The Impact of Drugs on

Family Well-Being

BALLYFERMOT STAR

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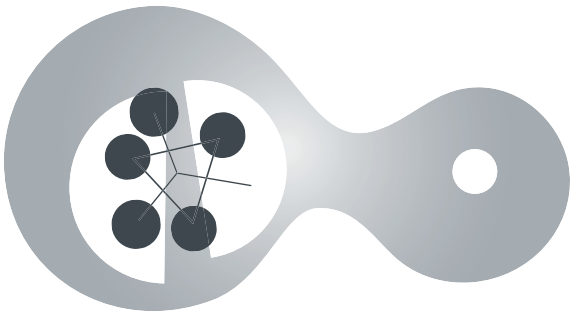

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Kieran McKeown Limited
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BALLYFERMOT STAR

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Manager of CE Programme

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Finally, we wish to acknowledge the financial support of Dublin City Council which enabled this study to be undertaken.

Contents

Early Development of Ballyfermot STAR & Report Overview

After the publication of two Ministerial reports on drug use in 1996 and 1997, a number of areas were identified as having a major heroin problem. Ballyfermot was one of the areas in the greater Dublin area that was assessed as having a significant drug use problem. Ballyfermot Local Drug Task Force initiated a number of consultation meetings in the public library in 1997. These meetings were to form the basis of the first Ballyfermot Drugs Task Force Plan. From these beginnings a number of working groups were established

Ballyfermot STAR as an organisation grew out of this process. A number of local people expressed an interest in developing an initiative in response to heroin and its impact on individuals, families and our community. A number of sub-groups of the Task Force came together in January 1998 to look at the way forward in relation to what was seen as a central objective of requiring a premises and then delivering services to drug users and their families.

Citywide Drug Crisis Campaign facilitated the group from January 1998 to develop its aims and objectives. The group, to enable people to see different approaches and methods used by various projects visited a number of drug projects. The group visited and got support and encouragement from the following projects and service providers: Aisling Clinic, Merchant Quay Project, Saol Women's Project, Soilse, and Caroline Project in Clondalkin, Clondalkin Addiction Support Project, and JADD in Tallaght, Addiction Response Crumlin and Cairde.

Meetings were used to help people clarify their ideas around addiction and to look at what was the best way to develop a community response. A lot of training and developmental work allowed the group to be in a position to develop a project. This process was necessary, as Ballyfermot unlike other Task Force areas did not have a drugs community or voluntary project operating in the area. The group, having met fortnightly throughout 1998 and met weekly in 1999 achieved this. Fourteen people who lived in Ballyfermot as well as a representative of a statutory and voluntary agency showed this level of commitment.

It was agreed to call the project Ballyfermot STAR. STAR stands for Support, Treatment, Aftercare and Rehabilitation. In June 1999 the organisation was registered as a charity and a company limited by guarantee. Ballyfermot STAR received funding to employ 2 workers and they were in place in June 1999.

A premises was identified and purchased with Drugs Task Force funding in 2000. A manager and administrator post was funded by Ballyfermot Drug Task Force to assist the development of the project.

Additional funding was secured for refurbishment and the building was officially opened in April 2002. A special drugs Community Employment Scheme was secured and started in April 2002.

An application was made under the EOCP programme to secure funding for a crèche.

I wish to acknowledge the support of the people who have been involved on the Board of Management past and present.

I commend the staff past and present for their dedication to the work of the project, their professionalism and their commitment to the poeple of Ballyfermot.

Patsy Moran
Ballyfermot STAR Chairperson
August 2006

Ballyfermot STAR is a community response to drug use. It provides non-judgemental support, guidance and education to drug users, their families and the community, enabling them to cope with and overcome the effects of drug use in their every day lives. There are currently 102 families and 160 drug users accessing services with Ballyfermot STAR. The staff team is comprised of nineteen people, with each person performing a unique and indispensable role.

Ballyfermot STAR delivers a unique care plan. The method used is based on a 'Bio-Psycho-Social' approach. This method enables staff to look at the biological, psychological and social aspects of individuals accessing care. Central to its approach is the individual in question. The care plan can be summarised as follows:

An initial assessment is carried out by a Care Team Member. The Care Team is where all practice issues are dealt with in the organisation. From this assessment a key worker is assigned, who subsequently develops a care package. This is done under the guidance of the individual in question. Identified are a number of areas in their life they wish to work on. For a drug user these areas may include homelessness, relapse into drug use, health and childcare issues, education and training, or their release from prison, while for a family member, key areas include feelings of shame and isolation, or a relationship breakdown.

A limited counselling service and a complimentary therapy service are also provided. These services are delivered alongside key working sessions. Additionally, Ballyfermot STAR facilitates a Support Group for family members – a fathers group, a mothers group, a partners group, a siblings group, a bereavement group, and a group for family members who have had a child murdered. It also operates a wide-range of tailored accredited courses specific to service user needs. A training and education programme also features as part of Ballyfermot STAR's care package. For example, a FAS Special Community Employment Programme is delivered to 25 participants in recovery from drug use.

A strength-based approach is adopted and services are orientated to enhance the service user's self-esteem and ability to solve their own problems. Family members are encouraged to examine their own needs rather than the needs of their child, sibling or parent, and to see themselves as individuals outside of drug use. A high quality service is provided, based on a philosophy of trust and understanding.

At present, Ballyfermot STAR is in the process of developing a Cocaine Initiative via the National Drugs Strategy Emerging Needs Programme. A Child Care Centre is also underway which is funded through the EOCP programme and the National Development Plan. Both programmes are unique to Ballyfermot STAR and as such must be credited to the innovative and visionary approach taken by the organisation.

'The Impact of Drugs on Family Well-Being', produced by Dr. Kieran McKeown was commissioned by Ballyfermot STAR to assess the needs and well-being of both family members and people who use drugs that access services in Ballyfermot STAR. The study clearly shows that compared to the average Irish family, the well-being of the families that access Ballyfermot STAR is greatly affected by drug use.

The report highlights a number of difficulties experienced by the service users of Ballyfermot STAR.

These include:

● 36% of the Family Support group and 72% of the Community Employment group are prescribed benzodiazepines. This compares to a national average of 5%. This raises the question: does Ballyfermot require an additional counselling service to support the work of General Practitioners?

● Also highlighted is the impact a drug using relative can have on his/her family. Problem drug use creates enduring stress, anxiety and conflict that greatly affect the health and well-being of the family unit and its individual members. Also, having a drug using parent or sibling creates the condition in which children are at increased risk of exposure to, and use of drugs.

Families are in need of assistance and it is up to policy makers and service providers to meet those needs.

Problems are frequently more complex than the solutions proposed and are beyond the reach of any one agency.

An integrated approach to drug use is required, as well as a recognition of the enormous strain a drug using child, parent or sibling can have on a family member and perhaps more importantly on themselves.

As such, the key recommendations of Ballyfermot STAR are as follows:

● Parents who have a history of drug use need additional supports with their parenting skills

● Both family members and people who use drugs need specifically designed courses to improve confidence and self esteem

● Specifically designed interventions are needed to improve physical, emotional and psychology well-being.

● Key working and case management that is now in place in Ballyfermot STAR needs to be extended to all agencies. This will provide a service conduit, enabling service users to interact with a variety of agencies. Multidisciplinary teams need to be set up to accommodate this approach.

On a positive note, those who participated in the study felt that they really liked living in Ballyfermot and conveyed a strong sense of belonging to their neighbourhood.

Although Ballyfermot STAR is working extensively with both family members and drug users at all stages in their recovery and drug use, we need to work extremely closely and in collaboration with all statutory community and voluntary agencies. Interagency protocol and referral procedures need to be put in place locally in Ballyfermot with all service providers. The Equal model in Blanchardstown is a very good example of what can be achieved by agencies working in collaboration locally. This will ensure that service users can progress and use other agencies as their needs suggest.

The staff team, past and present, and the volunteers in Ballyfermot STAR are completely committed to carrying out the aims and objectives of the organisation, and will work with integrity, commitment and professionalism to make this happen.

The Board of Management give their time energy and commitment to support and direct staff.

Sunniva Finlay
Ballyfermot STAR Manager
August 2006


GOLD TRAVEL
PASSAT

Introduction

It is now increasingly recognised that drug use affects not just the drug user but the whole family including parents, siblings and wider kin such as grandparents. In view of this awareness, there is now growing concern about the needs of families affected by drug use and the best ways of meeting those needs. Ballyfermot STAR[1] was one of the first groups in Ireland to recognise how drug use affects entire families and, since its establishment in 1998, has been offering supports to parents whose children take drugs as well as supporting drug users who wish to make the journey to recovery.

The needs of families affected by drug use are not well-known and there is a widespread perception that services are not responding adequately to those needs. An important conclusion to emerge from a study of family support services published by the National Advisory Committee on Drugs (NACD) in November 2004 was that the majority of these services "are not aware of the positive role they could play in responding to and preventing drug, including alcohol, problems"[2].

The reality in Ireland, as elsewhere, is that families who experience drug-related problems are often overlooked by policy-makers, service-providers, community activists and social researchers. This is because drug use is often seen as a problem which impacts on individuals, communities and society at large - but not families. Despite the acknowledged importance of families in determining well-being[3], there is a tendency to overlook how drug use by a family member can impact on other family members.

The evolution of public policy and services on drugs over the past 20 years in Ireland has shifted gradually from an exclusive focus on individual drug users to the inclusion of community as a key player in triggering the emergence of drug use and in shaping responses to it[4]. However this evolution still overlooks the family dimension to drug use as exemplified in the current National Drugs Strategy (2001-2008)[5] which lacks a clear vision of how to address the needs of families affected by drug use. Internationally, a recent review of the literature on the needs and experiences of families affected by drug use identified 104 studies but found that most of these were not "directly related to the needs of families of drug users or how those needs might best be met"[6].

In Ireland, there are signs of growing awareness that the family dimension to drug use is receiving more serious attention. This awareness has been triggered by the emergence of family support groups to help cope with the consequences of drug use in families, of which Ballyfermot STAR is a good example. Some of these groups have formed a network - City Wide Family Support Network - and have produced a handbook for families affected by drug use[7].

This study is timely given that Ballyfermot STAR has been in existence for nearly a decade and provides an opportunity to systematically assess the needs of those who use its services and to reflect on how all services in the community - and not just Ballyfermot STAR - might respond to those needs. As such, the study adopts a 'needs-led' rather than a 'service-led' perspective by focusing on how services can be developed to meet the needs of families affected by drug use.

The main purpose of the study therefore is to assess the needs of families who are affected by drug use. As we use the term, a family is affected by drug use where one family member in the household is using illegal drugs. The concept of need refers to anyone who does not feel healthy or does not experience a sense of well-being. To be healthy, according to the World Health Organisation involves "a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity ... a resource for everyday life, not the objective of living; it is a positive concept emphasising social and physical resources as well as physical and mental capacity"[8]. This concept of health informs the Government's health strategy and is therefore important in shaping a policy-relevant understanding of need[9].

The report comprises seven chapters. In Chapter One we set the scene by describing the socio-economic characteristics of Ballyfermot, the prevalence of illegal drug use in the community, and the range of services offered by Ballyfermot STAR. In Chapter Two, we describe the methodology used to carry out the study. Chapter Three describes the background characteristics of service users in Ballyfermot STAR while Chapter Four describes the extent of drug use experienced by these families. Chapter Five assesses the well-being of service users along a number of dimensions including physical, psychological, support networks, family relationships, etc. In Chapter Six we assess the impact of drug use on family members by analysing variations in well-being according to the intensity of drug use experienced by the family. Finally, in Chapter Seven, we draw together the key findings and their implications.

1 STAR is an acronym for Support, Treatment, Aftercare, Rehabilitation.

2 Watters and Byrne, 2004:8.

3 According to the Commission on the Family (1995-1998): "The experience of family living is the single greatest influence on an individual's life and the family unit is a fundamental building block for society" (Commission on the Family, 1996:13; see also 1998).

4 This evolution is excellently documented by Shane Butler (2002) and a similar conclusion is reached in the analysis of Barry Cullen (2002).

5 Department of Tourism, Sport and Recreation, 2001

6 Bancroft, Carty, Cunningham-Burley and Backett-Milburn, 2002:3

7 CityWide Family Support Network, 2004b

8 Quoted in Department of Health, 2001:15

9 Ibid

1 Context

1.1 Introduction

Ballyfermot STAR[10] was set up in 1998. It emerged from a process of consultation initiated the previous year by Ballyfermot Drugs Task Force to find out how drug users and their families could be helped through support, treatment, aftercare and rehabilitation. From this, a core group of 10-15 people from the community was formed to formulate a response to the growing drug problem in the area. The group participated in a training programme on drug issues run by Crosscare and visited a range of drug projects throughout Dublin. In light of this, it was decided to set up STAR as a community response to the problems created by drugs in the Ballyfermot area. The basic aim was, and remains, to support drug users and their families as well as provide information and education on drug issues to the wider community. The overall ethos of the project is to help people cope with, and overcome, their problems by building on strengths and reducing the tendency to identify with addiction. In other words, the project aims to address the needs of the whole person and not just the problems arising from drug use.

In 1999, the project established itself as a company limited by guarantee and registered as a charity. In the same year it received funding from Ballyfermot Drugs Task Force to employ a family support worker and an education worker; by 2004, the staff team had grown to 12 people. In February 2000, Ballyfermot Drugs Task Force purchased premises at Drumfin Park which is the main base for delivering many of Ballyfermot STAR's services, including its family support programme. The Community Employment programme, designed to support those making the journey to recovery from drug use, is run from premises called Realt Nua which are located in Park West Industrial Estate. In 2004, funding was obtained from the Equal Opportunities Childcare Programme (2000-2006) to build a 30-place childcare facility - with additional capacity for 10 out-of-school places.

In this chapter we describe the broader socio-economic context of Ballyfermot (Section 1.2) and the prevalence of drug use in the community (Section 1.3). Against this background, we summarise the main services and activities of Ballyfermot STAR (Section 1.3) and conclude with a brief summary (Section 1.4).

1.2 Ballyfermot in Context

Ballyfermot consists of seven electoral divisions (EDs), this being the catchment area for both Ballyfermot Partnership and Ballyfermot Drug Task Force. The area is sometimes referred to by its postal address, 'Dublin 10'. In 2002, all seven EDs were amongst the 5 per cent most disadvantaged EDs throughout the country[11]. The population of Ballyfermot in 2002 was just over 20,000. Unlike the rest of Dublin or Ireland, its population has declined continuously since 1986, mainly as a result of an ageing population in some EDs (Table A1.1).

The decade between 1991 and 2002 is notable in Ireland for the decline in deprivation and the growth in prosperity which was experienced throughout the country as a result of the 'Celtic Tiger' (see Table A1.2). Ballyfermot shared in this process with a marginally higher reduction in deprivation scores (19.0) compared to Dublin (16.3) or Ireland (15.4). However its overall relative position - in being among the 5 per cent most disadvantaged EDs in the country - remains unchanged.

The decline in overall deprivation scores is related to the significant decline in unemployment over this period. Like Dublin and Ireland, Ballyfermot experienced a halving in the unemployment rate between 1991 and 2002 for both men (from 40% to 19%) and women (from 33% to 15%) (Table A1.3). Nevertheless the unemployment rate in 2002 for men and women in Ballyfermot was still considerably higher than the corresponding rates in Dublin (9% for men and 8% for women) and Ireland (9% for men and 8% for women). In other words, Ballyfermot experienced an absolute improvement in unemployment rates over the past decade but its relative position remains unchanged.

Ballyfermot is relatively unique by comparison with Dublin and Ireland in that nearly four out of ten households with a child under 15 years (38%) is headed by a lone parent (Table A1.4). This is double the rate for Dublin (21%) and more than double the rate for Ireland (17%). Indeed more than half of all households in one ED (53%) are headed by a lone parent. This may be the result of more young women in the area becoming single parents, a higher rate of separation / divorce, or the outcome of public housing policy which concentrates lone parents in areas such as Ballyfermot - or perhaps a combination of all three factors.

The social class characteristics of Ballyfermot are highly skewed towards the two poorest classes, namely those designated as semi-skilled or unskilled (Table A1.5). In 1991, nearly half of the adult population in Ballyfermot (48%) were in these two categories but this proportion dropped to nearly four in ten (39%) in 2002, reflecting a general trend over time in the reduction of persons designated as semi-skilled or unskilled. However, the concentration in Ballyfermot of semi-skilled and

10 STAR is an acronym for Support, Treatment, Aftercare, Rehabilitation.

11 Data for this section was supplied by Trutz Haase, Social and Economic Consultant; see Appendix One at the end of this report; see also Haase and Pratschke, 2005.

unskilled manual categories in 2002 was about twice that found in Dublin (16%) and Ireland (20%). Conversely, the presence of professional classes remains meagre within the area (rising from 6% in 1991 to 10% in 2002). Although the proportion nearly doubled in the eleven-year time span between 1991 and 2002, the increase trails behind the general trend in Dublin (from 29% to 36%) and Ireland (from 25% to 32%).

Education levels improve over time, as younger age cohorts tend to stay longer at school. Comparative measures only exist for the 1996 and 2002 Censuses, since the 1991 Census expressed the proportion of people attaining each level of education for those in the labour force only; as of 1996, the proportions are expressed as proportion of the adult population (Table A1.6). The proportions of the adult population in Ballyfermot with primary education only has dropped by about twenty percentage points over the past eleven years, a remarkable achievement. However, levels remain extraordinarily high when compared to Dublin and Ireland. In 2002, nearly half the adult population in Ballyfermot (47%) attended primary education only, compared to 19% in Dublin and 22% for the country as a whole. At the other end of the educational spectrum, the figures with respect to the attainment of third level education are even more extreme. In 2002, the adult population in Ballyfermot who attended third level education still amounted to only 7% by contrast with 34% in Dublin and 26% in the country as a whole.

This profile indicates that Ballyfermot is a highly disadvantaged area in terms of deprivation scores, including unemployment, social class and education. Although the area experienced a reduction in absolute deprivation scores during the decade between 1991 and 2002, its relative position in terms of affluence and deprivation remains unchanged.

1.3 Illegal Drug Use in Ballyfermot

In 2001, Ballyfermot Drug Task Force estimated that there were 1,000 problem heroin users in the area[12], a fact which clearly justifies the title of its strategic plan for 2001-2002 - 'Ballyfermot Has A Drug Problem'. If the prevalence rate is based on the population aged 15-44[13] - the age group most likely to be involved in heroin use - then this produces a prevalence rate of 10%; if this is further adjusted to take account of the fact that three quarters of all drug users are men[14], then the prevalence rate is 15% for men and 5% for women. In other words, one in 7 men and one in 20 women are estimated to be heroin users in Ballyfermot. In 2002, the 'last month prevalence' of heroin use among young adults (15-34 years) in Ireland was 0.1% while in the South Western Area Health Board, which includes Ballyfermot, the prevalence was 0.4%[15]. This implies that Ballyfermot has a heroin problem which is 25 times greater than in the surrounding South Western Area Health Board region and 100 times greater than in Ireland.

Heroin and cannabis are the two main illegal drugs being used in Ballyfermot. According to Ballyfermot Drugs Task Force, "This trend has remained the same over the years. The use of ecstasy and speed has not been prevalent but in recent times the local drugs unit has come across a small amount of cocaine abusers"[16].

The number of persons from Ballyfermot who were accessing drug treatment services in 1999, the latest year for which data is available from the National Drug Treatment Reporting System, was 298[17]. Nearly half of them came from two EDs, Cherry Orchard C (26%) and Drumfinn (20%). Ballyfermot has three drug treatment centres - Aisling, Fortune House and Cuan Dara - but over half their clients in 1999 were not from Ballyfermot indicating, according to Ballyfermot Drugs Task Force, that 'Ballyfermot residents were going elsewhere for treatment'[18]. One of the reasons for this may be that there is an 18 month waiting period before accessing drug treatment services in Ballyfermot.

Persons accessing drug treatment services, according to the National Drug Treatment Reporting System, are typically in the age range 16-36 years[19]. Three quarters of them are male (77%) and two thirds live with their parents / family (68%). A substantial minority (21%) are early school leavers, a tenth are still in education (11%) with only a third (32%) in employment. In Ireland, as elsewhere, persons with problem drug use tend to live in areas of concentrated disadvantage and this is clearly the case in Ballyfermot.

