

“Attention Please”

***The children of drug users and the need for more focused
attention within current policies and provision***

A Document for Consideration

to

The National Drugs Strategy Team,

The Office of the Minister for Children,

and the relevant Bodies, Agencies and Organisations responsible or
having a role in the protection and overall well-being of this vulnerable group.

Submitted by CityWide Child Care Advisory Group

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1. INTRODUCTION

1.1 Rationale

In May 2008, Citywide contracted an external consultant to facilitate a Child Care Advisory Group - representative of community-based drugs projects in Dublin - in considering a set of recommendations that would see the *needs of children of drug users* receiving more deliberate and serious attention by the relevant bodies and agencies and in national agendas, in particular the Office of the Minister for Children and the National Drugs Strategy.

The consideration given to children of drug users in this document is motivated by three things, namely;

a. Statement of Provision within the National Drugs Strategy 2001-2008.

The current National Drugs Strategy contains just one all-emcompassing action that refers to the development of services for children of drug users. The initial action simply proposed integrating child-care within treatment and rehabilitation centres. Action 52 of the NDS states: *“To consider, as a matter of priority, how best to integrate child-care facilities with treatment and rehabilitation centres and how child-care can best be provided in a residential treatment setting.”*

The revised version of the Action states however: *“The Health Services consider that full-time child-care facilities within an addiction setting may lead to further stigmatisation of children of drug misusers.”*

While community-based projects would not dismiss the sentiment of the revised statement, they do advocate (and some have successfully integrated) a range of part-time programmes and services for the children of drug users, often in partnership with other off-site services, and within diverse child care settings.

b. A Study by Ross Beacom (UCD Masters in Social Policy 2007) in co-operation with Citywide.

The study, entitled *The Impact of Parental Drug Misuse on Children*, presents a list of risk factors captured from previous interviews with a sample of Dublin-based drug projects in 2007. More importantly though, the report showed that the risk factors associated with parental drug misuse and drug-using lifestyle - which children may be exposed to - correlated with those identified in the vast amount of international

research on parental drug misuse in the last decade. In brief, the risk factors identified include:

- poverty, debt and material deprivation (which most studies submit as a factor in undermining parenting ability);
- dangerously inadequate supervision and other inappropriate parenting practices;
- intermittent or permanent separation and inconsistency of care;
- inadequate and often small or crowded accommodation, frequent changes in residence and homelessness;
- toxic substances and dangerous drug paraphernalia in the home;
- interrupted or otherwise unsatisfactory education and socialization;
- exposure to chaotic lifestyles and criminal or other inappropriate adult behaviour;
- social isolation and anti-social peers.

Beacom's Report further reiterates that these environmental risk factors often interact with and exacerbate other parental difficulties such as educational under-attainment and mental health problems. The adverse consequences for children are typically multiple and cumulative and will vary according to the child's stage of development.

Again, the adverse consequences recorded in the Dublin interviews mirrored those identified in the international research on parental drug use, which raised a further concern for CityWide regarding how the State is responding to the children of drug users in particular.

c. CityWide Consultation on the Level of Need and Existing Service Provision for Children of Drug Users, July 2008.

In an attempt to back up Beacom's report and the international experience with some solid facts in the Dublin context, CityWide set up the aforementioned Child Care Advisory Group to guide a questionnaire that would assist an external researcher in consultations with the community-based drugs sector around the extent of the need, in terms of numbers of children, and types of existing provision. In July 2008, 38 of the existing 76 drugs projects responded to the questionnaire, and in terms of the current estimate of need, 33 confidently state that at least 1,888 of their direct current drug service users have children under the age of 18 years. There is an acceptance however that there may be overlap in these figures, taking into account that some service users may be attending more than one service.

Twenty two (22) of these projects state from their own records that there are at least 1,502 children among their service users, while the other 11 projects estimated that there are at least another 1,320 among their service users. Ten (10) of the 33 projects have specific services for children whose parents are drug users but not necessarily users of their services, the total number of children here is 363.

