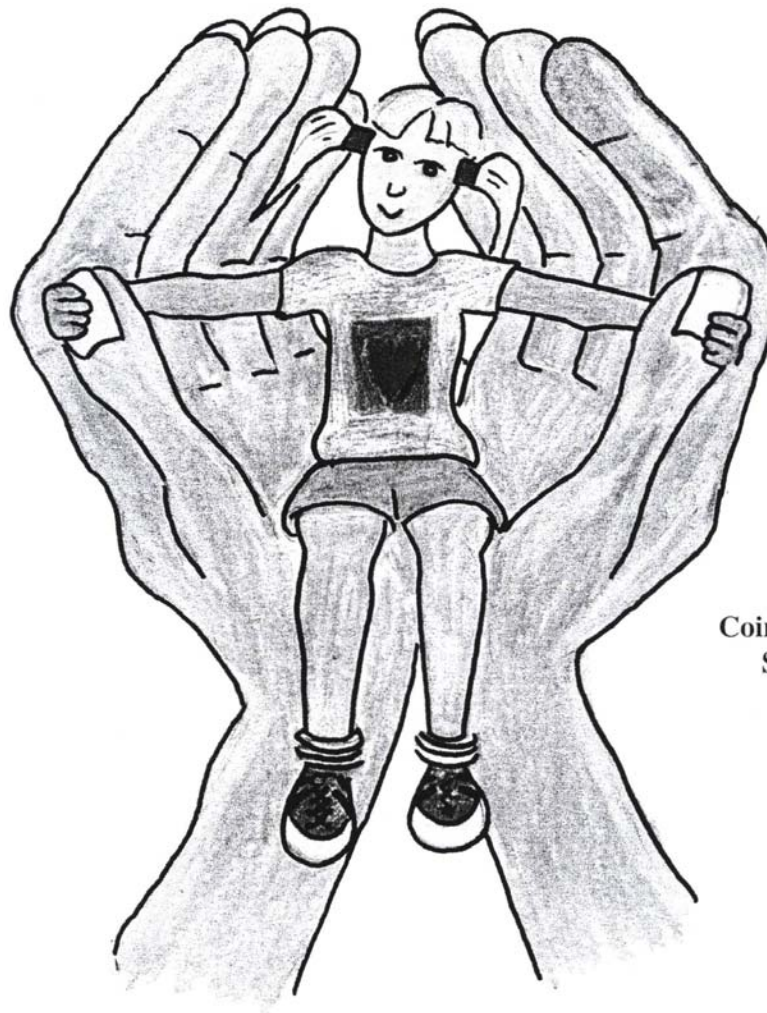


# **Opiate Users and the Child Support Function**



Coinneach  
Shanks

**An Evaluation of a CARP- Killinarden Project**

## **Foreword**

It is with great pleasure that we launch the second evaluation of CARP-Killinarden, Our first was in 1997 and it was instrumental in facilitating massive growth in CARP. Always conscious of the need to give value to tax payers for their money we felt it important to critically examine not only our work with drug users but also the work we do outside of this. With this in mind we successfully approached Combat Poverty Agency with a view to evaluating our childcare work - with children of people attending CARP. Over the years we had identified these children as being in need of special attention and so we hired a playbus and childcare staff from Tallaght Centre for the Unemployed. This was grant aided by the Irish Youth Foundation and the Local Drug Task Force. We entered a partnership with Barnardos to work with older children. We also had informal contacts with the local primary schools and with the local Social Services of the Eastern Health Board when needed. As a way of coordinating this work monthly meetings took place between some of the agencies together with CARP.

There were grey areas around what information should be shared at the meetings and when informal contacts were made between CARP and workers of agencies. There were also concerns about how much the parents of these children were willing and/or informed partners in this process. Coinneach Shanks, of Virtual Image, conducted the research under the headings of access, choice, voice and accountability. During the evaluation he argued strongly for the rights of the children and of their parents. This is a timely reminder to service deliverers to people on methadone substitution programmes that in our changing culture, with the emphasis on consumer rights, people on methadone cannot be treated as second class citizens.

Coinneach also drew up a code of practice and professional conduct which we believe is a pointer in the way forward for agencies and organisations that share clients.

We would like to thank Coinnach for his invaluable work and for all those agencies and individuals that gave of their time. Thanks to Combat Poverty Agency for grant aiding us both for the evaluation and for the printing of the report The front cover was drawn by Margaret Tutty, our art rehabilitation teacher, based on an idea of a CARP participant.

We will be circulating this report to as many agencies as possible who work in the childcare and/or in the drug field as our small contribution to breaking the cycle of addiction in families.

**CARP-Killinarden Management Team    19<sup>th</sup> September 2000**

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The consultant wishes to thank all those agencies and individuals who helped during the evaluation. Liam O'Brien co-ordinated the research work, set up meetings, assisted in proof reading and made useful comments on the final report. CARP staff were very helpful in providing comments and background information and were most hospitable when I dropped in to the project. Agency staff including EHB social workers, Barnardos staff, headmasters, schoolteachers, Playbus staff, workers at the Tallaght Centre for the Unemployed and staff at the Lucena Clinic offered information and advice. Parents of clients in the Reachout Group gave freely of information concerning their experiences. I am grateful also to all other professional workers with whom I had discussions during the course of the project. Finally, my thanks to the adult clients of CARP who were most frank and honest regarding information of a personal and confidential nature.



## **SECTION 1: INTRODUCTION, CONTEXT SETTING, and AIMS OF STUDY**

### **1. Introduction: background and context**

The CARP programme was developed as a community response to drug addiction in the Killinarden Parish in Tallaght, Dublin. Killinarden has a population of around 7,000, living in 1,640 local authority houses spread over 5 estates. All housing was built by Dublin Corporation in the 1970s and early 1980s and the area is currently subject to further development of around 200 units. Killinarden is a closely knit community but has few facilities. Although it is reasonably close to the Square Shopping Centre in Tallaght, busy through-traffic routes make access difficult, especially for those with children. The high number of school leavers and high rate of unemployment in Killinarden may have contributed to youth crime including joy riding, vandalism and drug use. Killinarden DED has the highest population density in the Tallaght Partnership Area. Nearly half the population are aged 14 years and under and only 3% of the population have received a 3<sup>rd</sup> level education<sup>1</sup>. In 1995, conservative estimates put the number of Killinarden heroin users at around 60, much higher than the Dublin average. This was to rise to 300 (IV and smokers) at the present time, a figure that appears to have stabilised. The further development of Killinarden may affect these figures.

A community response to the drugs issue was fraught with problems in the 1990s as drug taking and drug culture dispersed to suburban areas from predominantly inner city areas. Although Killinarden had been subject to an existing culture of morphine sulphate use, the availability of, and market for heroin increased, with a concomitant decrease in product quality<sup>2</sup>. At the same time, the problem's visibility increased since residents would have previously made a trip to inner city areas to score<sup>3</sup>. As a response, vigilantism contributed to fractures in the community and constrained the development of co-ordinated approaches. Nevertheless, the activists who were to form the CARP programme persisted in tackling the issues at local level. A local clinic was proposed in 1995 and despite some opposition from members of the local community a doctor commenced prescribing methadone in 1995. Situated in the local community centre, which financed the original programme with clients paying the full costs of treatment, the programme "bootstrapped" from nothing. Although the scheme was not opposed by local agencies such as the EHB, neither was it supported. One Tallaght pharmacy was willing to issue methadone.

The programme developed through 1996, bringing in local users originally treated in Central Dublin, to prevent "leakage" of methadone<sup>4</sup>. Although local opposition had to be won through public meetings and awareness raising, the programme settled. Adopting a harm reduction philosophy that acknowledges that drug use is unlikely to disappear, the CARP Programme evolved a specifically holistic approach, which caters for the needs of the drug user, the drug user's family and the community itself. A gradual approach to detoxification (detox) procedures combined with a tolerance or acknowledgement of the, likelihood of failure for the client has produced an apparently stable client caseload who have given up heroin and who's methadone dependence is gradually decreasing. In addition

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<sup>1</sup> Killinarden Line Project Report

<sup>2</sup> This is likely to have a direct effect on the physical health of the opiate user

<sup>3</sup> The score itself is an important part of drug culture. In some respects, the suburbanisation of drugs may have diluted the solidaristic bonds inherent in the subcultural group - with a concomitant increase in risk.

<sup>4</sup> The client "sells on" methadone, whilst continuing to use opiates, for example - or keeps it "for a rainy day".

to obtaining prescriptions locally, the opiate user is now able to access counselling services and ancillary activities such as aromatherapy and so on. The children of client drug users can avail of play facilities such as a Playbus, can attend local activities through Barnardos Lorien project and treatment through the Lucena Clinic.

The **CARP project** works within the following service context.

**Figure 1: Drug services in Tallaght**

Community Based Drug Treatment	Some other Drug services in Tallaght	Statutory based services
<ul style="list-style-type: none"> <li>• <b>Community Addiction Response Programme<sup>5</sup></b> Killinarden</li> <li>• St Aengus Community Action Network</li> <li>• Brookfield Addiction Support Programme</li> <li>• Fettercairn Drug Rehabilitation Prog.</li> <li>• Miltbrook Lawn (EHB)</li> </ul>	<ul style="list-style-type: none"> <li>• Killinarden Drug Primary Prevention Group</li> <li>• <b>Reachout Killinarden</b></li> <li>• Kilnamanagh Drug Awareness team</li> <li>• <b>Lorien project</b></li> <li>• Tallaght Rehabilitation project</li> <li>• Pride project Fettercairn</li> <li>• Shanty educational project</li> <li>• Narcotics Anonymous</li> <li>• <b>Community Addiction Studies Course</b></li> </ul>	<ul style="list-style-type: none"> <li>• EHB: Community Drug Team</li> <li>• EHB: Community Alcohol Services</li> <li>• EHB: Education Service, Cherry Orchard Hospital</li> <li>• Garda Station Tallaght (information)</li> </ul>

Despite the high level of community-based services, outstanding issues remain for the CARP project and others. There continues to be a community response to drug users, which is structured by moral panic rather than considered reasoning. This can result in the drug user being seen as a “folk devil”. Within that community context, the CARP approach offers:

- a community methadone clinic in the heart of the locality
- a drop-in which extends cheerful support and encouragement
- information, advice and counselling for drug users
- the administration of urine testing in a non judgmental environment
- access at the local level
- the co-ordination of parents and voluntary sector activists through informal and formal networking

This evaluation report proposes to tackle this study using qualitative measures that stress the position of CARP as an innovative programme. CARP seeks to accept its clients as citizens with equal rights and as such does not necessarily display a “goodness of fit” with

<sup>5</sup> Projects with links to CARP are denoted by bold lettering.



community values - although it may prove an instrumental force in changing these values. The evaluation therefore, in looking at the key analytical factors proposed in the original research brief (choice voice access and accountability), must acknowledge that whilst CARP is providing a *service* in the traditional sense<sup>6</sup>, it is also a vehicle of change. The evaluation will therefore seek to answer the following questions:

- ❑ Do participants and families of origin view involvement of agencies as an integrated or organic process or as a totally separate phenomenon?
- ❑ Do participants feel that agencies work together with them on their behalf or are they considered a source of interference?
- ❑ What guidelines or protocols should be followed by CARP and other agencies in discussing clients?
- ❑ What development is both appropriate and necessary such that CARP fulfils and extends its service within Killinarden?

## 2. Objectives and approach

In an integrated approach to problems generated by drug use in Killinarden, CARP'S work with the children of drug users is felt to be vitally important. The approach of the CARP team is predicated upon the fact that children of opiate users are subject to increased risk in comparison with other children of similar age. As such, they may be subject to, or at risk of:

- psychological damage/mental health problems
- physical neglect/health problems
- deteriorating family dynamics
- pressure to undertake care function within the family
- poor educational performance
- crime and delinquency
- having drug or addiction problems
- being taken into care
- accommodation difficulties or homelessness
- poor future employment prospects
- future (inter-generational) family problems

It is important to recognise that in some cases, problems may *not* necessarily result. On the other hand, these areas are not mutually exclusive and multi-problems may result. Additionally, the resulting problems are not restricted to the individual. They may affect his or her peer group, school classes and create problems for the neighbourhoods and communities within which the affected individuals live. Furthermore, although the child care function is directed towards the welfare of the child, the CARP project feels that children's activities increase the efficiency of its methadone programme. The placing of children within a safe environment allows the parents some respite from child care and reduces the proximity of activities aimed at the opiate user. In this way, the CARP programme tackles problems not merely at the level of individual, but at family and societal level. As such, CARP aims to be both curative and preventative.

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<sup>6</sup> The service element is about *provision* whereas other programmatic elements stress preventative measures.

<sup>7</sup> The child is placed in the position of providing care for siblings and even parents.

This approach is relatively complex and collaboration with a wide spectrum of agencies is required to achieve objectives. The statutory, voluntary and community levels all need to be mobilised in order to accomplish CARP'S mission. It is this complex scenario which has generated a key problem in CARP'S task. The sharing of vital information pertaining to the child of the opiate user is often necessary. Yet confidentiality demands both a delicate approach and an appreciation of the formalities necessary for agencies where strict codes of professional ethics apply. The review will therefore examine information-sharing at the informal and formal levels and seek to generate a CARP code of practice that will focus on the practical implications of child welfare obligations and responsibilities.