1.4 Services of Ballyfermot STAR

Ballyfermot STAR offers a wide range of services to address the needs of individuals and families affected by drugs.
The key services are:

The Family Support Programme

The Community Employment Programme

Complementary Therapies

Drop-in Services

Community Education Programme

We now briefly describe each of these.

1.4.1 Family Support Programme

This programme began in 1999 with the formation of family support groups. These groups were formed to help parents and their partners cope with the isolation and other consequences of addiction in the family. Persons can stay in any of the groups for as long as they need and many have been attending for a number of years (see Table 4.5 below). A number of groups now exist within the project as follows:

(i) Family Support Group which meets every Wednesday - usually referred to as 'the Wednesday Night Group' - has an average attendance of 5-15 people, and is facilitated by the Family Support Worker. The main focus of this group is on peer support

12 Ballyfermot Drug Task Force, 2001:55

13 Based on data prepared by GAMMA, 2004

14 Drug Misuse Research Division, 2003

15 National Advisory Committee on Drugs, 2005:Tables 6 and 14

16 Ballyfermot Drug Task Force, 2001:59

17 Quoted in Ballyfermot Drug Task Force, 2001:64

18 Ballyfermot Drug Task Force, 2001:66

19 Drug Misuse Research Division, 2003

through sharing experiences and information about how to cope with illegal drug use in the family. Over the years, the group has built up an expertise on the symptoms associated with different drugs, their health consequences, the type of treatment services available as well as the impact of drug use on different family members. This is an 'open' group which is offered to parents who first come to Ballyfermot STAR and would like to meet other parents for support. A trained therapist in bereavement and loss also attends this group to offer support and guidance where needed. Training is offered within the group on how to provide peer support. In order to facilitate the integration of new members, the group spends a day outside the community - called 'Isobel's Day' - at An Cosán[20] in Tallaght which helps them to relax and reflect away from the daily struggles of coping with drug use.

(ii) Personal Enrichment Group which meets every Monday - usually referred to as 'the Monday Night Group' - has an attendance of 5-15 people, and is also facilitated by the Family Support Worker with a psychotherapist sometimes in attendance. A key focus of this group is on personal development and the group is seen as a progression opportunity for members of the Family Support Group; parents in this group will first have attended the Family Support Group for a period. In addition to the weekly meetings, the group has also organised weekend activities such as a personal development course in Glendalough in Co. Wicklow.

(iii) Men's Group which has five members and meets weekly. One of the factors which contributed to the formation of this group was the need for a separate space for men and fathers given that a majority in the Family Support Group and the Personal Enrichment Group were women. The main focus of this group is on mutual support and personal development. In addition to the weekly meetings, the group has also organised weekend programme outside the community. The group is facilitated by a psychotherapist.

(iv) Peer Support Group which comprises 8-10 members who are recovering from drug use, many of them already drug-free. This group, which is sometimes referred to as the 'aftercare group', is designed to support those who wish to change their drug using behaviour and prevent relapse. The group is facilitated by the Family Support Worker. The group has a stable membership and has developed to become an advisory committee within Ballyfermot STAR on a range of issues which affect service users. In the longer term, the group would also like to have an impact on all aspects of public policy which are relevant to drug use.

(v) Bereavement Group comprises about 5 parents who have experienced a death or other serious loss in the family. The group is facilitated by a trained bereavement and loss therapist.

(vi) Sibling Group is made up of 5 teenage girls who meet for two hours every Wednesday after school. The group, whose siblings are involved in illegal drug use, do arts and crafts as well as personal development, including a programme on grief and loss programme; some afternoons are also spent going to the cinema or to a local restaurant. The group is facilitated by the Assistant Family Support Worker.

(vii) Summer project involves activities for parents and children such as picnics at the beach, visiting the zoo, outings to a farm, etc. These are organised by the Assistant Family Support Worker and take place every Wednesday over an 8-week period between July and August. Up to 70 children of parents who use the project attend. A free bus service is provided by Dublin Bus and the Sibling Group take responsibility for making sandwiches for the picnic.

(viii) Christmas Party has become an annual even which is organised for the younger children of parents who attend the project. Over 100 parents and children normally attend and Santa gives each child a gift.

1.4.2 Community Employment Programme for Recovering Drug Users

This is a three year programme funded by the FÁS under the Community Employment Programme. The programme has 15 places for former drug users, each at different stages in the recovery process. The programme comprises a range of courses, mainly accredited by FETAC (Further Education and Training Awards Council), to build the skill base of participants including computers, horticulture, art & design, health & safety, first aid, relapse prevention, music technology, and childcare. Training is provided through a number of local facilities which are designed to create a 'normal' training environment which is free from any associations with illegal drugs. An individual care plan is devised in consultation with each participant focusing on their personal development as well as on their career aspirations. A work experience placement is also offered and complementary therapies are available. The overall ethos of the programme is to cultivate self-belief so that each person has the confidence to achieve his / her goals and is given every support and encouragement to do so.

1.4.3 Complementary Therapies

The project offers a range of complimentary therapies with the aim of helping people to feel less stressed and more relaxed, thereby enabling them to cope better with the difficulties besetting them as a result of drug use in the family. Participants on the family support programme and the Community Employment programme make particular use of the complementary therapies. The range of therapies include Shiatsu, full body acupuncture, auricular acupuncture, massage, meditation, reiki and relaxation techniques. These services are provided by a trained therapist but other members of the project are also being trained in complimentary therapies. In recent years, over

20 An Cosán is a centre of learning, leadership and enterprise; see www.ancosan.com

200 family members and a further 50 people in recovery have availed of complementary therapies.

1.4.4 Drop-in Service

A range of services are offered to both active drug users as well as other family members, who drop into the centre. These services are offered by the Family Support Worker and include information, advice, counselling, complementary therapies as well as referral to other services. The type of difficulties presented through this service include trouble with the law, drug dealers or money lenders, health problems, family problems arising from illegal drug use, physical threats, supports with childcare, etc. Assistance is offered on a one-to-one basis rather than with the family as a unit.

1.4.5 Community Education Programme

Each year the project runs two education programmes for the general public in Ballyfermot: (i) a community addiction studies course and (ii) a community health course. Both courses, which are accredited by FETAC (Further Education and Training Awards Council), comprise about 20 sessions, each session lasting about 3 hours, plus a residential weekend. The community addiction studies course, which is run by the Ballymun Youth Action Project, covers topics such as drugs and addiction and how they effect individuals, families and communities and well as how to respond to their consequences. The community health course, which is run by Sláinte Pobail, is about promoting positive lifestyles through raising awareness and developing skills in nutrition, stress management, relaxation, shiatsu, massage, understanding the body and using complementary therapies for common complaints such as colds and flu's.

1.5 Summary & Conclusion

Ballyfermot STAR (Supporting Aftercare Recovery) was set up in 1998 and receives mainstream funding through the Ballyfermot Drugs Task Force. Its basic aim is to support drug users and their families, and to provide information and education on drug issues to the wider community. This is done by helping people to cope with, and overcome, their problems by building on strengths and reducing the tendency to identify with addiction. The project has a staff of 12 people and is a company limited by guarantee with charitable status for tax purposes.

Ballyfermot, sometimes referred to by its postal address as 'Dublin 10', consists of seven electoral divisions (EDs), and is the catchment area for both Ballyfermot Partnership and Ballyfermot Drug Task Force. In 2002, all seven EDs had a combined population of just over 20,000 and were amongst the 5 per cent most disadvantaged EDs in the country[21]. The decade between 1991 and 2002 is notable in Ireland for the decline in deprivation and the growth in prosperity which was experienced throughout the country as a result of the 'Celtic Tiger'. Ballyfermot shared in this process and, in absolute terms, experienced a similar improvement to Dublin and Ireland in terms of reduced deprivation scores, increased employment and improvements in education. However its relative position in terms of affluence and deprivation remains unchanged and it is still one of the most disadvantaged areas in Dublin and Ireland.

In 2001, Ballyfermot Drug Task Force estimated that there were 1,000 problem heroin users in the area[22], a fact which clearly justifies the title of its strategic plan for 2001-2002 - 'Ballyfermot Has A Drug Problem'. Expressed as a prevalence rate for the population aged 15-44[23] - the age group most likely to be involved in heroin use - this implies that 10% of the target population in Ballyfermot are heroin users; if this is further adjusted to take account of the fact that three quarters of all drug users are men[24], then the prevalence rate is 15% for men and 5% for women. In other words, one in seven men and one in twenty women are estimated to be heroin users in Ballyfermot. In 2002, the 'last month prevalence' of heroin use among young adults (15-34 years) in Ireland was 0.1% while in the South Western Area Health Board, which includes Ballyfermot, the prevalence was 0.4%[25]. This implies that Ballyfermot has a heroin problem which is 25 times greater than in the surrounding South Western Area Health Board region, and 100 times greater than in Ireland.

The number of persons from Ballyfermot who were accessing drug treatment services in 1999, the latest year for which data is available from the National Drug Treatment Reporting System, was 298[26]. Although Ballyfermot has three drug treatment centres - Aisling, Fortune House and Cuan Dara -over half their clients in 1999 were not from Ballyfermot indicating, according to Ballyfermot Drugs Task Force, that 'Ballyfermot residents were going elsewhere for treatment'[27]. One of the reasons for this may be that there is an 18 month waiting period before accessing drug treatment services in Ballyfermot.

As we have seen, Ballyfermot STAR offers a wide range of services to address the needs of individuals and families affected by drugs. These include: a family support programme, a Community Employment programme, complementary therapies, a drop-in service, and a community education programme. In our assessment of the needs generated by the impact of drug use we focus on service users in the family support programme and the Community Employment programme. The methodology which we use to assess those needs is described in the next chapter.

21 All data in this section is supplied by Trutz Haase, Social and Economic Consultant; see Appendix One at the end of this report.

22 Ballyfermot Drug Task Force, 2001:55

23 Based on data prepared by GAMMA, 2004

24 Drug Misuse Research Division, 2003

25 National Advisory Committee on Drugs, 2004:Tables 6 and 14

26 Quoted in Ballyfermot Drug Task Force, 2001:64

27 Ballyfermot Drug Task Force, 2001:66

2 Methodology

2.1 Introduction

The main purpose of this study is to assess the needs of service users who attend Ballyfermot STAR. Service users come from families affected by drug use which means that at least one family member in the household is using illegal drugs. We focus in particular on service users in the family support programme, many of whose children use drugs, and the Community Employment programme, all of whom are making the journey towards recovery from drug use. In this chapter we describe the methodology used to assess the needs of these service users and begin by defining the concept of need used in the report (Section 2.2). We describe the instruments used in the questionnaire to assess needs (Section 2.3) and the number of interviews which were undertaken (Section 2.4). We explain how the data was analysed (Section 2.5) and give an overview of the structure of the report (Section 2.6).

2.2 Definition of Need

In order to carry out a study of need, it is necessary to begin with a clear definition of need. Persons are said to be in need when their well-being is below a threshold that is regarded as either normal or minimal. In this study, the 'normal' threshold is defined by reference to the average level of well-being experienced by parents in a representative sample of Irish families[28]. As such, it represents a 'statistical' rather than a 'clinical' norm and the results are best regarded as indicative rather than definitive.

Need is a multi-dimensional concept covering all aspects of the person's well-being including: physical, psychological, emotional, support networks, relationships with children and with partner, etc. In light of this understanding, our assessment of need meets three essential requirements for measuring well-being[29]:

1. It covers the key dimensions of need

2. It uses tried and tested instruments to measure those dimensions of need

3. There is comparable data for Ireland against which to assess if families affected by drug use in Ballyfermot fall below a threshold which is regarded as statistically normal for other Irish families.

2.3 The Questionnaire

The questionnaire used to measure need among those who use Ballyfermot STAR draws together a range of instruments which have been tried and tested internationally. Equally important, they have been used in a national study of family well-being in Ireland[30] and some have also been used in the evaluation of Springboard projects in Ireland[31]. As such, they provide useful benchmarks against which to measure the well-being of persons affected by drug use in Ballyfermot. These instruments and the dimensions of need which they measure are summarised in Table 2.1.

In addition to these indicators, the questionnaire collected data on the background characteristics of service users in Ballyfermot STAR, including: age, sex, marital status, education, housing status, household composition, employment, financial well-being. This data was collected using questions which allow for comparison with national data sets such as the Census of Population, Quarterly National Household Survey, the Living in Ireland Survey, etc.

2.4 Interviews with Service Users

Interviews were carried out with two groups of service users. The first group comprised participants on the family support programme. These are mainly parents whose children are involved in drug use. Interviews were held with 45 of these participants, and this represents the vast majority of those who were using this service at the time of the interviews in 2004/5. The second group comprises participants on the Community Employment programme and these are in the process of recovery from drug use. Interviews were held with all of the participants on the programme at that time.

The number of service users who were interviewed, broken down by their location within Ballyfermot is summarised in Table 2.2. This shows that interviews were held with 45 participants from the family support programme and 18 participants on the Community Employment programme. Service users are drawn from all areas of Ballyfermot but with stronger concentrations coming form Cherry Orchard B (24%) and Kylmore (18%).

2.5 The Analysis

The analysis of data involved a number of different stages. First, we carry out a brief descriptive analysis of the background characteristics of service users. We do this by describing their age and gender, family structure and household characteristics, as well as housing status, education, employment, and financial position. These background characteristics are described in Chapter Three.

28 See McKeown, Pratschke and Haase, 2003

29 See Brooks and Hanafin, 2005; Hanafin and Brooks, 2005;

30 McKeown, Pratschke and Haase, 2003

31 See McKeown, Haase and Pratschke, 2001; 2004a; 2004b

32 Adapted from Derogatis, 1992.

33 National Advisory Committee on Drugs, 2005.

34 See Centre for Health Promotion Studies, 2003.

35 Adapted from Watson, Clark, and Tellegen, 1988.

36 Adapted from Bem, 1974.

37 Adapted from Ryff and Keyes, 1995; Ryff, 2001.

38 LIIS is a survey of income and living standards carried out by the Economic and Social Research Institute between 1994 and 2001; since replaced by a new annual survey called the Survey on Income and Living Conditions, as part of an EU-wide survey (EU-SILC).

39 Adapted from Gerard, 1994.

40 Straus, Hamby, Finkelhor and Runyan, 1995.

41 Adapted from Rusbult, Martz, and Agnew, 1998.

42 Adapted from Miller and Lefcourt, 1982.

43 / 44 Kurdek, 1994.

45 Strauss, Hamby, Boney-McCoy and Sugarman, 1996.

TABLE 2.1 Instruments for Measuring the Well-Being of Persons Affected by Drug Use

Dimensions of Parental Well-Being		Scale for Measuring Well-Being
Physical Well-Being	1.	Revised Symptom Checklist[32], comprising 19 items and five sub-scales: (i) somatisation (ii) anxiety (iii) hostility (iv) general symptoms (v) other.
Smoking, Drinking and Drugs	2. 3.	Smoking, Drinking and Drugs questions from NACD's Drug Prevalence Survey[33] National Health and Lifestyle Surveys[34].
Positive and Negative Emotions	4. 5.	Positive and Negative Affect Scales (PANAS)[35], comprising 20 items and two sub-scales: (i) positive affect (ii) negative affect. Bem Sex-Role Inventory[36] comprising 20 items and two sub-scales: (i) independence (ii) interdependence.
Psychological Well-Being	6.	Scales of Psychological Well-Being[37], comprising 18 items and six sub-scales: (i) autonomy (ii) environmental mastery (iii) personal growth (iv) positive relations with others (v) purpose in life (vi) self-acceptance.
Financial Well-Being	7.	Living in Ireland Survey (LIIS)[38] by ESRI
Home Environment	8.	Compiled from various scales
Negative Life Events	9.	Compiled from various scales
Social Support Network	10.	Compiled from various scales
Quality of Parent-Child Relationship	11.	Parent-Child Relationship Inventory (PCRI)[39] comprising 25 items and five sub-scales: (i) satisfaction with parenting (ii) involvement with child (iii) communication with child (iv) limit-setting (v) autonomy.
The original scale has 78 items and six sub-scales.	12.	Parent-Child Conflict Tactics Scale (CTS-PC)[40] comprising 18 items and four sub-scales: (i) non-violent discipline (ii) psychological aggression (iii) minor physical assault (iv) severe physical assault.
Quality of Couple Relationship	13. 14.	Marital Satisfaction Scale[41], comprising 5 items and no sub-scales. Social Intimacy Scale[42], comprising 7 items and no sub-scales.
Ways of Resolving Conflict	15.	Conflict Resolution Style Inventory[43], comprising 16 items and four sub-scales: (i) problem-solving (ii) conflict engaging (iii) compliant (iv) withdrawing.
Ability to Resolve Conflicts	16.	Ineffective Arguing Inventory[44], comprising 4 items and no sub-scales.
Forms of Conflict	17.	Conflict Tactics Scale II[45], comprising 16 items and four sub-scales (i) minor psychological (ii) severe psychological (iii) minor physical (iv) severe physical.

TABLE 2.2 Number and Location of Service Users who were Interviewed

Location	Family Support		Community Employment		Total	
	N	**%**	**N**	**%**	**N**	**%**
Cherry Orchard A	2	4	0	0	2	3
Cherry Orchard B	11	24	4	22	15	24
Cherry Orchard C	7	16	2	11	9	14
Decies	2	4	2	11	4	6
Drumfin	3	7	1	6	4	6
Kilmainham A	7	16	2	11	9	14
Kylmore	7	16	4	22	11	18
Other	6	13	3	17	9	15
Total	**45**	**100**	**18**	**100**	**63**	**100**

Second, we analyse the experiences which families have with drugs including the number of drug users in the family and the type of drug use of family members (whether active, stable or drug-free). We also analyse if a family member has been imprisoned for drugs, has died from drugs, and how long the service user has been attending Ballyfermot STAR. This is done in Chapter Four.

Third, we analyse the extent of need by comparing the mean scores of service users in Ballyfermot STAR with the mean scores of a nationally representative sample of parents in Ireland. We do this by calculating the effect size, which is a simple way of standardising and comparing the difference between two groups on a range of test scores. The formula involves subtracting the mean of one group (service users in Ballyfermot STAR) from the mean of the other (a representative sample of parents in Ireland) and dividing by their pooled standard deviation. Thus, the effect size is measured in standard deviation units and the score varies from 0.0 to 3.0[46]; given that the baseline figure for Ireland is 0.0, the effect size measures how far service users in Ballyfermot are from the this norm. Most programmes in the area of family support tend to achieve effect sizes in the range 0.2 to 0.5[47]. As a rule of thumb therefore, effect sizes in this range tend to indicate a significant level of need while effect sizes in excess of 0.5 can be regarded as quite large relative to the capacity of programmes to meet that need. These considerations will be used as a guide in the interpretation of results. The results of our analysis of need are reported in Chapter Five.

Fourth, we assess how the well-being of service users varies according to the experiences of drug use within the family. This offers a systematic way of assessing how drug use impacts on well-being. The analysis examined the following aspects of drug use in the families of service users: type of drug use (active, stable or drug-free), number of drug users in the family (one, or more than one), imprisonment for drug use, death of family member from drug use, grandparent who has acted as full-time parent. For each aspect of drug use, we calculated the mean scores of service users on each dimension of their well-being and compared them to the mean for Ireland using the effect size statistic. The results of this analysis are reported in Chapter Six.

2.6 Structure of Report

The report is divided into seven chapters as follows:

1 Context

2 Methodology

3 Characteristics of Service Users

4 Drug Use in Families of Service Users

5 Well-Being of Service Users

6 Influence of Drug Use on Family Well-Being

7 Summary, Conclusions and Implications

46 The concept of effect size is typically used in randomised control trials (RCTs) to compare the difference between an experimental and a control group. The convention established by Jacob Cohen (1988) and referred to as 'Cohen's d', is that a coefficient between 0.2 and 0.5 indicates a small effect, between 0.5 and 0.8 indicates a moderate effect, and above 0.8 indicates a large effect. A guide to the interpretation of effect sizes is summarised in the table below and shows, for each effect size, the proportion of the experimental group (EG) whose scores exceed the average score of the control group (CG), based on the assumption that scores are normally distributed.