From this scoping exercise, we estimate that there is a total of 3,185+ children directly related to adult users currently involved in just these 33 community drugs projects alone. In crude terms, that's a ratio of almost 2 (1.6) children for every 1 adult using these services.

Meanwhile, from the total of 451 children recorded by age group, it is confidently stated by the 10 projects with specific services for children, that over half (55% or 246) are between 5 and 12 years of age (primary school age group), almost a quarter (23.5% or 106) are between 12 and 18 years of age (secondary school age group) and the rest (20.5% or 93) are under 5 years of age (pre-school age group). The age of 1% or 6 more of these 451 is unknown.

These figures shine a light on the possible extent of the need for services in very real terms and highlights the attention that may need to be drawn to the primary school age group in particular in further considerations.

1.2 Acceptance and Moving Forward

In relation to Action 52 above, rather than dismiss the initial action entirely for the single revised sweeping statement made by one of the proposed implementation bodies, we suggest that the general intention of the original action needs to be re-instated, embraced by both of the proposed implementing bodies (named originally as the HSE and DELR) but discussed considerably, in order to present practical measures for inclusion in the next National Drugs Strategy and other complimentary strategies. This document may offer some pointers for the practical measures required.

In relation to Beacom's exploration of the international literature and the advocating of an ecological model, the case has been well made. But alas our relatively young history of drug treatment does not compare with how we've managed to 'catch up' with the rest of the world in terms of the known consequences for children of users, as experienced by more advanced states. There is guidance from the international literature however, and we don't intend building a case any further in this document.

We accept and simply ask you to accept the existing literature. We have attached Beacom's Study and the relevant bibliography as references for further consideration.

As regards the recent scoping exercise to capture figures (2 children for every adult currently using a community based drug service) and levels of provision for these children, there is an appreciation that not every child in the care of a parent with a drug-using lifestyle is in need of support. However, in light of the qualitative information coming from this exercise, there is no doubt that the need for services for children of drug users, currently participating in projects at this time, is great. The full report including existing service provision to children of drug users, and the perceived gaps, is also attached for further consideration.

2. MOVING FORWARD

2.1 Placing the Needs of Children of Drug Users, and the Role of Community-Based Projects in Responding to Them, within Existing Policy and Provision

Some of the critical issues for community-based drugs and childcare projects in particular were highlighted again as discussion points by the members of the CityWide Child Care Advisory Group, during their considerations of the information collated and reviewed in September 2008. We have also attached these discussion points for your consideration, and rather than repeat them here, we feel that the points are well acknowledged and it is best to look at how they may be considered in the context of existing policy and implementation frameworks.

Too often we make the mistake of highlighting and re-highlighting the issues and very rarely do we take the time, or indeed have the opportunity, to check out the current policy climate and try and place the issues within existing provision. This is vitally important now in light of the present economic climate. So it is with a sense of reality that we present this document for consideration, hoping that it will be welcomed a. as a genuine attempt to match existing provision with the perceived need in the first instance and b. to make the case for increased and targetted resources within this provision for the greater benefit of our concern group, the children of drug users.

Indeed, on reviewing existing policy and provision, it is apparent that any recommendations that the CityWide Child Care Advisory Group might make in this document, can only further consolidate existing policies for children and young people in general, and hopefully target existing and new measures in favour of the children of drug users.

2.1 The Agenda for Children's Services, December 2007

There is no doubt that there has been a huge change in the way in which the rights of children - and how we support them in terms of the family and community – have been viewed in Ireland over the last decade. The recent publication of *The Agenda for Children's Services* not only contextualises all of that journey and the relevant up-to-date literature on the subject, but provides a necessary handbook to guide and challenge service providers in the implementaion of new child care policies as part of their roles and responsibilities. Again, the case for improved services to children in the

context of the family and community has been well articulated by this new Agenda, and it is now at the forefront of thinking within the relatively new Office of the Minister for Children.

At the same time, we are fortunate to find the national thinking among the local practitioners (i.e, the community-based drugs and childcare projects consulted by CityWide) within this positive policy agenda for childrens' services, and it is where we find the right outlook and framework to highlight the need for more deliberate actions that benefit the children of drug users.