This review therefore attempts to fulfil several objectives. In dealing with the child care function as an *integrated* part of the overall CARP approach, it has been necessary to closely examine links with corresponding parts of the overall service. In consequence, it is accepted from the outset that any recommended adjustments arising from this review may also:

- affect the remaining parts of the project - medical, counselling, information and support
- change the relationship between CARP and agencies within its ambit or network
- change CARP managerial, organisation and operational functions including job content and responsibilities
- have training, updating and familiarisation implications

The investigative approach was multi-dimensional. The consultant carried out the following tasks:

- collated papers and reports relating to the development of CARP
- examined CARP records including minutes, codes of practice, forms etc.
- collected information from related organisations including other drug-related programmes operating in the Tallaght and Killinarden areas.
- examined related research, including operational plans, specialist reports and government publications
- conducted key issue interviews with operational staff, key players, stakeholders, volunteers and education and social welfare professionals in the locality
- conducted semi-structured interviews with parents (opiate users) and grandparents (group)
- conducted such observation as was possible during the project including drop-in and Playbus activity
- examined material related to child welfare, including codes of practice, government reports, etc.

The outcomes of the research aim to resolve the information-sharing question; tackle the adequacy of the child care function, making suggestions for both improvement and expansion. It will also provide recommendations for the development of the CARP project as a whole, with an emphasis on the centrality of the child care function.

### 3. Structure of the report

The study begins by examining previous evaluation work carried out by the project. It continues by addressing the key questions of welfare service as developed by Deakin et al. This formulation, whilst primarily addressing clients as consumers serves to highlight crucial questions concerning the opiate user as citizen. This lends a different focus for analysis that denies the community and state positioning of the drug users as a “scourge”, “demon” or “leper”. It rather sees the drug user as welfare “casualty” without denying the individual’s own responsibility for his or her plight. In order to get assistance, to reform or to be “cured”, the drug user must access a service directly or indirectly funded by the central or local state, including the voluntary and community sector<sup>8</sup>. The criteria laid down in *Public Services and Social Exclusion* is as follows:

**Figure 2: Model for examination (consumer orientated)**

<b>Access</b>	Location and style of delivery
<b>Choice</b>	Ability to exercise options within the service and between providers
<b>Voice</b>	Opportunity to express views on the service received
<b>Accountability</b>	Means by which those who deliver services can be responsible

This part of the report will utilise this model as a means of interrogating the particular system in use at CARP-Killinarden, with special reference to the children function. Within this framework, the question of consumer satisfaction will be examined. That is, do participants and families of origin view involvement of agencies as an integrated or organic process or as a totally separate phenomenon? Do participants feel that agencies work together with them on their behalf or are they considered a source of interference?

The second part of the report will go on to examine the questions of structure, expansion, and relationship between agencies (including networking). It will conclude by tackling the child welfare question with the development of a code of practice for operation and information-sharing.

### 4. Previous evaluation and research work

This section of the report examines:

- previous work carried out on the CARP programme
- reports from other agencies working on the drugs question in Killinarden
- related research.

<sup>8</sup> Sector is here referred to as a structure or formation in distinction to the locality or neighbourhood level. Here, the community sector comprises organisations with salaried staff and which may or may not use volunteers. That is, it forms one of the social partners with employers, trade unions and the state.

Although a small amount of research work has been carried out on local level projects, research has generally focused on large scale and statistical work. Qualitative work on family support appears to be at an early stage. An Internet scan produced little material related to preventative work - such as family support for drug users. It must be recognised that much work in this area is produced and circulated at local level and remains hidden to some extent. A clearing house of such research represents a current gap in provision.

In a qualitative study, the Children's Centre<sup>9</sup> at Trinity College, Dublin has tackled the question of the social and psychological needs of the children of drug users, focussing on effects and needs of such children. A subsequent study will use a quantitative approach, utilising control groups so that there will be a comparison between children of drug using and non drug using parents. The study confirms the link between parental drug use and social deprivation and finds that at community and family level, support makes a substantial difference to the ability of parents to cope with child rearing in the following areas:

- help with short and long term care of children
- advice and information
- therapeutic benefit of just having someone to talk to

In all of these areas, grandparents and other family members appeared crucial. Of particular importance to this report is the finding that parents who were receiving consistent treatment had more consistent involvement with their children. On the other hand, parents who were active drug users tended to live more chaotic lifestyles and at the same time exposed children to drug taking, drug talk and drug paraphernalia such as syringes. CARP play group workers also confirm that "drug talk" was common for new children attending sessions. This research confirms that clients within the CARP project recognised the effects of this exposure and took considerable care to avoid it. Of particular interest was a CARP male client who's child was severely disabled and required the use of syringes for his condition. Having the equivalent of a set of works in the home posed a dilemma, particularly where drug using peer group members were aware of its existence. After explaining the administration of medication for his child, he commented:

I have syringes for the child in the house and someone asked me for them the other night. I couldn't because it's for the child. If people knew I had them in the house, they would be asking me all the time.

The study found that school performance was affected. Children had poor attendance, were often of unkempt appearance, had problems completing homework and required remedial education. Teachers tended to relate these factors to a poor school-home relationship resulting in low parental involvement in children's education. Again, the CARP experience mirrors these findings. As this study will show, such problems are not *necessarily* tied to parental drug use and therefore the teacher is at a disadvantage in identifying causal factors that could be associated with alcohol problems or social deprivation in general. CARP'S work has therefore involved significant liaison with schools on behalf of certain children. This has proven instrumental in alerting professionals to the specificity of children's problems forming the basis of more targeted approach to individual pupils. This area is one which has given rise to discussions concerning confidentiality. The permissible extent of

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<sup>9</sup> Hogan, D.M., The Social and Psychological Needs of the Children of Drug Users, The Children's Centre, Trinity College, Dublin 1998

organisational information-sharing on child welfare problems will be examined later in this report.

The extent of parental opiate use on children's problems appears to be as follows:

- **social:** fighting, non compliance, delinquency, cognitive incompetence
- **individual:** attention deficiencies; wariness; low self esteem; depression; withdrawal; social incompetence; poor physical health

It is also accepted that the child is at risk of developing drug-using behaviour, but causal factors are unclear. It is likely that behaviour follows an "amplification loop" where the low self esteem induced by parental disinterest, manifests in drug use, resulting in Further degradation in self esteem for the child. Again, it is impossible to be categorical concerning causality. Children's resilience varies and siblings may react differently. Nevertheless, the generality of experience suggests that children in opiate-using households are likely to exhibit disturbed behaviour.

An evaluation study<sup>10</sup> of the CARP project identified CARP as an organisation working outside the policy context. This situation has changed somewhat with additional funding and a more structured place in drug policy and operations. It did however, draw attention to CARP'S success in setting up a locally based project with a health promotion approach. It acknowledged CARP'S successful intervention at community level in the context of initial community resistance and recommended that lessons should be disseminated at policy level, suggesting a pilot programme for the model exemplified by the project. Various recommendations were made in the areas of: innovation, staffing evaluation and networking. Accountability was identified as a key issue, particularly in relation to structure and management. With permanent staff now in place and clear lines of responsibility, this has also been subject to change. Areas of networking, monitoring and accountability at local level continue to require attention.

It must be acknowledged that whereas the outcomes of opiate addiction are relatively clear, the effect of small scale local projects are difficult to establish. This report will include such quantitative measures as are applicable. Nevertheless, it may be important during this period of innovation and development, that more stress should be placed on monitoring, tracking and in the development of useful data gathering instruments- It can *be* argued that the imposition of data collection is likely to be intrusive for the client and as such unproductive. Nevertheless, the benefits of locally based projects need to be quantitatively grounded. The report therefore aims to suggest a more rigorous approach to data.

## 5. Current figures and trends

Because CARP is a relatively new organisation, figures revealing trends remain limited. Nevertheless they serve to present a picture of CARP'S adults clients. The make-up of clients presenting is predominantly male (two thirds: stable figure). A *typical*<sup>11</sup> CARP client might be as follows:

<sup>10</sup> Bowden, M., CARP-Killinarden: Evaluation Report, Dublin, 1997

<sup>11</sup> Modal group

### A “typical” CARP client

A typical CARP client is male, aged between 20 and 24 years who reached secondary school level and left school at 15 or 16. He is more than 50% likely to be unemployed. He began to use heroin after 15 years of age. This became his main drug of choice and has been used (injected) for more than two years. He is likely either to be living with parents or family or with another drug user (an increasing trend). It is also likely that he will have shared injecting equipment at some time. Additionally, he is likely to have received treatment before and has self referred to the CARP project.

As CARP developed so referrals increased. In 1997, 71 cases were undertaken. This increased in 1998 to 85 cases and currently stands at 91 cases (1999). It must be noted that the recovery period for addicts can be several years so figures represent a cumulative case load which has increased as follows:

**Figure 3: No of adult cases currently undertaken by the CARP project**

	No	%
<b>Male</b>	70	77
<b>Female</b>	21	23
<b>Total</b>	<b>91</b>	<b>100</b>

Numbers of children varies with numbers of clients serviced. Currently **57 children** are receiving services as follows:

**Figure 4: No of children currently using CARP Playbus**

Age (years)	Male	Female
<b>0-1</b>	4	4
<b>2-5</b>	9	11
<b>6-8</b>	6	4
<b>9-12</b>	2	4
<b>12-14</b>	1	2
<b>TOTAL</b>	<b>22</b>	<b>25</b>

Again, this represents a caseload figure where number of males and females in any given age group are roughly equal.

**Figure 5: Clients involved in selected activities and duration of service delivery**

<b>Activities</b>	<b>Frequency of activity (per annum)</b>	<b>No of Children taking part (average)</b>	<b>No of adults taking part, or close interest (average)</b>
Barnardos classes	100 hours p.a.	4	2
Playbus	200 hours p.a.	8-10	4
Activities and outings - panto etc..	2 times p.a.	25	20
Presents for children	4 times p.a.	60	4-5

This table shows the blend of activities undertaken by the CARP project and the aggregate time involved in delivering the service. The table suggests that parents are most likely to be involved during outings. This is an area where the CARP staff are able to observe the children and parents together in an informal setting. As such, this activity presents a good opportunity to assess relationships, interaction and so on.

## **SECTION 2: ACCESS, CHOICE, VOICE and ACCOUNTABILITY**

### **1. The CARP Programme and Access**

Rendering services more available to clients by bringing them closer through decentralisation of delivery to small-scale locally based units has been a feature of local authority, EHB and FAS services in the last decade. This has further involved two key changes:

- a change of style at the point of service delivery
- the provision of integrated services at local level

In providing such a decentralised service, CARP's approach is necessarily more humanistic. Those drug users living in the community have immediate ease of access. Observation reveals that drug users are happy to drop in, not merely for a prescription but for information, advice or just a friendly conversation.

### **2. Description of premises**

CARP accommodation is based in a portacabin of which it has exclusive use. It contains, an open area with kitchen and seating facilities, an administration office, and two small offices for co-ordinator and counsellor. Toilets are situated at the rear of the kitchen area. The open area is decorated with information posters on a variety of welfare and education topics. Although accommodation is fairly small, this lends an intimate atmosphere to the project and there is a feeling of safety. On the other hand, privacy is limited and it is sometimes possible to overhear conversation from office accommodation. The counselling room is rather small and not ideal for the purpose.

The portacabin is situated in the centre of Killinarden to the side of the Community Centre and just off the main road that passes through the locality. A small row of shops lies just around the corner. Separation from the Community Centre has proved positive for the project and there are no longer problems associated with community joint use. Initial resentment by other user groups has diminished as a result. The Portacabin has a, high visibility, however. Here, confidentiality is somewhat compromised since others are likely to know that those accessing the premises are drug users. Nevertheless, all clients interviewed said that they did not care about that aspect of access. The project hopes to move shortly to purpose-built premises nearby. Current accommodation is nearby to other community projects and facilities such as a school, health centre and the Reachout Group of drug user parents are located "next door".

The premises are readily accessible for other agencies in Killinarden and there is ample parking space. The Portacabin is however, rather anonymous and a little bleak in appearance. It is relatively easy to find for visitor from other agencies and its proximity to local schools means that teachers may access the building with ease. But those potential clients wishing to self-refer might not know of its existence without agency referral or word-of-mouth information.

There are some additional problems related to parent children use of the building:



- The space for children in the current accommodation is limited. Whilst observation reveals that children are relaxed in this environment, they have little space to play or be diverted. This can result in children running into the toilets and on occasions, playing with condoms<sup>12</sup>
- children may see sample bottles being passed between parents and staff. This is thought to lower the status of parents in the children's eyes.
- Clients who are in difficulty can appear a bit "grovelling" or subservient, losing authority in front of their children There are no child-changing facilities in the building

There is much about the building that requires change. In the event of the CARP project being unable to secure new premises that are appropriate to the needs of its clients, some thought should be given to an additional, linked portacabin. It is recommended that alternative option be investigated in the event of funding for new purpose-built accommodation being refused. In the interim, please see below: "access for parent and child".

Play facilities for the children are located in a double-decker bus in the adjacent car park on two afternoons per week. This is provided on an agency basis by the Tallaght Unemployed Workers Centre and fulfils several functions.