Effect Size	% exceeds CG
0.0	50
0.1	54
0.2	58
0.3	62
0.4	66
0.5	69
0.6	73
0.7	76
0.8	79
0.9	82
1.0	84
1.2	88
1.4	92
1.6	95
1.8	96
2.0	98
2.5	99
3.0	99.9

Source: CEM Centre, University of Durham, England. www.cemcentre.org

47 See Table 5.1 below, based on Layzer, Goodson, Bernstein and Price, 2001; Nelson, Westhues and MacLeod, 2003. The effect size of family support programmes (0.2 to 0.5), though statistically regarded as a small effect, can have very substantial implications. For example, the effect size of the High / Scope Perry Pre-School Programme in the US when participants reached the age of 23 was 0.36 (Schweinhart and Weikhart, 1997) but the economic return at age 27 is estimated to be $8 for every $1 invested (Barnett, 1996) rising to $17 for every $1 invested by age 40 (Schweinhart, 2004). In the medical field, there are even more dramatic illustrations of how small effect sizes can have enormous practical significance. For example, the effect size of aspirin in reducing heart disease is 0.03, yet is widely prescribed by doctors because the cost of the intervention is cheap and the potential benefits are very large (cited in McCartney and Dearing, 2002).

3 Characteristics of Service Users

3.1 Introduction

This chapter describes some background characteristics of service users in Ballyfermot STAR. These service users are drawn from the family support programme (45) and the Community Employment programme (18). We begin by describing the age and gender of service users (Section 3.2) and whether they are parents or grandparents (Section 3.3). We describe the family type (Section 3.4), household characteristics (Section 3.5), housing status (Section 3.6), education (Section 3.7), employment (Section 3.8), and financial position (Section 3.9). We conclude by summarising the distinguishing features of service users by comparison with Ireland (Section 3.10). Unless otherwise specified, the data for Ireland refers to a national survey of parents and children in 2003[48].

3.2 Age and Gender of Service Users

Participants on the family support programme have an average age of 48 years and are more likely to be female (Table 3.1). By contrast, participants on the Community Employment programme are significantly younger with an average age of 29 years and there are slightly more males than females.

3.3 Parents and Grandparents

Most participants on the family support programme are parents (91%) but a high proportion of Community Employment participants are also parents (78%) (Table 3.2). However participants on the family support programme are more likely to be grandparents (60%) and a significant proportion of these (44%) have acted in the role of full-time parent to their grandchildren, possibly as a consequence of drug use. The emergence of a significant proportion of grandparents who act as full-time parents, due to the consequences of drug use, was highlighted in a recent report and conference which drew attention to the challenges and lack of support faced by grandparents in this position[49].

48 McKeown, Pratschke and Haase, 2003

49 The report, entitled 'Supporting Grandparents ... Supporting Children' (Citywide Family Support Network, 2004a) was launched in Dublin at Ozanam House in October 2004.

TABLE 3.1 **Demographic Characteristics of Service Users**

Variable	Family Support		Community Employment		Total	
	N	%	N	%	N	%
Male	15	33	10	56	25	40
Female	30	67	8	44	38	60
Total	**45**	**100**	**18**	**100**	**63**	**100**
Mean Age	48		29			

TABLE 3.2 **Service Users who are Parents and Grandparents**

Variable	Family Support	Community Employment
% who are parents	91	78
% who are grandparents	60	6
% grandparents who act as parents	44	0

TABLE 3.3 **Family Types**

Variable	Family Support	Community Employment	Ireland
	%	%	%
Two parents - married	56	7	68
Two parents - cohabiting	15	36	11
One parent - single	2	50	12
One parent - separated / divorced / widowed	27	7	9
Total	**100**	**100**	**100**

TABLE 3.4 **Household Characteristics**

Variable	Family Support	Community Employment
% living with all of one's children	32	57
% living with some of one's children	54	7
% living with none of one's children	15	36
% living with parents	0	50
Mean number of persons in household	3.7	4.2

TABLE 3.5 **Housing Status**

Variable	Family Support	Community Employment	Ireland
	%	%	%
Own outright	20	0	36
Own with mortgage	29	0	38
Renting from private landlord	4	11	11
Rent from Local Authority	31	28	7
Buying from Local Authority	16	6	3
Living with parents	0	50	0
Rent-free / not stated	0	6	5
Total	**100**	**100**	**100**

*Source: Census of Population 2002, Housing, Volume 13.

TABLE 3.6 **Age Completed Full-time Education**

Variable	Family Support	Community Employment	Ireland*
	%	%	%
Under fifteen	64	17	15.4
Fifteen to sixteen	27	44	24.5
Seventeen to nineteen	9	39	37.2
Twenty and over	0	0	22.9
Total	**100**	**100**	**100**
Mean Age	14.3	15.8	

*Source: Census of Population 2002, Education and Qualifications, Volume 7.

3.4 Family Type

Data on family type is summarised in Table 3.3 with comparative data for Ireland. This reveals that the majority of participants on the family support programme (71%) live in households comprising two parents, most of them married; a significant minority (29%) live in one parent households, mainly as a result of divorce / separation / widowhood. This is fairly similar to the pattern in Ireland where the vast majority of households with children (79%) are two parent households. By contrast, participants on the Community Employment programme are more likely to live in a one parent household (57%), nearly three times higher than the corresponding rate of lone parenthood in Ireland (21%).

3.5 Household Characteristics

Information on the household characteristics of service users is summarised in Table 3.4. This reveals that, of those who are parents, the majority are living with their children. A higher proportion of participants on the family support programme (86%) are living with their children compared to the Community Employment programme (64%), essentially because the latter comprises a high proportion of single fathers who are not living with their children. Half of those on the Community Employment programme are living with their parents and this accounts for the larger household size of this group (4.2) compared to those on the family support programme (3.7).

3.6 Housing Status

The housing status of service users is summarised in Table 2.3 with comparative data for Ireland. This reveals that about two thirds of those on the family support programme (65%) live in owner-occupied housing compared to three quarters of Irish parents (74%). Half of those on the Community Employment programme live in their parent's home and one of them is purchasing a home from the local authority. Nearly a third of service users rent from the local authority, about four times higher than in Ireland.

3.7 Education

The age on completing full-time education is summarised in Table 3.6. This reveals that service users in Ballyfermot STAR are significantly more likely to leave school at an earlier age compared to other parents in Ireland. More than six out of ten (64%) of those on the family support programme left school before 15 years compared to only a minority of parents in Ireland (15%). Participants on the Community Employment programme stayed at school longer, but only 40% stayed after reaching sixteen years compared to 60% in Ireland.

The earlier age on leaving school among service users is also reflected in their level of educational attainment as summarised in Table 3.7. In Ireland, about a third of parents (35%) have no higher than a Junior Certificate; in Ballyfermot STAR, more than nine out of ten (92%) of those in the family support programme, and half (50%) on the Community Employment programme, are in this position. Conversely, two thirds (65%) of Irish parents have a Leaving Certificate or higher compared to less than a tenth of participants on the family support programme (10%), and less than a third (28%) of those on the Community Employment programme. Overall therefore, service users in Ballyfermot STAR have a significantly lower level of education compared to the average Irish parent.

3.8 Employment

The situation with regard to work is summarised in Table 3.8. This reveals that more than half (58%) the participants on the family support programme are in paid work, similar to the proportion in Ireland (55%). By definition, all participants on the Community Employment programme are in part-time work. Service users in Ballyfermot STAR are different from the average Irish parent in two important respects. First, a much smaller proportion are full-time home-makers (9% in family support, and none in Community Employment) compared to Ireland (40%), possibly because their children have grown up. Second, the proportion who are unable to work due to sickness or disability is much higher (20% in family support and 33% in Community Employment) compared to Ireland (2%).

3.9 Financial Position

Financial well-being has an important subjective dimension which is measured by the capacity to live on one's income. This dimension was measured by asking service users in Ballyfermot STAR to describe their financial position and the results are summarised in Table 3.9. This shows that more than a quarter of participants on the family support programme (27%), and more than half the participants on the Community Employment programme (55%), experience financial strain. This is defined as having some or serious difficulty managing financially and is much higher than the corresponding proportion of Irish parents (15%). It is useful to place this result in the context of a recent report which found that the level of financial strain among Irish households fell considerably between 1994 and 2001 (from 31% to 10%), but also fell for a range of households experiencing poverty including households with children (from 37% to 12%), older people (from 23% to 12%), unemployed (from 54% to 20%), and the ill / disabled (from 48% to 19%)[50]. Significantly, the level of financial strain among service users in Ballyfermot STAR is well above that experienced not only by Irish households generally but also by reference to specific groups which are vulnerable to poverty. In other words, the benefits of Ireland's recent economic success do not seem to have improved the financial well-being of a substantial proportion of service users in Ballyfermot STAR.

50 Whelan, Nolan and Maitre, 2005

51 Whelan, Nolan and Maitre, 2005

52 The report, entitled 'Supporting Grandparents ... Supporting Children' (Citywide Family Support Network, 2004a) was launched in Dublin at Ozanam House in October 2004.

3.10 Summary & Conclusion

This chapter described some background characteristics of service users in Ballyfermot STAR. Service users fall into two main categories: those on the family support programme (45) and those on the Community Employment programme (18). We compared these to a nationally representative sample of parents in Ireland since most service users are also parents: 91% of those on the family support programme and 78% of those on the Community Employment programme.

From this analysis it emerged that service users in Ballyfermot STAR are distinctive in a number of respects:

- the majority of participants in the family support programme (71%) live in two parent households, similar to the situation in Ireland. By contrast, participants on the Community Employment programme are more likely to live in a one parent household (57%), nearly three times higher than the corresponding rate of lone parenthood in Ireland (21%).

- participants on the Community Employment programme are younger (the mean age is 29), are more likely to be living with all their children although half still live with their own parents; on the other hand, participants on the family support programme are more likely to be grandparents and a substantial proportion (44%) have acted in the role of full-time parents to their grandchildren, possibly for drug-related reasons.

- a majority of family support participants (65%) live in owner-occupied housing, less than the corresponding proportion of Irish parents (74%). Nearly a third of all service users rent from the local authority, about four times higher than in Ireland.

- service users tend to leave school early and the highest qualification for the majority is a Junior Certificate, whereas the majority of parents in Ireland (65%) have a Leaving Certificate or higher.

- As in Ireland, a majority of service users are in paid work. However service users in Ballyfermot STAR are different from the average Irish parent in two important respects: (i) only a small proportion are full-time home-makers (9%) compared to Ireland (40%); and (ii) a substantial proportion are unable to work due to sickness or disability (20% in family support and 90% in Community Employment) compared to Ireland (2%).

- the level of financial strain among service users in Ballyfermot STAR is well above that experienced not only by Irish households generally but also by reference to specific groups which are vulnerable to poverty such as households with children, older people, unemployed, and the ill / disabled[51].

These findings are consistent with the profile of Ballyfermot described in Chapter Two and with its status as one of the most disadvantaged parts of Ireland. The comparative analysis serves to highlight the level of disadvantage experienced by service users in Ballyfermot STAR relative to other parents in Ireland, particularly in terms of lower levels of education, a relatively high level of financial strain, and a very substantial proportion who are unable to work due to sickness or disability. The analysis also identified a substantial proportion of grandparents who have acted as full-time parents, possibly as a consequence of drug use, which is consistent with the findings of a recent report on this issue[52]. We now analyse in more detail some aspects of the drug use experienced by these families.

TABLE 3.7 **Highest Qualification in Education**

Variable	Family Support	Community Employment	Ireland*
	%	%	%
None	7	6	0
Primary Education Only	67	44	9
Junior Certificate	18	22	26
Leaving Certificate	2	28	43
Third-level Diploma	4	0	17
Third-level Degree or higher	2	0	5
Total	**100**	**100**	**100**

*Source: Census of Population 2002, Education and Qualifications, Volume 7.

TABLE 3.8 **Employment Status**

Variable	Family Support	Community Employment	Ireland
	%	%	%
Paid work - full-time	29	0	37.4*
Paid work - part-time	29	100**	17.6*
Unemployed / seeking paid work	4	0	2.2
At school / college	0	0	0.7
Full-time home-maker	9	0	40.1
Unable to work - sickness / disability	20	90	1.9
Retired	9	0	0
Total	**100**	**-**	**100**

*The breakdown between full-time and part-time work is estimated from the Quarterly National Household Survey, 2003.
**By definition, all participants on the Community Employment programme are in part-time work.

TABLE 3.9 **Financial Position**

Variable	Family Support	Community Employment	Ireland
	%	%	%
In serious difficulties	11	11	0.8
Finding it difficult to manage	16	44	13.7
Making ends meet	49	44	47.0
Comfortable	24	0	36.9
Well-off	0	0	1.6
Total	**100**	**100**	**100**

4 Drug Use in Families of Service Users

4.1 Introduction

This chapter describes the nature and extent of drug use within families who use the services of Ballyfermot STAR. We begin by describing which family members have been involved in drug use, including the average number per family (Section 4.2). Drug use is normally classified according to whether it is active (meaning the use of illegal drugs), stable (meaning the use of prescribed alternatives to illegal drugs such as methadone), or drug-free (meaning no longer taking drugs). Using this classification, we describe the current drug status of family members (Section 4.3). We also report on whether family members have been imprisoned for using illegal drugs within the past five years (Section 4.4), and whether a family member has died as a result of using illegal drugs (Section 4.5). Finally, we indicate how long service users have been attending Ballyfermot STAR (Section 4.6). We conclude by summarising the key findings of the chapter (Section 4.7).

4.2 Drug Use by Family Members

The data in Table 4.1 indicates that, on average, each service user has two family members who have used illegal drugs in the past five years. Participants on the family support programme are more likely to have a child who used drugs (75%) but nearly a fifth (18%) of the participants or their partners have also been involved in drugs. All participants on the Community Employment programme have used drugs as well as over a fifth of their partners (22%). In the extreme, some in the family support programme have six family members who have used drugs in the past five years while some in the Community Employment programme have nine family members who have used drugs in the past five years.

4.3 Current Drug Status of Family Members

The majority of service users attending Ballyfermot STAR have a family member who is currently an active or stable drug user. According to Table 4.2, nearly half the participants on the family support programme (46%) have a family member who is an active drug user. This contrasts with the experience of participants on the Community Employment programme where nearly two thirds (62%) have a family member who is a stable drug user. This difference reflects the fact that participants on the Community Employment programme are themselves more likely to have used drugs and to have stabilised their usage through the methadone.

TABLE 4.1 **Family Member Using Drugs**

Variable	Family Support		Community Employment	
	N	%*	N	%**
Respondent	8	18	18	100
Partner	6	13	4	22
Children	34	76	0	0
Other	7	16	8	44
Total	**55**		**29**	
Mean per family	2.1		2.2	
Maximum per family	6		9	
Minimum per family	1		1	

*The percent is based on 45 service users in the family support programme.
**The percent is based on 18 service users in the Community Employment programme.

4.4 Family Members Imprisoned for Drug Use

Table 4.3 shows that the majority of service users (59%) have a family member who has been imprisoned for using drugs. This is more likely to have occurred among the families of those on the family support programme (64%) compared to those on the Community Employment programme (44%).

4.5 Family Members Died From Drug Use

A fifth of the families attending Ballyfermot STAR (19%), according to Table 4.4, have experienced the death of a family member as a result of drugs. This experience is four times more likely among participants on the family support programme.

4.6 Length of Time Attending Ballyfermot STAR

The length of time which service users have been attending Ballyfermot STAR is summarised in Table 4.5. For those on the family support programme, about half (53%) have been attending for up to three years while the other half (47%) have been attending for three years or more. By contrast, Community Employment is a two year programme and half of the participants (50%) have been in Ballyfermot STAR for less than a year, the other half (50%) for more than a year.

4.7 Summary & Conclusion

This chapter described the nature and extent of drug use within families who are service users of Ballyfermot STAR. Our analysis follows the convention which classifies drug use according to whether it is active (meaning the use of illegal drugs), stable (meaning the use of prescribed alternatives to illegal drugs such as methadone), or drug-free (meaning no longer taking drugs). The key findings of the chapter are:

- on average, each service user has two family members who have used illegal drugs in the past five years; in the extreme, some have between six and nine family members who have used drugs in the past five years.

- participants are more likely to be attending the family support programme because

TABLE 4.2 **Current Drug Status of Family Member**

Variable	Family Support	Community Employment
	%	%
Active	46	19
Stable	26	62
Drug-free	28	19
Total	**100**	**100**

TABLE 4.3 **Family Member Imprisoned for Using Drugs**

Variable	Family Support	Community Employment	Total
	%	%	%
Yes	64	44	59
No	36	56	41
Total	**100**	**100**	**100**

one of their children has used drugs (76%), whereas all participants on the Community Employment programme have themselves used drugs.

• active drug users are more likely to be found in the families of participants on the family support programme (46%) whereas stable drug users are more likely to be found among participants on the Community Employment programme (62%).

• the majority of service users (59%), particularly those on the family support programme, have a family member who has been imprisoned for using drugs.

• a fifth of families (19%), particularly those on the family support programme, have experienced the death of a family member as a result of drugs.

• participants on the family support programme are evenly divided between those who have been attending Ballyfermot STAR for under three years and those who have been attending for more than three years, while Community Employment participants are evenly divided between those attending for less than a year and those attending for more than a year.

These findings indicate that drug use is a serious issue for the families who attend Ballyfermot STAR. It tends to involve about two family members who are active or stable drug users, and a majority of service users have seen family members go to prison; a significant minority have experienced the death of a family member due to drugs. The consequences of drug use do not pass quickly and this is reflected in the fact that many families have been coming to Ballyfermot STAR for family support over a number of years. In light of these results, we assess the needs of service users by comparing their well-being to the well-being of other Irish parents. That is the theme of the next chapter.

TABLE 4.4 **Family Member Died From Using Drugs**

Variable	Family Support	Community Employment	Total
	%	%	%
Yes	24	6	19
No	76	94	81
Total	**100**	**100**	**100**

TABLE 4.5 **Length of Attendance at Ballyfermot STAR**

Variable	Family Support	Community Employment
	%	%
Up to a year	22	50
One to two years	13	50
Two to three years	18	0
Three to four years	31	0
Four years and over	16	0
Total	**100**	**100**


OPENING
MON. 2nd MARCH 8.30pm
GRAND OPENING OFFER
FREE JACKPOT GAME
LINE £50 PANEL £100
NÍ BINGO GO BINGO GAEL-LINN
BINGO
8.00PM
TO
10.00PM
GALA
Leisure
TUESDAYS & THURSDAYS
DEAN'S
361
NEWSAGENTS
361
GALA
BINGO
TOYS
CARDS
SWEETS
TOBACCONIST

5 Well-Being of Service Users

5.1 Introduction

In this chapter we assess the well-being of service users in Ballyfermot STAR relative to the well-being of a representative sample of parents in Ireland using a common set of measurement instruments (listed in Table 2.1 above)[53]. In order to establish the extent of need among service users, we compare their mean scores with the mean scores of Irish parents generally. We standardise the difference in mean scores between the two groups using the effect size statistic.

As explained in Chapter Two, the concept of effect size is a simple way of standardising and comparing the difference between two groups on a range of test scores. The formula involves subtracting the mean of one group (service users in Ballyfermot STAR) from the mean of the other (a representative sample of parents in Ireland) and dividing by their pooled standard deviation. Thus, the effect size is measured in standard deviation units and the score varies from 0.0 to 3.0[54]; given that the baseline figure for Ireland is 0.0, the effect size measures how far service users in Ballyfermot are from this norm. Most programmes in the area of family support tend to achieve effect sizes in the range 0.2 to 0.5, as illustrated in Table 5.1[55]. As a rule of thumb therefore, effect sizes in this range tend to indicate a significant level of need while effect sizes in excess of 0.5 can be regarded as quite large relative to the capacity of programmes to meet that need. These considerations will be used as a guide in the interpretation of results.

In this chapter we report on the different dimensions of need which we found among service users. These include physical well-being (Section 5.2), emotional well-being (Section 5.3), psychological well-being (Section 5.4), negative life events (Section 5.5), support networks (Section 5.6), satisfaction with home and neighbourhood (Section 5.7), relationship with children (Section 5.8), and relationship with partner (Section 5.9). We conclude with a summary of the key findings and their implications (Section 5.10).

5.2 Physical Well-Being

The presence of physical symptoms can be a sign of either physical problems or psychological problems, or both. Where symptoms are based entirely on self-report, as here, they are a reliable indicator of psychological problems. Indeed it has been found that subjective ratings of personal health - but not the objective ratings of a medical expert - are associated with levels of happiness and associated personality traits. In other words, a person's self-reported symptoms may indicate more about their psychological than their physical state. Indeed, there is growing evidence that a person's physical well-being is influenced by their psychological well-being since "the immune systems of happy people work more effectively than those of unhappy people ... [which] may account of the longevity of happy people"[56].

