment. Recent figures from participants reveal the following¹:

37% were currently in trouble with the law

16% were living out of home

71% were abusing alcohol

89% were exposed to violence

¹ Dun Laoghaire/Rathdown Community Workshops and Youthreach centres, proposal to LDTF, July 1997

77% had left school prior to the Junior Certificate

The project aimed to employ a Drugs Education and Prevention Officer who could design an effective programme and work with the target group within the centres on both a group and individual basis. The person would also provide a linked support system for those urgently in need of rehabilitation and network with existing local services.

PROJECT DEVELOPMENT AND IMPLEMENTATION:

The Project initially employed the Drug Education and Prevention Officer working half-time for each centre. (May-June 1998) This, however only lasted for little over one month as the employee left. The second employee stayed for six months (Sept '98-March '99) and was generally accepted to be more suitable for the post but left because of another post closer to her home. The post then became one of two people working half time in each centre, until finally returning to a full-time post. While the Steering Committee agreed on the focus of the post, internally the worker is called a 'Youth worker' and is integrated into the other programmes run in both centres.

In the initial period the Steering Committee took some time to get and agree the terms of reference for the worker and the relationship between the two centres.

Over the period of the project the role of the worker has gradually changed from one of drug prevention to one of more individualised support. This support takes the form of family support, guidance and bringing in other professionals when required rather than one of a classroom situation.

The FAS Advocate and the Education and Prevention Officer provide a follow-up service for participants in the form of contact with Gardai, and an informal 'open-door' policy for former participants to drop in.

The project purposefully does not promote the project as a “drugs” issue as this may have a negative impact within the wider community and also may lead to ‘labelling’ the workshop participants who are already be marginalised. The project is therefore more integrated into the overall work of the Centres.

CONCLUSIONS:

The long-established nature of the projects (from the mid 1980s) has helped provide supports to the project and a ready access for other professional help. The target group is a key one in terms of high risk of drug abuse and both centres have developed an expertise with this target group.

Getting the right staff is clearly a key aspect of making this project work well. To date this aspect has only been successful sporadically. The insecure nature of the post and the added confusion of working to two centres were additional factors that did not assist in the recruitment and retention of staff.

The focus of me project has clearly shifted to a more individualised guidance role. This in turn would require a new form of job description and perhaps nature of linkage with other drug related agencies.

This new project focus means that team-based approach with the worker linking with other specialised professionals on a ‘case-load’ basis would most likely be necessary if the project were to continue and develop.

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

PROJECT NAME: PARENTING SUPPORT PROJECT

PROJECT CODE: _____DLR 2 _____

INTERVIEWEE: __Mary Daly____

PROJECT BACKGROUND:

This project is run under the auspices of Barnardos, a voluntary organisation established over 100 years ago. It covers the LDTF area, but focuses on providing support to the Oasis and Pathfinder projects in terms of parenting programmes and support for childcare facilities.

The project is the responsibility of the Regional Manager of Barnardos. There is an Advisory and Steering Committee for the project which includes representatives from a wide range of groups and agencies including the Eastern Health Board, Patrick Street Clinic, Mountown CDP, FAS CTWs², the Lucinda Clinic and a recovering addict.

PROJECT DEVELOPMENT AND IMPLEMENTATION:

As part of the development of the parenting programme consultations took place with a range of agencies and projects including the Clinic in Patrick Street, the Mountown CDP project, Tivoli Counselling Institute and the Southside Womens Action Network.

The project aimed to be part of an integrated response to parents who are part of a drug rehabilitation or treatment programme. Overall, it sought to enable parents to respond appropriately to their children and provide the emotional, physical and intellectual environment which would support and encourage their children's development.

The target group for the project were those parents who were part of a drug treatment and rehabilitation programme and their children. Parents who have young children (0-5) were the priority because this allows an early intervention.

The project linked closely with the two LDTF projects who were dealing with both methadone maintenance and rehabilitation (the Oasis project in Mountown and the Pathfinder project in Patrick Street clinic). It also had links with the LDTF project undertaken by Southside Womens Network to provide a counsellor to support the carers of drug misusers.

The selection of parents and children were based on a number of criteria including;

- a profile of child/children
- age of the children
- residence of the children(living with parents, relatives, alternative care)

An assessment was also carried out in the process of meeting with parents, children and other significant workers. This assessment sought to establish the profile of the child, a parenting profile and parents fears and expectations.

The parenting programme focused on personal development, building individual group skills, social activities and parenting work. The childcare aspect focused on play sessions with the children, helping children deal with their feelings, separation and bereavement issues, encouraging positive communications skills and a hot meal.

The support from the LDTF included support for co-ordinator/childcare worker (half-time post) and three crèche workers(part-time). Two additional Community Employment staff were employed as childcare assistants through the DROP project in March 2000.

The management structures in the two main locations that the project was working with varied significantly. In Mountown (Oasis project) the community-based nature of the

² Community Training Workshops

project facilitated discussion and planning around project priorities and implementation. In the Patrick Street clinic (Pathfinders) the project had a more statutory origin and there was no effective management committee for the project to relate to. This led to issues around communication and also around priorities for the project. This included some conflict between Barnardos core principles (the priority of the child's best interests) and what the clinic perceived to be in the best interests of the parent. The overall effect was difficulty in engaging the parents in the programme and some concern on behalf of Barnardos that the project was seen just in terms of its crèche provision.

In total, some 60 adults and 107 children have participated in the various strands of the project. This covered me spectrum of involvement from the programme participation on the Community Employment scheme, to the afterschool project in Patrick Street and the drop-in facility.

An unexpected outcome of the project was me extent and severity of the impact on children of drug misuse by parents. At a very young age children appear to have 'lost control of themselves' due to the lack of proper parenting. This appears especially the case with boys where the often 'missing father effect' has a particular impact. Other legal issues around child protection also arose from the project.

CONCLUSIONS:

The promoting agency in this project (Barnardos) operate from very clear guiding principles which centre on the interests of the child. The view point of the 'medical' part of the clinic in which they were working had a priority for the parent as a user. This led to issues around how best to proceed with the project and in particular made it difficult to engage the parents in a meaningful way. The lack of management structure for the project at the Patrick Street clinic did not help to address these issues. The same issues did not arise at the second community-based clinic and rehabilitation project at the Oasis project

and this would tend to suggest that it is difficulties around communication and perceptions rather than deep-seated principles that are involved.

The project is a specialist one in that it engages with an aspect of drug misuse as it impacts on the parent-child relationship. The project has clearly unearthed a great unmet need in this regard and in many ways the project is under increasing pressure to continue to provide its services. This pressure comes in the form of:

- **Premises-** There is no parents room in the Patrick Street clinic and the crèche facilities in both centres(Patrick Street and Mountown) are inadequate.
- **Flexibility-** Regulations surrounding parents leaving children are restricting any serious engagement with the parents in Patrick Street clinic. Some flexibility from the management committee in Patrick Street clinic is required if this part of the project is to be implemented.
- **Staffing-** At present a half post childcare worker (who doubles as a co-ordinator) is complemented by three part-time crèche workers(through the LDTF funding) and two recently acquired crèche workers (as part-time CE staff from DROP).The inability to offer a suitable wage rates for childcare workers status (as opposed to childcare assistant) is seriously hampering the ability to deliver a quality project over a sustained period of time.

The project is significant in that it is strategic in terms of the approach to the drugs issue more generally. By building on and developing the services delivered at the two maintenance and rehabilitation centres, it integrates and enhances the programme of the Task Force generally. Also, by addressing and developing a linked area of policy (ie child-parenting issues of drug misusers) it is pushing out and developing the boundaries of statutory provision. In this sense it has long-term and national implications for service provision in the area of drug policy.

The management committee of the project includes a detailed list of agencies and groups with a direct interest. It may be that such a management committee is too cumbersome for such a focused project and needs to be 'pruned' in terms of what individuals and agencies can give effectively contribute to the functioning of me project.

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

PROJECT NAME: _WHITECHURCH ADDICTION SUPPORT
PROJECT_(WASP)_____

PROJECT CODE: __DLR3_____

INTERVIEWEE: __Meg Murphy_____

PROJECT BACKGROUND:

The WASP project is based in Whitechurch estate in Rathfarnham. The estate has 800 houses with a population of about 2,000 teenagers. A number of local residents came together in the summer of 1996, concerned about the rise of drugs in the estate. They called a public meeting in August 1996 to discuss the drugs issue, the risks for their children and the actions they as parents could take³. Following from this a group of parents began to develop a drugs awareness programme for me local school, Scoil Mhuire, Ballyboden. The WASP project (as it was named by the committee) applied to the Southside Partnership for funding and received £1,000. With this, they developed a pilot project with 5th and 6th year classes in Scoil Mhuire.