- ❑ children are provided with structured play opportunities
- ❑ children are within easy reach of the CARP centre
- ❑ observation of children may reveal problems requiring attention
- ❑ children do not have to share toilet facilities with parents who may required to give a urine sample
- ❑ parents are able to access medical, counselling and other services without their children present
- ❑ parents can go shopping or merely take a break from child care facilities

Playbuses can be a very valuable resource. They are popular with younger children and their mobility brings great benefits. Depending on the design and function of the bus, older children may not be attracted if it is felt to be too "young" in decoration and facilities<sup>13</sup>. The Tallaght bus itself is well-designed although it would benefit from refurbishment. Playbuses also involve high maintenance costs and can be "off the road" for long periods. This has happened recently, proving disruptive to CARP'S work. Playbuses are also subject to vandalism and this one is no exception. Care needs to be taken in this regard, in order to fulfil health and safety requirements.

Children clearly like the bus and find it accessible. Nevertheless, initial problems arose, ironically due to its popularity. Other children (outside the client group) wanted to play on the bus and found it difficult to understand why they were prevented from so doing. Children within the client group also found it difficult to understand why they could not bring their friends on the bus to play. When explaining to child clients, bus workers, parents

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<sup>12</sup> In view of health promotion intervention, it is difficult to assess whether children familiarisation with condoms is positive or negative. (children probably see this as "rude" and find it irresistible, however, this kind of play can antagonise residents if it moves to street or school level.

<sup>13</sup> Shanks, K., *Roadworks*, Mobile Projects Unit, Bristol, 1991

and grandparents tend to describe the bus as a *club*. The suggested “exclusivity” appears to provide a satisfactory explanation for the children and the problem has diminished.

### **3. Barnardos provision**

This element of the CARP project work is delegated to Barnardos and takes place locally but off-premises. As such, access is determined by Barnardos. A programme of classes is operated on behalf of children referred by the CARP project. During the research period the consultant did not observe the children *in situ* but there appears to be no particular difficulty in accessing Barnardos premises. In one case however, it was clear that the negative association with the *name* of Barnardos had an effect on the attendance of one child who was eventually located in a “teenager” project. This has much in common with problems outlined above. At early ages young people can be sensitive about identity and status. Here, the status of “teenager” was acceptable for the child. This highlights the need for careful labelling and awareness of the outside appearance of young people projects. CARP may find it useful to develop opportunities for older children.

### **4. Access to CARP for parent and child**

In the absence of play facilities, the CARP project has delegated this part of its work to others. However, the success of this work depends on the ability to lock into the chaotic world of the opiate user. Access to play facilities depends very much on the parent’s or grandparents ability to (physically) deliver the child to the venue. Additionally, the opiate using parent needs to feel that the centre is accessible during periods where play is not available. In this case, access for both parent and child is limited. Although parents do bring children into the CARP project accommodation, this appears unsatisfactory. There is no room for the child to play, no toys and little supervision whilst the parent gives a urine sample outside the normal hours. Naturally there is flexibility in the system but this depends on the availability of existing staff. What are the options?

- The provision of a corner for children, such as that available in many doctors’ surgeries, would make a useful interim measure, although space is severely limited.
- The provision of a dedicated crèche is an alternative that nevertheless demands staffing and adherence to statutory child care regulations.
- The provision of a part-time crèche for parents who drop-in (that is, remain on the premises) would have much to offer parents and children. This would also offer a focus for health professionals such as dieticians, midwives and welfare workers who can then see parent and child *together*.

Certain agency informants, such as the organisation that provides the Playbus, stress the need for crèche resources in the Tallaght area, although reservations about the likelihood of success at the local (Killinarden) level were expressed. The possibility of stigmatisation for children using a crèche for opiate using families must also be recognised. On the other hand there may be an opportunity for establishing local level crèches by working together with other agencies. This may also present a training opportunity for those in the Killinarden area where unauthorised child-minding arrangements<sup>14</sup> may be evident. Informal arrangements

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<sup>14</sup> An alternative to this kind of arrangement is under consideration by the Ballymun LES as an employment option under EU funded measures.

(not necessarily “bad”) could be replaced or “mainstreamed” through training and the extension of existing physical resources. *It is recommended that the local drug-related networks ascertain such FAS training opportunities as exist*, perhaps through the auspices of Tallaght Centre for the Unemployed.

### **5. Aspects of drop-in work**

The accessibility of the CARP project appears much determined by informal elements existing within service delivery. Interviews with clients reveal that the centre and its workers are important in their lives. The drop-in aspects feature the following

- A staff style is exhibited which is based on personal warmth and openness
- All staff members display a general and unconditional interest in clients and their children.
- A non-judgemental approach that recognises that opiate use is only one of many elements in a client’s life.
- A recognition that clients require assistance in key areas such as health and employment.
- An acceptance of client failure and a willingness to help clients try again
- A close working relationship with local community activists and agencies and an organic relationship to the locality in which staff work.

### **6. “Choice” and the CARP project**

Whilst the opiate user may appear to be located in a position where choice is limited, there are certain freedoms of action which are open to the client. It is most important to the project that clients choose to enter the programme of their own volition. No one is forced to join the CARP programme. Naturally there are conditions applied to the clients once they are receiving a methadone script and the clients must agree to the terms of the project regarding urine samples, etc.

The CARP ethos, however, is to allow for dignity and respect. It is known that opiate users often save methadone “for a rainy day”, presenting the risk of accidental injury for young children finding stored quantities. But taking someone off the programme because they are *suspected* of misdemeanours offers the following dangers;

- the client is no longer accessing a mainstream programme
- the client may seek to return to subcultural activity
- the clients and his or her children are “out of sight” of community professionals
- there is real danger of worsening adverse affects on children of the opiate users

Clients are supervised during tests and it is difficult to “fake”. In a programme of this kind it would be difficult to maintain complete surveillance without threatening the rights of the individual. And as long as the client remains with the programme, the less risk of harm for parent, child and community. Observation reveals that CARP staff take all reasonable precautions and measures to ensure conformity with the agreements made with clients. It is in this way that CARP through a relatively hands-off approach, achieves respect and credibility amongst clients. CARP is one of three schemes for drug users in the area and

through offering the harm reduction arms-length option, opens up choice for those affected by drug use.

### 7. “Voice” and the CARP project

Again because of the delicate position of the project, the opportunity for clients to comment and to effect change is limited. Opiate users lead somewhat chaotic lifestyles and the project would certainly face a certain level of non attendance. There is no formal mechanism through which opiate users can become involved in the development of the project, although several opiate users have become engaged in drug forums, newsletter production and web page design. This is an area that of opportunity which should be developed.

- It should not be assumed that all opiate users would necessarily miss meetings. The participation of project users could be synchronised with meetings, for example.
- Client interviewees expressed strong views and had clearly thought about aspects of the project. It is likely that they have experience that may be of potential value to the project.
- Successful graduates of the project could be invited to participate in the formal organisational structure.
- Current clients and graduates could become volunteers in the Centre. Those who have been through the system are often in the best position to encourage new entrants.

There are other ways in which their voice can be heard. The “informal voice” of conversation, which takes place at a day to day level, could be amplified by emphasising or developing the drop-in function. The voice of the children must also be taken into account. This is harder to organise and requires facilitation. Nevertheless, the whole issue of children’s rights is currently under scrutiny and it **is** necessary to make provision for appropriate input from children.

### 8. “Accountability” and the CARP Programme

Here, we understand accountability as the way in which CARP is responsible (in all its functions) to those with whom it comes into contact. How transparent is the service? Can everyone see how it works so that it might be changed or developed?

CARP is accountable to:

- its **clients**: for the supply of a service; safety; confidentiality to opiate users and their children
- the **community**: by addressing the needs of the Killinarden locality
- **agencies and institutions**: by taking into account the requirements of other agencies
- its **funders**: for disbursement of monies supplied to the project to achieve particular objectives

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<sup>15</sup> It is important to be proactive in this matter since the children’s rights agenda is “on the table”. Foroige, the independent children’s rights movement and “in-care” organisations may be able to offer valuable advice and assistance in engaging very young people in accountability strategies. VOYPIC in Belfast, for example, has significant experience in this area.

The category of accountability is a difficult one for CARP - both as a local organisation and as a drug agency. Clients, for example, may well be in a condition where they fail to appreciate the workings of the project. Elements within the community<sup>16</sup> - particularly some of those who use the community centre - was originally opposed to the project's location and although this has been partially resolved, some residual antagonism exists. For agencies and institutions, the necessity for confidentiality and sensitivity requires a relationship of trust with the CARP project. For flinders, the management of the organisation can use such mechanisms as this evaluation to make visible the operations and dynamic of the organisation as well as problems, lacks and opportunities for change and development. Accountability however is to all intents similar to responsibility<sup>17</sup>. Information gathered during the course of the project demonstrates that CARP operates at a highly principled and responsible level. In turn, clients interviewed show a high degree of trust and as such reciprocate the responsibility adopted by CARP. Clients demonstrate an awareness of the limits of confidentiality, for example.

Looking at information-sharing, it is clear that the nature of the relationship between accountability and confidentiality is dominated by power. That power must be acknowledged and applied effectively. The CARP project has shown that this inherent power relationship can be exercised judiciously, constructively and in the best interest of its clients.

## 9. Monitoring.

Although CARP keeps case records on individual clients (which are naturally held confidential), basic statistical information could more closely interrogate the status and development of clients and children. Daily logs are up to date and relevant yet do not lend themselves to such coding and input as would facilitate detailed analysis. This problem of data *storage* as opposed to data *retrieval* is a typical problem for practically orientated projects. Funding agencies require information that gauges the effectiveness of the programme and the project itself requires data analysis that measures client and project outcomes. Although basic information is available through analysis of official returns to the Health Research Board, statistics are medically orientated and cross-sectional. Longitudinal information is difficult to obtain apart from basic trends. Project data is, however, systematic and neatly displayed.

Information on children suffers from similar problems and in this area we do not have the benefit of health returns. Little attempt is made to assess children since this is, in general, left to the agency to which work is contracted. It is therefore difficult to determine the effectiveness of the child care function apart from consumer satisfaction (which is, nevertheless, considerable) of parents, grandparents and the children themselves and the confirmation by teachers that children using CARP services have improved. In the latter case, this knowledge arises either through formal reporting or informal observation. This case also gives rise to problems of confidentiality. Teachers will not necessarily know which children are using the services of the CARP project and the question of whether they *should* know is arguable. The resulting lack of information nonetheless decreases the transparency

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<sup>16</sup> The community or major elements within the community of Killinarden including organised groups at community level.

<sup>17</sup> Hugman, Richard and Smith, David, *Ethical Issues in Social Work*, Routledge, London, 1995

of the organisation since it is difficult to produce figures that would verify effectiveness. At the same time, confidentiality cannot be jettisoned in order to produce a good set of figures. It is therefore intended that the adoption of a code of practice on confidentiality will allow for a different practice in inter-agency information exchange. The consultant recommends the construction of an assessment system for clients, which engages with the spirit and ethos of the project. That is, the assessment system must reflect the holistic family objectives of the scheme and must deal with relevant aspects of adult, child, and family as process and outcome. **The consultant recommends the adoption of a quantitative assessment system using qualitative anchor points. Such a system does not necessarily need to be the same as other systems. It must be internally coherent (and theoretically defensible) and apply to all within the scope of the CARP project.** Suggestions regarding the construction of such an assessment system are attached as appendix “B”

It may also be useful to introduce an additional system that monitors “family” rather than individual members of the family. For example, how well is the family functioning? At the risk of overtly “bureaucratic” caseload designations, the CARP project might find it useful to allocate intensity and improvement levels to cases. These should be designed to facilitate measurement of interaction between parent and child. For example, are the parents able to help the child homework? What kind of/how much play is observed? How well does the parent deal with normal childhood (or adolescent) problems? What is the family’s position in the neighbourhood? What kinds of positive interaction do members of the family display? **It is recommended that the counsellor, in conjunction with support and outreach workers, assess the nature and efficacy of a basic system through which family improvement is measured.**

#### **10. Follow up and tracking**

The lack of follow-up information may eventually hamper the CARP project. A senior psychologist interviewed as part of this evaluation stressed the importance of outcome information in sustaining the project itself. And although some outcome information exists, there are no long-term statistics available for ex clients. Did they succeed in maintaining their “drug free” position for example? Does any recidivistic behaviour exist (as it does with other types of welfare work<sup>18</sup>)? So how *sustainable* are project outcomes? Research in this area would prove costly but could be undertaken in conjunction with Health Research agencies at the locality or Tallaght level. It is therefore **recommended that CARP explore, with other local agencies, the possibility of launching follow-up studies.** Follow up studies would gather information in a systematic way using cross-sectional data (or “snapshots”) at periodic intervals. Individual organisations can through the design, assess their own projects whilst overall data will lend context to information. The problem of keeping track of individual’s’ addresses is recognised. Where opiate users in recovery have moved away to new areas, obtained employment or whose condition has worsened may be difficult to find. The somewhat painstaking task of locating ex clients is, in itself, a worthwhile exercise in data collection.

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<sup>18</sup> It is not uncommon for those who have been assisted to clear over indebtedness with the help of Guarantee Funds and Credit Union support, to slip immediately back into over borrowing. Participation in schemes became episodic in some cases

## 11. Summary of consumer aspects

The opiate-using client group, the shape of the project and its structural position within drug use services gives rise to inherent difficulties. Despite these difficulties, the CARP childcare function has developed very well at the informal level. CARP has also succeeded in dealing with local level problems in an interactive and developmental manner. The organic nature of the project is a key area of success for CARP. In particular, its relationship with the parents group has helped to raise awareness in the area of opiate abuse and has clearly proved instrumental in “calming” the community.