We measured symptoms using a shortened version of the Symptom Check List (SCL)[57]. The full SCL has 90 items which was shortened to 19 items to measure aspects of physical well-being including general symptoms (such as poor appetite, overeating, trouble falling asleep, sleep that is restless or disturbed, feeling weak or hot all over, cold sweats), somatisation (such as the frequency of headaches, pains in heart or chest, nausea or upset stomach, soreness of muscles), anxiety (such as nervousness, suddenly scared for no reason, heart pounding or racing, feeling that something bad is going to happen to you), hostility (such as feeling easily annoyed or irritated, temper outbursts you cannot control, having urges to break or smash things, getting into frequent arguments) and other (felt weak all over, suddenly felt hot all over, cold sweats).

The results on physical well-being are summarised in Table 5.2. These show that the number and frequency of physical symptoms is much higher among service users in Ballyfermot STAR than in the general population of parents in Ireland. This means that the physical well-being of service users is significantly below the average for Ireland, with an effect size of 0.6 for family support participants and 1.1 for Community Employment participants. Service users on the Community Employment programme have dramatically reduced physical well-being and significant interventions would be required to bring it closer to the norm.

Health behaviour influences physical well-being and it is likely that drug use has caused the reduced physical well-being of participants on the Community Employment programme while the stresses and strains of drug use within the family is likely to have contributed to the reduced physical well-being of those on the family support programme. In Table 5.3 we summarise data on the prevalence of smoking, drinking and prescribed drugs. For each of the substances listed, service users were asked: 'During the last month, have you taken any of the following?' The results reveal that smoking rates are higher among both groups of service users compared to Ireland but the usage of alcohol is lower. Perhaps more significantly is the high usage of sedatives, tranquilisers and anti-depressants which is 36% among participants

53 McKeown, Pratschke and Haase, 2003

54 The concept of effect size is typically used in randomised control trials (RCTs) to compare the difference between an experimental and a control group. The convention established by Jacob Cohen (1988) and referred to as 'Cohen's d', is that a coefficient between 0.2 and 0.5 indicates a small effect, between 0.5 and 0.8 indicates a moderate effect, and above 0.8 indicates a large effect. A guide to the interpretation of effect sizes is summarised in the table below and shows, for each effect size, the proportion of the experimental group (EG) whose scores exceed the average score of the control group (CG), based on the assumption that scores are normally distributed.

Effect Size	% exceeds CG
0.0	50
0.1	54
0.2	58
0.3	62
0.4	66
0.5	69
0.6	73
0.7	76
0.8	79
0.9	82
1.0	84
1.2	88
1.4	92
1.6	95
1.8	96
2.0	98
2.5	99
3.0	99.9

Source: CEM Centre, University of Durham, England. www.cemcentre.org

on the family support programme, and 72% among participants on the Community Employment programme; this compares to a national prevalence in Ireland of around 5% for these drugs. These are prescription drugs, commonly referred to as benzodiazepines, and a recent study noted that "a considerable proportion of patients who are initiated on benzodiazepine continue to take them for many years"[58]. Consistent with the findings on physical symptoms, the high usage of benzodiazepines confirms that service users in Ballyfermot STAR have a significantly reduced level of well-being compared to the average parent in Ireland.

5.3 Emotional Well-Being

Emotional well-being is measured by each person's experience of positive and negative emotions. Positive emotions increase well-being while negative emotions reduce it. The emotional quality of a person's life can be reliably measured by the Positive and Negative Affect Scales (PANAS)[60] and this is used here. We also use Bem Sex-Role Inventory[61] to describe if the person's orientation to the world is predominantly independent or interdependent.

Positive and negative emotions are independent of each other and both have a cognitive as well as a feeling dimension. Psychological research has established that a person's emotional state is equally influenced by genetic and environmental factors and each individual has a 'happiness set-point' - their normal level of happiness - that remains relatively constant over time[62]. There is general consensus that positive emotions, despite having a heritable dimension, can be increased over time through 'environmental' influences. In this context, environmental influences mainly refer to the person's 'internal' environment, particularly ways of thinking about the past, the present and the future[63] rather than the 'external' environment - such as age, sex, income, education, etc. - which have been found to have relatively modest influence on emotional well-being and, according to one review of the evidence, "probably account for no more than between 8 and 15 per-cent of the variance in happiness"[64].

Against this background, we summarise the results on emotional well-being in Table 5.4. These show that service users in Ballyfermot STAR have much higher levels of negative emotions compared to the average Irish parent, with an effect size of 1.2 for family support participants and 1.1 for Community Employment participants. Service users also tend to have fewer positive emotions than Irish parents. Participants on both the family support programme and community Employment programme tend to have similar levels of emotional well-being which is mainly characterised by high levels of negative emotions.

5.4 Psychological Well-Being

Psychological well-being in its broadest sense refers to the achievement of one's potential. It is sometimes referred to as 'eudaimonic happiness' because of its emphasis on personal growth and development and is contrasted with subjective well-being - sometimes referred to as 'hedonic happiness' - which places greater emphasis on positive feelings and satisfaction with life[65]. Both types of happiness, though distinct, are related and both tend to increase with age, education, emotional stability and extraversion (meaning a disposition to engage in frequent social interactions). However recent research suggests that psychological well-being may have a more significant influence on physical health than subjective well-being[66].

The concept of psychological well-being has been developed Carol Ryff and her Scales of Psychological Well-Being[67] are used here. This instrument has six sub-scales of psychological well-being measuring autonomy (eg. 'I have confidence in my opinions, even if they are contrary to the general consensus'), environmental mastery (eg. 'in general, I feel I am in charge of the situation in which I live'), personal growth (eg. 'I think it is important to have new experiences that challenge how you think about yourself and the world'), positive relations with others (eg. 'I have not experienced many warm and trusting relationships with others'), purpose in life (eg. 'I sometimes feel as if I've done all there is to do in life') and self-acceptance (eg. 'when I look at the story of my life, I am pleased with how things have turned out').

The results of the survey are summarised in Table 5.5 and reveal that service users in Ballyfermot STAR have a significantly lower level of psychological well-being than Irish parents. The reduced psychological well-being of participants on the Community Employment programme is particularly striking (with an effect size of 1.0) and is more than twice as low as that of participants on the family support programme (with an effect size of 0.4). There is also a different profile to the psychological well-being of both groups. For family support participants, the main psychological strengths are to be found in feelings of autonomy, personal growth, and relations with others while for Community Employment participants their only relative strength is in the area of personal growth. It is possible, though difficult to prove in the present study, that participation in Ballyfermot STAR may have contributed to these positive aspects of psychological well-being.

5.5 Negative Life Events

Life events, particularly the negative life events which we measure here, can have an immediate and dramatic impact on a person's sense of well-being. This is obvious from some of the negative life events listed in the questionnaire: death of a loved one, serious personal illness or injury, drastic fall in income, alcohol or drug problems, etc. However in the longer term, the influence of life events, whether positive or negative, is generally

55 See Table 5.1 below, based on Layzer, Goodson, Bernstein and Price, 2001; Nelson, Westhues and MacLeod, 2003. The effect size of family support programmes (0.2 to 0.5), though statistically regarded as a small effect, can have very substantial implications. For example, the effect size of the High / Scope Perry Pre-School Programme in the US when participants reached the age of 23 was 0.36 (Schweinhart and Weikhart, 1997) but the economic return at age 27 is estimated to be $8 for every $1 invested (Barnett, 1996) rising to $17 for every $1 invested by age 40 (Schweinhart, 2004). In the medical field, there are even more dramatic illustrations of how small effect sizes can have enormous practical significance. For example, the effect size of aspirin in reducing heart disease is 0.03, yet is widely prescribed by doctors because the cost of the intervention is cheap and the potential benefits are very large (cited in McCartney and Dearing, 2002).

56 Carr, 2004:29

57 Derogatis, 1992; see also www.pearsonassessments.com

58 Ballymun Youth Action Project, 2004:8

59 National Advisory Committee on Drugs, 2005.

60 Adapted from Watson, Clark, and Tellegen, 1988.

61 Adapted from Bem, 1974.

TABLE 5.1 Effect Sizes for Family Support Programmes and Pre-School Prevention Programmes

Outcome Domain	Average Effect Size: Short-term (end of treatment)	Average Effect Size Longer-term (follow-up)
Meta-Analysis of 665 experimental and quasi-experimental studies of family support programmes (Layzer, Goodson, Bernstein and Price, 2001)		
Child cognitive development	0.293	0.345
Child social-emotional development	0.223	0.150
Child physical health and development	0.123	0.112
Child injury, abuse, neglect	0.213	0.152
Parenting attitudes and knowledge	0.230	0.273
Parenting behaviour	0.257	0.204
Family functioning / family resources	0.169	0.002
Parent mental health / health risks	0.137	0.226
Family economic self-sufficiency	0.099	0.464

Outcome Domain	Average Effect Size: Short-term (child at pre-school)	Average Effect Size Longer-term (child up to 9 yrs)
Meta-Analysis of 34 experimental and quasi-experimental studies of pre-school prevention programmes for children (Nelson, Westhues and MacLeod, 2003)		
Cognitive impacts on children	0.52	0.30
Socio-emotional impacts on children	0.27	0.27
Parent / family wellness impacts	0.33	0.30

Meta-Analysis of 2,513 experimental and quasi-experimental studies of psychotherapy (Asay and Lambert, 1999)	
Psychotherapy	0.82

TABLE 5.2 Physical Well-Being of Service Users in Ballyfermot STAR Compared to Ireland

Variable	Family Support		Community Employment		Ireland
	Mean	Effect Size*	Mean	Effect Size*	Mean
Physical well-being	28.1	+0.6	30.6	+1.1	19.4
Somatisation	6.8	+0.5	5.6	+0.1	5.3
Anxiety	7.1	+0.9	6.4	+1.1	3.3
Hostility	4.9	+0.2	5.2	+0.4	4.0
General	5.7	+0.4	7.5	+1.0	4.5
Other	3.6	+0.4	5.8	+1.5	2.3

* Effect size refers to the difference from Ireland and is measured by subtracting the two means from each other and dividing by their pooled standard deviation.

regarded as having relatively little influence on the experience of happiness. Studies of 'lotto winners', for example, have been used to show the limited impact of positive life events but negative life events also tend to have a limited impact, as the following example shows: "Individuals who become paraplegic as a result of spinal cord accidents quickly begin to adapt to their greatly limited capacities, and within eight weeks they report more net positive than negative emotion. Within a few years, they wind up only slightly less happy on average than individuals who are not paralyzed. Of people with extreme quadriplegia, 84 per cent consider their life to be average or above average"[68]. These findings suggest that the way people respond to life's events may be more important in determining their well-being than the actual events themselves.

Bearing these considerations in mind, it is useful to compare the experiences of service users in Ballyfermot STAR with other parents Ireland as summarised in Table 5.6. This reveals that service users in Ballyfermot STAR have experienced a higher number of negative life events in the past year compared to the average parent in Ireland. For participants on the Community Employment programme, the number of negative events (4.7) is dramatically higher compared to participants on the family support programme (0.2) or the average Irish parents (0.11). These findings are consistent with the results on psychological well-being but offer a more dramatic illustration of the adversities facing service users in Ballyfermot STAR

5.6 Support Networks

There is extensive research to show that support networks are a significant influence on the well-being of individuals and their families[69]. In addition, positive support networks are known to improve physical health and mental health and to aid in recovery from illness and adversity[70]. It is generally acknowledged that the relationship between support networks and well-being is 'bi-directional' in the sense that happier people tend to have stronger support and friendship networks but these networks in turn also contribute to a person's happiness[71].

We measured support networks by asking respondents to rate the supportiveness of the following people, if they needed help: your partner, your parents, your brothers and sisters, your children, your relatives, your friends, people at work, your neighbours, etc. The results are summarised in Table 5.7 and indicate that service users in Ballyfermot STAR have significantly weaker support networks than other parents in Ireland. Participants on the Community Employment programme have much weaker support networks (with an effect size of 1.7) compared to participants on the family support programme (with an effect size of 0.9) but both are well below the norm for Ireland.

5.7 Neighbourhood Satisfaction

The exact way in which neighbourhoods influence well-being is difficult to measure and depends in part on how neighbourhood characteristics are defined. Some of the ways in which neighbourhoods impact on well-being include characteristics such as the quality of neighbourliness or 'social capital' between families in the area, the degree to which there is a shared sense of trust and values in the neighbourhood, including the value placed on education, the physical appearance and safety of the area, as well as the quantity and quality of neighbourhood resources such as childcare, family centres, recreational facilities, libraries, schools, health clinics, arts and crafts classes, etc. The scale of influence exercised by neighbourhood is estimated to vary between 5% and 20%[72].

We measured satisfaction with neighbourhood by asking respondents to indicate their level of agreement with nine statements as follows: 'I like where I live', 'I wish I lived in a different house', 'I like my neighbourhood', 'This is a safe area to live in', 'I don't trust my neighbours', 'My area is convenient to shopping', 'My area has good public transport', 'My area is very run down', I'd like to move away from this area'.

The responses are summarised in Table 5.8 and reveal that service users in Ballyfermot STAR are more satisfied with their neighbourhood compared to the norm in Ireland. Participants on the Community Employment programme are even more satisfied with their neighbourhood than participants on the family support programme. This is the only dimension where service users display a higher level of well-being compared to the norm in Ireland.

5.8 Parent-Child Relationship

The parent-child relationship is regarded as pivotal to the healthy growth and psychological well-being of children, particularly in their early years[73]. We measured the parent-child relationship using the Parent-Child Relationship Inventory (PCRI)[74] which covers five aspects of that relationship: satisfaction, involvement, communication, limit-setting, and independence.

The results are summarised in Table 5.9 and reveal that service users in Ballyfermot STAR have a weaker parent-child relationship than the average parent in Ireland. In turn, participants on the family support programme (with an effect size of 0.5) have a weaker parent-child relationship than participants on the Community Employment programme (with an effect size of 0.2), possibly reflecting the younger age of parents and children in the latter, and the drug-related tensions in the parent-child relationship associated with the former. Significantly the main strengths in the parent-child relationship for service users in Ballyfermot STAR are in the areas of communication and involvement (such as feeling close to, or spending time with, the child) while the main weakness is in setting limits, as indicated by their

62 For a review of this research, see Carr, 2004:Chapter One

63 Seligman, 2002; for further information on cognitive therapy, see www.beckinstitute.org

64 Seligman, 2002:61

65 Carr, 2004:38-9

66 Ryff, 2004

67 Ryff, 2001.

68 Seligman, 2002:48

69 For a review, see McKeown, 2000:11-13

70 See Scovern, 1999, pp. 272-273; Sprenkle, Blow and Dickey, 1999, p.334, respectively review the evidence.

71 Carr, 2004:20-24; Seligman, 2002:56

72 For a review of studies, see Sampson, Morenoff and Gannon-Rowley, 2002; see also Pratschke, J., 2002.

73 For a review of the evidence, see Shonkoff and Phillips, 2000:225-266

74 Gerard, 1994.

TABLE 5.3 Prevalence of Smoking, Drinking and Drugs among service users in Ballyfermot STAR compared to Ireland

Variable	Family Support	Community Employment	Ireland*
	%	%	%
Cigarettes	49	94	33.1
Alcohol	53	56	69.6
Sedatives, tranquilisers or anti-depressants	36	72	4.9

*Source: Based on interviews with a nationally representative sample of Irish adults for the Drug Prevalence Survey[59].

TABLE 5.4 Emotional Well-Being of Service Users in Ballyfermot STAR Compared to Ireland

Variable	Family Support		Community Employment		Ireland
	Mean	Effect Size*	Mean	Effect Size*	Mean
Positive affect	36.3	-0.2	33.1	-0.1	37.8
Negative affect	30.6	-1.2	29.8	-1.1	23.1

* Effect size refers to the difference from Ireland and is measured by subtracting the two means from each other and dividing by their pooled standard deviation.

TABLE 5.5 Psychological Well-Being of Service Users in Ballyfermot STAR Compared to Ireland

Variable	Family Support		Community Employment		Ireland
	Mean	Effect Size*	Mean	Effect Size*	Mean
Psychological well-being	68.6	-0.4	62.1	-1.0	74.4
Autonomy	12.3	-0.1	11.2	-0.5	12.8
Environmental mastery	10.3	-0.5	9.0	-1.0	12.1
Personal growth	13.6	-0.1	12.8	-0.1	13.1
Relations with others	11.7	-0.1	9.4	-0.9	12.1
Purpose in life	11.2	-0.2	12.5	-1.3	12.0
Self-acceptance	9.5	-0.7	7.2	-1.0	12.3

* Effect size refers to the difference from Ireland and is measured by subtracting the two means from each other and dividing by their pooled standard deviation.

TABLE 5.6 Negative Life Events Experienced by Service Users in Ballyfermot STAR Compared to Ireland

Variable	Family Support		Community Employment		Ireland
	Mean	Effect Size*	Mean	Effect Size*	Mean
Negative life events	0.2	-0.9	4.7	-3.0	0.1

* Effect size refers to the difference from Ireland and is measured by subtracting the two means from each other and dividing by their pooled standard deviation.

response to statements such as 'I have a hard time getting through to my child', 'I sometimes give in to my child to avoid a row', and 'I often lose my temper with my child'.

The study examined the issue of limit-setting in more detail by asking service users about their methods of disciplining the child. We did this using the Parent-Child Conflict Tactics Scale (CTS-PC)[75] which asks parents how frequently they used each of 18 different forms of discipline. Given the sensitivity of this issue, and the fact that responses to questions on aggression are heavily influenced by how the questions are framed[76], respondents were given the following preamble to this question: "Children often do things that are wrong, disobey, or make their parents angry. No matter how much a parent loves their children, there are times when things get out of hand. This is a list of things that might happen when you have differences with your child(ren). Please indicate how many times you did each of these things over the course of the past year by ticking the relevant box".

The Parent-Child Conflict Tactics Scale (CTS-PC) differentiates four types of discipline: (i) non-violent discipline (eg. 'explained why something was wrong', 'grounded the child', 'gave the child something else to do instead of what he / she was doing'); (ii) psychological aggression (eg. 'shouted, yelled or screamed at him / her', 'swore or cursed at the child'); (iii) minor physical assault (eg. 'shook the child', 'spanked the child on the bottom with your bare hand'); and (iv) severe physical assault ('hit the child with a fist or kicked him / her hard', 'threw or knocked the child down'). It is clear that some of these forms of discipline, particularly those designated as 'severe physical assault', constitute child abuse as the term is understood in Ireland and elsewhere[77].

The results are summarised in Table 5.10 and indicate that service users in Ballyfermot STAR tend to use much more discipline on their children compared to Irish parents, with an effect size of 0.5. Non-violent discipline is the most frequently used form of discipline by all parents, but Ballyfermot parents use it more frequently than the average Irish parent, especially parents on the Community Employment programme. Parents in Ballyfermot STAR also use more than twice as much psychological aggression than Irish parents. Minor physical assaults occur much less frequently than either non-violent discipline or psychological aggression but parents on the Community Employment programme tend to use it nearly twice as much as Irish parents. Severe physical assault is used infrequently by all parents.

5.9 Relationship with Partner

Intimate relationships between couples, particularly those involving marriage, have been extensively studied and the results consistently show a strong association between marriage and well-being. One review of the evidence explains the association as follows: "on average, marriage seems to produce substantial benefits for men and women in the form of better health, longer life, more and better sex, greater earnings (at least for men), greater wealth, and better outcomes for children"[78]. Consistent with this, other reviews show that separated and divorced adults have the highest rates of acute medical problems, chronic medical conditions, and disability[79]. It is generally recognised that the association between marriage and well-being is 'bi-directional'[80] in the sense that marriage tends to make people happier[81], but happier people are also more likely to marry[82].

Children are deeply-affected by the quality of their parents' relationship, irrespective of its marital status. Indeed the well-being of children may be more affected by the quality of the relationship between their parents than by the quality of the parent-child relationship itself[83]. Two aspects of the relationship between parents seem particularly important for the well-being of children; the first is the absence of conflict, the second is the presence of stability. The consensus from research suggests that while the majority of children of separated parents do not experience any long-term negative effects, around 20% of children are adversely affected in the longer term, particularly in those cases where the parents were involved in sustained conflict before and after separation, suggesting that conflict has a more harmful effect than instability[84]. One of the most respected researchers in this area reached the following conclusion based on a lifetime of work in this area: "About 75 to 80 per cent of adults and children show few serious long-term problems in adjustment following divorce and are functioning within the normal range. Many who have long-term problems after a divorce had problems that preceded the break-up. ... The easiest way in which to raise happy, competent children is one in which two mature, mutually supportive adults are committed to protecting and promoting the well-being of their children in a harmonious environment. ... But happy, competent children can and do develop in all types of nurturant, well-functioning families, including divorced, single-parent, and re-married families, through the courageous, selfless, and frequently dedicated care-giving of parents"[85].