The project then applied to the Dun Laoghaire/Rathdown Drugs Task Force in 1997 for funding (£40,000) to fund the programme including a venue and a coordinator. The Drugs Task Force were of the opinion that WASP were not well enough established at – this stage and supported an application for the reduced figure of £12,300 to provide training for parents, administration and resource materials.

PROJECT DEVELOPMENT AND IMPLEMENTATION:

The WASP programme was designed in consultation with the local parents, with the guiding principle being “*Would my child be happy with this material?*”. An Open Day is held each year where the work of WASP is presented and parents are asked to fill in questionnaires and become involved in the project. The feedback from the Open Day and

the questionnaires is then used in the programme development process which results in the programme for the coming year. Schools are also consulted in the programme development process.

The funding from the Local Drugs Task Force also enabled the project to undertake a follow up on in the first year of Balinteer Community School for those who had undertaken the programme in the 6th year of Scoil Mhuire.

Using the education pack (see enclosed for a copy), parents worked in twos in the 5th and 6th classes in three-quarter hour sessions once a month over a period of six months . In most cases the teacher remained in the room while the session was in progress. The session included exercises, games and information. There was also discussion with the pupils,

Training is provided for the parents including classroom management, basic facilitation, presentation, youthwork and reacting to feedback. Some parents are also on the Community Addiction Studies course run by the LDTF. While training is provided, the project has experienced difficulty in sourcing suitable expert trainers and this has affected the delivery of the project.

The project has developed a series of promotional and information methods of reaching and keeping in touch with the local community. These include the production of Frisbees, hats, balloons and tee-shirts with the WASP logo. Several articles have also been written in the local community magazine explaining and promoting me work of WASP-

Up until February 2000, WASP was set up as a voluntary association, but then became incorporated as Community Education Programme Ld (Trading as WASP). A five-person committee drawn from WASP act as the management committee for me project. The

³ WASP evaluation. July 1998, p6

Programme Development Worker (who is also a founder member of WASP) is employed on a 20 hr per week Community Employment scheme. The employer is DROP.⁴

The project has also benefited considerably from its networking links in the Dun Laoghaire Rathdown Drugs Task Force, being represented on both the Education and Prevention and Treatment sub-groups of the Task Force. Another member is a community director of Southside Partnership.

The project is currently without an official premises or office accommodation. This is seen as a major drawback affecting the expansion and development of the project.

During the course of the project development, the project experienced what could best be described as ‘political’ difficulties in that it was felt that local political representatives attempted to ‘control’ the group. This caused a good deal of internal friction and was a contributing factor in the decision to form a limited company and so have a more structured format for the project.

CONCLUSIONS:

The project has grown out of a very ‘bottom-up’ community response to the drug issue and has taken great care at every opportunity to consult with the local community and to feed this back into both the content and methodology of the project.

The result has been a project that the community ‘owns’ and supports. It is also one where there is significant local involvement through both the WASP committee itself and the parents who assist on the course.

The project is now moving from one phase of community involvement and participation to one where the project needs to develop a more long-term and professional approach so that the benefits of the programme can be sustained and replicated in other areas.

⁴ DROP(Dun Laoghaire Rathdown Outreach project) was set up by the Local Drugs Task Force to act as a Community Employment sponsor and provide staff to projects under the LDTF programme

The management group has remained intact and the formation of a limited liability company is a signal that the group is prepared to move into a new stage of development. The commissioning of an external evaluation in July 1998(see enclosed copy) also demonstrates a maturity within the group and a recognition that if change is to take place then certain key issues need to be addressed. The lack of statutory involvement is perhaps a weakness in the longer term and the inevitable tensions between a voluntary based group moving to take on professional staff and receive direct grant funding are two issues that need to be teased out and recognised in the transition process.

The recruitment of core staff including a co-coordinator and an administrator as well as the development of a office base are key elements if the project is going to achieve a clear identity and consolidate its gains.

The high level of involvement by local parents, which has been an important element in the project so far, brings with it the issue of training for parents. Because of the disadvantaged nature of the area, the parents themselves have left school early. This means a recognition that training inputs in this area may need to be more intensive. The lack of individual trainers may require the sourcing of an external agency who can provide a 'package' of such training supports for parents

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

PROJECT NAME: _ WHITECHURCH YOUTH DEVELOPMENT

PROJECT COPE: ___ DLR 4 _____

INTERVIEWEE: ___ Catherine Hope _____

PROJECT BACKGROUND:

Foroige, A voluntary organisation with a core grant from the Department of Education is the promoter of this project.

The project covers the Whitechurch estate in Rathfarnham, South County Dublin. There are four local authority estates with a total of 705 houses. 80% of these have been built since the early 1980s and the 1994 CODAN report indicates an unemployment rate of 62% among principal earners. The area is also in the Department of Education Disadvantaged scheme, served by the Scoil Mhuire National school with a total of 630 pupils. There is no second level school in the area. The area is the only CODAN area that does not have a Youth Service.

A six-week pilot programme for 12 potential early school leavers and a four-week summer programme for 24 participants was operated by Foroige during May-July 1997. The programme was funded by the Southside Partnership, South Dublin County Council and the Department of Education.

PROJECT DEVELOPMENT AND IMPLEMENTATION:

As a result of the pilot project, a number of issues were identified in relation to youth in Whitechurch. These included a significant increase in behaviour problems, vandalism and the availability and use of alcohol and drugs.

The project under the LDTF aimed to enable young people in the 10-16 age category, especially those falling into the 'at risk' category, to develop personal and social skills so that they could participate more effectively at school, become better members of the local community and so lessen the likelihood of becoming involved in drug taking.

Through a programme of Communications, Assertiveness, Decision-making, Teamwork and Technical skills the project had a number of distinct elements:

- Work with pupils in fifth and sixth class in Scoil Mhuire
- Work with pupils in Balinteer Community School to build on the 1997 pilot project
- A project to engage eight to twelve young people who had become early school leavers
- A community-based youthwork approach which would operate an afterschool project and summer programme for first year pupils at Ballinteer Community School

Funding was included in the project for a Foroige Youth worker who provided a range of services including programme development, organisational development, training and consultancy. In addition, one Community Employment and one Full Time jobs Initiative worker was engaged in the project in the role of assisting at training sessions and administration. The Southside Partnership also provided additional funding of £6,000 during 1997/98.

An Advisory committee for the project was established which included representatives from Foroige, Balinteer Community School, Scoil Mhuire, Ballyboden Family Resource Centre, Gardai, Southside Partnership and four local community representatives.

A core element in the project was a new partnership between the two local schools and the project to provide an effective preventative intervention around drug misuse.

The project has no dedicated office space and operates from a base in the Family Resource Centre. It is also dependent on the goodwill of the schools involved for space to carry on the programme activities.

The project is dependant on volunteers coming forward to implement and assist the programme activities. However, this has proven to be a problem for the project. This is partly because some of the voluntary groups involved come from an experience of managing their own youth activities. A friction developed between the 'professional' approach of the salaried Youth worker and the 'volunteerism' of the group. This had the effect of the 'retreating' of some voluntary commitment. Also, there was an initial period on the Steering committee when several local internal issues needed to be resolved and this led to a period of tension within the Steering Committee. These issues were eventually resolved within the group.

The demand for the summer project has expanded significantly beyond what was expected and programmes have developed for the First, Second and Third years in Ballinteer Community School. The initial group of early school leavers have completed the programme, but it is difficult to easily identify a second group. The expansion of the project has put additional burdens on the staff and the project manager is of the opinion that another staff member is required urgently. There is also a need for more specialised work with early school leavers including a system of follow-up. A Family Support worker from the Eastern Health Board to work in tandem with the project is necessary if work with the early school leavers is to have maximum impact.

The extent of under-age drinking as a drug abuse issue and the extent to which local employers were willing to employ underage staff were linked issues which was an unexpected outcome from the project.

CONCLUSIONS:

The project has developed and been implemented in an area that was experiencing significant social disadvantage. It has done so in area without a current Youth service.

The project has been successful in developing a new partnership between the local schools, agencies and the community. The project is well integrated into both schools and indeed has expanded its role to further classes than was originally intended.

The success in developing linkages with the schools has probably been a factor in the concern that the project may not be reaching enough of the original 'at risk' target group and a certain underestimation of the amount of time and effort required to address this group. As the project becomes more focused on delivering the programme to different years within the schools, it becomes more closely identified with 'the school'. This may be one factor why those least associated with 'the school' (ie the early school leavers and chronic attenders) are less attracted towards the project.

A focused approach on a key 'at risk' group(ie the early school leavers and chronic attenders) will require a range of attention from agencies and workers including the EHB Family Support worker already identified, but also the Home School Liaison service(if one is available locally) and an educational psychologist. This type of project may take some time to plan, may be better approached separately and in conjunction with other development agencies such as the Southside Partnership.