The next stage for CARP is its consolidation and expansion, which necessitates:

- developing those parts of the system which are working well
- adjusting those parts of the system which require adaptation
- building appropriate formal systems in conjunction with agencies
- extending knowledge of the programme to agencies which are unaware of CARP

At the same time CARP needs to improve work with children such that there is more control or management of the system. In particular it needs to monitor more adequately the improvement of children from initial entry through to closure. This report therefore **recommends** the introduction of a monitoring procedure that avoids excessive intrusion, yet provides the project with more knowledge about its work.

A detailed summary follows as Figure 6.

**Figure 6: The CARP project summary matrix**

<b>Access</b>	<ul style="list-style-type: none"> <li>Local access to centrally located premises ensures availability ease of use</li> <li>Services for children increase likelihood of successful client outcomes</li> <li>limited disability access</li> </ul>	<ul style="list-style-type: none"> <li>Drop-in availability ensures continuation of access and promotes organic relationship</li> <li>staff style: relaxed approachable for both children and parents (including contracting agencies)</li> <li>referral system varies for both children and adults</li> </ul>	<ul style="list-style-type: none"> <li>Organisation needs to develop its drop in function without compromising other elements of the service</li> <li>Organisation needs to consider permanent or semi permanent physical provision for children including crèche or playgroup options</li> <li>Review of referral system required</li> </ul>
<b>Choice</b>	<ul style="list-style-type: none"> <li>One of several projects increased for clients</li> <li>Provision of children services increases client opportunities for detox, employment, development</li> </ul>	<ul style="list-style-type: none"> <li>Offers a “different” harm reduction and arms-length approach for parents as additional option within the locality</li> </ul>	<ul style="list-style-type: none"> <li>Elements of choice can be increased by careful expansion</li> <li>extension of resources and facilities for opiate users and children should be considered</li> </ul>
<b>Voice</b>	<ul style="list-style-type: none"> <li>Client group demands special measures to ensure participation</li> <li>Voice of children is necessarily limited and participation is constrained by statutory regulations</li> </ul>	<ul style="list-style-type: none"> <li>No means of expression for children as yet. Organisation needs to develop a way in which the voice of the children can be integrated into the project</li> <li>Parents could be more involved in project practice despite chaotic disposition</li> </ul>	<ul style="list-style-type: none"> <li>Similar projects may be able to offer guidelines. In particular the independent children’s rights movement may be able to offer experience and opportunities</li> <li>Those parents recovering or recovered could be involved at the voluntary level</li> </ul>
<b>Account-ability</b>	<ul style="list-style-type: none"> <li>Accountability constrained by community attitudes and likely condition of the client group</li> <li>Accountability for child care function tends to be partially delegated to contracting agencies</li> <li>logging procedures in place but information difficult to interrogate</li> </ul>	<ul style="list-style-type: none"> <li>Accountability is maintained through informal mechanisms and close working relationships with partner agencies</li> <li>Accountability otherwise tends to be dominated by accountability to funders</li> <li>Opportunities exist for increasing accountability within the network structure</li> <li>Continuous assessment procedures require development</li> </ul>	<ul style="list-style-type: none"> <li>Organisation ends to review and adapt management structure</li> <li>Those recovering or recovered could be involved at the voluntary level</li> <li>Close networking offers a means of increasing and consolidating. accountability and transparency</li> <li>Assessment for children necessary to monitor improvements</li> <li>Generate monitoring and assessment</li> </ul>



The necessity of closer relationships and more elaborated monitoring procedures requires the information-sharing function to be developed in a manner through which confidentiality and self-determination are protected. Given the experience of similar projects, there is an absolute requirement for this kind of project to extend *without jettisoning* the central principles that make it different. It is therefore essential to retain the following elements:

- the harm reduction approach
- relaxed staff style and extensive level of informal connections
- an organic relationship with the community

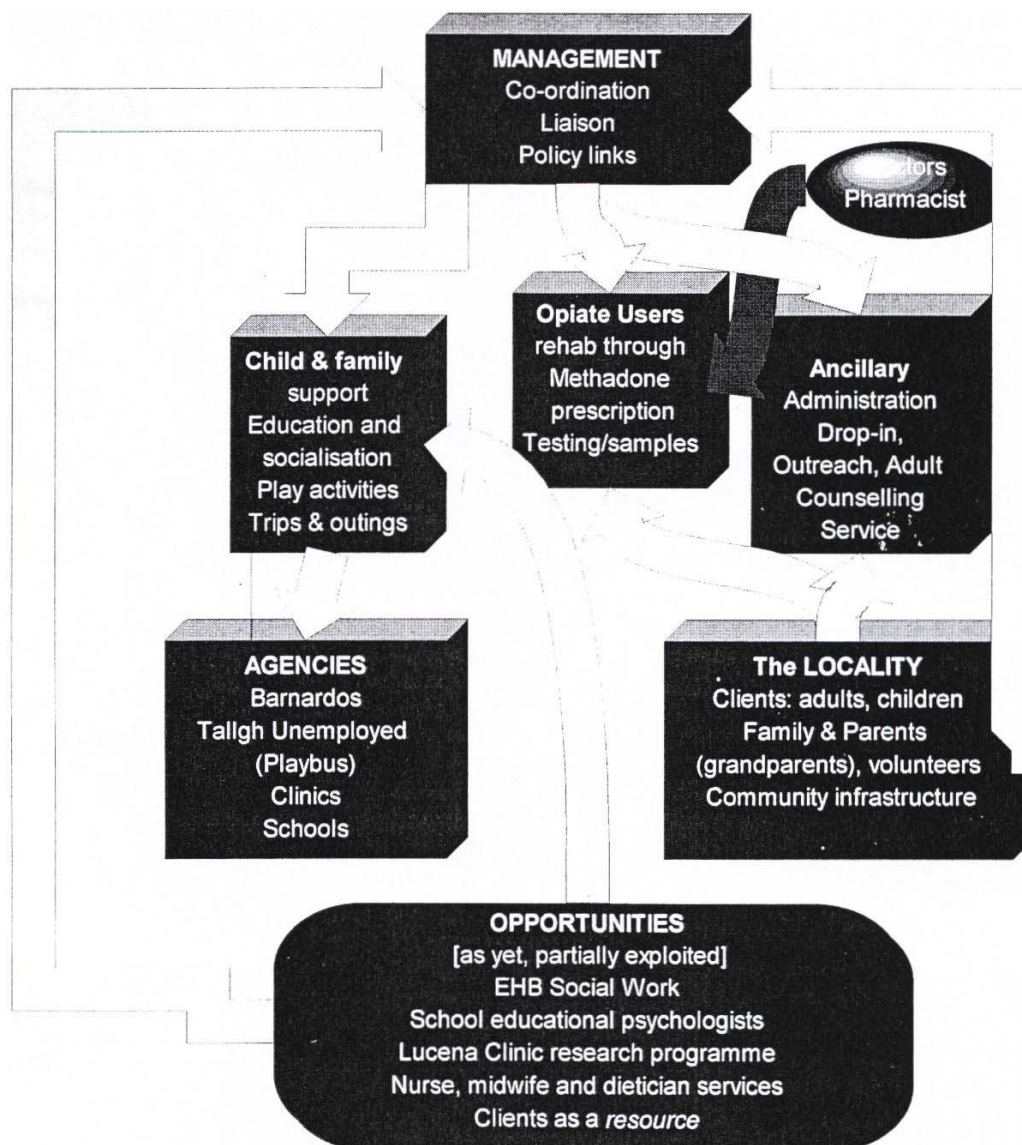
whilst developing

- consolidation of formal data collection
- pre and post programme assessment of children
- development of client or “post-client” participation
- development of choice within the project
- codes of conduct and information-sharing
- publicity and dissemination

In general, the management of the organisation could be extended to be more comprehensive. That is, clients, community and funders could be more closely linked at the level of operations and policy. It is necessary therefore to take a closer look at the CARP organisation of management and operations, examining areas of potential and development.

The following represents managerial and operational links whilst omitting staff responsibilities. As the diagram shows, there is considerable expansion potential in the system (I am ignoring the policy end for the moment.). That expansion, however, will demand extra resources to make the system more effective.

**CHART 1: Structure, Management and Operations**



## 12. Requirements of CARP operations

a) In order to accomplish development and expansion, **the co-ordinator** needs to secure more distance from the active hands-on function without losing the relationship he has built with clients and locality as *project leader*. This requires additional staff resources for supervision, and day-to-day project administration.

b) **Work with children and families** should be expanded (without losing the invaluable community links the worker has created). **It is recommended that the current worker receives extra training and additional staff support in the following areas.**

- a. it is necessary to **intensify contact with children** in the care of the project.
- b. it is necessary to **supervise more closely** the work of **contract agencies**.
- c. it is necessary to **intensify contact with parents and children together**.
- d. it is necessary to **generate new areas** within which the children can receive remedial services.
- e. it is necessary to give the children some measure of *voice* in the service in line with UN charter on children's rights.
- f. it is necessary to **create and administer adequate** monitoring arrangements such that improvements can be recorded, trends established and funds secured.
- g. it is necessary to **introduce an outreach function** such the above can be consolidated, to ensure that home visits can be made and which will contribute to an efficient flow of clients.
- h. it is necessary to institute **child protection training and procedures**.

c) **Administration** lies in an unusual position and is currently integral in spatial and operational terms. For example, the **drop-in function** is very much assisted by the closeness of administration and administrator. But there are positive and negative effects. On the one hand, clients feel part of the system, the system gains in transparency, a relaxed atmosphere is generated and through interaction, the administrator is engaged in an active learning function. On the other hand, the administrator can be pulled away from essential tasks and may meet with pressure that pulls in opposite directions. In general the current situation works well. Expansion, however, may make demands such that this close relationship will no longer function to the benefit of the project. **It is recommended that the project reviews the administrative function, drawing boundaries such that atmosphere and learning co-exist with the efficient execution of administration.**

#### d) **Counselling and therapy**

The counselling service does not operate a service for children. The absence of in-house counselling for children and young people can be seen as a "lack" within the context of an holistic service. Where the child is known to the project workers, a relationship exists and the child is familiar and relaxed with the project building<sup>19</sup>, a child counselling service would appear to be a valuable and viable option. Information gathered during the course of the examination, suggested that some children were receiving different types of counselling from different organisations. Although more information is required on this topic, the consultant feels that inter-agency co-operation is vital in this area. It would seem preferable to engage the child a single style of counselling and approach and a single child-therapist relationship. Family therapy may offer the best option and should be considered. EHB social workers or the Lucena Clinic may be of some assistance in this matter. **It is recommended that the CARP counselling service extends to include child and/or family counselling.** This has staff implications. However, in conjunction with the present counsellor, CARP could investigate available staff resources. Those currently completing periods of professional training may need field experience (although clearly this option throws weight onto supervision functions). Additionally, the counselling room currently available is unsuitable. The room should be comfortable, quiet and free from distraction or interruption.

<sup>19</sup> It is noticeable that children are very comfortable in the current project building despite the lack of child resources.

Some thought should be given to this aspect in the development of a new project building or adaptation of the existing building.

#### e) Drop-in

The drop in features of the CARP project work well, given the constraints of the building<sup>20</sup>. All staff members combine to promote this function and this gives the CARP building a sense of welcome, cohesion and solidarity. Intensifying this part of the service will demand that any workers employed devote “core” time to participation and engagement with clients. Workers often find that in periods of stress, they wish to withdraw to complete work in a quiet environment. It is important to remember that “hanging around” constitutes an area of “hidden” work. To the uninitiated observer, it may appear as if “nothing is happening”, whereas the opposite is, in fact, the case. Any additional workers must bear this in mind. This constitutes an arena where many problems are raised, debated and solved. It may be for example that the need for counselling is expressed as a result of communication between clients or after client observation of successful counselling outcomes.

#### f) Possibilities

On occasions, the best volunteers can be sourced from that group of clients who have had or are experiencing successful outcomes. Other clients are often more likely to listen to someone who has similar experiences in overcoming difficulties. This is one way in which clients have the opportunity to “put something back”. In this way, clients can be seen as a CARP *resource* as opposed to a *target*. The involvement of ex clients needs careful handling, but if they feel that they have participated in the programme, they may feel a part of CARP rather than merely a client for whom “something has been done”. It is clear that for those with addiction problems, CARP support enables the individual to do the work themselves. As such, work with addicts is collaboration. Emphasis on the self-determination of the client may lead to greater involvement. Drop-in work is a particularly good arena for the lay worker (ex-opiate user). It can consolidate the work that has been carried out, reduce dependency, and provide assistance in maintaining the client’s self esteem and extend the employment options of the client. This demands resources in terms of volunteer coordination. **It is recommended that the CARP project employs a Project Worker to undertake the following responsibilities:**

- attracting community based volunteers<sup>21</sup>
- engaging ex client volunteers
- building a volunteer team
- conducting volunteer training
- developing peer education
- drop in work

The outreach function also requires staff resources. The **consultant recommends that the project expands the outreach function to accommodate a wider range of duties in conjunction with the Support Worker. This could be achieved through judicious use of trained volunteers in conjunction with a new Project Worker**

<sup>20</sup> The current accommodation is small and may not adapt well. In addition, disability access is poor although this is not a problem at present and could be resolved fairly easily.