These considerations highlight the importance of measuring the quality of couple relationships as a way of assessing the well-being of parents and their children. The results are summarised in Table 5.11 and show clear differences in the quality of couple relationships between participants on the family support programme and those on the Community Employment programme. In general, participants on the family support programme have couple relationship which are broadly similar to other parents in Ireland but with lower levels of conflict. By contrast, participants on the Community Employment programme have less satisfying relationships than other parents in Ireland and are characterised by a much higher level of physical and psychological aggression, reflected in effect sizes of around 0.5.

75 Straus, Hamby, Finkelhor and Runyan, 1995.

76 See McKeown and Kidd, 2002:28.

77 Department of Health and Children, 1999; 2002.

78 Waite, 1995:499

79 Bray and Jouriles, 1995

80 For reviews, see Stack and Eshleman, 1998; Waite, 1995; Kiecolt-Glaser and Newton, 2001

81 Halford and Markman, 1996

82 Harker and Keltner, 2001

83 See McLanahan, Donahue and Haskins, 2005; Harold, Pryor, and Reynolds, 2001; McKeown and Sweeney, 2001: Chapter Four; One Plus One, 1999.

84 See Hetherington and Kelly, 2002; other research, such as a longitudinal study of over 5,000 mothers and children in Australia, also found that while children are more adversely affected by conflict than by instability, they are adversely affected by instability even in the absence of conflict. As the authors point out, "partner change and marital conflict [are] independent causes of a wide variety of child behaviour problems" (Najman, Behrens, Andersen, Bor, O'Callaghan, and Williams, 1997:1364).

85 Hetherington and Kelly, 2002:279-280. For a review of the evidence in the context of Irish research, see Murch and Keehan, 2003.

TABLE 5.7 Support Networks of Service Users in Ballyfermot STAR Compared to Ireland

Variable	Family Support		Community Employment		Ireland
	Mean	Effect Size*	Mean	Effect Size*	Mean
Support networks	5.6	-0.9	4.8	-1.7	7.1

* Effect size refers to the difference from Ireland and is measured by subtracting the two means from each other and dividing by their pooled standard deviation.

TABLE 5.8 Satisfaction with Neighbourhood of Service Users in Ballyfermot STAR Compared to Ireland

Variable	Family Support		Community Employment		Ireland
	Mean	Effect Size*	Mean	Effect Size*	Mean
Neighbourhood Satisfaction	31.8	+1.0	33.2	+1.4	24.9

* Effect size refers to the difference from Ireland and is measured by subtracting the two means from each other and dividing by their pooled standard deviation.

TABLE 5.9 Parent-Child Relationships of Service Users in Ballyfermot STAR Compared to Ireland

Variable	Family Support		Community Employment		Ireland
	Mean	Effect Size*	Mean	Effect Size*	Mean
Parent-child relationship	48.2	-0.5	51.6	-0.2	53.5
Satisfaction	11.3	-0.3	11.6	-0.3	12.4
Involvement	12.3	+0.1	13.2	+0.5	12.0
Communication	12.0	+0.1	12.4	+0.3	11.7
Setting limits	5.3	-0.9	7.0	-0.5	8.6
Independence	7.3	-0.4	7.5	-0.4	8.8

* Effect size refers to the difference from Ireland and is measured by subtracting the two means from each other and dividing by their pooled standard deviation.

TABLE 5.10 Parental Discipline Practices of Service Users in Ballyfermot STAR Compared to Ireland

Variable	Family Support		Community Employment		Ireland
	Mean	Effect Size*	Mean	Effect Size*	Mean
Overall discipline (2+3+4)	29.1	+0.5	28.6	+0.5	13.8
1. Non-violent discipline	31.0	+0.3	41.0	+0.9	22.9
2. Psychological aggression	25.6	+0.7	21.4	+0.5	10.6
3. Minor physical assault	2.7	+0.0	7.1	+0.4	2.6
4. Severe physical assault	0.8	-0.1	0.1	-0.3	0.6

* Effect size refers to the difference from Ireland and is measured by subtracting the two means from each other and dividing by their pooled standard deviation.

This seems to mirror the higher level of aggression towards children found among Community Employment participants and raises questions about the potential impact which these family patterns may have on the well-being of children.

5.10 Summary & Conclusion

In this chapter we assessed the well-being of service users in Ballyfermot STAR relative to the well-being of parents in Ireland. In order to establish the extent of need among service users, we compared the mean scores of both sets of parents and standardised the difference using the effect size statistic.

The results show that the physical well-being of service users is significantly below the average for Ireland, with large effect sizes for family support participants (0.6), but particularly for Community Employment participants (1.1). The poorer physical well-being of service users in Ballyfermot STAR is also indicated by the fact that 36% of participants on the family support programme, and 72% of participants on the Community Employment programme use sedatives, tranquilisers and anti-depressants; this compares to a national prevalence in Ireland of around 5% for these drugs. These are prescription drugs, commonly referred to as benzodiazepines, and a recent study noted that "a considerable proportion of patients who are initiated on benzodiazepine continue to take them for many years"[86]. We have also seen in Chapter Three that the proportion of service users who are unable to work due to a disability - 20% in family support and 90% in Community Employment - is much higher than in Ireland (2%).

In terms of emotional well-being, service users in Ballyfermot STAR have much higher levels of negative emotions compared to the average Irish parent with high effect sizes for both family support participants (1.2) and Community Employment participants (1.1). Similarly, the overall level of psychological well-being is significantly lower for family support participants (with an effect size of 0.2) but particularly for participants on the Community Employment programme (with an effect size of 1.0). Both groups of service users have somewhat different psychological strengths and weaknesses. For participants on the family support programme their main strengths are to be found in feelings of autonomy, personal growth, and personal relations while their main weakness is self-acceptance; for participants on the Community Employment programme their main psychological strength is feeling a sense of personal growth while their main weaknesses are in areas such as purpose in life, self-acceptance, environmental mastery, and personal relations.

Negative life events, and the way in which they are remembered, can have a significant influence on psychological well-being and the results of this study show that service users in Ballyfermot STAR have experienced a higher number of negative life events in the past year compared to the average parent in Ireland. Community Employment participants had a much higher number of negative events (4.7) compared to family support participants (0.2) or the average Irish parent (0.11). These findings are consistent with the results on psychological well-being but offer a more dramatic illustration of the adversities which face service users in Ballyfermot STAR.

Participants on the Community Employment programme have much weaker support networks (an effect size of 0.9) compared to participants on the family support programme (an effect size of 1.7), but both are well below the norm for Ireland. In view of this, it is likely that Ballyfermot STAR is a significant source of support for many service users. However all service users are satisfied with the neighbourhood in which they live and this is the only dimension of well-being where service users are above the norm for Ireland.

In general, service users in Ballyfermot STAR have weaker parent-child relationships compared to the average parent in Ireland, with family support participants having weaker relationships (effect size of 0.5) compared to Community Employment participants (effect size of 0.2). Both groups of service users have similar strengths and weaknesses; the main strength is having a more communication and involvement with the child compared to the norm in Ireland while the main weakness is setting appropriate limits on the child. The issue of limit-setting is a particular problem for both sets of service users - effect size of 0.9 for family support participants and 0.5 for Community Employment participants - who use much more discipline on their children compared to Irish parents. Non-violent discipline is the most frequently used form of discipline by all parents, but Ballyfermot parents use it more frequently than the average Irish parent. Parents in Ballyfermot STAR also use more than twice as much psychological aggression than Irish parents. Minor physical assaults occur much less frequently than other forms of discipline but parents on the Community Employment programme tend to use it nearly twice as much as Irish parents. Severe physical assault is used infrequently by all parents.

In terms of intimate relationships with partners, we found that participants on the family support programme have relationships which are broadly similar to other parents in Ireland but with lower levels of conflict. By contrast, participants on the Community Employment programme have less satisfying relationships than other parents in Ireland and these are characterised by a much higher level of physical and psychological aggression, reflected in effect sizes of around 0.5. This seems to mirror the higher level of aggression towards children found among Community Employment participants and raises questions about the potential impact which these family dynamics may have on the well-being of children.

These results throw light on the extent of need among

86 Ballymun Youth Action Project, 2004:8

service users in Ballyfermot STAR, where need is defined as a significant difference from the average parent in Ireland, usually involving an effect size of 0.2 or more. We have seen that service users, but particularly those on the Community Employment programme, have dramatically lower levels of physical, psychological and emotional well-being compared to the average Irish parent. Service users also face challenges in the area of parenting and experience particular difficulties in setting appropriate limits on their children. For participants on the Community Employment programme, intimate relationships with partners are less satisfying and are marked by relatively high levels of physical and psychological aggression.

It is clear from these results that the services of Ballyfermot STAR are being targeted at people with extensive needs. The results are striking not just in terms of the extent of need over a large range of domains, but also the depth of need in those domains, as indicated by effect sizes of 0.5 or more. The fact that many needs, particularly among those on the Community Employment programme, exceed 0.5 implies that they also exceed what can be achieved by many family support programmes which tends to produce effect sizes in the range 0.2 to 0.5 (see Table 5.1 above). This means that a significant challenge for Ballyfermot STAR - and other agencies responding to the needs generated as a consequence of drug use - is to find programmes which can make significant inroads into the diverse needs identified. At the same time, the study also revealed particular strengths among service users which provide a platform for implementing a strength-based approach. These include a sense of personal and psychological growth, a high level of communication and involvement with children and, for participants on the family support programme, a satisfying relationship with their partner. Acknowledging these strengths can create optimism and hope which are essential ingredients in bringing about positive change as service users are supported to broaden and build their natural healing abilities to care for themselves, their children and their partners.

We now analyse in more detail how patterns of drug use within families influences the distribution of well-being. That is the theme of Chapter Six.

TABLE 5.11 **Aspects of Couple Relationship as Perceived by Service Users in Ballyfermot STAR Compared to Ireland**

Variable	Family Support		Community Employment		Ireland
	Mean	Effect Size*	Mean	Effect Size*	Mean
Relationship fulfilment	15.8	-0.1	15.0	-0.2	16.2
Relationship intimacy	49.0	-0.2	44.9	-0.5	50.9
Ways of resolving conflict					
Problem-solving	9.7	0.0	9.7	0.0	9.7
Conflict-engaging	4.1	-0.4	6.0	+0.2	5.4
Compliant	5.2	0.0	4.4	-0.3	5.3
Withdrawing	6.3	0.2	6.2	+0.2	5.7
Ineffective arguing	5.3	-0.2	5.1	-0.2	5.9
Forms of aggression	18.3	-0.1	60.7	+0.5	22.2
Psychological	16.6	-0.1	43.6	+0.6	18.5
Minor psychological	15.9	-0.0	31.6	+0.6	16.0
Severe psychological	0.7	-0.3	12.0	+0.5	2.5
Physical assault	1.7	-0.1	17.1	+0.4	3.7
Minor physical	1.4	-0.1	11.1	+0.4	2.1
Severe physical	0.3	-0.2	6.0	+0.3	1.6

* Effect size refers to the difference from Ireland and is measured by subtracting the two means from each other and dividing by their pooled standard deviation.

6 Influence of Drug Use on Family Well-Being

6.1 Introduction

It has been well established that physical and psychological health has a 'social gradient' in that people living in disadvantaged households and areas tend to have poorer health than those living in more affluent households and areas[87]. It is likely that this is part of the explanation for the scale of need among service users in Ballyfermot STAR which we identified in the previous chapter. However it is also possible that the needs of service users have been influenced and intensified by their experience of drug use within the family. This possibility is explored in this chapter by analysing how the well-being of family members varies according to the family's experience of drug use.

The analysis focuses on participants in the family support programme since this group is a much larger sample (45) compared to the group on the Community Employment programme (18). We examined how the well-being of service users varies according to five different aspects of drug use in the family:

- Type of drug use (active, stable or drug-free)
- Number of drug users (one or more than one)
- Imprisonment for drug use
- Death from drug use
- Grandparent who acted as full-time parent.

For each aspect of drug use, we calculated the means scores of service users on each dimension of their well-being and compared it to the mean for Ireland using the effect size statistic (the mean scores are presented in Table A6.1 at the end of this chapter). As explained in previous chapters, the concept of effect size is a simple way of standardising and comparing the difference between two groups on a range of test scores. The formula involves subtracting the mean of one group (service users in Ballyfermot STAR) from the mean of the other (a representative sample of parents in Ireland) and dividing by their pooled standard deviation. Thus, the effect size is measured in standard deviation units and the score varies from 0.0 to 3.0[88]; given that the baseline figure for Ireland is 0.0, the effect size measures how far service users in Ballyfermot are from the this norm. Most programmes in the area of family support tend to achieve effect sizes in the range 0.2 to 0.5[89]. As a rule of thumb therefore, effect sizes in this range tend to indicate a significant level of need while effect sizes in excess of 0.5 can be regarded as quite large relative to the capacity of programmes to meet that need. These considerations will be used as a guide in the interpretation of results.

We begin by examining if well-being is related to whether family members who use drugs are currently active, stable or drug-free (Section 6.2). We also assess if well-being is related to the number of drug users in the family (Section 6.3). Similarly, we analyse if well-being is influenced by whether a family member has been imprisoned because of drugs (Section 6.4), or died from drugs (Section 6.5). Given the potential stresses associated with being a grandparent who has acted in the role of a full-time parent, we also assess if this experience has any influence on the person's well-being (Section 6.6). In light of this analysis, we conclude with a summary of the key findings and their implications (Section 6.7).

6.2 Family Well-Being and Type of Drug User

Drug use, as we have seen in Chapter Four, is normally classified according to whether it is active (meaning the use of illegal drugs), stable (meaning the use of prescribed alternatives to illegal drugs such as methadone), or drug-free (meaning no longer taking drugs). Using these categories, we classified participants on the family support programme according to whether they were living in a family containing a person whose drug use was active (21), stable (9), or drug-free (8). The well-being of these three sub-groups is measured in effect sizes and summarised in Table 6.1. From this, three important findings emerge.

First, service users who live in drug-free families have significantly higher levels of well-being compared to those living in families where drug use is either active or stable. This applies to most of the key dimensions of well-being including physical, psychological and emotional well-being, satisfaction with the home environment, quality of the couple relationship, and the ability to set appropriate limits for children though not to other aspects of the parent-child relationship.

Second, service users who live in drug-free families also have significantly higher levels of well-being compared to the average Irish parent. This also applies to many of the key dimensions of well-being including physical, psychological and emotional well-being, satisfaction with the home environment, the quality of the couple relationship, but not the parent-child relationship. This indicates that service users on the family support programme constitute a highly diverse group involving a majority (79%) with quite extensive needs and a

87 See for example, Balanda and Wilde, 2003; Burke, Keenaghan, O'Donovan and Quirke, 2004

88 The concept of effect size is typically used in randomised control trials (RCTs) to compare the difference between an experimental and a control group. The convention established by Jacob Cohen (1988) and referred to as 'Cohen's d', is that a coefficient between 0.2 and 0.5 indicates a small effect, between 0.5 and 0.8 indicates a moderate effect, and above 0.8 indicates a large effect. A guide to the interpretation of effect sizes is summarised in the table below and shows, for each effect size, the proportion of the experimental group (EG) whose scores exceed the average score of the control group (CG), based on the assumption that scores are normally distributed.

Effect Size	% exceeds CG
0.0	50
0.1	54
0.2	58
0.3	62
0.4	66
0.5	69
0.6	73
0.7	76
0.8	79
0.9	82
1.0	84
1.2	88
1.4	92
1.6	95
1.8	96
2.0	98
2.5	99
3.0	99.9

Source: CEM Centre, University of Durham, England. www.cemcentre.org

minority (21%) with no needs as we have defined the term.

Third, there is no consistent pattern differentiating service users living in families where drug use is either active or stable. This suggests that the crucial transition affecting the well-being of these families is the transition to becoming drug-free.

These findings provide strong evidence of the impact of drug use on family well-being since it is clear that those living in families with an active or stable drug user have significantly lower levels of well being compared to people living in drug-free families. Given that this data is cross-sectional (meaning that it was collected at one point in time) rather than longitudinal (meaning data collected at different points over time), it is not possible to be certain about the direction of causation. At the same time, it seems plausible to infer from the data that well-being is influenced by drug use rather than the reverse since those who are currently drug-free were previously active or stable; the reverse scenario - that becoming drug-free may have been influenced by variations in family well-being - appears less plausible since this would imply that these families did not experience the same reductions in

TABLE 6.1 **Variations in Well-Being According to Drug Use of Family Members**

Variable	Drug Use of Family Member		
	Active (N=21)	Stable (N=9)	Free (N=8)
	Effect Size*		
Personal Well-Being			
Physical symptoms	0.7	0.9	-0.5
Psychological well-being	-0.1	-0.9	0.3
Positive affect	-0.1	-0.7	0.5
Negative affect	1.3	1.4	0.2
Negative life events	1.0	1.0	1.0
Support networks	-0.9	-0.7	-1.0
Home environment	1.0	0.9	1.5
Relationship with Children			
Parent-child relationship	-1.0	0.2	0.2
Setting limits for children	-1.2	-0.7	-0.3
Psychological aggression towards children	1.1	0.3	0.5
Minor and severe aggression to children	0.3	-0.3	-0.3
Relationship with Partner			
Fulfilment with partner	0.1	-0.1	0.0
Intimacy with partner	-0.1	-0.4	0.1
Problem-solving style with partner	0.1	-0.1	0.3
Conflict-engaging style with partner	-0.2	-0.1	-1.3
Conflict withdrawing style with partner	0.0	0.3	0.0
Conflict compliant style with partner	-0.2	0.3	0.2
Ineffective arguing with partner	-0.2	0.5	-1.0
Psychological aggression towards partner	0.0	0.2	-0.4
Physical aggression towards partner	0.0	-0.2	-0.4

*The effect size refers to the difference between the mean scores of service users and the average parent in Ireland, measured in standard deviation units.

well-being which are currently being experienced by families containing active or stable drug users. In other words, it is reasonable to infer from the data - despite its methodological limitations and the relatively small number of cases - that the presence of a drug user in the family has a significant negative impact on the well-being of other family members.

6.3 Family Well-Being and Number of Drug Users

The number of drug users in the family during the past five years was classified as either 'one' or 'more than one'. The results, as summarised in Table 6.2, show no consistent pattern in both sets of families in terms of their well-being. For example, those with more than one drug user in the family had better physical health and similar levels of psychological well-being compared to those with only one drug user; also, those with more than one drug user in the family had a poorer relationship with their children but a better relationship with their partner compared to those with only one drug user in the family. Faced with this pattern of results, it is difficult to draw any clear conclusions about how well-being is affected by the number of drug users in the family.

TABLE 6.2 **Variations in Well-Being According to Number and Imprisonment of Drug Users**

	No. of Drug Users in Family		Imprisoned for Drugs	
	1 (N=20)	>1 (N=25)	Yes (N=29)	No (N=16)
		Effect Size*		Effect Size*
Personal Well-Being				
Physical symptoms	0.8	0.5	0.4	1.1
Psychological well-being	-0.3	-0.4	-0.3	-0.5
Positive affect	-0.1	-0.4	-0.1	-0.4
Negative affect	1.4	1.0	0.9	1.7
Negative life events	1.0	0.7	1.2	0.6
Support networks	-1.1	-0.8	-0.9	-0.8
Home environment	1.2	0.9	1.0	0.9
Relationship with Children				
Parent-child relationship	-0.3	-0.6	-0.5	0.6
Setting limits for children	-1.0	-0.9	-0.6	-1.8
Psychological aggression towards children	0.7	0.7	0.5	1.1
Minor and severe aggression to children	-0.5	0.2	-0.1	0.1
Relationship with Partner				
Fulfilment with partner	-0.4	0.3	0.2	-0.5
Intimacy with partner	-0.4	0.0	0.0	-0.3
Problem-solving style with partner	0.1	-0.1	0.5	-0.6
Conflict-engaging style with partner	-0.5	-0.3	-0.7	0.1
Conflict withdrawing style with partner	0.1	0.2	-0.1	0.7
Conflict compliant style with partner	-0.1	0.0	-0.2	0.2
Ineffective arguing with partner	0.1	-0.4	-0.6	0.4
Psychological aggression towards partner	-0.4	0.1	-0.1	-0.1
Physical aggression towards partner	-0.4	0.0	-0.1	-0.3

*The effect size refers to the difference between the mean scores of service users and the average parent in Ireland, measured in standard deviation units.