Initially primary school pupils from me area progressed to Ballinteer Community School. This has now been expanded and pupils are now also going to Dundrum Senior College. Future planning for the project needs to include Dundrum Senior College.

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

PROJECT NAME: _ Alternative High Project

PROJECT CODE: _ DLR 5

INTERVIEWEE: ___ Peter O'Brien

PROJECT BACKGROUND:

The project is sponsored and run by Dun Laoghaire Youth Service, a Joint project of Dun Laoghaire VEC and the Catholic Youth Council (CYC) which is funded by the Department of Education from the proceeds of the National Lottery.

The project aimed to target 10-18 year olds who are not attracted to the more formal youth club structure in the areas of, Mountown, Ballybrack and Loughlinstown, all areas of disadvantage within the Local Drugs Task Force Area. It aimed to inform young people in the age category above of the choices available to them other than drugs. In this sense it aimed to inform young people of the 'alternative highs' that were open to them and of the implications of drug misuse on their own lives and on the broader community in which they live.

PROJECT DEVELOPMENT AND IMPLEMENTATION:

The Dun Laoghaire Youth Service had been supporting voluntary youth work in the area for the past ten years and has been working with 'at risk' youth as part of that. The aim of the programme is for young people to have an opportunity to experience a natural high through the medium of outdoor pursuits and 'me arts and also to explore the choices open to them.

The 35-week programme consisted of adventure sports, arts workshops and sessional workshops on career, recreational opportunities and substance abuse.

The use of the adventure activities in the programme aimed to initiate a progressive improvement of the participants' self-esteem and to demonstrate the possibility of an 'alternative high' leisure-time activity. The arts in the programme aimed to encourage informed decision-making through drama and role-play and to introduce fun and enjoyment through dance and visual arts. The sessional workshops hoped to provide the participant with a greater understanding of peer pressure, highlighting ways of saying 'no' and exploring misinformation in relation to drug abuse.

The age categories that the project worked with varied from area to area. In Mountwood two groups were involved. The first was 10-14 year olds and the second 14-18 year olds. In Ballybrack there was one group of 13-16 year olds, while in Loughlinstown there was one group aged 10-13.

In Loughlinstown and Ballybrack suitable premises were rented from local community groups, but in Mountwood finding suitable premises was more difficult. A suitable premises was identified but due to the Dun Laoghaire VEC requirements around minimum lease (10 years, while the vendor was only prepared to offer 4 yrs and 9 months), it could not be rented. The £20,000 allocated in the budget therefore for this part of the project could not be spent.

CONCLUSIONS:

This project was integrated into the work of the Dun Laoghaire Youth Service and intended to provide a means for 'at risk' youth to engage in activities that would provide alternatives to drug misuse. The project benefited from the fact that an already existing Youth service structure was in place. This allowed the project staff to avail of in-service training and support services that were available.

The differing age groups in the estates-targeted reflected the level of need within those estates and the project was flexible enough to adapt to this and provide separate age

groups where necessary. At times the project risked becoming a bit 'formulaic' and may have benefited from being more group-led in the design of project activities

The difficulty in securing premises in Mountwood clearly constrained the delivery of the project in this area.

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

NAME: __Pilot Drug Education Programme in Primary Schools

PROJECT CODE: __DLR 6_____

INTERVIEWEE: __Jim Ryan_____

PROJECT BACKGROUND:

This project aimed to provide age appropriate relevant drug education involving parents and schools in a partnership approach. The project sought to enable groups of parents in Ballybrack, Loughlinstown, Sallynoggin and Balally areas to receive the training skills required to co-facilitate with teachers in the delivery of drug education programmes in Primary schools.

The rationale for the project arose out of contact with Home School Liaison Officers and teachers in the relevant schools -who identified a need in local primary schools for drug education work but recognised that they did not have the skills to carry it out. There was also a general conclusion that it would be better to work in conjunction with local parents in the design and delivery of such a project.

The project's management committee is the Education and Prevention sub-committee of the Local Drugs Task Force⁵. Funding is handled through the Dun Laoghaire Outreach Project (DROP Ltd), a company limited by guarantee. The Balally section of the project has its own management committee, but the finance is handled centrally.

⁵ Includes representatives from the Dun Laoghaire Youth Service, Home School Liaison Officer, Department of Education, Eastern Health Board, Gardai, two people from WASP (Whitechurch Addiction Support Project) and two local community representatives.

PROJECT DEVELOPMENT AND IMPLEMENTATION:

The project set out to reach about 120 pupils per year in schools within the selected areas. The areas were all disadvantaged according to the CODAN⁶ report

The project entails training parents to conduct a 6-session drug education programme in local primary schools at 5th and 6th class age. The parents are trained by an externally recruited trainer and are recruited through the Home School Liaison Officer. The programme content is compatible with the Department of Education's own 'Walk and Talk' programme.

The work of the Home School Liaison Officer in accessing accommodation for the project within the schools and in recruiting parents for the project was a major enabling factor. So too was the positive co-operation from the teachers involved.

The project encountered initial difficulty in securing a suitable external trainer and indeed this continues to be an ongoing problem. So also does the acquiring of suitable training materials for the course. The lack of any recognised accreditation has led to some 'lack of credibility' for the course.

In all, some twenty-five local parents were trained and now deliver the training programme in the schools with the assistance of the teaching staff. The programme for the children involves a 6-week course made up of 6 weekly sessions. There is a total time of 10 hours for me individual child in the course. The availability of parents in terms of time is an increasing issue for the project and its effective delivery. Before the programme begins, a note goes home to each parent informing them of the course.

Some issues have arisen relating to 'disclosure' in the classroom. Because children are encouraged to interact during the sessions, some may disclose issues of a sensitive nature

⁶ County Dublin Areas of Need, a quantitative study, identifying areas of disadvantage

about their home situation. The parents are peers of the child's parents and this may cause issues of confidentiality. Parents need to know how to deal with such cases of 'disclosure' in a professional manner.

At the initial stages of the project the whole issue of drugs was viewed negatively within the local communities and linked with the issue of outreach clinics. At this level it did not do the project a lot of good being too closely associated with the Eastern Health Board.

The project has developed its own needs in terms of administration and organisation and the back-up work for this falls back onto the Local Drugs Task Force. There is a recognition in the project that a part-time Community Employment worker is required to take on some of the administrative and organisational back-up work of the project. At the moment this work is falling to the Home School Liaison Officer and the volunteer parents.

CONCLUSIONS:

The project has been successful in overcoming some initial 'negative feeling' around drug related issues and successfully involved some twenty-five local parents, delivering a course to over 300 children in ten schools. In doing so, it has exceeded its own expectations, but may also have stretched itself in terms of available resources (external trainers, course materials, administrative back-up)

The project has also developed a programme of prevention with an age group (10-12 year olds) not previously targeted in the area and successfully delivered it.

The Education and Prevention sub-committee of the Drugs Task Force as the effective management committee of the projects has plusses and minuses. On the plus side it has developed the important co-operation of the Home School Liaison Officers and allowed networking with other agencies and the community representatives. However, the somewhat informal nature of the sub-committee and the range of other issues that it deals with has meant that some issues around project planning, review and administration have

not received enough attention. An effective review of these issues would require a project level evaluation to review the issues and make recommendations for the future.

The 'labeling' of the project as 'Health Board', while having important positive aspects in terms of enabling delivery, nevertheless means that the project is too easily identified with other issues that the Eastern Health Board may be dealing with and downplays the aspect of local community involvement. A higher profile for a more community-based delivery agent may be necessary to avoid this pitfall in the future.

The administrative and organisational burden developed by the project clearly requires back-up in terms of staffing. Given the part-time and temporary nature of Community Employment, it may be better to seek a position under the Full Time Jobs Initiative which would not only give the project a full-time post, but also make that post available for three years rather than the one year available under Community Employment.

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

PROJECT NAME: ARREST REFFERAL SCHEME

PROJECT CODE: ____ DLR 7 ____

INTERVIEWEE: ____ Inspector Liam Mulcahy

PROJECT BACKGROUND:

The project is implemented by the Gardai within the Corrig Avenue Garda station in Dun Laoghaire. Its overall objective is to exploit a window of opportunity presented by the psychological impact of arrest to encourage an individual to confront their drug use and to seek help in response.

The project was discussed and agreed at the supply reduction sub-committee of the Local Drugs Task Force.