2.2 Our Shared Outcomes for Children

In brief, at the core of *The Agenda for Children's Services* is the promotion of 7 National Service Outcomes for all children, which community-based drugs projects and the CityWide Child Care Advisory Group also advocate in their comments and discussions (albeit articulated a little differently). These are;

- healthy, both physically and mentally
- supported in active learning
- safe from accidental and intentional harm
- economically secure
- secure in the immediate and wider physical environment
- part of positive networks of family, friends, neighbours and the community
- included and participating in society

The Agenda states that Children's services aimed at promoting these outcomes also need to recognise that not only do children need active support but that children are themselves *resilient* active participants in their own lives and the lives of those caring for them. And when we consider the children of drug users in particular, these 7 outcomes and the notion of resilience couldn't be more meaningful to the community projects working at the coal-face.

2.3 Service Characteristics Needed to Achieve the Outcomes for Children

In order to promote the 7 National Service Outcomes for Children, The Agenda further states that services need to strive to achieve 5 essential characteristics, which are:

1. Connecting with family and community strengths
2. Ensuring quality services
3. Opening access to services
4. Delivering integrated services
5. Planning, monitoring and evaluating services

All of these outcomes are also echoed in some form or fashion in the comments by and discussions with the community-based drugs projects and the CityWide Child Care Advisory Group, and in support of services for the children of drug users in particular.

2.4 Characteristics in Support of the Role of Community Projects in Working with Children of Drug Users

In the context of the role of community-based projects, all of these characteristics are important. However characteristics 1 *Connecting Services with Family and Community Strengths*, 3 *Opening Access to Services* and 4 *Delivering Integrated Services* in particular, provide the existing national policy platform on which community-based drugs projects and the CityWide Child Care Advisory Group can make the case, to push for more explicit consideration to complementary, locally-based services for children of drug users in particular, and, where needed most.

2.5 Working from an Ecological Framework

Beacom's study of the international experience of providing supports to drug users shows that the focus of service delivery needs to change, (and is already changing), away from simply an individual focus to an ecological framework, which takes into account the environment and family dynamics when working with a drug-using parent. Characteristic 1 of *the Agenda* advocates this approach from the child's perspective.

*“Social exclusion is a major barrier to effective support and needs to be directly addressed through targeting need and developing and **delivering culturally competent services**...The support that children receive from other informal sources beyond their immediate family also needs to be recognised – the wider family, friends and community. There is strong evidence that for children in adversity it is these informal networks that are the key sources of help [which] should always be considered by professionals and services as a major resource for assessment and interventions. This requires greater innovative*

thinking in assessing, using and resourcing informal networks of support so as to benefit from their strengths whilst recognising their limitations.” (p.17 & 18)

Community-based drugs projects are already culturally competent having no choice but to adapt to the environment and address the matter of the impact of chaotic drug use on families and community head on, and in situ. *Additionally, from consultation with the projects some appear to be operating - or at least moving towards - an ecological framework on the ground,* as some (not all) are already accessing and bringing the family into their work with their primary participant, the drug user. And in the context of our concern target group, some projects are also already working directly - or through partnership with other community services - with children. They do this in order to further develop the child’s own sense of resilience and offer opportunities for child development and exposure to mixed, healthy and safe environments, whilst their parents receive treatment or participate in positive activities.

It is important to state however, that the approaches that some projects are adapting may be deriving from an innate sense of ‘the right thing to do’ rather than from a conscious ideology or clear implementation framework. Therefore, much assistance is required to achieve a more deliberate and quality model of practice for projects changing or evolving to work with drug users, their family and significant community interests.

2.6 Opening up Access to Services for the Benefit of Children of Drug Users

The big challenges for community-based drugs projects in opening up access are the usual limits in budgetary, spatial, and specialist personnel capacities, or more fundamentally, access to same locally.

This is where characteristic 3 of The Agenda is critical for community-based projects and for the State if they are to realise the outcomes for children envisaged in this Agenda together, and to realise the outcomes for our most vulnerable children - the children of drug users in particular.