<sup>21</sup> Appendix “C” offers guidelines for the use of volunteers.

**Figure 7: Current and recommended staffing**

<b>Current Staff</b>	<ul style="list-style-type: none"> <li>• Co-ordinator</li> <li>• Support Worker</li> <li>• Outreach Worker</li> <li>• Administrator</li> <li>• Counsellor</li> <li>• Volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Full time</li> <li>• Full time</li> <li>• Full time</li> <li>• Full time</li> <li>• Sessional</li> <li>• Periodic</li> </ul>
<b>Recommended staff</b>	<ul style="list-style-type: none"> <li>• Co-ordinator</li> <li>• Support Worker</li> <li>• Project Worker</li> <li>• Outreach worker</li> <li>• Counsellors (3)</li> <li>• Volunteers (co-ordinated team)</li> <li>• Administrator</li> </ul>	<ul style="list-style-type: none"> <li>• Full time • Full time</li> <li>• Full time</li> <li>• Full time</li> <li>• Sessional: 1:5 f/t equivalent</li> <li>• Sessional</li> <li>• Full time</li> </ul>

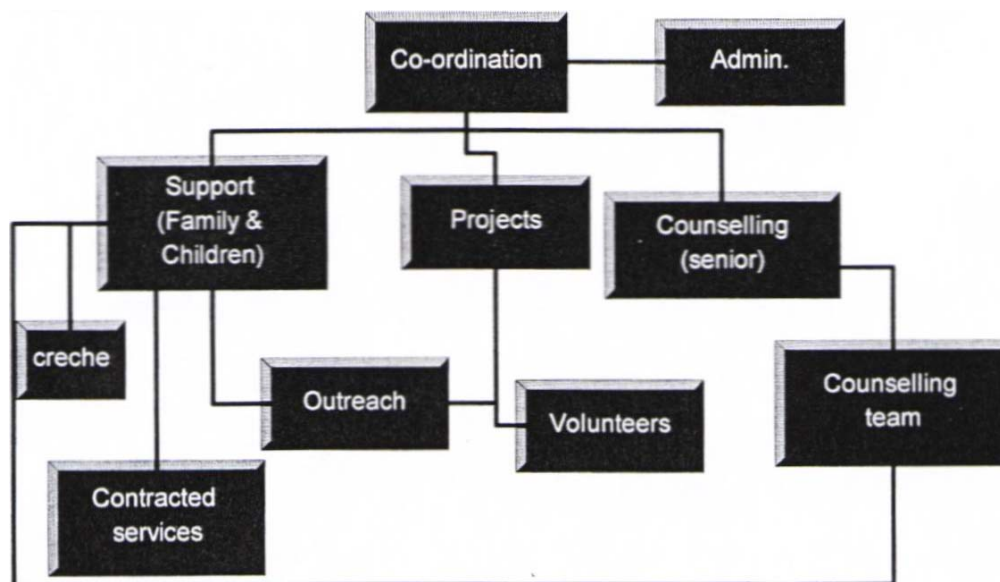
In accommodating these staff changes, little adjustment is needed in *style* of operation. The objective is to reinforce the current operation, consolidate success, plug “gaps” and extend family support services. For example, suggestions arising from discussions with parents (grandparents) and schools include that of catering for ex-prisoners with drug problems, who are returning to Killinarden. Those who have conquered addiction whilst in prison are apt to rejoin their peer group on release, succumbing to old problems. Those who continued opiate use in prison are even more likely to source drugs as they did before conviction. Although the counsellor currently works with those on probation, a project worker could introduce an early warning system in conjunction with prison and probation staff with the objective of prevention through timely support.

The following chart suggests a flexible structure for an expanded CARP. This is conceived as a fairly “flat” structure rather than one that is hierarchical. Nevertheless, it is one in which staff major in various tasks- Here, the project worker is responsible for the drop in function within which *all* staff members have a core responsibility for building an atmosphere conducive to recovery. The Project Worker therefore takes charge of volunteers, volunteer training and peer education and reports to the co-ordinator. The Outreach Worker shares duties between Family and Projects but reports through the Support Worker. Counselling remains within the remit of the Co-ordinator but will receive referrals from ail workers and distribute them accordingly. Administration reports to the Co-ordinator but also takes part in some drop-in activity.

**Staff functions** are suggested as follows:

- **Co-ordinator:** Policy development, management, liaison and network building, PR, “duty”<sup>22</sup> work with clients, drop in.
- **Family Support Worker:** Supervision of contract agencies; Development of new areas for children support; schools liaison; “duty” work with clients; drop in
- **Project Worker:** Supervision, day-to-day management of building and drop in, supervision of administrative function, volunteer supervision, drop in work, “duty” work.
- **Youth Outreach Worker:** Sourcing new referrals, home visits; networking; schools liaison; prison visits; drop in; follow up and tracking.
- **Administrative worker:** All office administrative functions, information system, referral system, drop in.
- **Senior Counsellor:** Counselling; counselling client distribution; co-ordination; project liaison; home visits, . prison visits.

**CHART 2: Proposed CARP structure, incorporating new functions**



Naturally, the connecting lines are flexible in operational practice. Nevertheless, clear lines of responsibility are crucial. This structure allows the co-ordinator to “step back”, emphasising work in the locality and beyond. In this position he is in a better position to both develop the project and promote the model as one of *good practice* in Tallaght and beyond.

<sup>22</sup> Duty work consists of supervision of methadone prescription and testing.

**It is recommended that CARP prepare a proposal for expansion and expansion funding, inclusive of current funding and untapped (community development) sources.**

### **13. Postscript**

As a postscript to this section it is interesting to note that knowledge of CARP is not uniformly spread over agencies. Informal enquiry suggests that knowledge of the project is found in Killinarden and in central agencies. Knowledge in Tallaght (excluding Killinarden) appears “sketchy”. This is perhaps a function of external agency workload. However if the referral systems and child protection procedures are to be developed, it is necessary to penetrate areas where lack of knowledge may indirectly affect potential clients. Interviews suggest that some professionals are unaware of the specificities of the CARP project. At the same time great interest was expressed in those aspects that make CARP different. **It is therefore recommended that the CARP project devotes resources to publicising the project in the areas of:**

- social work
- penal institutions
- child psychology
- education psychology
- drug education

In the latter case, the intervention of CARP could prove extremely useful to community drug awareness programmes. In so doing, the project can assist in altering attitudes to drug users. In that process, it can contribute to diminishing the community role in the creation of a criminal *identity* for community members living with addiction.

### **SECTION 3: INFORMATION SHARING. CHILD PROTECTION**

#### **1. Towards a code of practice for information-sharing**

In order to examine the information-sharing requirements it is necessary first to establish:

- (a) What is the information to be shared?
- (b) Amongst which agencies is information to be shared?
- (c) On whose behalf is the information shared?
- (d) To what end (positive objective) is the information shared?
- (e) What are the possible negative consequences of the sharing of information?

It is perhaps useful to look at two hypothetical cases that have been generalised from case study information during the course of the research. These are imagined cases.

**Hypothetical case 1:** CARP as an organisation notices that a child is displaying the symptoms of behavioural difficulties. The behaviour is serious enough to warrant cause for concern and it is judged unlikely that the project can address the problem without the assistance of another specialist agency or agencies. The parents of the child (opiate users) are wary of the involvement of other agencies since they are frightened that their child will be taken into care. They have asked for information about their child to be kept confidential by CARP. Does the organisation hold to its responsibility to its client or does it break confidentiality on behalf of the child? What can CARP do to otherwise help the child?

**Hypothetical case 2:** CARP's clients are a couple who's opiate and other drug-use spans 15 years. They have one child. CARP notices the child's behavioural difficulties and judges that it requires information to help both child and family. It is established that the child is attending a non-local psychological service. CARP wants to seek that service's view on the child such that it can formulate an approach to the child. The service, whose focus is entirely on the child, is bound by a professional code of conduct that does not allow any information to be passed to anyone else. At the same time, the child is receiving additional counselling or therapy within the education system. His parents are receiving counselling at CARP and display no fear about information-sharing. How does CARP negotiate the information boundaries on behalf of the entire family?

There are many aspects to consider.

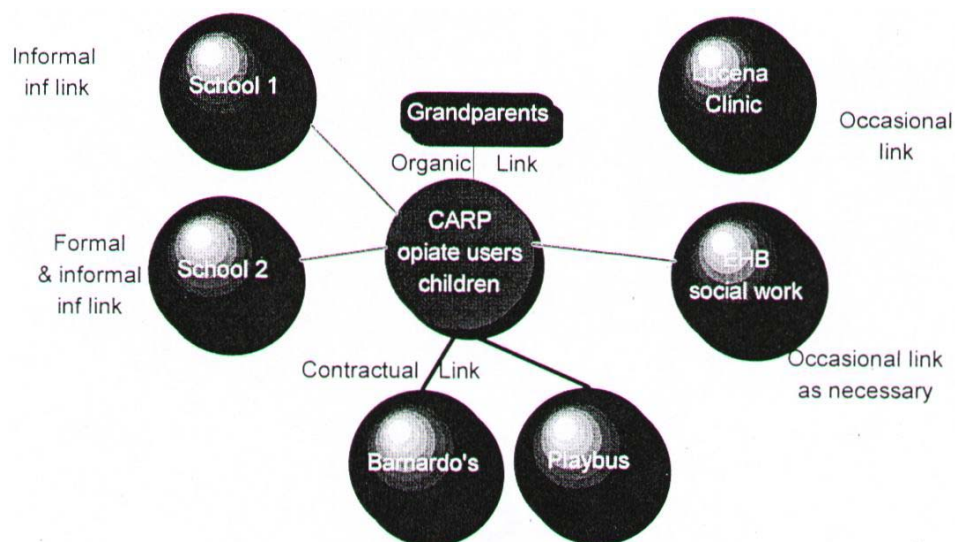
- (a) the rights of the parents
- (b) the rights of the child
- (c) the welfare of the parents
- (d) the welfare of the child
- (e) the situation in which the family finds itself
- (f) the likely implications of continuing that situation for child and parents
- (g) the responsibility of the organisation to parents, child, community
- (h) the relationship of the organisation to other organisations and the necessity of sustaining these relations

I have placed CARP at the focal point of the system here, since in this case it is CARP that is providing the locally-based holistic service. For information-sharing it must be



appreciated that for other practitioners in other agencies, their service has centrality. The diagram below allows us to have a schematic look at all the agencies and groups involved,

**CHART 3: Agencies and groups linking with the CARP project**



Agencies and institutions represented above do not represent the totality of the system. CARP also has local links with community organisations and other drug organisations, central links with specialist agencies and a variety of personal links that should not be underestimated in their importance in making the system work. However, for the purpose of examining information links, the agencies represented above are key to the CARP system. The table below displays the agency standpoints and opinions. However, it must be borne in mind that this is a distilled form of information and cannot possibly hope to convey the complexity of all relationships. Before presenting this qualitative data display it is therefore necessary to examine the *tone* of the responses of agencies interviewed. This highlights many positive features displayed by the organisation and its relationships. A complex network has been organically *built up*, exhibiting:

- goodwill and a sense of shared purpose
- local knowledge and acknowledgement that a particular problem exists
- a critical attitude to solving, reducing or limiting the problem

In contrast to many community organisations (and their relationships with agencies) clear objectives and approach lends CARP and its contacts resilience and sustainability. Although these have some basis in personal charisma and closeness to the neighbourhood and locality, all of the agencies described are bound together by critical and positive attitudes towards care. If there are weak links these appear to be shaped by exogenous factors rather than any which are inherently arise from the organisations. Whilst agencies display a differing emphasis, they appear linked by a (transparent) sense of enthusiasm and commitment.