PROJECT DEVELOPMENT AND IMPLEMENTATION:

A number of models were looked at on which the project could be based. These were:

- The provision of printed information on drug services to those arrested on drug-related offences under the Misuse of Drugs Act. This could be extended to all those arrested as a large number of those arrested for such offences such as larceny will also be drug-related.
- The second model discussed by the sub-committee was the “Get It While You Can” (GIWYC) project in Brighton. In this scheme drug workers were permitted to visit all detainees in the cells on a confidential one-to-one basis. The goal is to deliver accurate information, dispel myths and provide the client with indestructible written information.

- The third model under consideration was that in use in the Dutch city of S'Hertogenbosch. Project 'Escape' is a co-operative venture between the courts, local council, drugs agencies, rehabilitation and vocational training groups. It is aimed at addicts who have committed more than five offences in the past three months. Clients sign a contract not to commit crime or use drugs. Under those circumstances they are not processed through the normal criminal justice system.

The subgroup were of the opinion that the first option was an achievable first step and should be adopted. It was agreed that the project should run as a pilot for six months and was launched on the 6th May 1999 with the help of local media coverage.

Garda records indicated that about 25%-30% of offences were drug related. In the period under consideration, this amounted to 108 people in custody.

The project involved the production of posters, credit card size information and key rings. Posters and the information cards were either visible in the station (posters), available to those arrested (card information) or to Gardai in their vehicles (key rings). A company was contracted to design and print the information material in a way that would be eye-catching and attractive.

Additional use was made of the information by Gardai called out to deal with issues of domestic violence. Garda statistics and on-the-ground experience indicates that drug abuse, including alcohol abuse is involved in a high number of domestic violence incidents.

The effect of the project was hard to monitor and assess, but initial skepticism on behalf of some of the Gardai was overcome and all Gardai carried the information cards for use in call-outs.

The project did not require any dedicated staff and was implemented by the station sergeant and member in charge of Gardai services.

There was a significant delay in implementing the project. Although the project received approval in October 1997, it was not until May 1999 that the project was launched. This was partly due to difficulty in arranging how the project could be implemented in practice.

A follow-on from the project is currently being planned and this involves a close link with the Eastern Health Board where an outreach worker would work with the arrested person once a consent form had been signed. This second phase would be much easier to monitor and assess.

CONCLUSIONS:

The project marked a significant change in culture for the Gardai as the implementing body. While they are at ease in terms of their statutory responsibility in enforcing the law, this project involved more of a service provision to arrested persons involved in drug misuse. Once the initial skepticism was overcome, the project seems to have become accepted by the majority of the force.

The project took a 'Minimalist' approach from the three options outlined above in the planning stage. This was with a view to what could be practically implemented and then developed. The 'development' aspect of the project is clear given the more ambitious 'second phase' that is now planned in conjunction with the EHB Outreach worker. The project would undoubtedly have benefited in terms of delivery by an earlier start date from the date of project approval.

The 'knock-on' effect of the project is clear in that the scope of the information card has been extended to Gardai dealing with drug abuse related to domestic violence.

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

PROJECT NAME: _ Youthwork support for Shanganagh

PROJECT CODE: _____ DLR 8

INTERVIEWEE: _____ Peter O'Brien

PROJECT BACKGROUND:

The Shanganagh estate has a population of 3,500 with high levels of unemployment. Drug misuse in the estate had become a source of concern for parents in the estate from 1996/7. There was no full-time youth worker in the area and a local committee had given a commitment to work with Dun Laoghaire Youth service to provide some activities for young people. In the past the area felt somewhat neglected as it fell between Bray and Dun Laoghaire.

The project is sponsored and run by Dun Laoghaire Youth Service, a joint project of Dun Laoghaire VEC and the Catholic Youth Council (CYC) which is funded by the Department of Education from the proceeds of the National Lottery.

The Youth Service programme aimed to target those 'at risk' youth in the estate who are 'unclubable' and are most at risk of engaging in drug misuse. The Gardai indicated that 'about 60% of young people were 'dabbling' in drugs and that dealing was being carried out.

PROJECT DEVELOPMENT AND IMPLEMENTATION:

The project obtained premises in Shanganagh House, a community project in the heart of the estate. By employing a full-time Youth worker the project sought to carry out youth leadership training for recruited volunteer leaders; conduct small group work with 'at risk' young people and develop a variety of recreational activities for local teenagers

The project found it difficult to recruit volunteers and there was instead a dependence on Community Employment who were employed by DROP(Dun Laoghaire Rathdown Outreach Project). The initial people from the community who had come forward to lend support had moved on and the effect of the growing economy with more work for both men and women, meant that replacement volunteers did not come forward. The knock-on effect of this on the project has been the greater use of sessional staff. As the work in Shanganagh House projects develops, there is also competing demands on the space available, especially with regard to Adult Education classes.

The fact that the project was positioned within an already existing Youth service structure greatly facilitated the range of activities that were available to be presented to the participants. The staff member was also able to avail of the in-house training of the CYC.

The project found the accounting procedures employed by the VEC to be cumbersome' in running a Youth project as each item had to be invoiced and a quotation received. There was a strict limit to the petty cash and this restricted the availability of some activities.

As the project has developed, the staff member has developed a major workload and a need was expressed that support staff was necessary to network with other Youth services and provide support to the senior Youth worker.

A major outcome for the project has been in the level of participation shown by the Youth in the 16 + category with the advisory committee now being made up of 50% from this group.

The insecure nature of the funding has meant that a contract longer than the funding cannot be offered to the worker and this affects the potential for long-term planning as staff who leave, having done the groundwork for the project, are difficult to replace.

There was also concern that if mainstreaming of the project was to occur, at what level and under what scheme this was going to take. The disparity between the levels of support received under the Young Persons Facility Fund and the Disadvantaged Youthwork scheme was specifically mentioned.

CONCLUSIONS:

The funding provided to the Dun Laoghaire Youth Service for this project allowed a Youth worker to be appointed and youthwork to be developed in an area that had previously been neglected in terms of provision and in which a drug problem was already developing among 'at risk groups'.

The integration of the project into an already existing youth service provision allowed the project to develop quickly and take advantage of already existing networks and resources.

The issue of volunteer participation is one which is directly linked to the pick-up in the economy and the availability of people to carry out voluntary work. It is likely that this situation will continue in the near future and consequently planning for youth related services should take this into account.

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

PROJECT NAME: _Dublin Safer Dancing Initiative_____

PROJECT CODE: _DLR9_____

INTERVIEWEE: Steve Harding_____

PROJECT BACKGROUND

This project is run from the by the Eastern Health Board with a sub-committee drawn from the EHB Education Officer, the Local Drags Task Force and the Gardai. The project Manager is Steve Harding who is also the Eastern Health Board Education Officer. The project is based in Centenary House.

The project arose from me anecdotal evidence from youth service workers, drug users, medical personnel and media reports concerning the extent of Ecstasy use in nightclubs and the number of Ecstasy-related deaths that had been reported since the drug began to be used in me early 1990s. These health related deaths were a result of dehydration, heat stroke, organ failure and depression experienced by the user. Surveys carded out in Third Level Colleges confirmed that Ecstasy use was high (UCD 21%, TCD 18%, DIT 19%).

PROJECT DEVELOPMENT AND IMPLEMENTATION:

The project aimed to target the door staff of nightclubs and provide basic Health and Safety Training and awareness of the effects of Ecstasy. However, following a one-day conference on Ecstasy hosted by the Eastern Health Board in November 1997, the project took a different turn after talking to a representative of a similar project in London. The speaker from the London Drug Policy Forum said that they too had initially targeted door

staff, but had discovered that it was better to target owners and managers of night clubs in the first instance. A three phase plan was then developed which targeted;

- Owners and Managers
- Door Supervisors
- Club Goers

The Release Drugs Agency in London was contacted which had considerable experience in training nightclub staff. A report was commissioned on the best way to proceed in Ireland. This was completed in October 1998. In the meantime/a planning meeting of nightclub owners was organised for the Greater Dun Laoghaire area but the initial turnout was disappointing. This was because the owners feared that if they turned up, it might indicate that their premises had a drug problem. In the meantime the project got the backing of the Chairman of the Irish Night-Club Industry Association who owned a night-club in the area. With his help and moving outside the immediate Dun Laoghaire area to cover from the City centre to South Wicklow, a second meeting was held which was much better attended.

Arising from the planning meetings, two half-day training sessions were organised. It was necessary to use some media coverage to ensure attendance, but in the end about 40 people attended for both sessions. Based on these sessions with the owners/managers, a ten session course for Door Supervisors was designed which included;

- Exploration of Attitudes
- Drugs-Legal aspects
- Basic first Aid
- Health and Safety issues
- Evaluation-Identifying future training

Of the 22 participants who signed up for the course, 14 attended and 8 were awarded certificates.