Essentially, we need to recognise diversity and plurality in service delivery.

“Services exist to complement, reinforce and extend the capacity of families and communities... there must be a wide range of services available to children

and those who care for them...families with more complex needs require more complex services, for which the State must take greater responsibility.” (p.23).

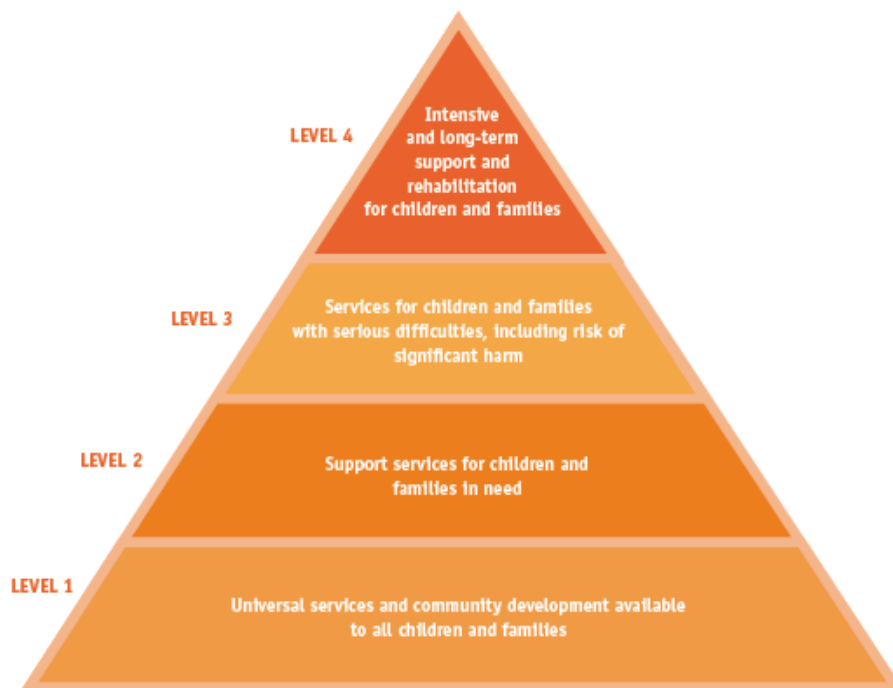
2.7 Delivering Integrated Services

A diverse and plural approach is important, but how they then manage to effectively compliment, co-ordinate or indeed integrate their actions for a more responsive, smoother and efficient service for the children of drug users in particular needs to be given more consideration. Characteristic 4 of The Agenda espouses integrated services as the way forward to achieve the aims of this national policy framework and it is timely that this document suggests a very important target group with which to really test the delivery of integrated services to children.

2.8 Level of Work with Families by Community-Based Drugs Projects

The Agenda goes further to outline 4 levels at which families need support. (See *diagram overleaf*). In the context of meeting the needs of children of drug users, current approaches by community-based drugs projects already working with these children are at levels 2 and 3 for the most part: basically projects find themselves working at a level of intervention, and some have found themselves in a situation at times, literally holding the baby at level 4, as their families wait in line for the necessary services - which are often stretched due to waiting lists or lack of resources - to come to their aid. It is important to note the role of community childcare services – not necessarily attached to the community drugs project but focussed at high support families – and that they too have articulated these experiences. But it is due to their’s and the initiative of their local drugs projects, working together, that particular attention is paid to the children of parents who are attending treatment, rehabilitation and or education programmes.

Figure 4: Levels at which families need support



Source: Adapted from Hardiker *et al* (1991)

The Agenda promotes the notion that the closer services are to providing for the self-assessed needs of families and children, the more likely they are to be accessed. Community-based drugs projects are already at the coal-face, and more importantly, they have the engagement of the parent in treatment and in activities, and so the opportunity to encourage services for their children is often greater.

Most will agree with the statement in the Agenda that services need to be available at Level 1 and be provided on an open access basis as part of Community Development. But services must also be able to meet different levels of need and have a special responsibility where the level of need is greatest, and in this instance where children are affected by the often chaotic lifestyle of a drug using parent.