**Figure 8: Organisation and networking analysis - display matrix**

<ul style="list-style-type: none"> <li>• <b>CARP</b></li> </ul>	<ul style="list-style-type: none"> <li>• Local specialist community project with holistic approach</li> <li>• Paid and volunteer staff developing specialisations</li> <li>• Service at near-full capacity</li> <li>• Cautious outreach</li> </ul>	<ul style="list-style-type: none"> <li>• problem orientated with recognition of complex socio-economic basis for problem</li> <li>• strong family focus</li> <li>• strong local focus</li> <li>• strong and expanding links with neighbourhood and locality agencies and individuals</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Grand-parent group (parents of opiate users)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Organic support group</li> <li>• Volunteer staff</li> <li>• Fluctuating capacity</li> <li>• Cautious outreach</li> </ul>	<ul style="list-style-type: none"> <li>• problem orientated</li> <li>• open-candid-pragmatic</li> <li>• high awareness</li> <li>• no apparent problems with information-sharing</li> <li>• strong organic link with CARP at everyday level</li> </ul>
<ul style="list-style-type: none"> <li>• <b>School 1</b></li> </ul>	<ul style="list-style-type: none"> <li>• Statutory establishment</li> <li>• Child support specialisation within school structure</li> <li>• Paid staff with volunteer help</li> <li>• Home-school liaison</li> </ul>	<ul style="list-style-type: none"> <li>• liberal education orientation</li> <li>• open - supportive</li> <li>• formal reporting systems in place (internal)</li> <li>• recognition of need for expansion in information-sharing</li> <li>• strong informal links with CARP on a weekly basis</li> </ul>
<ul style="list-style-type: none"> <li>• <b>School 2</b></li> </ul>	<ul style="list-style-type: none"> <li>• Statutory establishment</li> <li>• Paid staff with volunteer help</li> <li>• Home school liaison</li> </ul>	<ul style="list-style-type: none"> <li>• traditional education orientation</li> <li>• informal reporting systems</li> <li>• need for information-sharing recognised at the close-personal level. Pragmatic attitude to confidentiality</li> <li>• strong informal-personal links with CARP on a spasmodic-pragmatic basis</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Barnardo</b></li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary agency with quasi-statutory authority</li> <li>• Paid specialist staff</li> <li>• Some outreach</li> </ul>	<ul style="list-style-type: none"> <li>• care orientated</li> <li>• formal internal reporting systems</li> <li>• strong professional-ethical codes</li> <li>• need for information-sharing recognised and no apparent problem with confidentiality possibly based on point below.</li> <li>• strong link with CARP beyond the contractual at weekly level. Previous employment link sustained</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Playbus (part of Tallaght Centre for..)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Activity of established area resource</li> <li>• Combination of paid and voluntary staff</li> <li>• CARP clients use employment services</li> <li>• No drug related outreach</li> <li>• Capacity limited</li> </ul>	<ul style="list-style-type: none"> <li>• problem-support orientated</li> <li>• social-political standpoint (social justice)</li> <li>• strong organisational agenda</li> <li>• recognised need for information-sharing. Formal regular reporting to CARP</li> <li>• strong link with CARP at weekly level (Playbus provision) but weak beyond that activity</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Lucena Clinic</b></li> </ul>	<ul style="list-style-type: none"> <li>• Institutional-professional</li> <li>• Paid staff</li> <li>• Referral based</li> <li>• Some outreach to schools on research basis</li> </ul>	<ul style="list-style-type: none"> <li>• psychological problem orientated</li> <li>• child centred casework &amp; group work</li> <li>• strong professional-ethical standpoint</li> <li>• confidentiality is central /critical to work</li> <li>• link with CARP weak (shared child clients)although interest shown in CARP work</li> </ul>
<ul style="list-style-type: none"> <li>• <b>ESB Social work</b></li> </ul>	<ul style="list-style-type: none"> <li>• Statutory-professional</li> <li>• Paid staff</li> <li>• Service at full capacity</li> <li>• No outreach but contacts with voluntary community sector</li> </ul>	<ul style="list-style-type: none"> <li>• multi caseload welfare</li> <li>• problem orientated</li> <li>• under resourced staff results in dominance of priority work</li> <li>• strong professional ethical standpoint</li> <li>• formal confidentiality structure and process (recent amendments for child protection)</li> <li>• link with CARP is pragmatic-weak</li> <li>• knowledge of CARP is weak, probably due to crisis work pressure</li> </ul>

Examining the display above, it is easy to appreciate that the community-voluntary groups feel that they need to develop ethical systems of their own. Despite the careful and ethical approach of the CARP project, no elaborated (and written) code of ethics exists, particularly in relation to child care. Most agencies above can draw on a centralised system or code of practice, lending them authority and a degree of protection to which CARP have limited access. To some extent, therefore, CARP works “in the shadows”<sup>23</sup>.

## 2. Codes of conduct, the opiate user and child protection

During this enquiry, conversations on information-sharing with officers from other agencies tended to revolve around child protection issues. Discussion further reduced to physical harm of children and the reporting of same. This is seen as the “worst case” and has not yet presented to a great degree in CARP’S work, although it is acknowledged in the circumstances that the potential always exists. Acknowledging that the opiate user is often unlikely to have the capacity to provide for the totality of his or her children’s needs, CARP’S work leads the project to focus on the emotional, social and educational needs of children. It is necessary here to be cautious concerning these needs and the outward appearance of the child. Perhaps here more than in other circumstances docs the parent *project* aspirations and “outward face” onto the child. This may be seen in practice where the opiate user’s child appears healthy and well dressed, often in complete contrast to the appearance of the parent. CARP Playbus staff report that it is often difficult to organise play using dirty or messy materials - sand, crayons, paints and so on - because the parents do not wish the children to wear (or be seen to be wearing) dirty clothes<sup>24</sup>. The opiate using parent takes great pains to point out that drug use had “no effect” on the child and this can be couched in terms of the child “always coming first”. Child care is expressed as *priority* rather than in qualitative terms.

The following case study illustrates this point. A client in this mid thirties had been using opiate based drugs since he was a teenager. On his marriage, he continued heroin use, concealing it from his wife. However, his wife eventually became aware and then became addicted herself. The client states that he can “barely remember what happened” in the first five years of marriage and his heroin use eventually led to a suicide attempt.

When my wife was out with her friends I could go upstairs and bang, bang, bang. Take stuff. When she came back I would be conked out ..(*edit*)... But I must say - in all honesty - that the kids were always first - even gear wise. They were never affected. That is one thing I will say.

Now on the CARP programme and gradually reducing methadone consumption, the client recognises that one of his children has “been a bit wild” and is most grateful for the support his family received. The client appears to stress the material aspects of provision whilst exhibiting a lack of recognition concerning emotional matters. For this reason, grandparents have assumed a greater importance for the families and for CARP’S project work. The following case shows a more complex “bundle” of circumstances where opiate addiction was recognised as having an effect on the children. A young woman had moved into prostitution and drug use as a way of life. She gave a home to a friend, which offered a convenient solution to child care and ensured a regular supply other drug of choice.

<sup>23</sup> This position is detailed in Chanan, G. *Out of the Shadows*. EFILWC, Dublin, 1994

<sup>24</sup> Clearly, this also has some relation to poverty, although in that case the same rule might be said to apply.

When I was out, he was minding the kids and I would get his drugs. So it worked out all right. But my kids absolutely hated it. I was too wrapped up in the drugs to hear what the kids were saying to me. My young fella was totally out of control. That started before I had a problem - so it wasn't anything to do with my drug taking, it added to it. He had a lot of problems at the school and I was there every second day. He was attending a clinic, but they couldn't find anything wrong with him. Then everything went! And he went all over the place. He was a special needs child, but my special need was my drugs and not him. So he didn't get the help he needed and we are paying for it now, believe me

Without CARP intervention, this case may have eventually resulted in child protection procedures being invoked by social workers. So in contrast to the curative aspect of CARP's work, prevention and early warning lie at the heart of its need to share information. CARP is closer to the client group than many of the other agencies. It is likely to meet with both parent and child and to be in possession of local knowledge from the grandparents group.

### **3. Rights and information-sharing**

Before laying down the specificities of the code of practice, it is necessary to approach the question of rights. The move towards a rights-based approach is comparatively recent and it brings much to bear on confidentiality. It is taken as a tenet of this examination that heroin users or any member of any other grouping regarded as deviant, retains the full rights of the citizen. That is, the opiate user or addict does not lose rights because of his or her condition. Protection of confidentiality is one such right. In practice, CARP staff members ask the client whether he or she minds the sharing of information and this generally receives a positive response. On these occasions where the response is negative, no information can be shared. It appeared from the research that all staff in all agencies work around this. They attempt to alert other agencies in the interests of the child without unduly compromising the confidentiality of the client. This is a pragmatic response to a serious anomaly. Where do the parents' rights stop and the children's rights start?

**Social work** is affected by several factors. The most important is that of shortage of skilled staff. This results in the dominance of crisis work. In general, for social workers (EHB) the child harm question is rendered a little more starkly due primarily to statutory procedures and also because workers may act as recipients of complaints from citizens living in the neighbourhood. At that stage there are procedures to be followed, investigations to be made and so on. It would be normal for the Gardai to be involved, should the social worker deem that necessary - possibly in conjunction with the team leader. And if an investigation ensues, the complainants must be named. Recent changes in theory and practice places the emphasis on the child rather than the family, altering the way in which social workers tackle children and family work. Importantly for the CARP project, social workers often find themselves in difficulty as regards drug users and their children. Social workers have the power to remove the children, unlike members of community and voluntary organisations. As a result, such workers can be regarded with suspicion. By extension, social workers are often treated in a hostile manner by community organisations. It is important to overcome this antagonism and to develop partnerships with social workers. Often it is they alone who have the *general experience and training* necessary to deal with the *totality* of problems surrounding the cases of those using opiates, networking is vital in reducing hostility and consolidating work.

Relevant Legislation is as follows:

- The Child Care Act 1991
- The Domestic Violence Act 1996
- Protections for Persons Reporting Child Abuse Act, 1998

Social workers are obliged to follow new guidelines published by the Department of Health and Children<sup>25</sup>. In general, guidelines stress the welfare of the child as **of paramount importance**. At the same time, it is considered that early action is often the best way to protect children and to enable a family to stay together. The principles of child protection, which are important for CARP, are summarised below.

- 1) The welfare of the child is of paramount importance
- 2) A balance must be struck between protecting children and respecting the rights of the parents, cares, families. Where there is conflict the child comes first
- 3) Children have a right to be heard, listened to and taken seriously.
- 4) Intervention and support should be available to promote the welfare of the child and family
- 5) Parents and carers have a right to respect
- 6) Actions taken to protect the child should not be abusive or cause distress. Every action should consider the overall needs of the child
- 7) Intervention should not deal with the child in isolation. The child must be seen in a family setting.
- 8) Agencies taking protective action should consider gender, age, development-stage religion, culture and race.
- 9) Effective protection requires a co-ordinated multidisciplinary approach and effective inter-agency management. All organisations must work co-operatively in the best interests of children and families.
- 10) In practice, effective child protection requires compulsory training and clarity of responsibilities<sup>2</sup>

The onus is on all organisations and agencies dealing with children to work according to these guidelines. In particular, the necessity of inter-agency working is continuously stressed. It is imperative that CARP should establish effective working links with social workers and others working with children such that preventative work and early intervention at the level of the family can take place. Although the social worker operates within the structure of legislation, the aim of the social worker is the same as CARP and other like agencies: to support the family in the interest of children and family. Where CARP is involved in family support work, it works with two sets of clients the (parent) opiate user and the child. Where there is conflict between the rights of children and parents, however, children and child protection come first.

This can be seen in the case of **schools**, which also have a reporting responsibility. In practice, no complaint will be made without the involvement of the head teacher and endorsement by the chair of the school board. The teacher will generally be acknowledged

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<sup>25</sup> Dept of Health and Children, Children First: National Guidelines for the Protection and Welfare of Children, Dublin, Sept. 1999

as being in possession of most information and his or her professional judgement is likely to be accepted. However this examination suggests that most professionals make strenuous attempts to *avoid* official reporting, feeling that intervention may complicate or exacerbate the problem. To that extent, efforts would be made to involve the parents, on behalf of the child. If, however, the infliction of physical injury is suspected, the confidentiality of the parent is immediately jettisoned since the child has a right not to be harmed.

As an agency for children, **Barnardos** has its own code of practice. In practice, local workers engage in informal information-sharing in much the same way as similar organisations. Again, they carry out this function with the interests of the child as prime consideration. The decision to report child abuse is seen as a last resort, since that very action may damage relationships that are beneficial to child and family. The worker must take into account *all the circumstances* of which he or she is aware before making a decision. Early intervention is the key to avoiding proceedings. To this extent, information-sharing and networking with agencies is imperative in order to reduce crisis situations occurring.

In practice, CARP has not been forced to deal with any serious instances of violent abuse towards children. It is however likely, given the work area, that CARP employees may have to engage with a problem of this severity. **It is therefore recommended that CARP employees who have contact with children should undertake courses of training in child protection and abuse recognition. It is further recommended that employees of agencies contracted by CARP should also undertake such training as is necessary in the performance of their role.**

CARP must also consider whether it is in a position to guarantee *absolute* confidentiality. It is perhaps wise to stress or to outline to adult clients the boundaries of confidentiality. This also offers a mechanism for discussing the kind of relationship that client and CARP will share. In the case of child abuse (and in some other criminal instances), CARP staff *cannot* offer unconditional confidentiality. In the most extreme case, a CARP worker in court under oath would be obliged to reply. In the case of child abuse, the Guidelines for the Protection and Welfare of the Child<sup>26</sup> states that:

- All information regarding concern or assessment of child abuse should be shared on a “need to know” basis in the interests of the child.
- No undertakings regarding secrecy can be given. Those working with a child and family should make these clear to all parties involved whilst at the same time explaining the boundaries of confidentiality.

In general, however, the informal information-sharing that has been carried out by CARP to date appears to have been efficient, successful and did not compromise the confidentiality of the adult concerned. It would be useful for CARP to consolidate its position at this stage, building wider professional relationships and encouraging frequent network meetings.