Phase Three of the project concerned getting information to young people in the setting where Ecstasy was being used. A small credit card size information booklet produced by the Release drugs agency was used (referred to as a VIP-Vital Information Pack). The majority of club representatives said they would not distribute the booklets, but had no objection to an approved healthcare worker distributing them.

Following a feedback session with the door supervisors, several issues emerged including;

- A difference of opinion on what was the best training time (owners preferred 5.30-8pm, door supervisors were of the opinion that was their time off).
- A modular approach to the course content was preferred to a continuous 10-week period.
- Some staff were paid to attend training, while others were not. Those that were not, tended to drop out.

CONCLUSIONS:

The project approached the issue of drug use in an innovative manner by targeting a group of people (Door Supervisors) who would have a lot of first hand knowledge. It sought to do so in a non-judgmental way and avoid the 'scare tactic' approach but instead concentrate on a Health and Safety approach.

The project decided from an early stage to take the advice of the London-based project, Release, and concentrate firstly on night club owners and managers. This approach was greatly facilitated by the co-operation of a leading member of the night club industry.

Despite the potential of damaging publicity around the project (it could have been seen to tacitly encourage drug use) the media was used to good effect by the active co-operation of a journalist who was researching the issue.

The use of the Release agency also had a downside in that the project had to wait a long time for a report to be produced and overall feel they have relied too heavily on this source of expertise.

The training for Door Supervisors needs to be in 'paid time' if there is going to be a sufficient turn up for training. This issue needs to be discussed with night club owners.

If the project is to be developed nationally, then a core worker needs to be employed and based in a city centre location. It would be better if this person came from the nightclub industry rather than the statutory sector as understanding and contact with the nightclub industry is crucial for the success of the project.

The project should aim to produce a written code of practice which members of the industry could then 'buy into'.

In general, the project suffered from the lack of initial groundwork that was necessary to both inform and recruit the owners/managers and eventually the door supervisors to participate in the project. The lack of good quality and relevant information material on Ecstasy use was also a drawback.

The confidence of the industry and a good reason for Door Supervisors to participate both suggest that core staff, preferably drawn from the industry, is critical to the future success of the project.

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

PROJECT NAME: _Ballyogan Youthwork project

PROJECT CODE: ____ DLR 10 ____

INTERVIEWEE: ____ Peter O'Brien ____

PROJECT BACKGROUND:

The Ballyogan/Drinaghmore estate is situated in South County Dublin, behind Leopardstown Race Course. It is an isolated estate with some 350 local authority houses and a population of 3,000. Unemployment in the estate runs at 55%. The estate is 10 years old and so has a young age profile. There is no primary or second level school in the estate and no play facilities for children. The estate has been identified by the local authority as one for increased housing construction.

The project is sponsored and run by Dun Laoghaire Youth Service, a Joint project of Dun Laoghaire VEC and the Catholic Youth Council (CYC) which is funded by the Department of Education from the proceeds of the National Lottery.

The Youth Service programme aimed to target those 'at risk' youth in the estate who are 'unclubable' and are most at risk of engaging in drug misuse.

PROJECT DEVELOPMENT AND IMPLEMENTATION:

The Youth Service was approached by Ballyogan Community Development Committee and asked to provide a programme for youth in the estate. Information about the estate and the needs of the area were collected from the community care worker of the Eastern Health Board and the Ballyogan Community Development Committee. The main identified needs were;

- A range of Youthwork programmes
- Priority groups to be those at risk of early school leaving; those at risk of offending and those at risk of drug misuse

By employing a full-time Youth worker the project sought to carry out youth leadership training for recruited volunteer leaders; conduct small group work with ‘at risk’ young people and develop a variety of recreational activities for local teenagers. The project started in June 1998.

The project was able to source a local shop for conversion in the estate and acquire funding . It was also able to acquire a capital grant through the YPSF⁷ . The project also had three Community Employment Workers, one of whom came from the DROP (Dun Laoghaire Rathdown Outreach Project) and the other from Dun Laoghaire Rathdown Community Employment scheme. These worked with the Youth worker.

The project envisaged that volunteers recruited from the local community would deliver part of the programme. However, this part of the project proved to be problematical. The proximity to Sandyford industrial park and the general upturn in the economy meant that the availability of volunteers was limited (they were all working). It was therefore very difficult to identify and motivate volunteers for the programme. The issue of volunteer availability was compounded by the disagreements between the youth worker and the local community representatives (see below).

The project ran into difficulties centering around a breakdown of communications between the staff member and the local community. The local community representatives were of the opinion that they were going to determine the manner in which the funding allocation was to be spent and were not aware that the funding was to come through the VEC. The area had no history of youth or community infrastructure and so were inexperienced in the manner in which community projects are delivered. The staff member was also inexperienced and as a result was not in a good position to deal with

⁷ Young Peoples Facilities and Services Fund

these type of 'greenfield site' difficulties. The result was that the staff member left in October 1999 and the project has effectively been without staff for six months.

Despite these difficulties, the local community has 'stuck with' the project and has developed an 'ownership'. It has also managed to set up an After Schools Project with the assistance of a grant from the department of Social, Community and Family Affairs.

Five to ten volunteers assist in the project and between twelve and fifteen sessional staff are brought in for activities ranging from Adventure Sports, Youth Arts, Youth Leadership courses, After School and Personal Development. The age group of some participants (8-10) has been lower than expected, while the overall ages are from 8-16 years old, both male and female. In total, over 300 youth have participated in the project since its commencement.

CONCLUSIONS:

Despite a number of difficulties in the development stage, the project has managed to deliver an integrated youth programme to an area that had been previously neglected in this regard. The participation rate and age range demonstrates the clear need and 'pent-up demand' for such a programme in this area.

A 'greenfield' project such as this where there is no previous youth infrastructure and which is a relatively 'new' estate requires a particular approach and experienced staff to carry it out. A good deal of 'pre-planning' and preparation work needs to be done on the ground so that local expectations are realistic and good personal relationships are developed. The project obviously suffered from the difficulties between staff and local community representatives described above, but despite this the project has survived.

The strong 'ownership' of the project by the local community has resulted in some clear benefits. Among these are the lack of vandalism of the new converted shop for the youth

facility (this was not the case before) and the accessing of some key additional funding (Young Peoples Facilities and Services Fund and the grant from the Department of Social, Community and Family Affairs)

The difficulty in recruiting volunteers will inevitably result in a greater dependence on sessional workers. This, combined with the absence of a Youth worker may result in a certain fragmentation of the programme. It may be necessary to re-think the make-up and structure of the project in the light of the continuing lack of availability of volunteers and the difficulty in sourcing experienced staff.

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

PROJECT NAME: _Community Addiction Studies Course

PROJECT CODE: __DLR13_____

INTERVIEWEE: __Jim Ryan_____

PROJECT BACKGROUND:

This project is run by the Education and Prevention sub-committee of the Local Drugs Task Force. Started in October 1997, the aim was to provide accredited addiction training for local people that was affordable and adapted to suit local needs.

The programme of the Task Force sought to enable and encourage the participation of local community representatives in various education and prevention initiatives. However, there was a lack of certified, suitable and affordable courses that would be suited to local community involvement.

The project targeted people from disadvantaged communities within the Task Force area by advertising in community magazines, through the Southside Partnership, with Youth leaders and through statutory agencies. This aimed to target those people in local communities who were active in various community-based activities and may be interested in the courses on offer. In retrospect, the project felt that this means did not reach all groups and there was some lack of clarity concerning the content and purpose of the courses.

PROJECT DEVELOPMENT AND IMPLEMENTATION:

The project initially contacted Trinity College, University College Dublin and Maynooth where addiction studies courses were being run. These were found to be too academic in nature for the target group in question. The project then contacted the URRUS project in Ballymun who had specific experience in delivering community-based addiction studies courses. This approach was found to be more satisfactory and a contract was agreed with URRUS to deliver an NCVA Level 2 course with a 100 hour programme. A second strand of the programme was also agreed with the Adult and Community Education Department of St Patricks College, Maynooth and was to be run during the daytime. The course would carry NUI certification.

As part of the agreement with URRUS, four local people were trained in facilitation skills over two weekends. These in turn then delivered 6 session courses locally.

In total there were four strands to the project. These were;

1. The NCVA Level 2 course run by URRUS
2. The NUI certified course run by Maynooth
3. The 6 session courses run by local facilitators (uncertified)
4. The 16 week follow-up to the NCVA Level 2 course (uncertified)

Prospective course participants were asked to complete an application form, after which they were interviewed. Criteria under which applicants were considered for the courses included whether they had a track record of community involvement; were likely to complete the course; a gender mix and geographical spread and mixture of statutory and community participants.