6.4 Family Well-Being and Imprisonment

Each service user was classified according to whether, or not, a family member had been in prison for using illegal drugs in the past five years. The results of the analysis are summarised in Table 6.2 and they show that imprisonment tends to be associated with improved physical, psychological and emotional well-being for service users as well as improvements in the relationship with children and partners. This is a clear and consistent pattern and is probably due to the fact that imprisonment removes a family member who may have been causing significant distress for the family. This result is also consistent with the finding in Section 6.2 which showed that any form of drug use in the family, both active and stable, has negative consequences for other family members.

6.5 Family Well-Being and Deaths from Drugs

The well-being of service users was analysed according to whether, or not, anyone in the family had died from drugs. The results, as summarised in Table 6.3, indicates that the death of a family member through drugs is associated with reduced physical, psychological and emotional well-being as well as a poorer relationship with the children but

TABLE 6.3 **Variations in Well-Being According to Death from Drugs & Grandparents Acting as Parents**

	Death from Drugs		Grandparents acted as Parents	
	Yes (N=11)	No (N=34)	Yes (N=12)	No (N=15)
		Effect Size*		Effect Size*
Personal Well-Being				
Physical symptoms	0.8	0.6	2.5	0.9
Psychological well-being	-0.8	-0.2	-1.9	-0.7
Positive affect	-0.6	-0.1	-0.3	-0.4
Negative affect	1.8	1.0	1.5	1.3
Negative life events	1.1	1.0	0.0	0.8
Support networks	-1.1	-0.8	-2.0	-0.9
Home environment	1.0	1.0	1.6	1.1
Relationship with Children				
Parent-child relationship	-1.5	-0.2	-1.0	-0.5
Setting limits for children	-1.1	-0.9	-1.2	-0.7
Psychological aggression towards children	0.8	0.7	0.8	0.5
Minor and severe aggression to children	-0.2	0.1	-0.2	0.0
Relationship with Partner				
Fulfilment with partner	1.1	-0.3	-0.2	-0.6
Intimacy with partner	0.6	-0.3	0.0	-0.7
Problem-solving style with partner	0.6	-0.1	0.0	-0.3
Conflict-engaging style with partner	-0.2	-0.5	0.0	-0.3
Conflict withdrawing style with partner	-0.1	0.2	0.4	0.4
Conflict compliant style with partner	-0.1	0.0	0.3	-0.1
Ineffective arguing with partner	-1.1	0.0	0.0	0.4
Psychological aggression towards partner	-0.6	0.0	-0.4	-0.6
Physical aggression towards partner	-0.4	-0.1	-0.4	-0.4

*The effect size refers to the difference between the mean scores of service users and the average parent in Ireland, measured in standard deviation units.

an improved relationship with the partner. This association suggests that deaths from drug use have significant negative consequences for family members, particularly in terms of the individual well-being.

6.6 Family Well-Being and Grandparents Acting as Full-time Parents

We have seen in Chapter Four that six out of ten service users are grandparents and four out of ten have acted in the role of full-time parents, possibly as a consequence of drug use by their children. We analysed the difference in well-being between those grandparents who have, and those who have not, acted as full-time parents and the results are summarised in Table 6.3. The results show that grandparents who have acted as full-time parents show consistently lower levels of well-being compared to other grandparents. This is evident in reduced physical, psychological and emotional well-being as well as a poorer relationship with their children but an improved relationship with the partner. The reasons for the reduced well-being of grandparents may be due to the demands of parenting as one gets older, but may also reflect the negative consequences of having a family member who uses drugs or, in some cases, a family member who has died from drugs.

6.7 Summary & Conclusion

This chapter assessed the impact of drug use on families by analysing how the well-being of service users in Ballyfermot STAR varied according to the family's experience of drug use. The analysis focused on participants in the family support programme since this group is a much larger sample (45) compared to the group on the Community Employment programme (18). The following aspects of drug use in each family were analysed: type of drug use (active, stable or drug-free), number of drug users (one or more than one), imprisonment for drug use, death of family member from drug use, grandparent who has acted as full-time parent. For each aspect of drug use, we calculated the means scores of service users on each dimension of their well-being and compared them to the mean for Ireland using the effect size statistic.

The results provide strong statistical evidence to show that drug use has a negative impact on family well-being. This was shown by the fact that families with a drug user, whether active or stable, had consistently lower levels of well-being compared to families which are drug-free. This was evident in the fact that these service users had reduced physical, psychological and emotional well-being, were less satisfied with their home environment, had poorer relationships with their partners, and were less able to set appropriate limits for their children. Consistent with this, the impact of drug use on family well-being is also suggested by the fact that imprisonment tends to be associated with improved physical, psychological and emotional well-being for service users as well as improvements in the relationship with their partners and children. This may be due to the fact that imprisonment removes a family member who has been causing significant distress for the family.

Drug use has also brought death to about a quarter of the families and these show consistently lower levels of well-being compared to those who have not had this experience. Similarly, grandparents who have had to act in the role of full-time parents, possibly as a consequence of drug use by their own children, also show consistently lower levels of well-being compared to other grandparents. This may be due to the older age of grandparents relative to the demands of being a parent, but may also reflect the negative consequences of having a family member who uses drugs or, as in some cases, having a family member who has died from drugs.

Despite limitations of the data - which is cross-sectional (meaning that it was collected at one point in time) rather than longitudinal (meaning data collected at different points over time) - a plausible explanation for the variation in well-being among services users is the different experiences of drug use within the family. Drugs impose a burden on both users and their families, as we have seen in Chapter Five, but the burden is more intense for those families with an active or stable drug user, for those who have experienced the death of a family member from drug use, and for those grandparents who have been called upon to play the role of full-time parents.

These results call attention to the need for a broader understanding of how drug use impacts negatively on family members who are not drug users. Drug use generates a wide range of needs within the family in terms of individual and relationship well-being, and these have to be recognised and addressed as part of an overall drugs strategy. The provision of services such as Ballyfermot STAR are an important part of the response to families affected by drug use and this response needs to be informed by a fuller understanding of the scale of need generated by drug use.

89 See Table 5.1, based on Layzer, Goodson, Bernstein and Price, 2001; Nelson, Westhues and MacLeod, 2003. The effect size of family support programmes (0.2 to 0.5), though statistically regarded as a small effect, can have very substantial implications. For example, the effect size of the High / Scope Perry Pre-School Programme in the US when participants reached the age of 23 was 0.36 (Schweinhart and Weikhart, 1997) but the economic return at age 27 is estimated to be $8 for every $1 invested (Barnett, 1996) rising to $17 for every $1 invested by age 40 (Schweinhart, 2004). In the medical field, there are even more dramatic illustrations of how small effect sizes can have enormous practical significance. For example, the effect size of aspirin in reducing heart disease is 0.03, yet is widely prescribed by doctors because the cost of the intervention is cheap and the potential benefits are very large (cited in McCartney and Dearing, 2002).

TABLE A6.1 **Mean Scores on Selected Variables for Participants on Ballyfermot STAR Family Support Programme**

Variable	Ireland	Drug Use of Family Member			No. of Drug Users in Family		Imprisoned for Drugs		Death from Drugs		Grandparents as full-time Parents	
		Active*	Stable**	Free***	1	>1	Yes	No	Yes	No	Yes	No
Number of Respondents	435	21	9	8	20	25	29	16	11	34	12	15
Personal Well-Being												
Physical symptoms	19.4	28.3	30.7	14.6	30.3	26.3	25.6	32.6	31.8	26.9	34.1	31.2
Psychological well-being	74.4	72.3	61.4	77.8	69.6	67.9	69.9	66.4	62	70.8	60.1	64
Positive affect	37.8	37.1	34.3	40.6	37.3	35.5	37.1	34.8	34.0	37.0	34.6	34.6
Negative affect	23.1	31	31	24.4	31.7	29.6	29.1	33.1	33.2	29.7	32.6	32.5
Negative life events	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.3	0.2
Support networks	7.1	5.7	5.9	5.4	5.3	5.8	5.6	5.7	5.1	5.8	5.3	5.4
Home environment	24.9	32.1	31.1	34.5	32.8	31.1	32.6	30.6	32	31.8	30.7	32.9
Relationship with Children												
Parent-child relationship	53.5	43.6	55.2	55.1	50.5	46.4	48.3	48.1	37.1	51.3	43.9	48.6
Settings limits for children	8.6	4.6	5.9	7.4	5.1	5.4	6.4	3.3	4.9	5.4	4.6	5.7
Overall discipline	13.8	43.4	16.3	20.0	23.9	33.1	23.2	39.1	26.9	29.7	28	26.4
Non-violent discipline	22.9	36.1	18.4	39.7	24.2	36.4	34.1	25.8	41.9	28	29.9	21.1
Psychological aggression	10.6	36.8	15.3	18.9	23.7	27.1	20.5	34.4	25.1	25.8	26.2	22.7
Minor and severe physical aggression	3.2	6.7	1	1.1	0.2	6	2.7	4.7	1.8	3.9	1.8	3.7
Relationship with Partner												
Fulfilment with partner	16.2	16.5	15.6	16.3	14	17.5	17.1	13.5	19	14.7	15.3	12.7
Intimacy with partner	50.9	49.8	46.4	52.3	46.5	51.5	50.6	46.4	56	46.7	50.8	42.4
Problem-solving style	9.7	10.1	9.3	10.4	10	9.3	11	7.4	11.1	9.2	9.6	8.7
Conflict-engaging style	5.4	4.7	5.1	2.1	3.7	4.6	3.3	5.6	4.9	3.9	5.4	4.3
Conflict withdrawing style	5.7	5.7	6.4	5.7	6.1	6.4	5.4	7.7	5.5	6.5	6.8	6.9
Conflict compliant style	5.3	4.8	6.3	6	5.1	5.3	4.7	6.1	5	5.3	6.1	4.9
Ineffective arguing	5.9	5.3	7.6	2.6	6.2	4.4	3.9	7.8	3.1	6	5.8	7.6
Psychological aggression	18.5	18.7	23	10.6	11.8	21.3	16.3	17	10.3	18.7	13	11.2
Physical aggression	3.7	3.5	1.3	0	0.1	3.3	2.5	0.4	0	2.3	0	0.1

* The term 'active' refers to a family where at least one family member is an active drug user.

** The term 'stable' refers to a family where no family member is an active drug user but at least one family member is a stable drug user.

** The term 'free' refers to a family where all family members are drug free.

7 Summary, Conclusions and Implications

7.1 Introduction

This report was written to assess the impact of drugs in order to help identify more appropriate responses to the needs of drug users and their families. Ballyfermot STAR was one of the first groups in Ireland to recognise that drug use affects not just the drug user but the whole family including parents, siblings and wider kin such as grandparents. Since its establishment in 1998, it has been offering supports to parents whose children take drugs as well as helping drug users to make the journey to recovery. This report builds on that experience by offering a systematic assessment of the needs of drug users and their families.

The needs of families affected by drug use are not well-known and there is a widespread perception that services are not responding adequately to those needs. An important conclusion to emerge from a study of family support services published by the National Advisory Committee on Drugs (NACD) in November 2004 was that the majority of these services "are not aware of the positive role they could play in responding to and preventing drug, including alcohol, problems"[90].

The reality in Ireland, as elsewhere, is that families who experience drug-related problems are often overlooked by policy-makers, service-providers, community activists, and social researchers. This is because drug use is often seen as a problem which impacts on individuals, communities and society at large - but not families. Despite the acknowledged importance of families in determining well-being[91], there is a tendency to overlook how drug use within the family impacts on other family members. This report attempts to fill a significant gap in understanding by illustrating the diverse impacts of drug use on family life.

The report is timely given that Ballyfermot STAR has been in existence for nearly a decade and provides an opportunity to systematically assess the needs of those who use its services and to reflect on how all services in the community - and not just Ballyfermot STAR - might respond to those needs. As such, the study adopts a 'needs-led' rather than a 'service-led' perspective by focusing on how services can be developed to meet the needs of families affected by drug use.

The concept of need, as used in this report, refers to anyone who does not feel healthy or does not experience a sense of well-being. To be healthy, according to the World Health Organisation involves "a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity ... a resource for everyday life, not the objective of living; it is a positive concept emphasising social and physical resources as well as physical and mental capacity"[92]. This concept is difficult to apply in research and, as an approximation, we define a person as being in need when their well-being, as measured along a range of dimensions, is significantly below that of the average person in Ireland.

In this chapter we draw together the main findings of the report and draw out their implications for policy and services. We begin by summarising the context in which Ballyfermot STAR - notably the socio-economic characteristics of Ballyfermot and the prevalence illegal drug use in the community - delivers its services (Section 7.2). The study is based on a survey of service users in Ballyfermot STAR and we describe the methodology used to assess their needs and the impact of drug use (Section 7.3). We describe the background characteristics of service users (Section 7.4) and the extent of drug use within their families (Section 7.5). The results of our needs-assessment are summarised in terms of the key dimensions of well-being which include physical, psychological and emotional well-being, support networks, relationships with children and with partner (Section 7.6). The results of the impact-assessment are also presented by showing how the well-being of service users varies according to the experience of drug use within the family (Section 7.7). Finally, we draw out the key implications of the study (Section 7.8).

7.2 Context

Ballyfermot, sometimes referred to by its postal address as 'Dublin 10', consists of seven electoral divisions (EDs), and is the catchment area for both Ballyfermot Partnership and Ballyfermot Drug Task Force. In 2002, all seven EDs had a combined population of just over 20,000 and were amongst the 5 per cent most disadvantaged EDs in the country[93]. The decade between 1991 and 2002 is notable in Ireland for the growth in prosperity and the corresponding decline in deprivation which was experienced throughout the country as a result of the 'Celtic Tiger'. Ballyfermot shared in this process and, in absolute terms, experienced a similar improvement to Dublin and Ireland in terms of reduced deprivation scores, increased employment and improvements in education. However its relative position in terms of affluence and deprivation remains unchanged and it is still one of the most disadvantaged areas in Dublin and Ireland.

90 Watters and Byrne, 2004:8.

91 According to the Commission on the Family (1995-1998): "The experience of family living is the single greatest influence on an individual's life and the family unit is a fundamental building block for society" (Commission on the Family, 1996:13; see also 1998).

92 Quoted in Department of Health, 2001:15. This concept of health informs the Government's health strategy and is therefore important in shaping a policy-relevant understanding of need.

93 All data in this section is supplied by Trutz Haase, Social and Economic Consultant; see Appendix One at the end of this report; see also Haase and Pratschke, 2005.

In 2001, Ballyfermot Drug Task Force estimated that there were 1,000 problem heroin users in the area[94], a fact which clearly justifies the title of its strategic plan for 2001-2002 - 'Ballyfermot Has A Drug Problem'. If the prevalence rate is based on the population aged 15-44[95] - the age group most likely to be involved in heroin use - then this produces a prevalence rate of 10%; if this is further adjusted to take account of the fact that three quarters of all drug users are men[96], then the prevalence rate is 15% for men and 5% for women. In other words, one in 7 men and one in 20 women are estimated to be heroin users in Ballyfermot. In 2002, the 'last month prevalence' of heroin use among young adults (15-34 years) in Ireland was 0.1% while in the South Western Area Health Board, which includes Ballyfermot, the prevalence was 0.4%[97]. This implies that Ballyfermot has a heroin problem which is 25 times greater than in the surrounding South Western Area Health Board region and 100 times greater than in Ireland.

The number of persons from Ballyfermot who were accessing drug treatment services in 1999, the latest year for which data is available from the National Drug Treatment Reporting System, was 298[98]. Although Ballyfermot has three drug treatment centres - Aisling, Fortune House and Cuan Dara -over half their clients in 1999 were not from Ballyfermot indicating, according to Ballyfermot Drugs Task Force, that 'Ballyfermot residents were going elsewhere for treatment'[99]. One of the reasons for this may be that there is an 18 month waiting period before accessing drug treatment services in Ballyfermot.

Ballyfermot STAR was set up in 1998 to respond to the needs of drug users and their families. Its services include: a family support programme, a Community Employment programme, complementary therapies, a drop-in service, and a community education programme. In our assessment of the needs generated by the impact of drug use we focus on service users in the family support programme and the Community Employment programme.

94 Ballyfermot Drug Task Force, 2001:55

95 Based on data prepared by GAMMA, 2004

96 Drug Misuse Research Division, 2003

97 National Advisory Committee on Drugs, 2004:Tables 6 and 14

98 Quoted in Ballyfermot Drug Task Force, 2001:64

99 Ballyfermot Drug Task Force, 2001:66

100 See McKeown, Pratschke and Haase, 2003

101 McKeown, Pratschke and Haase, 2003

7.3 Methodology

The main purpose of the study is to assess the needs of service users who attend Ballyfermot STAR, all of whom are affected, directly or indirectly, by drug use. We define a person as being in need when their well-being is below a threshold that is regarded as either normal or minimal. In this study, the 'normal' threshold is defined by reference to the average level of well-being experienced by parents in a representative sample of Irish families[100]. As such, it represents a statistical rather than a clinical norm and the results should be regarded as indicative rather than definitive.

The questionnaire used to measure need among service users draws together a range of instruments which have been tried and tested internationally and have been used in a national study of family well-being in Ireland[101]. As such, they provide useful benchmarks against which to measure the well-being of persons affected by drug use in Ballyfermot. These instruments and the dimensions of need which they measure are summarised above in Table 2.1.

In addition to these indicators, the questionnaire collected data on the background characteristics of service users including: age, sex, marital status, education, housing status, household composition, employment, financial well-being. This data was collected using questions which allow for comparison with national data sets such as the Census of Population, Quarterly National Household Survey, the Living in Ireland Survey, etc.

Interviews were carried out with two groups of service users. The first group (45) comprised participants on the family support programme, representing the vast majority of those who used this service at some time during 2004/5. The second group (18) comprises participants on the Community Employment programme, also representing the vast majority of those who used this service at some time during 2004/5.

The analysis of need involved comparing the mean scores of service users in Ballyfermot STAR with the mean scores of a nationally representative sample of parents in Ireland. We did this by calculating the effect size, which is a simple way of standardising and comparing the difference between two groups on a range of test scores. The formula involves subtracting the mean of one group (service users in Ballyfermot STAR) from the mean of the other (a representative sample of parents in Ireland) and dividing by their pooled standard deviation. Thus, the effect size is measured in standard deviation units and the score varies from 0.0 to 3.0[102]; given that the baseline figure for Ireland is 0.0, the effect size measures how far service users in Ballyfermot are from the this norm. Most programmes in the area of family support tend to achieve effect sizes in the range 0.2 to 0.5[103]. As a rule of thumb therefore, effect sizes in this range tend to indicate a significant level of need while effect sizes in excess of 0.5 can be regarded as quite large relative to the capacity of programmes to meet that need. These considerations will be used as a guide in the interpretation of results.

7.4 Background Characteristics of Service Users

We analysed the background characteristics of service users on the family support programme and the Community Employment programme and compared these to a nationally representative sample of parents in Ireland. This is an appropriate comparison given that most service users are also parents: 91% of those on the family support programme and 78% of those on the Community Employment programme. From this analysis it emerged that service users in Ballyfermot STAR are distinctive in a number of respects:

● the majority of participants on the family support programme (71%) live in two parent households, similar to the situation in Ireland. By contrast, participants on the Community Employment programme are more likely to live in a one parent household (57%), nearly three times higher than the corresponding rate of lone parenthood in Ireland (21%).

● participants on the Community Employment programme (mean age 29) are younger than those on family support (mean age 48), are more likely to be living with all their children although half still live with their own parents; on the other hand, participants on the family support programme are more likely to be grandparents (60%) and a substantial proportion (44%) have acted in the role of full-time parents to their grandchildren, possibly for drug-related reasons.

● a majority of family support participants (65%) live in owner-occupied housing, less than the corresponding proportion of Irish parents (74%). Nearly a third of all service users rent from the local authority, about four times higher than in Ireland.

● service users tend to leave school early and the highest qualification for the majority is a Junior Certificate, whereas the majority of parents in Ireland (65%) have a Leaving Certificate or higher.