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<sup>26</sup> Dept of Health and Children, Children First: National Guidelines for the Protection and Welfare of Children, Dublin, Sept. 1999 (pp55. Section 8.3, Confidentiality and Anonymity)

**It is therefore recommended that CARP call a meeting with other agencies in order to consolidate informal information-sharing and to create a local network of all agencies dealing with children and family support work.**

The consultant believes the social work professionals would welcome such an initiative. Social work professionals are likely to be operating within time and staff resource constraints and, as such, are in no position to implement such activities. Alternatively, with appropriate training and development, CARP could develop a role as an information centre<sup>27</sup> on child protection and drug abuse. This would itself help to promote early intervention and avoid crisis. **It is therefore recommended that CARP staff liaise with the EHB in order to avail of such appropriate social work training as is available.**

It is important to recognise that the adopting of a code of practice will lend authority to the organisation. It is, in essence, a move towards professionalism by a project which has been build from the community level. As such the negotiation of the code and of its practical outcome will herald a transition to a different kind of organisation. It should enable CARP to take leadership and to act as a binding force within Killinarden and in Tallaght as a whole. At the same time, the project must retain a strong organic link with the locality, building on the strong foundation of trust that it has earned. And whereas social workers are bound by legislation, the CARP project does not have to exercise the same rules. This flexible position is often envied by social work professionals because the community-based organisation has more freedom to innovate than a statutory service. It is necessary therefore to encourage professionals to:

- use the CARP service in the interests of their clients
- refer clients/families to the CARP project
- operate in Partnership with the CARP service<sup>28</sup>
- use the CARP service as a conduit for new ideas and practices
- extend the CARP model as best practice to other appropriate locales.

This can be developed by encouraging social work professionals to “drop in” to the CARP project Office in the same manner as do other agency workers. CARP and social workers can, within this practical arena, increase contact and break down antagonisms (and fear) that may exist for both clients and community organisations. **It is therefore recommended that CARP develops a relationship with the local EHB social work team in order to best serve the interests of clients, by ensuring that informal links promote support and early (crisis avoiding) intervention.**

In order to facilitate this process CARP must demonstrate that it can replicate the trust shown by its clients. CARP should consider the children’s function carefully identifying weaknesses, developing family work and extending contact on behalf of child and adult clients. Developmental training in specialist and general areas may be necessary for future

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<sup>27</sup> By this I mean a base of professional knowledge, which local workers may access informally before action.

<sup>28</sup> The EHB-Drugs Task Force family support scheme for drug users (using social workers and based on a social casework model) in “Finglas-Cabra cannot operate without the access offered through a strong Partnership at community level.

development. The code of practice, attached as appendix “A”, is a *suggestion* and should be subject to a process of negotiation before finalising.



## **SECTION 4: SUMMARY, CONCLUSIONS, and RECOMMENDATIONS**

### **1. Commentary and observations**

The CARP project is a very interesting initiative displaying an excellent “goodness of fit” with the surrounding locality. Its workers are well known and respected in the community, which it serves. These workers have had to “fight their corner” and win over other residents against strong countervailing currents. At the same time, the project has won the trust of adult clients through its careful approach. In consequence, an excellent project with much potential has been established. The project has now developed close to the limit of its current funding and is now at a turning point. How can the project develop its children or family support functions within drugs and welfare services?

This evaluation notes the key attributes of the project. An organic closeness to the locality has been assisted by developing strong relationships with parent groups (Reachout), community based organisations, the voluntary sector, medical services (including psychologists, GPs and pharmacies) and schools. Observation confirms that mutual respect, flexibility, empathy and commitment mark these relationships. The project attracts knowledgeable workers from other agencies, who are interested in going beyond standard job repertoires. This lends the project considerable support and creates an open atmosphere.

In building the project, CARP has hitherto relied on contract agencies that carry out work with children on its behalf. This has allowed the CARP staff to maximise the use of resources and to create the drop-in atmosphere which has proved so productive. The service is now in a position to:

- consolidate existing work
- assess areas of strengths and weaknesses
- examine support activities
- plug gaps in service
- introduce information gathering and retrieval systems
- strengthen networking and Partnership
- review management and operations
- introduce training and professionalisation

CARP has an excellent relationship with its adult clients who view the project as an integrated service. Clients are well known to the organisation through its work and also through neighbourhood contact. This impacts on their children who, through the use of CARP services, achieve greater stability in their lives. CARP’S strength lies in regarding clients as people who, despite serious problems, have potential and who must be respected. In all other regards, they have families, commitments and responsibilities. This results in positive gains for client and community. Far from regarding CARP as intrusive, clients look upon the service as a “life saver”<sup>29</sup> and are enthusiastic about the “local delivery” aspect of the project. In carrying out its work, CARP distances from intrusive activity. At the same time, it is necessary to assess the impact on other parts of the lives of opiate users so that

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<sup>29</sup> It is important to recognise that CARP clients can appear unduly grateful for the service. Interviews suggest that clients often orientate to personalities rather than the project. It was clear nonetheless, that the *presence* of workers in the Killinarden area was, for clients, an important “organic” aspect of the project.

the client can begin to sustain remedial activities. In the consultant's opinion this demands work which brings CARP closer to children and family. All the elements are in place to allow this to occur.

Special trips (parties, theatre etc.) have allowed workers to assess families in a relaxed environment and there is much to be gained from observation in this setting. As an integral part of the CARP programme, this activity has worked well and has maintained involvement of parents, family and volunteers. Yet it is often necessary to emphasise the family and home setting and to build a (programme) space where child and adult can a) be seen together and b) confidences shared. In recommending the extension of the children function through outreach work, the consultant envisages that the *home* becomes a more emphasised part of the programme and that child assessment becomes more systematic. At the same time, CARP must exercise caution in preserving the relationship that has been established. The idea is to offer further (extended) services at an organic-community level rather than introduce a social work function with the "authority-control" function, which any statutory welfare service necessarily implies.

It is also important to continue to distance from any welfare "queue" which is the inevitable consequence of addressing a severe social problem with inadequate resources. CARP'S position between statutory services and community voluntary groups allows it through Partnership to plug gaps that the statutory services are unable to fill. The consultant's recommendations are designed to create the structure where Partnership is active (at a day-to-day or week-to-week level), creative and has positive impact at *operational* level. Extensions in staffing are designed not only to add services but also to create the space within which current successes in networking can be amplified. Nevertheless, CARP will have to anticipate additional clients which new housing development will bring. It is recommended that in liaison with the local authority, CARP prepares estimates of likely increase in caseload

The most significant lack in the *system* (rather than CARP services) is a co-ordinated approach to child and family counselling. It is a matter of concern that children can be seen by a number of different counsellors and therapists without a certain level of co-ordination and shared knowledge. Naturally, it is accepted that there are specialised counselling and therapy activities. Nevertheless, *the welfare of the child is paramount*. In the opinion of the consultant, the current member of staff responsible for children should in conjunction with the counsellor, establish an approach to agencies such that children requiring psychological services, receive co-ordinated services. Additional counselling staff have been suggested as an option. That option should not preclude the establishing of information-sharing and coordinated intervention at the psychological level. Naturally, this should be regarded as integral to the overall approach to the opiate user and his or her family.

The project's success has depended on staff approach and the atmosphere generated is conducive to good work at the practical day-to-day level. Nevertheless, the current CARP building is not child friendly. Some kind of crèche or play provision is necessary with a dedicated area reserved for children. This would also permit closer contact with adult and child, allowing child and adult to be seen together. At the same time, it would allow for the intervention of various ancillary medical services - midwives, dieticians, etc. It is clear that current accommodation lacks sufficient space and requires extension although such an extension does not have to be "flashy". Atmosphere, care, interest, etc are the key

attributes. The legal requirements of such an extension should therefore be carefully examined. It is often useful to operate crèche facilities whilst parents are on the premises. The purpose here is not to allow parents to carry out other activities but to offer children play and care facilities. Significant child care training is currently being undertaken by FAS and it may be that through careful selection, a sessional worker could be contracted via that agency.

CARP'S concern regarding information-sharing is well founded. However, information sharing appears to have evolved much as in other agencies. The consultant recommends adoption of a code of practice that serves to protect the client and the organisation. As regards child protection, the welfare of the child is always the keystone to making decisions about information sharing. As far as clients are concerned, CARP staff should clarify boundaries regarding confidentiality. Where non-CARP agencies impart or are recipients of information, boundaries should be established and information should transfer on a "need to know" basis with protective mechanisms in place which act to safeguard all concerned. Adoption of a code of practice will serve as a guarantee to other agencies.

It is noted that knowledge of CARP has spread to other organisations outside the Tallaght area. Informal enquiries have established that CARP has achieved a profile that extends beyond its locale. Psychologists, police, school attendance and psychological staff are aware of CARP as a model. This may be as a result of networking at the central level through courses, training etc. At the same time, professionals who were not aware of CARP'S activities expressed an interest in finding out more. Since this area of activity is still at an early stage of development, agency workers are looking for examples of successful community-based work. It would therefore be useful for CARP to take the lead in disseminating experiences at the broader level.

Finally, the questions of developing the broader aspects of advice and of consolidating gains made in the methadone programme remain. This is an important aspect of the community development orientation that is occurring at the informal level. In the opinion of the consultant, it is necessary to draw closer to other agencies regarding employment opportunities, welfare benefits, collaborative ventures, etc. In the current employment situation where targets have been exceeded, emphasis will be placed on the excluded and the "working poor". Much of the FAS initiative orientates to the community and voluntary sector and it is suggested that effort could be placed into securing work placements for improving clients and stabilised ex-clients. This could provide the basis of a plan to be co-ordinated with community based employment initiatives and community development initiatives such as:

- Tallaght Centre for the Unemployed
- Tallaght Lone Parents Centre, Fettercairn.

A report<sup>30</sup> recently published by the Department of Social, Community and Family Affairs outlines increased funding for areas, which fall within the remit of the CARP initiative. In particular, £3.6 million was provided for the Equal Opportunities Childcare Programme in 1999. The Family Affairs Unit is administering an increased allocation of £2.1 million

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<sup>30</sup> The National Community Development Programme National Handbook: United Against Poverty. DSCFA.Dublin.1999

additional funding for the support of marriage, child and bereavement counselling services. Additionally, a programme of awareness-raising on parenting issues is to be developed in conjunction with the Department of Health and Children. These opportunities should be fully investigated. **It is recommended that CARP investigates appropriate funding opportunities in order to extend the child care and family support function of the organisation.**

At the EU level, much networking remains to be carried out. However, CARP could usefully contact Euro-Methwork, a network of methadone providers in the Europe, with a view to information exchange, dissemination and the promotion of the CARP model as one of good practice.

## 2. Executive summary

1. The report summarises the reasons for the development of the CARP project. The Killinarden area of Tallaght is typified by social disadvantage, which has contributed to youth crime. Drug use has been in evidence over the period of Killinarden's existence but has intensified. CARP originated in response to the need for community-based work in this area. After initial discussions in the community, the CARP project adopted an holistic approach, which provides methadone prescription and testing in the heart of the locality. The project seeks to offer support to the children of opiate users in the programme. It offers support, outreach and counselling together with ancillary services which are based in complementary medicine.
2. The consultant was charged with the tasks of reviewing the CARP support function and of originating guidelines and code of conduct for information sharing. The methodological approach taken by the consultant was multi dimensional including key issue interviews, (transcribed and analysed), observation, review of CARP documentation and records and review of secondary information and data. To assist in evaluating the project, the consultant adopted the consumer-orientated model of access, choice voice and accountability.
3. The report finds that the CARP project response to family and child problems exhibits a close fit with available research findings and assessments of need. Existing information indicates that the CARP'S is meeting with the demands of clients and neighbourhood. CARP is currently dealing with 91 adult clients (of whom around one fifth are female) and 57 children between the ages of 1 and 14 years.
4. A typical CARP client is male, aged between 20 and 24 years who reached secondary school level and left at 15 or 16. He is more than 50% likely to be unemployed. He began to use heroin after 15 years of age. This became his main drug of choice and has been used (injected) for more than two years. He is likely either to be living with parents or family or with another drug user (an increasing trend). It is also likely that he will have shared injecting equipment at some time. Additionally, he is likely to have received treatment before and has self referred to the CARP project.
5. The CARP premises are described. The report notes the general accessibility of premises for clients, residents and professional workers but expresses concerns regarding knowledge concerning premises. Concern is also expressed regarding the suitability of the building for children in terms of adult privacy (for testing, etc.), play areas etc.
6. The use of the Playbus is noted. Although this has enormous potential and improves access for children. Concerns are expressed regarding health and safety inside the bus and its attractiveness to older children. It was felt that CARP workers should undertake greater hands-on activity regarding bus work.
7. Barnardo's is regarded as a useful venture for CARP. It is noted that the programme may not lend itself to the older child and suggests that opportunities for older children should be extended or developed.

8. The question of CARP crèche facilities was briefly explored. It was felt that there was a need for this type of provision and that this could offer a development option, perhaps in conjunction with other agencies. It was noted that trained workers might be available through FAS, although this area is currently under review.
9. The report noted the drop-in aspects of the CARP service as providing very effective community access to opiate users and families. The report recognises that the CARP projects relaxed style of delivery, non-judgmental approach and general ambience provides a secure basis for development of this function.
10. The report notes that the CARP project is a vital addition to *choice* in community services for opiate users in the Killinarden area. The report suggests that this can be further developed for clients and their children in the Killinarden area.
11. The report noted the high level of trust between CARP and its clients and suggests that CARP makes every effort to be accountable in all areas in which it works. The report suggests that this could be further developed through increasing client involvement and participation. The report found that the CARP project exercised a judicious and constructive control over confidential information and information-sharing in the best interests of its clients.
12. The report noted the data and statistical records of the CARP project were consistent in terms of throughput and basic trends. It suggested that these could be improved by the introduction of methodical assessment systems for adults, children and families. The report also notes that longer term monitoring and tracking could be put in place through collaboration with appropriate agencies.
13. The report reviews the CARP managerial and operational system. It suggests that the co-ordinator requires more space to develop policy, mobilise funding and extend networking. It recommends additional staff training in the area of child support and protection; a review of the administrative function which allows for efficient administration *and* core work within the drop in function; an extension of the counselling function into child and family work. In the latter case, additional sessional counsellors are recommended.
14. The report stresses the importance of the drop-in work carried out by CARP, noting this as a crucial area for client entry to CARP services and as a useful arena for those professionals wishing to network with CARP.
15. The report stresses volunteer activities as an area of development. It recommends the appointment of a project worker who would take over some of the co-ordinator's existing responsibilities, whilst, at the same time, developing and increasing volunteer capacity, peer education, etc. Revisions to the management structure are recommended whilst retaining the current "flat" structure. The report suggests that all workers should retain core drop-in responsibilities.
16. The report reviews the question of confidentiality and information sharing. It finds that CARP and associated agencies such as Barnardos, schools, etc have evolved effective

information-sharing at the level of practice, formal collaboration and informal networking. The report additionally reviews the professional orientation and limitations of statutory and non-statutory agencies.