The URRUS course included written work (essays), project work, agency visits and an evaluation of the session. The Maynooth course had similar elements to it, but a slightly more academic element. The participants on the two courses varied. The URRUS course took place in the evenings and had mostly community participation. The Maynooth course was during the day and had a much greater statutory-participation. Some issues of progression and recognition arose when the people who had completed the URRUS

facilitators course were not allowed (by Maynooth) to do the Addiction Studies course because Maynooth did not recognise the URR.US course.

A 16 week follow-up course to the URRUS course was run due to demand from the participants, but no accreditation was available as there is no defined progression route from NCVA Level 2 to a Diploma level course.

Both courses were delivered locally with venues in Dundrum Senior College, Dun Laoghaire and in Kilmacud Crokes GAA premises. It was initially thought that it would be important to have the course in an 'education venue' to lend the course more credibility, but this was found not to be an important concern with the participants.

The course was run in management terms, by the Education and Prevention sub-committee of the Local Drugs Task Force. This included representatives from the Youth Service, Home School Liaison Officer, Department of Education, Eastern Health Board, two people from WASP (Whitechurch Addiction Support Project) and two community representatives. While the community representatives were useful in providing feedback for the project, it was felt that some attention needed to be given to the structure and role of a management sub-committee for the project.

In total, three NCVA Level 2 courses were run by URRUS, with a total 60 participants. Two Maynooth-run NUI courses were also completed with a total of 40 participants. Three 6-session courses (no certification) were also completed with a total of 30 participants. There was also one 16 week follow-up to the NCVA Level 2 courses in which 16 people participated.

Participants on the courses ranged from 25-40 years of age, with a 60:40 ratio of female to males. About 80% were employed and the education levels ranged from early school leavers to third level graduates.

In terms of the projected target group, the URRUS courses were mostly people from the local community, while the majority of those on the NUI were professionals from the statutory sector. The demand for night courses tapered off and there is some question of ‘have we exhausted the number of people who want to do the course?’

In terms of providing courses for 1999/2000, a difficulty was encountered in that URRUS is a core funded group and because of its own funding issues, could no longer provide the courses. The Task Force then had to look to re-allocating some resources in order for the courses to take place.

There was initially some difficulty in securing premises for the courses as some of the schools took a ‘don’t want them in here’ attitude, largely because of the negative local publicity around the siting of satellite clinics. In this respect the co-operation of Kilmacud Crokes GAA in securing a premises for the course was a major positive boost.

The project experienced greater than initially expected demand for the courses and this was especially so among the statutory sector where more staff than was originally envisaged wanted to participate in the courses. There was also unexpected ‘adult education’ outcomes for some of the community participants in that participation excited their interest in adult education generally. The participation in terms of numbers and the mixing of statutory and community people on the courses led to a greater awareness of drug issues and the building of increased mutual understanding of different sectors.

CONCLUSIONS:

The project set out to provide a ‘gap’ in training and education and succeeded in a relatively short period of time in developing a multi-layered approach to addressing the demand for the courses

The greater than anticipated demand for the courses demonstrated the urgency and ‘built-up’ demand there was for such courses. The lack of available courses outside the Third Level sector also demonstrated a much broader weakness for an adult education approach linking key policy areas (like drugs) to flexible and accessible accreditation routes. In this context it was fortunate that the project had access to the URRUS project, but even here the NCVA accreditation seems cumbersome and lacking progression routes. This was not helped by a lack of innovation on behalf of Maynooth to link the training programme in a broader context-

The greater than anticipated demand and the increased complexity of dealing with a number of courses, providers and participants led to a greater administrative burden and back-up than was envisaged and that the Task Force could effectively provide- It also led to greater burdens on the management structure which had many more issues to deal with. A separate administrative back-up and management structure would be necessary to develop the project in the future.

The issue of progression was a major one, especially for those participants who had completed the URRUS course. A more integrated planning process, perhaps in conjunction with a Third Level Institution specialising in adult education could help to overcome some of the accreditation and progression issues, although a lot of this also comes from the rigidity of the national accreditation system.

The participation of the statutory sector professionals in this project was greater than expected, but this should not be seen in a negative context. In fact, some of the most positive outcomes may have come from the increased level of understanding of issues by statutory sector professionals and the personal networking links with the community sector that developed during the course. Indeed, it may be necessary to specifically target some statutory sector professionals (eg Gardai) who did not take part in the course and who could benefit greatly from such a course.

There may now be an ‘spent demand’ factor in the courses in that the pent-up demand for such courses has now been largely met and further participation may be of a different nature. A review of the courses to date with the community sector and a planning process with a view to the mix of accredited and shorter ‘top-up’ courses is now required for the coming period.

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

PROJECT NAME: WOMEN'S COUNSELLOR_____

PROJECT CODE: __DLR 14_____

INTERVIEWEE: _Pauline Davey_____

PROJECT BACKGROUND:

This project is sponsored by the Southside Womens Network (SWAN), a network of womens groups within the Southside Partnership area which has been in existence since 1995. In terms of its legal status, SWAN was operating as a voluntary association until February 2000. when it was formed into company limited by guarantee. Among its aims SWAN seeks to *“develop a shared vision towards empowering -women for positive change”* and to *“investigate targeted approaches to improve the quality of life for women in the designated areas of the Southside Partnership”*⁸

The project submitted to the Local Drugs Task Force targeted women living in the Southside Partnership area who are experiencing poverty and physical or mental abuse as a result of their role of caring for one or more drug abusers.

Through contact with childcare agencies and community development projects, SWAN highlighted the need for a counselling and support service to mothers and partners of drug abusers.⁹

The project proposal sought to employ a professional counsellor who would;

- Provide on site support and advice to women in the target group

⁸SWAN brochure, published for International Womens Day, March 2000

⁹ Application by SWAN to the Local Drugs Task Force

- Carry out small group work with women who wish to act as voluntary support group
- Develop drug abuse and prevention programmes with existing and new groups

A management committee was set up to oversee the project which included representatives from Barnardos and the Eastern Health Board. The management committee includes the SWAN project manager, but not the counsellor. Since the project commenced in August 1998, both these statutory representatives have moved on to other work commitments and have not been replaced on the committee.

PROJECT DEVELOPMENT AND IMPLEMENTATION:

The first 3-4 months of the project (August-December 1998) was one of initial contact and promotion for the project. It was just before Christmas 1998 that the project had its first clients.

The employment of the counsellor restricted the number of clients she could deal with at any one time to a maximum of fifteen, although the throughput and the amount of time spent with each client varied greatly. In total, some 50 clients have been in contact with the counsellor since it started with an average waiting list of 15-20 at any one time. The ages of the clients vary from 21-54, with the majority being homemakers.

The counsellor uses the network of community centres to make appointments with clients where she also distributes business cards with her mobile phone number on it. Most of the contact and appointment with clients is done in this way.

The SWAN project manager meets with the counsellor once a month at which case studies are discussed on an anonymous basis (ie case A, B, C ...etc). The counsellor also has external supervision from the Merchants Quay project which specialises in drug-related issues.

The initial aim of trying to establish voluntary support groups in local areas did not meet with a good response and so this part of the project was dropped. The issue of security and safety for the counsellor also arose during the project. There is a considerable amount of 'domestic fear' around me counsellor being seen to 'interfere' in a domestic situation and on some occasions this has led to issues of personal security for the counsellor. Issues of confidentiality, safety and privacy have developed as key areas for the project.

The scale of domestic violence issues came as a surprise to the project and has also involved legal issues such as barring orders and increased emphasis on security and safety.

Links with the Eastern Health Board have been problematic during the project. The counsellor has accommodation in the Health Board offices (Centenary House), but is not employed by them (she is employed by SWAN). There is a 'recognition' issue with me Health Board and the project and this is especially so with GPs who are slow to cooperate with the project.

The issue of office accommodation for the counsellor is going to become an issue in the forthcoming period. The accommodation in the Eastern Health Board premises in Centenary House will no longer be available due to lack of space and SWAN are seeking to integrate the project into new SWAN premises that are planned.

CONCLUSIONS:

The project seeks to address some of the issues arising from drug abuse at the level of women who act as carers and homemakers. It seeks to make contact with the target group through a community based network of womens and other groups. A counsellor takes on a case load and is able to draw on the expertise and experience in the SWAN and Southside Partnership networks to deliver a service to the clients.

A strength of the project is that it draws on established networks such as the Southside Partnership whose focus is on countering disadvantage and has established links with agencies and community organisations in order to develop a project on a 'needs-driven' basis.

The local community-based approach facilitates confidence and trust being built up with the counsellor. This very strength, however, may also be a weakness in that this process has clearly 'unlocked'⁹ issues of domestic violence which are related to drug abuse. This in turn has exposed the solitary nature of the counsellor who is working without a backup team and is not an expert in issues relating to legal issues.