● As in Ireland, a majority of service users are in paid work. However service users in Ballyfermot STAR are different from the average Irish parent in two important respects: (i) only a small proportion are full-time home-makers (9%) compared to Ireland (40%), possible because their children are older; and (ii) a substantial proportion are unable to work due to sickness or disability (20% in family support and 90% in Community Employment) compared to Ireland (2%).

● the level of financial strain among service users in Ballyfermot STAR is well above that experienced not only by Irish households generally but also by reference to specific groups which are vulnerable to poverty such as households with children, older people, unemployed, and the ill / disabled[104].

These findings are consistent with the overall profile of Ballyfermot and with its status as one of the most disadvantaged parts of Ireland. The comparative analysis serves to highlight the level of disadvantage experienced by service users in Ballyfermot STAR relative to other parents in Ireland, particularly in terms of lower levels of education, a relatively high level of financial strain, and a very substantial proportion who are unable to work due to sickness or disability. The analysis also identified a substantial proportion of grandparents who have acted as full-time parents, possibly as a consequence of drug use, which is consistent with the findings of a recent report on this issue[105].

7.5 Drug-Related Experiences in Families of Service Users

The survey of service users collected data on the nature and extent of drug use within their families. This produced a number of key findings as follows:

● on average, each service user has two family members who have used illegal drugs in the past five years; in the extreme, some have between six and nine family members who have used drugs in the past five years.

● participants are more likely to be attending the family support programme because one of their children has used drugs (76%), whereas all participants on the Community Employment programme have themselves used drugs.

● active drug users are more likely to be found in the families of participants on the family support programme (46%) whereas stable drug users are more likely to be found among participants on the Community Employment programme (62%).

● the majority of service users (59%), particularly those on the family support programme, have a family member who has been imprisoned for using drugs.

● a fifth of families (19%), particularly those on the family support programme, have experienced the death of a family member as a result of drugs.

● participants on the family support programme are evenly divided between those who have been attending Ballyfermot STAR for under three years and those who have been attending for more than three years, while Community Employment participants are evenly divided between those attending for less than a year and those attending for more than a year.

These findings indicate that drug use is a serious issue for the families who attend Ballyfermot STAR. It tends to involve about two family members who are active or stable drug users, and a majority of service users have seen family members go to prison; a significant minority have experienced the death of a family member due to drugs. The consequences of drug use do not pass quickly and this is reflected in the fact that many families have been coming to Ballyfermot STAR for family support over a number of years.

7.6 Needs of Service Users

We assessed the well-being of service users in Ballyfermot STAR relative to the well-being of parents in Ireland. Using the methodology described above, we present the results for each dimension of need.

7.6.1 Physical Well-Being

The physical well-being of service users is significantly below the average for Ireland, with large effect sizes for family support participants (0.6), but particularly for Community Employment participants (1.1). The poorer physical well-being of service users in Ballyfermot STAR is also indicated by the fact that 36% of participants on the family support programme, and 72%

102 The concept of effect size is typically used in randomised control trials (RCTs) to compare the difference between an experimental and a control group. The convention established by Jacob Cohen (1988) and referred to as 'Cohen's d', is that a coefficient between 0.2 and 0.5 indicates a small effect, between 0.5 and 0.8 indicates a moderate effect, and above 0.8 indicates a large effect. A guide to the interpretation of effect sizes is summarised in the table below and shows, for each effect size, the proportion of the experimental group (EG) whose scores exceed the average score of the control group (CG), based on the assumption that scores are normally distributed.

Effect Size	% exceeds CG
0.0	50
0.1	54
0.2	58
0.3	62
0.4	66
0.5	69
0.6	73
0.7	76
0.8	79
0.9	82
1.0	84
1.2	88
1.4	92
1.6	95
1.8	96
2.0	98
2.5	99
3.0	99.9

Source: CEM Centre, University of Durham, England. www.cemcentre.org

of participants on the Community Employment programme use sedatives, tranquilisers and anti-depressants; this compares to a national prevalence in Ireland of around 5% for these drugs. These are prescription drugs, commonly referred to as benzodiazepines, and a recent study noted that "a considerable proportion of patients who are initiated on benzodiazepine continue to take them for many years"[106]. Reduced physical well-being is also indicated by the fact that that the proportion of service users who are unable to work due to a disability - 20% in family support and 33% in Community Employment - is much higher than in Ireland (2%).

7.6.2 Emotional and Psychological Well-Being

In terms of emotional well-being, service users in Ballyfermot STAR have much higher levels of negative emotions compared to the average Irish parent with high effect sizes for both family support participants (1.2) and Community Employment participants (1.1). Similarly, the overall level of psychological well-being is significantly lower, particularly among participants on the Community Employment programme (an effect size of 1.0). Both groups of service users have somewhat different psychological strengths and weaknesses. For participants on the family support programme their main strengths are to be found in feelings of autonomy, personal growth, and personal relations while their main weakness is self-acceptance; for participants on the Community Employment programme their main psychological strength is feeling a sense of personal growth while their main weaknesses are in areas such as purpose in life, self-acceptance, environmental mastery, and personal relations.

7.6.3 Negative Life Events

Negative life events, and the way in which they are remembered, can have a significant influence on psychological well-being and the results of this study show that service users in Ballyfermot STAR have experienced a higher number of negative life events in the past year compared to the average parent in Ireland. Community Employment participants had a much higher number of negative events (4.7) compared to family support participants (0.2) or the average Irish parent (0.11). These findings are consistent with the results on psychological well-being but offer a more dramatic illustration of the adversities which face service users in Ballyfermot STAR.

7.6.4 Support Networks

Participants on the Community Employment programme have much weaker support networks (an effect size of 0.9) compared to participants on the family support programme (an effect size of 1.7), but both are well below the norm for Ireland. In view of this, it is likely that Ballyfermot STAR is a significant source of support for many service users. However all service users are satisfied with the neighbourhood in which they live and this is the only dimension of well-being where service users are above the norm for Ireland.

7.6.5 Relationships with Children

In general, service users in Ballyfermot STAR have weaker parent-child relationships compared to the average parent in Ireland, with family support participants having weaker parent-child relationships (effect size of 0.5) compared to Community Employment participants (effect size of 0.2). Both groups of service users have similar strengths and weaknesses; the main strength is having more communication and involvement with the child compared to the norm in Ireland while the main weakness is setting appropriate limits on the child. The issue of limit-setting is a particular problem for both sets of service users - effect size of 0.9 for family support participants and 0.5 for Community Employment participants - who use much more discipline on their children compared to Irish parents. Non-violent discipline[107] is the most frequently used form of discipline by all parents, but Ballyfermot parents use it more frequently than the average Irish parent. Parents in Ballyfermot STAR also use more than twice as much psychological aggression[108] than Irish parents. Minor physical assaults[109] occur much less frequently than other forms of discipline but parents on the Community Employment programme tend to use it nearly twice as much as Irish parents. Severe physical assault[110] is used infrequently by all parents.

7.6.6 Relationships with Partner

In terms of intimate relationships with partners, we found that participants on the family support programme have couple relationship which are broadly similar to other parents in Ireland but with lower levels of conflict. By contrast, participants on the Community Employment programme have less satisfying relationships than other parents in Ireland and these are characterised by a much higher level of physical and psychological aggression, reflected in effect sizes of around 0.5. This seems to mirror the higher level of aggression towards children found among Community Employment participants and raises questions about the potential impact which these family dynamics may have on the well-being of children.

7.7 Impact of Drug Use on Families

It has been well established that physical and psychological health has a 'social gradient' in that people living in disadvantaged households and areas tend to have poorer health than those living in more affluent households and areas[111]. It is likely that this is part of the explanation for the scale of need which we have identified among service users in Ballyfermot STAR. However it is also possible that the needs of service users have been influenced and intensified by their experience of drug use within the family and we undertook a separate analysis to test for this possibility. This was done by assessing how the well-being of service users attending the family support programme varied according to the family's experience of drug use; those on the Community Employment programme could

103 See Table 5.1 below, based on Layzer, Goodson, Bernstein and Price, 2001; Nelson, Westhues and MacLeod, 2003. The effect size of family support programmes (0.2 to 0.5), though statistically regarded as a small effect, can have very substantial implications. For example, the effect size of the High / Scope Perry Pre-School Programme in the US when participants reached the age of 23 was 0.36 (Schweinhart and Weikhart, 1997) but the economic return at age 27 is estimated to be $8 for every $1 invested (Barnett, 1996) rising to $17 for every $1 invested by age 40 (Schweinhart, 2004). In the medical field, there are even more dramatic illustrations of how small effect sizes can have enormous practical significance. For example, the effect size of aspirin in reducing heart disease is 0.03, yet is widely prescribed by doctors because the cost of the intervention is cheap and the potential benefits are very large (cited in McCartney and Dearing, 2002).

104 Whelan, Nolan and Maitre, 2005

105 The report, entitled 'Supporting Grandparents ... Supporting Children' (Citywide Family Support Network, 2004a), was launched in Dublin at Ozanam House in October 2004.

106 Ballymun Youth Action Project, 2004:8

not be included in this analysis because the number in this group (18) is too small. The analysis examined the following aspects of drug use in their families: type of drug use (active, stable or drug-free), number of drug users in the family (one, or more than one), imprisonment for drug use, death of family member from drug use, grandparent who has acted as full-time parent. For each aspect of drug use, we calculated the means scores of service users on each dimension of their well-being and compared them to the mean for Ireland using the effect size statistic.

The results provide strong statistical evidence to show that drug use has a negative impact on family well-being. This is shown by the fact that families with a drug user, whether active or stable, have consistently lower levels of well-being compared to families which are drug-free in terms of reduced physical, psychological and emotional well-being, less satisfied with their home environment, less able to set appropriate limits for their children, and poorer relationships with their partners. Consistent with this, the impact of drug use on family well-being is also suggested by the fact that imprisonment tends to be associated with improved physical, psychological and emotional well-being for service users as well as improvements in the relationship with their partners and children, possibly because imprisonment removes a family member who has been causing significant distress for the family.

Drug use has also brought death to about a quarter of the families attending Ballyfermot STAR and these show consistently lower levels of well-being compared to those who have not had this experience. Similarly, grandparents who have acted in the role of full-time parents, possibly as a consequence of drug use by their own children, also show consistently lower levels of well-being compared to other grandparents. This may be due to the demands of being a parent for someone who has already reared their own children, but may also reflect the negative consequences of having a family member who uses drugs or, as in some cases, having a family member who has died from drugs.

Despite limitations of the data - which is cross-sectional (meaning that it was collected at one point in time) rather than longitudinal (meaning data collected at different points over time) - a plausible explanation for the variation in well-being among service users is the different experiences of drug use within the family. Drugs impose a burden on both users and their families, but the burden is more intense for those families with an active or stable drug user, for those who have experienced the death of a family member from drug use, and for those grandparents who have been called upon to play the role of full-time parents.

7.8 Implications

The results of this study are likely to confirm the experiences of many families who have been affected by drug use, both in Ballyfermot and beyond. In addition, they may reinforce the insights of those who work with these families on a daily basis, such as those in Ballyfermot STAR. In view of this, it is important to draw out the implications of these results so that policies and services can respond more fully to the significant burden which drugs impose on users, their families and their communities. We conclude by drawing attention to five key implications which follow from this study. Although these implications are derived from a study of services users in Ballyfermot STAR, they are likely to have general applicability for many agencies responding to the needs generated by drug use.

7.8.1 Recognising the Socio-Economic Influences on Drug Use

We have seen that Ballyfermot is one of the most disadvantaged communities in Ireland, based on objective analysis of national datasets such as the Census of Population. This reality is reflected in the lives of those who use Ballyfermot STAR in terms of significantly reduced levels of educational attainment as well as the experience of finding it difficult to cope financially. In addition, the prevalence of drug use in Ballyfermot is enormously high involving about 10% of the population aged 15-44, and up to 15% of the men in this age category. It is clear therefore that drug use is a community-wide problem in Ballyfermot and, although there are stronger concentrations in certain areas, those who use Ballyfermot STAR come from all of the nine Electoral Divisions which comprise the area. These considerations highlight the need for an area-based approach to addressing drug-use and the socio-economic conditions which allow it to flourish. In particular, the challenge of preventing young people becoming involved in drugs must become a priority and this requires interventions with families, schools, community services, sports and recreation activities, etc. As such, an inter-agency approach is essential. A significant finding to emerge from this study is that each family attending Ballyfermot STAR has an average of two family members who are involved in drugs and this highlights how families themselves can be a mode of transmission for the spread of drug use. Supports to families are important therefore not only for the purpose of treating the consequences of drug use but also from the point of view of preventing its further spread.

7.8.2 Matching Interventions to the Depth of Needs

The study has been useful in documenting the diverse range of needs which exist among families affected by drug use but also the depth of those needs. As we use the term, the depth of need refers to the distance in well-being between the average service user in Ballyfermot STAR and the average parent in Ireland. This is a statistical rather than a clinical definition of need but is nevertheless useful in providing an indication of the challenge facing any potential intervention. Given that most of the needs identified in Ballyfermot STAR had an effect size of 0.5 or more, which is larger than the effect

107 Non-violent discipline was measured by the response to statements such as: 'explained why something was wrong', 'grounded the child', 'gave the child something else to do instead of what he / she was doing'.

108 Psychological aggression was measured by the response to statements such as: 'shouted, yelled or screamed at him / her', 'swore or cursed at the child'.

109 Minor physical assault was measured by the response to statements such as: 'shook the child', 'spanked the child on the bottom with your bare hand'.

110 Severe physical assault was measured by the response to statements such as: 'hit the child with a fist or kicked him / her hard', 'threw or knocked the child down'.

111 See for example, Balanda and Wilde, 2003; Burke, Keenaghan, O'Donovan and Quirke, 2004

112 Layzer, Goodson, Bernstein and Price, 2001; Nelson, Westhues and MacLeod, 2003.

size than can be achieved by most intervention programmes[112], this provides a realistic assessment of the challenge which services face in designing interventions to help bring the well-being of families closer to the norm experienced by other Irish families. This way of thinking about services - of producing effect sizes proportionate to the scale of need - has the potential to introduce greater clarity into service provision by setting appropriate targets and matching interventions which are capable of achieving those goals. This implies that all services - both those directed at drug users as well as family members affected by drug use - need to give careful consideration to the targets which they are trying to achieve and the appropriateness of the methods used to attain those targets. It is clear from this study that the depth of need associated with drug use poses a challenge for all services in terms of finding interventions which work effectively in bringing families closer to the norm experienced by other Irish families. This has resource implications in terms of funding services, but it also has implications in terms of ensuring that, as far as possible, interventions which are used have been tried and tested elsewhere and are delivered according to the requirements of that intervention.

7.8.3 Matching Interventions to the Range of Needs

We have seen that service users experience serious deficits in three main areas of well-being:

(i) physical, psychological and emotional well-being, including support networks

(ii) setting appropriate limits on children

(iii) relationship skills with partner (for participants on the Community Employment programme only).

It is likely that the experiences of service users in Ballyfermot STAR mirrors other families affected by drugs, whether they use services or not. In view of this it might be useful to think of service provision in terms of delivering programmes in these three areas and evaluating them for effectiveness. More specifically, it is necessary to find programmes which effectively interrupt the behaviour and thought patterns which reduce well-being. For example, the patterns of thinking which sustain negative emotions and low self-acceptance among service users need to be systematically addressed through counselling and psychotherapy, either in one-to-one or group sessions. In Ballyfermot STAR, the demand for counselling exceeds supply and there is an ongoing challenge to find sufficient resources to meet the demand. In the area of parenting, most service users experience similar difficulties - of over-disciplining their children on the one hand while nevertheless feeling unable to control them on the other - but these difficulties can be addressed through parenting programmes which have a track record of proven effectiveness[113]. The same applies to relationship skills with one's partner, which is a serious issue among participants on the Community Employment programme, particularly in light of the relatively high level of aggression to which children may be exposed, directly or indirectly, in those relationships[114]. The range of needs identified in this study suggests that serious investment is needed in programmes which have a proven track-record of success in meeting needs in these areas.

7.8.4 Recognising the Diversity of Needs

An important finding of the study is that, in addition to the generalised burden imposed on drug users and families as a consequence of drug use, there is also considerable diversity among those affected. This diversity is evident in the fact that the burden is more intense for those families with an active or stable drug user, for those who have experienced the death of a family member from drug use, and for those grandparents who have been called upon to play the role of full-time parents.

These findings corroborate the experiences of both service users and service providers, particularly those who have highlighted the grief suffered by those who have lost loved ones through drugs, as well as those grandparents who have been called upon to act in the role of full-time parents, often as a consequence of drug use. The needs of these families have not been adequately recognised and the study validates their case for additional supports.

7.8.5 Meeting Needs Through Building Strengths

A key emphasis in the study has been on the needs of families affected by drug use. This is appropriate but should not be allowed to overshadow the fact that the study also identifies a range of strengths among service users. These include a sense of personal and psychological growth, a high level of communication and involvement with children and, for participants on the family support programme, a satisfying relationship with their partner. Acknowledging these strengths can create optimism and hope which are essential ingredients in bringing about positive change as service users are supported to broaden and build their natural healing abilities to care for themselves, their children and their partners.

These considerations underline the importance of a strengths-based approach to family support rather than a 'deficit approach' which tends to characterise therapeutic interventions in terms of correcting defects and healing of wounds. A strengths-based approach underlines the importance of the 'tactics' and 'strategies' associated with all therapeutic interventions[115]. In this context, 'tactics' refer to the importance of good therapeutic relationships and skills such as building rapport and trust as well as insightfulness in naming problems and finding solutions. 'Strategies', on the other hand, refer to building strengths such as courage, interpersonal skills, rationality, insight, optimism, honesty, perseverance, realism, capacity for pleasure, putting troubles in perspective, purposefulness and mindfulness.

The insights of cognitive psychology[116] and the emerging

113 In Ireland, the Parenting Plus programme is widely respected and used (see www.parentingplus.ie). Internationally, The Incredible Years programme (see www.incredibleyears.com) is highly recommended.

114 A range of relationship programmes are run in Ireland by ACCORD (www.accord.ie) and MRCS (www.mrcs.ie) to suit both individuals and groups.

115 Seligman, 2002a; see also Asay and Lambert, 1999.

116 See, for example, www.beckinstitute.org

117 Seligman, 2002b

118 See, for example, Snyder and Lopez, 2002; see also www.beckinstitute.org

119 Fredrickson, 2002

120 Carr, 2004:13-15

121 For more information, visit the Positive Psychology Center at www.positivepsychology.org and related links.

122 Department of Tourism, Sport and Recreation, 2001

science of positive psychology[117] are useful in highlighting some of the barriers which effectively cut people off from their natural strengths, and are directly relevant in this context. A key insight of cognitive therapy is that a person's psychological and emotional well-being can be increased by changing the way they think about the past, the present and the future[118]. For example, feelings about the past can be changed by questioning the ideology that the past determines the present, and by cultivating forgiveness and gratitude towards past events. Feelings about the present can be changed through living mindfully and cultivating one's natural strengths, while positive feelings about the future can be increased through hope and optimism. Similarly, the 'broaden-and-build theory of positive emotions'[119] suggests that people with more positive emotions tend to have a greater capacity for building friendships and support networks as well as being more creative at solving problems and challenges in everyday life[120]. In other words, people with more positive emotions are more likely to see the world in terms of expansionary 'win-win' options rather than contractionary 'win-lose' options. This shows the value of cultivating positive emotions because they are known to encourage qualities such as persistence, flexibility and resourcefulness in solving problems and because they broadening the range of options which people perceive to be available[121].

7.8.6 Concluding Comment

The dominant paradigm which influences thinking about drug use in Ireland, as exemplified in the National Drugs Strategy (2001-2008)[122], acknowledges the centrality of the drug user and the community context, but tends to overlook the family. This study has underlined the importance of the family dimension and, by implication, calls attention to the need for a broader framework to understand drug use and its consequences. That broader framework, as we have suggested, needs to inform both policies and services to address the burden which drugs impose on individuals, families and communities. That is a valuable outcome of this study and reflects the contribution which Ballyfermot STAR has made in broadening our understanding of the consequences of drug use.