17. The report suggests that CARP adopt its own code of practice concerning confidentiality and information sharing - attached as an appendix to this report. It further recommends that CARP clarify, for its clients, the boundaries of confidentiality, which can realistically be offered.
18. The report notes the constraints suffered by EHB social workers and the necessity for all projects working with children to conform to recently introduced guidelines concerning child protection. Department of Health and Children Guidelines stress that the welfare of the child *is paramount*. The report recommends training for CARP staff (and staff contracted to CARP) in the areas of child protection and child abuse recognition. The report recommends that CARP institutes closer relationships with social workers and instigates a joint meeting at community level to discuss child protection matters.

### 3. List of Recommendations

- (i) In the event of the CARP project being unable to secure new premises that are appropriate to the needs of its clients, it is recommended that an alternative option be investigated (in the event of funding for new purpose-built accommodation being refused.)
- (ii) The adoption of a quantitative assessment system (for children) using qualitative anchor points is recommended. Such a system does not necessarily need to be the same as other systems. It must be *internally* coherent (and theoretically *defensible*) and apply to all within the scope of the CARP project.
- (iii) It is recommended that the counsellor, in conjunction with support and outreach workers, assess the nature and efficacy of a basic system through which family improvement could be measured.
- (iv) It is recommended that CARP explore, with other local agencies, the possibility of launching follow-up studies. Follow up studies would gather information in as systematic way using cross-sectional data (or “snapshots”) at periodic intervals. Individual organisations can through the design assess their own projects whilst overall data lends context to local information
- (v) Work with children and families should be expanded, without losing the invaluable community links the worker has created. It is recommended that additional training and additional staff support is introduced in the following areas – recommendations **V to XII**
- (vi) intensify contact with children in the care of the project.
- (vii) become more closely involved with the work of contract agencies.
- (viii) intensify contact with parents and children *together*.
- (ix) generate new areas within which the children can receive remedial services.
- (x) give the children some measure of *voice* in the service in line with UN charter on children’s rights.
- (xi) create and administer adequate monitoring arrangements such that improvements can be recorded, trends established and funds secured.
- (xii) institute child protection training and procedures.
- (xiii) introduce an outreach function such the above can be consolidated, to ensure that home visits can be made and which will contribute to an efficient flow of clients. It is recommended that the project employs an outreach worker to undertake work in conjunction with the Children Worker.
- (xiv) It is recommended that the CARP counselling service extends to include child and/or family counselling. This has staff implications. However, in conjunction with the present counsellor. CARP could introduce sessional staff to undertake this function.
- (xv) It is recommended that the CARP project extends the scope of the Youth Outreach Worker to undertake the following responsibilities: attracting community based volunteers; engaging ex client volunteers; building a volunteer team; conducting volunteer training; developing peer education; drop in work



- (xvi) It is recommended that the project *reviews the administrative function*, drawing boundaries such that atmosphere and learning co-exist with the efficient execution of administration.
- (xvii) It is recommended that CARP investigates appropriate funding opportunities in order to extend the child care and family support function of the organisation.
- (xviii) It is recommended that CARP prepare a proposal for expansion and expansion funding, inclusive of current funding and untapped (community development) sources.
- (xix) It is recommended that CARP employees who have contact with children should undertake courses of training in child protection and abuse recognition. It is further - recommended that employees of agencies contracted by CARP should also undertake such training as is necessary in the performance of their role.
- (xx) It is recommended that CARP call a meeting with other agencies in order to consolidate informal information-sharing and to create a local network of all agencies dealing with children and family support work.
- (xxi) It is recommended that CARP develop a role as an information centre on child protection and drug (opiate)abuse in order to promote early intervention and avoid crisis. It is therefore recommended that CARP staff liaise with the EHB in order to avail of such appropriate social work training as is available.
- (xxii) It is recommended that social work professionals are encouraged to “drop in” to the CARP project Office in the same manner as do other agency workers such that CARP and social workers can increase contact and break down antagonisms that may exist for both clients and community organisations.
- (xxiii) It is recommended that CARP develops a relationship with the local EHB social work team in order to best serve the interests of clients, by ensuring that informal links promote support and early (crisis avoiding) intervention.

## **APPENDIX “A”: CARP code of practice and professional conduct**

### **Definitions:**

- The **clients** are (1) opiate users within the CARP programme  
(2) children of opiate users within the CARP programme
- **Information** is (1) Any information regarding the client within the context of the CARP Programme and its objectives.  
Any information regarding the welfare of the child and or relating to child protection.
- **Agencies** are: Any organisation with professional welfare status operating outside CARP
- **Contracted** agencies: Any organisation contracted by CARP to carry work on CARP’S behalf.

### **Code of Practice:**

- (a) CARP will hold client information confidential and will not transfer this information without the express permission of the client *except* in cases that, in the judgement of CARP staff, directly affect the welfare and protection of the client’s child or children.
- (b) CARP will hold confidential and safe, any information concerning its clients that are received from another agency.
- (c) CARP will not release information described in (b) above to any other agency without the express agreement of the agency who originally transferred the information, such limitations to be agreed between CARP and the information provider.
- (d) CARP shall hold a list of the titles of approved professionals who may be the recipients of client information. This shall include, doctors, social workers, teachers and welfare workers in CARP-approved charitable or voluntary organisations. These names will be made available to information-providers on request. The list will contain professional titles (officers) and not personal names. The importance is the title and job responsibility of the person involved, not the personality.
- (e) All information received by CARP, whether formally or informally, will be logged using specific internal mechanisms and pro formas.
- (f) Information transferred will be available to the client, should the client wish. The client may challenge the information. If this occurs, CARP will launch a checking procedure.
- (g) All written information will be held in secure and locked storage area. Access will be only through officially sanctioned staff members of CARP and will only be used in the interests of the client and/or his or her children.

- (h) If information is passed to CARP by agency or agencies, it may be only be used in the operational context of the service excepting (i) below. That is, it will pass only to professionals acting as agents of CARP or to other professionals bound by professional and ethical codes. Such information transfer shall always be in the interests of the clients.
- (i) Information may be passed to research professionals (e.g. Health Research) only with the permission of the client and providing such researchers are bound by a professional ethical code which is acceptable to and can be made available to CARP.
- (j) Information-giving agencies have the right to be appraised of how any information transferred by them to CARP, has been used, or is likely to be used.
- (k) CARP has the right to be appraised of how any information transferred by CARP to other agencies is used or is likely to be used.
- (l) For the purposes of information transfer, CARP will take responsibility for contracted agency workers as if they were staff members.
- (m) In order to expedite (l) above, all agencies working for (contracted to) CARP will agree to a code of ethics, which they will sign as part of their contract. Organisations with codes of practice such as Barnardos will lodge that document with CARP. If any organisations working for (contracted to) CARP do not have a code of ethics, they will be expected to produce and adhere to a code of ethical conduct agreeable to CARP. Breaches of such a code will result in a suspension or termination of the contract.
- (n) Any breach of ethics by other agencies in the use of information transferred to them by CARP, shall result in an enquiry, to *be* conducted by an appropriate body.
- (o) Any breach of confidentiality (as laid down in this code of practice) by any member of CARP staff shall result in disciplinary procedure.
- (p) Excepting occasions where sexual abuse<sup>31</sup> exists, CARP counselling staff or any working in a specifically therapeutic relationship does not transfer any information given confidentially by the client, except with the express permission of the client. Counselling staff may however wish to take up matters of child protection with the client, should the matter arise. It may be possible, again depending on the therapist-client relationship to ask for permission to pass on information regarding child protection matters.
- (q) Information passed to CARP by a person operating outside professional codes of conduct shall be properly investigated in a professional manner. Such information shall not be passed to anyone without a thorough examination. The information provider will not necessarily be granted any degree of confidentiality, except where such a person is a family member or significant other (cohabitee etc.). In the latter case that person shall be

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<sup>31</sup> In common with social workers, counsellors do not have a specifically legal protection for client confidentiality in certain areas of criminality.

guaranteed such confidentiality as is necessary in the professional judgement of CARP staff and in the interests of the clients.

**APPENDIX “B”****Towards an assessment system for clients of the CARP project**

This is provided as an example only and should be “tailored” to fit the conditions pertaining to the organisation and methods employed (see below).

-2	-1	0	+1	+2
<ul style="list-style-type: none"> <li>Child is with limited concentration liable to be immediately distracted from the task in hand</li> </ul>	<ul style="list-style-type: none"> <li>Child has limited concentration and has some problems completing tasks</li> </ul>	<ul style="list-style-type: none"> <li>Child shows potential, has some marked ability in concentration</li> </ul>	<ul style="list-style-type: none"> <li>Child shows marked improvement in ability to concentrate</li> </ul>	<ul style="list-style-type: none"> <li>Child is able to focus, able to concentrate on tasks without distraction</li> </ul>
<ul style="list-style-type: none"> <li>Child is unruly and hostile to adult or authority figures</li> <li>Child will not accept adult direction or advice</li> </ul>	<ul style="list-style-type: none"> <li>Child shows hostility to adults and a reluctance to obey reasonable instructions, take advice</li> </ul>	<ul style="list-style-type: none"> <li>Child fits in with adults only on a “repertoire” basis</li> <li>Child only takes instruction because he/she “has to”</li> </ul>	<ul style="list-style-type: none"> <li>Child is happy to deal with adults</li> <li>Child shows no hostility or overt conformity</li> </ul>	<ul style="list-style-type: none"> <li>Child will engage with adults in a constructive manner and interacts well</li> <li>Child understands the reasons for advice or instruction</li> </ul>
<ul style="list-style-type: none"> <li>Child bullies other children and displays violent behaviour</li> <li>Child is “on a short fuse”</li> </ul>	<ul style="list-style-type: none"> <li>Child shows hostility to other children</li> </ul>	<ul style="list-style-type: none"> <li>Child is quiet and self isolates</li> </ul>	<ul style="list-style-type: none"> <li>Child is friendly with other children</li> </ul>	<ul style="list-style-type: none"> <li>Child is outgoing and relates well to other children in a constructive way</li> </ul>
<ul style="list-style-type: none"> <li>Child has low confidence and self esteem</li> </ul>	<ul style="list-style-type: none"> <li>Child has confidence but has problems in some areas which affect capabilities and interaction</li> </ul>	<ul style="list-style-type: none"> <li>Child has demonstrated confidence in some tasks</li> </ul>	<ul style="list-style-type: none"> <li>Child’s confidence is improving.</li> <li>Child’s self esteem developing strongly</li> </ul>	<ul style="list-style-type: none"> <li>Child has enough confidence to challenge without disruption.</li> <li>Child has good self esteem</li> </ul>

This can be repeated in like manner for adult clients and families as a whole. It should be noted that the above example is *only a guide*. The project should develop its own indicators for appropriate assessment and anchor points. The anchor points are particularly useful for demonstrating to children or adults that they have improved and in what areas. They can also help provide continuity where staff, volunteers or outside contractors move jobs or location.

## APPENDIX “C”

### Using volunteers<sup>32</sup>

The report has suggested an intensification of the volunteering, particularly within the drop-in function. It is useful to take into account the following factors.

1. The way in which a community organisation utilises volunteers should approximate to the employment of staff. .
2. Volunteers require training if they are to function adequately and perform duties with clients.
3. Selection of volunteers should follow similar rules to employing staff. Some volunteers may not be suitable for particular types of work.
4. Volunteers require support. Adequate arrangements should be made to accommodate this aspect of the work, in the same manner as employed staff.
5. Rewards for volunteers can be monetary. In cases where volunteers are unemployed, conditions pertaining to benefits should be taken into account.
6. Volunteers can often feel rewarded through enhancement of their employment opportunities. Unemployed volunteers who move into mainstream community work are good for both the project and the worker. The project can use such progression to expand its contact network
7. The use of volunteers to conduct peer education is an area that could be considered by the CARP project. Although it is often difficult to accurately gauge success, peer education is generally recognised as a beneficial community input.
8. Peer education could adopt a health orientation where health aspects of drug use are stressed. Syllabus could include diet, pregnancy, fitness, drug harm reduction, welfare benefits and so on.
9. Care should be taken to avoid conflict in situations where volunteers may feel inadequately rewarded in comparison with staff or other volunteers.
10. If visitors to CARP cannot tell who is staff or volunteer, this can be regarded as an indication of success.

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<sup>32</sup> Based on material from: Shanks, C., The Awareness of Health, Bolton BYPASS, Save the Children Fund, Bolton, 1995