The "vacant seats" of the agencies on the management committee has meant that the growth and development of the project on the ground may be hindered by the ability to make practical agency and support available to the counsellor. The growth of SWAN itself as a group has gone hand in hand with the growth of the project and this may have led to difficulties in managing and directing the project in terms of time and availability.

The coming year is going to be a crucial one for the project. The long-term office accommodation within the SWAN organisation would give the project a definite anchor and orientation, but outstanding issues with the EHB around recognition and cooperation need to be resolved for the long-term benefit of the project. The direction of the project in dealing with issues of domestic violence has clearly thrown up an area which needs to be dealt with in a strategic manner at management level.

There is an unmet demand for this type of counselling service and clearly there are more clients than can be met by the counsellor. A team-based approach including additional counsellors to deal with an increased volume is an identified need for the future. Counselling by its nature, however can be a very open-ended service and the expectations of the client are very wide. There are issues around the priorities for SWAN around specific areas of the counselling approach and how they relate to their own work and to

the priorities of the LDTF which also need to be developed out at a management and planning level.

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

PROJECT NAME: _ Oasis Project

PROJECT CODE: __ DLR 15

INTERVIEWEE: __ Niamh Byrne

PROJECT BACKGROUND:

The Oasis Project is a community-based drugs initiative established in 1997. It's brief is to provide a positive response to the needs of those affected by drug misuse and to offer ongoing support to individuals, their families and the wider community in Mountwood, Fitzgerald Park and Dunedin in addressing drug related issues.

It was originally managed by a voluntary committee, but this has now been changed to a company limited by guarantee (Oasis Project Ltd) since June 1st 1999.

The project has developed from the Mountwood/Fitzgerald Park Community Development Drug Project which was linked to the local CDP¹⁰ programme in the estate. It also operates as a satellite clinic for the Eastern Health Board two days per week.

PROJECT DEVELOPMENT AND IMPLEMENTATION:

The project consists of four main areas;

1. **Medical treatment-** a satellite clinic operates from the premises twice a week (Monday and Wednesday 2.15pm-4.15pm)

2. **Counselling-an** addiction counsellor is available to all clients on Tuesday afternoons
3. **Rehabilitation Programme-** A Community Employment scheme for drug misusers began in November 1998. This provides support through a programme of personal development, alternative medicine, relapse prevention and creative writing. It operates from 10.00am-2pm Monday to Friday. There are currently eight participants with places for a further two.
4. **Community/Family Support-** This part of the project offers support, advice, information and referral service to the community on Thursday afternoons. There is also a crèche which operates for clinic opening times only. A parenting course is also run under the auspices of Barnardos.

Under these four headings the project sought to take a community development approach and provide an integrated treatment and rehabilitation approach. An underlying principle of the project was not to promote purely methadone maintenance, but to emphasise the recovery and empowerment of the individual.

The project undertook an extensive survey of the local estate in August 1998 which informed the project of the emphasis on recovery, that it should involve families as well and that the catchment area should be confined.

The project did not meet with wholesale acceptance in the area and in fact suffered from some negative image in being too closely labeled as a 'methadone clinic' and also from a poor image with the local media.

Initially the project sought to target young persons. However, as the project developed and the demand became clearer, the target group expanded out to deal with clients in

¹⁰ The Community Development Programme is a national programme supported by the Department of Social, Community and Family Affairs to fund resource centres and staff in disadvantaged areas.

their 20s, 30s and 40s. The project also developed close links with the Citywide network of drug projects in Dublin and in particular drew lessons from the Saol and Soilse projects to design and implement their own project.

The project operates from a local authority flat leased from Dun Laoghaire Rathdown County Council. The space in the flat is restricted and in particular the crèche facilities are operated from a small room. Although an adjoining flat is vacant the project has been unable to secure it and has also been unable to secure a commitment from the local authority that they will be allocated premises in the newly built houses as part of the refurbishment of the estate. The issue of expanded room for childcare provision is particularly important as some 50% of participants are single parents-and if the project is to expand its services, it needs childcare facilities that will facilitate local users to make use of the project.

The participants on the Community Employment scheme (presently there are eight with space for ten) are employed by DROP (Dun Laoghaire Rathdown Outreach Project). One of the CE workers is employed as an Administrator and another as a Support Worker. The Assistant Supervisor of the CE scheme also works in the project.

The participants have all got the option of an extension of their time on the CE scheme ' from one to two years, in practice, most have availed of this and all the original participants are still on the project

The fact that the sponsors of the Community Employment scheme are DROP, means that the Assistant Supervisor has a specific role under the FAS guidelines. This variety of reporting and supervision structures has caused some friction within the project and led to a need for clarity around staff roles between Oasis and DROP. The post of Assistant Supervisor is currently vacant in the project.

It was felt by the project manager that the use of Community Employment to provide core staff (Administrator and Support Worker) was not satisfactory as the short time of

the contract and the low wage levels did not attract the type of skilled staff that was necessary to run the project effectively and professionally.

The production of a project newsletter and an Open Day for the local community has helped allay some of the initial fears

CONCLUSIONS:

The project has, by careful pre-planning and adopting a community development approach, been able to focus on a specifically difficult target group and engage them in an integrated project that combines maintenance with rehabilitation.

Physical location and the integration of a Community Employment scheme as part of the project have been important issues in the successful implementation of the project

The project has also been able to draw successfully on other similar projects and maintains a strong emphasis on 'horizontal learning' by its involvement with the 'Citywide' network of drugs groups.

The use of Community Employment for core staff is clearly not satisfactory in the longer run. A core staff including a family support worker and Administrator need to be paid according to comparable scales if the proper staff are to be attracted and the service run in a professional way.

While the project is technically integrated, there does seem to be some distance between what could be called the 'community development' aspect of the project and the 'medical' aspect of the project in the satellite clinic. In the longer term, a more fully integrated approach to these two aspects of the project needs to be developed.

The issues of premises is clearly a key one for the project. The current premises, while having the positive point of being located within the community is nevertheless far from

adequate for the current services and any future expansion of these. It seems that the reluctance of the local authority to fully commit to supporting the project by providing another flat or premises within the new development is seriously undermining the ability of the project to plan for the future.

PROJECT REPORT DUN LAOGHAIRE DRUGS TASK FORCE

PROJECT NAME: _____Pathfinders_____

PROJECT CODE: _____DLR 18_____

INTERVIEWEE: _____Mary Russell_____

PROJECT BACKGROUND:

The project arose from discussions within the drugs working group of the Southside Partnership. The Addiction Counsellor working with the Eastern Health Board had been unable to find premises from which to work and had received a lot of negative publicity in the local press.

A number of statutory representatives including those from FAS, the Juvenile Liaison Officer, the EHB and me VEC came together to progress a project that would engage those on methadone maintenance programme in a structured way, with a view to rehabilitation. Four local community activists were also brought into the committee to assist in its development to what effectively became a partnership of statutory and voluntary sectors. The project decided to become incorporated as a limited company in December 1999.

PROJECT DEVELOPMENT AND IMPLEMENTATION:

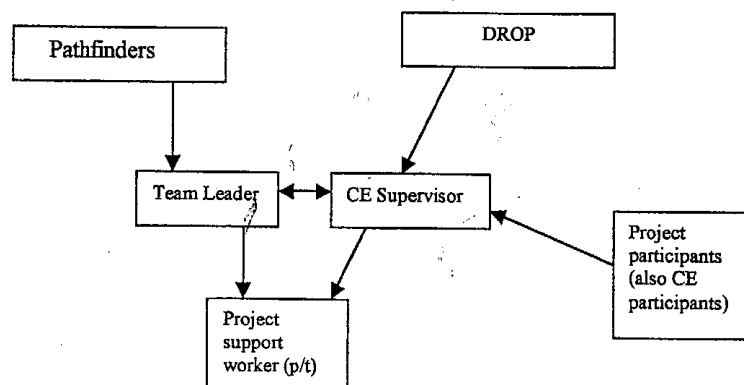
The project started in April 1998 and from the start there was a heavy crossover with DROP (Dun Laoghaire Rathdown Outreach Project) whose main function was to act as a sponsor for Community Employment places w. projects supported by the Local Drugs Task Force. The project also developed strong links with the Oasis project in Mountown/Fitzgerald Park which had broadly similar aims and were dealing with a similar target group.

The project aimed to provide a service for Methadone users which would complement the maintenance programme and provide a means of rehabilitation for users. The project also aimed to tackle the serious problem of social isolation that a lot of users experienced.