Appendix to Chapter One

Deprivation and its Spatial Articulation in the Republic of Ireland: New Measures of Deprivation based on the Census of Population, 1991, 1996 and 2002 by Trutz Haase, Social & Economic Consultant, 17 Templeogue Road, Terenure, Dublin 6. E-mail: thaase@iol.ie

Introduction

This document presents a new deprivation index based on the 2002 Census of Population. It also provides, for the first time, an analysis of the changes in deprivation experienced by each area over the past decade. This new deprivation index for the Republic of Ireland is based on an innovative and powerful approach to the construction of deprivation indices, which builds on the best elements of existing approaches to index construction whilst simultaneously pushing out the boundaries in favour of greater conceptual clarity and precision.

How is the new deprivation index constructed?

Most deprivation indices are based on a factor analytical approach which reduces a number of indicator variables to a smaller number of underlying dimensions or factors. This approach is taken a step further in the new index: rather than leaving the definition of the underlying dimensions of deprivation to data-driven techniques, the authors develop a prior conceptualisation of these dimensions. Based on the 1991 and 1996 deprivation indices for Ireland, as well as analyses from other countries, three dimensions of social disadvantage are thus identified: **Demographic Decline, Social Class Disadvantage and Labour Market Deprivation.**

Demographic Decline is first and foremost a measure of rural deprivation. Unlike their manifestation as unemployment blackspots in urban areas, long-term adverse labour market conditions in rural areas tend to manifest themselves either in agricultural underemployment or in emigration. The latter is also, and increasingly, the result of a mismatch between education and skill levels, on the one hand, and available job opportunities, on the other. Emigration, however, is socially selective, being concentrated amongst core working-age cohorts and those with further education, leaving the communities concerned with a disproportionate concentration of economically-dependent individuals as well as those with lower levels of education. Sustained emigration leads to an erosion of the local labour force, a decreased attractiveness for commercial and industrial investment and, ultimately, a decline in the availability of services.

Demographic Decline is measured by five indicators:

- the percentage of population aged under 16 or over 65 years of age
- the percentage change in population over the previous five years
- the percentage of population with a primary school education only
- the percentage of population with a third level education (inverse effect)
- the percentage of households with children aged 15 years and under headed by a single parent (inverse effect)

Social Class Disadvantage is of equal relevance to both urban and rural areas. Social class background has a considerable impact in many areas of life: educational achievements, health, housing, crime, economic status and many more. Furthermore, social class is relatively stable over time and constitutes a key factor in the inter-generational transmission of economic, cultural and social assets. Areas with a weak social class profile tend to have higher unemployment rates, are more vulnerable to the effects of economic restructuring and recession and are more likely to experience low pay, poor working conditions as well as poor housing and social environments.

Social Class Disadvantage is measured by five indicators:

- the percentage of population with a primary school education only
- the percentage of population with a third level education (inverse effect)
- the percentage of households headed by professionals or managerial and technical employees, including farmers with 100 acres or more (inverse effect)
- the mean number of persons per room
- the percentage of households headed by semi-skilled or unskilled manual workers, including farmers with less than 30 acres

Labour Market Deprivation is predominantly, but not exclusively, an urban indicator. Unemployment and long-term unemployment remain the principal causes of disadvantage at national level and are responsible for the most concentrated forms of multiple disadvantage found in urban areas. In addition to the economic hardship that results from a lack of paid employment, young people living in areas with particularly high unemployment rates are

frequently lacking positive role models. A further expression of social and economic hardship in urban unemployment blackspots is the large proportion of young families headed by a single parent.

Labour Market Deprivation is measured by four indicators:

- the percentage of households headed by semi-skilled or unskilled manual workers, including farmers with less than 30 acres
- the percentage of households with children aged 15 years and under headed by a single parent
- the male unemployment rate
- the female unemployment rate

Each dimension is measured in an identical way at each Census wave and then combined to form a measure of **Overall Affluence and Disadvantage.** This new approach thus allows the same set of dimensions and indicators to be applied to successive waves of Census data, establishing a common structure and measurement scale. However, unlike the deprivation indices for 1991 and 1996, the scores are no longer expressed in terms of decile rankings, and this entails a considerable shift as far as the interpretation of deprivation scores is concerned.

Interpretation of the new deprivation scores

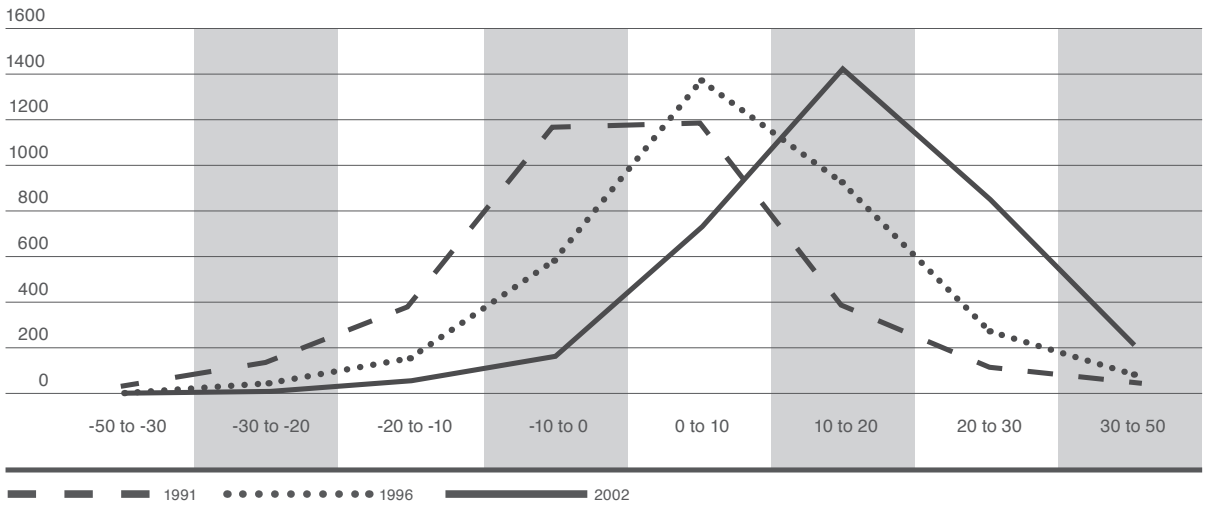
Previous deprivation indices for the Republic of Ireland (including Haase 1991 and 1996) used decile rankings (i.e. dividing all EDs into ten equally-sized categories) to measure the degree of relative deprivation. However, relatively large changes at the extremes of the affluence-deprivation spectrum may not be reflected in a change in decile ranking, whilst relatively minor changes at the middle of the distribution can easily result in a change of one or two deciles. For this reason, the index presented here pays greater attention to the actual level of deprivation experienced, using finely-differentiated deprivation scores rather than deciles.

The figure overleaf demonstrates a number of important characteristics of the new set of deprivation measures. Firstly, the scores range between roughly -50 (most disadvantaged) and +50 (most affluent). More importantly, the measurement scale is identical for all three Census waves, thus allowing the direct comparison of each area's score from one wave to the next. The scale is constructed in such a way that the mean score for 1991 is set to be equal to zero.

Secondly, the rightward shift of the 1996 and 2002 curves relative to that for 1991 reflects the exceptional growth experienced by the Irish economy over the past decade. The mean score for 1996 is 7 and the mean score for 2002 is 15, which captures the underlying trend. Naturally, the actual deprivation score for a given area may change over time even where its position relative to other areas remains constant.

Thirdly, the curves follow a bell-shaped curve, with most areas clustered around the mean and fewer areas exhibiting extreme levels of affluence or deprivation. This explains why it has been decided not to use a decile ranking, as the latter does not conserve these distributional characteristics. This is of particular concern in the case of extremely deprived areas, which may greatly improve their standing in actual terms, whilst remaining within the lowest decile of scores.

Distribution of Overall Deprivation Scores 1991 / 1996 / 2002



Reading the measures

Seven measures are included here: Overall Affluence and Deprivation for the years 1991, 1996 and 2002, Relative Affluence and Deprivation for 1991, 1996 and 2002 and the Change in Deprivation between 1991 and 2002. The complete set of measures for Ireland as a whole, including the mapping of scores for the individual dimensions for 2002, are included in a publication by ADM[123] which also describes the construction of the index in greater detail.

Measure 1
Overall Affluence and Deprivation in 1991
This measure shows the 1991 scores which are constructed in such a way that they have a mean of zero.

Measure 2
Overall Affluence and Deprivation in 1996
This measure shows the 1996 scores using the same structure and measurement scale as the 1991 index. The resulting measure shows the growth in affluence with a mean score of seven.

Measure 3
Overall Affluence and Deprivation in 2002
This measure shows the 2002 scores using the same structure and measurement scale as the 1991 and 1996 indices. The resulting measure shows the further growth in affluence with a mean score of fifteen.

Measure 4
Relative Affluence and Deprivation in 1991
As the 1991 deprivation scores are already centred around zero, this measure is identical to Measure 1.

Measure 5
Relative Affluence and Deprivation in 1996
This measure shows the 1996 scores, but after deducting the underlying trend of seven. The resulting measure thus shows relative distribution of affluence and deprivation as it pertains in 1996.

Measure 6
Relative Affluence and Deprivation in 2002
This measure shows the 2002 scores, but after deducting the underlying trend of fifteen. The resulting measure thus shows relative distribution of affluence and deprivation as it pertains in 2002.

Measure 7
Change in Affluence/ Deprivation between 1991 and 2002
The final measure shows the difference between the 1991 and 2002 scores The average change between the two census waves is 15. Thus, when judging a particular area's performance over the inter-censal period, this underlying trend must be borne in mind.

Substantive Findings

Ireland 1991-2002, a period of sustained growth
The first set of measures (Measures 1-3) presented here show the actual level of overall affluence and deprivation in 1991, 1996 and 2002, using identical intervals for all three measures. The scores range, in broad terms, from -50 to +50, with higher values indicating greater affluence and lower values indicating greater deprivation. The scores are not de-trended; i.e. the (national) mean for 1991 is zero, but the means for 1996 and 2002 are approximately 7 and 15 respectively, reflecting the considerable growth in the Irish economy over this 11-year period.

The measures provide fascinating insights into the spatial distribution of this growth, most importantly its nodal character and the overriding importance of Ireland's urban centres. The most affluent areas of the country are distributed in concentric rings around the main population centres, mainly demarcating the urban commuter belts. The measures show how rapidly these rings of affluence expanded during the 1990s as large-scale private housing development took place in the outer urban periphery, leading to high concentrations of relatively affluent young couples in the areas concerned.

123 Haase and Pratschke, 2004

The spatial distribution of deprivation over time
The second set of measures (Measures 4-6) show the limited degree to which the relative position of local areas changed during the 1990s. The worst-affected areas in 1991 were generally the worst-affected ones in 2002. As is increasingly clear from analyses carried out in different countries, the spatial distribution of relative deprivation is highly stable over time. Indeed, as a recent study of England and Wales shows, the distribution of relative deprivation in these two countries has not changed dramatically over the course of a century.

TABLE A1.1 Demographic Characteristics for Ballyfermot, Dublin and Ireland

Area	TOTPOP 1986	TOTPOP 1991	TOTPOP 1996	TOTPOP 2002	POPCHG 1991 %	POPCHG 1996 %	POPCHG 2002 %
Cherry Orchard A	221	1,283	1,398	2,161	480.5	9.0	54.6
Cherry Orchard B	3,832	3,308	3,049	2,918	-13.7	-7.8	-4.3
Cherry Orchard C	4,363	4,274	3,941	3,728	-2.0	-7.8	-5.4
Decies	4,029	3,630	3,264	2,933	-9.9	-10.1	-10.1
Drumfinn	5,224	4,417	3,987	3,799	-15.4	-9.7	-4.7
Kilmainham A	2,741	2,519	2,445	2,355	-8.1	-2.9	-3.7
Kylemore	3,774	3,212	3,065	2,805	-14.9	-4.6	-8.5
Ballyfermot	24,184	22,643	21,149	20,699	- 6.4	- 6.6	- 2.1
Dublin City	502,749	478,389	481,854	495,781	- 4.8	0.7	2.9
South County Dublin	199,546	208,739	218,728	238,835	4.6	4.8	9.2
Dublin Fingal	138,479	152,766	167,683	196,413	10.3	9.8	17.1
Dun Laoghaire/Rathdown	180,675	185,410	189,999	191,792	2.6	2.5	0.9
Dublin	1,021,449	1,070,590	1,058,264	1,122,821	4.8	- 1.2	6.1
Ireland	3,540,643	3,525,719	3,626,087	3,917,203	- 0.4	2.8	8.0

TOTPOP: Total Population POPCHG: Percentage change in population over previous five years

TABLE A1.2 Overall Deprivation Scores for Ballyfermot, Dublin and Ireland

Area	Factor Score 1991	Factor Score 1996	Factor Score 2002	Change 1991 -2002	Zero -centred Score 1991	Zero -centred Score 1996	Zero -centred Score 2002
Cherry Orchard A	-34.8	-23.0	-9.7	25.1	-34.8	-29.9	-24.9
Cherry Orchard B	-27.9	-21.3	-9.3	18.6	-27.9	-28.2	-24.5
Cherry Orchard C	-34.9	-31.7	-13.7	21.2	-34.9	-38.7	-28.8
Decies	-27.4	-21.0	-9.3	18.1	-27.4	-27.9	-24.4
Drumfinn	-26.0	-19.5	-9.2	16.9	-26.0	-26.4	-24.3
Kilmainham A	-26.5	-18.8	-6.1	20.4	-26.5	-25.7	-21.3
Kylemore	-32.0	-25.1	-15.7	16.3	-32.0	-32.0	-30.9
Ballyfermot	-29.6	-23.2	-10.6	19.0	-29.6	-30.2	-25.8
Dublin City	-3.1	5.1	15.3	18.4	-3.1	-1.9	0.2
South County Dublin	3.0	10.8	20.3	17.3	3.0	3.9	5.2
Dublin Fingal	11.8	18.6	26.0	14.2	11.8	11.7	10.8
Dun Laoghaire/Rathdown	20.6	26.3	31.2	10.6	20.6	19.4	16.0
Dublin	4.7	12.2	21.0	16.3	4.7	5.3	5.8
Ireland	1.9	9.1	17.4	15.4	1.9	2.2	2.2

TABLE A1.3 Male and Female Unemployment for Ballyfermot, Dublin and Ireland

Area	UNEMPM 1991	UNEMPM 1996	UNEMPM 2002	UNEMPF 1991	UNEMPF 1996	UNEMPF 2002
Cherry Orchard A	45.8	24.9	35.5	48.1	39.6	23.9
Cherry Orchard B	34.9	32.7	15.4	31.5	29.9	11.2
Cherry Orchard C	55.2	58.2	24.1	39.3	43.2	20.2
Decies	37.2	35.1	15.7	29.4	25.5	14.8
Drumfinn	34.4	33.2	15.4	33.7	28.3	13.2
Kilmainham A	36.3	36.7	17.1	25.7	31.8	11.3
Kylemore	39.8	38.7	20.1	34.8	27.2	15.0
Ballyfermot	39.9	38.2	19.0	33.0	31.2	15.0
Dublin City	24.7	22.4	11.8	17.4	15.2	8.7
South County Dublin	18.3	16.7	8.3	14.4	12.1	7.6
Dublin Fingal	14.1	12.6	7.0	12.1	9.5	6.6
Dun Laoghaire/Rathdown	12.5	10.7	6.1	10.3	8.2	5.2
Dublin	19.7	17.6	9.3	14.9	12.5	7.6
Ireland	18.4	16.4	9.4	14.1	12.0	8.0

UNEMPM: The male unemployment rate according to the Census of Population UNEMPF: The female unemployment rate according to the Census of Population

TABLE A1.4 Family Characteristics for Ballyfermot, Dublin and Ireland

Area	AGEDEP 1991	AGEDEP 1996	AGEDEP 2002	LONEPA 1991	LONEPA 1996	LONEPA 2002
Cherry Orchard A	38.3	39.7	30.3	29.6	33.7	53.3
Cherry Orchard B	35.5	39.2	36.8	14.6	23.4	32.3
Cherry Orchard C	46.1	42.6	33.5	25.3	35.2	47.1
Decies	37.2	34.8	31.7	22.2	26.1	32.7
Drumfinn	35.5	40.3	38.2	13.1	20.2	30.8
Kilmainham A	37.4	35.7	31.4	18.4	24.6	35.7
Kylemore	35.7	37.4	38.9	20.7	24.0	31.8
Ballyfermot	38.2	38.7	34.7	20.8	27.6	38.3
Dublin City	32.7	31.3	29.0	19.4	25.4	29.1
South County Dublin	36.8	32.3	28.7	13.6	16.9	19.7
Dublin Fingal	36.9	32.9	28.6	9.6	12.7	14.9
Dun Laoghaire/Rathdown	33.2	32.2	31.6	12.5	14.6	13.9
Dublin	34.2	31.9	29.3	14.8	18.8	21.1
Ireland	38.1	35.1	32.3	10.7	13.8	16.7

AGEDEP: Percentage of population aged under 15 or over 64 years
LONEPA: The percentage of households with children aged under 15 years and headed by a single parent

TABLE A1.5 Social Class Characteristics for Ballyfermot, Dublin and Ireland

Area	HLPROF 1991	HLPROF 1996	HLPROF 2002	LSKILL 1991	LSKILL 1996	LSKILL 2002
Cherry Orchard A	4.1	3.7	5.5	45.5	59.7	36.8
Cherry Orchard B	6.3	6.1	11.3	49.1	41.6	36.4
Cherry Orchard C	4.1	4.4	8.7	52.4	55.2	43.2
Decies	6.6	7.3	11.0	43.9	43.2	38.5
Drumfinn	6.0	8.2	11.2	48.1	41.5	36.0
Kilmainham A	6.3	8.5	14.1	48.5	40.7	36.4
Kylemore	5.0	6.2	8.1	48.2	44.5	41.4
Ballyfermot	5.6	6.5	10.0	48.3	45.3	38.6
Dublin City	21.7	23.8	29.3	29.3	25.6	20.3
South County Dublin	25.6	26.7	32.7	22.4	21.2	16.2
Dublin Fingal	34.9	35.5	40.2	18.9	17.9	13.6
Dun Laoghaire/Rathdown	43.9	47.4	51.2	14.2	12.0	9.3
Dublin	28.5	30.5	35.7	23.5	20.8	16.2
Ireland	25.2	27.3	31.6	28.2	24.4	20.2

HLPROF: Percentage of persons in households headed by 'Professionals' or 'Managerial and Technical' employees, including farmers with 100 acres or more
LSKILL: The percentage of persons in households headed by 'Semi-skilled Manual' and 'Unskilled Manual' workers, including farmers with less than 30 acres

TABLE A1.6 Education Levels for Ballyfermot, Dublin and Ireland

Area	EDLOW 1991	EDLOW 1996	EDLOW 2002	EDHIGH 1991	EDHIGH 1996	EDHIGH 2002
Cherry Orchard A	74.4	56.2	41.0	0.5	4.5	6.0
Cherry Orchard B	63.4	58.0	46.9	1.2	3.3	4.8
Cherry Orchard C	63.5	56.5	40.0	1.1	2.1	4.4
Decies	63.6	57.9	47.3	1.3	3.9	6.8
Drumfinn	62.7	57.3	50.4	1.7	4.6	7.4
Kilmainham A	63.8	56.7	48.1	1.5	4.4	11.9
Kylemore	66.9	61.0	53.4	0.4	2.4	4.8
Ballyfermot	n/a	57.9	47.1	n/a	3.5	6.5
Dublin City	n/a	31.5	23.6	n/a	22.5	32.1
South County Dublin	n/a	23.8	18.0	n/a	19.9	27.3
Dublin Fingal	n/a	18.3	13.6	n/a	25.4	33.1
Dun Laoghaire/Rathdown	n/a	14.6	11.7	n/a	38.9	45.0
Dublin	n/a	25.0	18.7	n/a	25.4	33.5
Ireland	n/a	29.5	22.2	n/a	19.7	26.0

EDLOW: Percentage of adult population with a Primary School education only (1991 estimates)
EDHIGH: Percentage of adult population with a Third Level education (1991 estimates)

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The Board of Management consists of representatives from the community, voluntary, and statutory sectors who give their time and energy on a voluntary basis to plan services for the future and oversee the running of the organisation.

Ballyfermot STAR is committed to providing quality services using best practice methods to ensure that our service users realise their full potential. Through the process of care plans being implemented we work closely and collaboratively with all relevant agencies to ensure our services users get the best possible service.

Volunteers contribute their time and skills to organise activities and outings,and support the work of the organisation in a variety of ways.

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