Participants on the project were selected from those who attended the Patrick Street methadone clinic. There was a period of consultation with the users themselves to see if they wanted the project. Individuals who expressed a desire and who were assessed to be ready were referred on to the project. Initially, there was a lot of 'pre-work' that was necessary to carry on with participants. This included "ground rules" for the project like 'keeping sober', 'not getting stoned' and 'arriving on time'. The early stages of the project was largely social with 'parents and kids' outings. Irrespective of age, most participants were what could be described as emotional teenagers' and a good amount of preparation work had to go into making them ready to go on the project.

In April 1999 the Community Employment scheme began. There were spaces for ten participants which was filled shortly after the project commenced. There are a further two participants who are not on the CE scheme and who attend part-time. There was an individual assessment of needs for each participants and a range of education and training classes ranging from bricklaying to computers was drawn up. The CE scheme was sponsored by DROP. A supervisor was employed (by DROP) for the project. A team leader was employed by Pathfinders who worked with a part-time project support worker employed by DROP.

Figure 1: Organisation chart for Pathfinders project:



A childcare facility organised by Barnardos is also provided by the project. The apparent complexity of the organisation structure is tempered by the fact that the project is effectively managed by a sub-committee of DROP.

Premises has been a constant problem for the project. Opposition from local traders and a poor local media have been the main contributing factors in failure to secure premises. At present the project is housed in temporary EHB premises with training rooms being provided by the VEC. Early hopes for a community-based premises did not materialise. In the medium to longer term the provision of premises is seen as crucial to the success of the project.

The project suffers from a poor community involvement and a generally negative image with the broader public in Dun Laoghaire. It has so far been unable to mobilise local community opinion behind it and is caught in the bind of being unable to promote the work of the project for fear of compromising the confidentiality of the participants. Ages in the project range from 22 to 40 with a 50/50 gender mix. Literacy has been identified as a major issue for participants, but because of the lack of suitable premises, this has not been addressed to date.

CONCLUSIONS:

In many respects the project is still in a developmental phase. The pressure of a poor public image and the related inability to source suitable premises have been major factors constraining the project's development.

The project has sought to engage a particularly difficult target group in a generally negative public attitude environment. Careful consultation and pre-work with the

participants have ensured a high level of participation and a general positive attitude among participants towards the project.

The training and education programme for the participants is still in the design stage and is very much 'participant centered'. The key issue of literacy has been identified, but as yet remains unaddressed. It seems unlikely that there will be any significant progress while this remains the case. The training programme also lacks integration into local provision, although this may also cause problems due to the poor image of the project and the nature of the client group.

The 'medical' and 'development' elements of the project seems to have become somewhat separated. The participants are all on a methadone maintenance programme and users of the outreach clinic. There seems to be necessity to link the 'medical health' and the 'training and development health' aspects of the programme for the individual participant closer together.

The nature of the client group also poses specific problems in terms of social behaviour and their readiness to fit into a structured programme. The individual review currently underway may provide some useful pointers in this direction.

The public awareness aspect of the project continues to be a central and important one. . Unless key opinion makers in the political parties and the media can be convinced of speaking out for the project, the difficulties faced may even accumulate in the future. It would make more organisational sense if the important function of promotion, lobbying and information was taken up by the Local Drugs Task Force rather than the project itself.

OVERVIEW CONCLUSIONS

In this section I will summarise some of the conclusions from the projects under review. In doing so, I will try to draw out some common themes and present some general conclusions under the headings below. In doing so, I am aware that the nature of the review did not allow for an in-depth probing of issues nor for seeking the viewpoint of a number of stakeholders involved in any one project. This would clearly have enhanced the validity of any conclusions reached. The conclusions below therefore, should be read more as unifying themes rather than as definite conclusions regarding any one project or the work of the Task Force as a whole.

The headings I that I will use to present the general conclusions are:

1. Plan overview
2. Promoter and Delivery
3. Organisation and Management
4. Policy and Linkage

1. Plan overview

The Evaluation of the Drugs-Initiative (PA Consulting, October 1998) concluded that many of the plans tended to be project driven rather than strategic in nature (p28). This arose partly from the guidelines given (or perhaps the lack of guidelines) given to local Task Forces, the rushed nature of the planning and submission process and the consultative nature which tended to lead to a 'shopping basket' approach. The Dun Laoghaire Task Force Second Report (September 1997) is detailed and rigorous in terms of the background data, the nature and extent of the local problems and current statutory provision, but is short on a strategic overview or linking themes around how the plan should function. The chairperson in the introduction comments that *"this is not a final plan to solve the drug problem in Dun Laoghaire Rathdown... the responses are designed to give every young person the opportunity to choose a drug free lifestyle while at he*

same time reducing, through intervention, education, treatment and rehabilitation programmes, the harm that those who choose to use drugs do to themselves, their families and the rest of the community. The people of Dun Laoghaire deserve no less". This is an admirable mission statement, but needs to be built upon in terms of an integrated strategic approach for any forthcoming development plan for the Task Force.

Given the lack of strategic priorities in the Second Report (1997) there is little to measure the way in which individual projects have fitted into the overall plan other than to look at individual project objectives and outcomes.

2. Promotor and delivery

In general, the projects fell into three broad categories in terms of the nature of the promoter and the means of delivery:

- a. The established agency which integrated the project into an already existing service delivery. In this regard the LDTF funding was either an 'ad-on' to what it was already doing, developed the service out into 'neglected' areas or added the awareness of drugs to the service it was already delivering. In this instance the project tended to be delivered effectively with good management and monitoring structures in place. However, it was difficult at times to separate out the 'value-added' the LDTF resources delivered due to the integration into existing services.' The integration into existing services also tended to mitigate against any innovative or 'new approach' emerging while providing effective delivery and networking of existing services.
- b. The established agency which 'pushed the boat out' in terms of project design (it was something that they had not tried before) or in terms of engaging with the community sector and other agencies in new management structures. There were often teething difficulties and organisational issues to be overcome, but where these problems were successfully overcome or are in the process of being

overcome, the project has gained in that it has established linkages both horizontally with other agencies, and vertically in that it has established links with the local community in one direction and the possibility of influencing national policy with new models of good practice in the other.

- c. The community-based group which used the resources to develop a project based primarily on expressed local need. In this case there was a lot of consultation and local involvement and the often difficult issue of involving volunteers was overcome. The material produced as a result was often innovative and centered around maintaining local community involvement. The projects also tended to be less well structured with management and monitoring issues still needing to be resolved or developed. These projects also tended to be in a period of transition from a situation of 'volunteer good-will' and participation to one of more 'professional delivery and accountability*. Managing that transition successfully so that the positive aspects of their early development is maintained is a key aspect for them.

3. Organisation and management

The organisation and management of the projects varied greatly in terms of the key people involved and the nature of the management group. Broadly the projects fell into three broad categories:

- a. Those projects where the management committee took responsibility for the functioning of the project and were in a position to instruct or lay guidelines for the project manager and any core workers funded under the project. In this case the management committee had a clear line of responsibility and reporting for the project.
- b. Those projects where an Advisory or Steering committee rather than a management committee was involved with the project. This was usually the case

where the project was integrated into the work of an existing agency and where already existing management structures and lines of responsibility were adapted to accommodate the project. Local community involvement was through these Advisory or Steering committees. The main difference from a. above is the level of decision making powers in relation to the project that each structure has.

- c. Those projects which did not require a core worker(s) and where the effective implementation of the project fell to an already existing staff member within an agency. This often had the effect of putting additional workload on an individual without the back-up resources. Sometimes this resulted in delay in project implementation and the longer-term necessity for additional staff and administrative back-up.

5. Policy and Linkage

The absence of a strong strategic element to the Second report (September 1997) of the Task Force meant that issues of policy development and linkage between projects varied greatly and was influenced more by individual project managers or workers within agencies and emerging necessities within projects.

In some cases (eg the Oasis and Pathfinder projects) treatment and rehabilitation were linked and an innovative use of Community Employment was engaged to develop the projects. These two projects also formed the basis for the Parenting Support project run by Barnardos. This approach has valuable lessons for the development of national policy, In other cases, the targeting of early school leavers in the Whitechurch Youth project and the community education approach taken by the WASP project have also important learning aspects that can be linked to policy development and strategy.

The issue of policy development is linked to an evaluation process at project level. This evaluation level goes well beyond the current review and would include a qualitative

study of individual projects with a view to looking at all the stakeholders involved, the key lessons to be learned and what policy issues could be developed.

Linkage between agencies and between community groups and agencies increased both in terms of quantity and quality during the lifetime of the projects under review. New areas of interagency co-operation developed, while some others like the inclusion of Gardai in Addiction Training still needs to be developed. Linkage between the 'medical' aspect of projects and the more 'development' aspects seemed to be weak in many projects. This was of particular relevance in the two treatment and re-habilitation projects under consideration where it appeared that the 'medical' part of the programme had not fully understood the nature of the linkage necessary to make the project fully successful in its aims.