The recent selection of National Child Well-Being Indicators further highlights the belief that both alcohol and drug use among parents are key indicators affecting the well-being of the child (National Children's Office, 2005). Thus community-based drugs projects, and indeed community childcare projects providing a service to this vulnerable group, can and do have a special responsibility at this level of need.

2.9 The Role of Community-Based Projects in Delivering Services to Children of Drug Users through Subsidiarity

The Agenda for Children's Services states that every effort should be made to provide easy access to services through outreach to individual children, their families and their communities. This requires making available non-stigmatising, multiple access points: something that community-based drugs services - through partnership with and complemented by other services for children and families in their localities - can really contribute to with the right level of State supports, multi state agency, and just as importantly, multi community project encouragement.

The recent consultation with community-based drugs projects already providing, or with access to, community childcare and family-focused activities, shows that these projects in particular are willing to respond to the challenge and help close the gaps in services to this vulnerable group. These projects have experiences to offer, they have ideas, they are already physically helping to reshape and further develop the infrastructure locally to best meet the needs of their target groups. And to allay any concerns that the HSE may have in their revision of Action 52, these projects manage to do this in partnership with other non-stigmatising services, or in a special way that does not further stigmatise the children.

Finally, these projects are key players in supporting the State to fulfill the principle of subsidiarity, as set out in the methodology of delivery in *The Agenda for Children's Services, 'Getting There Together'* (p.34). This Agenda sets out reflective questions for policy makers, HSE senior managers, front-line service managers and for practitioners alike to ensure more meaningful services for children. The question now is, what can the State do to further support a key stakeholder like community-based drugs projects, and indeed other community-based child and family care providers, to help realise subsidiarity TOGETHER and achieve the good will and aims of this Agenda?

3. POINTERS FOR GETTING THERE TOGETHER

3.1 Sound Basis for Co-operation

The good news is that there are already a range of policies, implementation frameworks and schemes available to Government, community-based drugs projects and child and family-focused service providers at local level, to help with practical measures to achieve the current Agenda for the benefit of children of drug users in particular.

The obvious schemes presented hereafter are but examples, there may be more. But basically, these headings are an attempt to recognise the existing State supports and at the same time show how they might be promoted more explicitly as relevant supports to community-based drugs projects (and any potential locally-based service partners) wishing to work with children of drug users.

Indeed, the lack of information or direction for community-based projects in general on existing children's services policy and provision is weak. On a very basic level, a simple task of providing a *focused package of opportunities and options for these projects*, in support of their work with children of drug users, is required immediately. A *definite timeframe* to prioritise, promote, encourage and negotiate the implementation of more/improved services for children of drug users should be identified, along with significant targets for ensuring maximum initiative and delivery within the timeframe. In addition, there's a role for a *named local facilitator that is socially enterprising*, with the ability to see potential and connections and to help negotiate partnerships for the benefit of children of drug users. This role could come from existing provision with a recognised co-ordination/facilitation function regarding children, i.e. CCCs, LDTFs, RAPID AITs.

3.1.1 Child Care Infrastructure - National Childcare Investment Programme (NCIP, replaces the Equal Opportunity Childcare Programme)

The NCIP promotes the continuing development of Childcare physical infrastructure, enhancing and increasing the supply of quality childcare through the physical development of childcare buildings/spaces. In terms of Community/Not for Profit organisations, capital grants are available for groups that demonstrate a childcare need

within an area. And the level of funding granted is determined by the number of places that the group proposes to provide.

Community-based drugs projects that are already providing a childcare service for their clients may wish to look into this where spatial constraints exist in their immediate premises. Equally, community-based drugs projects could partner with an existing childcare service to further develop the physical infrastructure locally, and integrate more children of drug users in these services.

Projects may also apply for funding to support families and communities to break the cycle of poverty and disadvantage. The level of poverty is determined by a number of factors including being part of a RAPID area, as well as taking account of factors specific to the service, i.e. factors associated with families affected by drug misuse for example.

A key objective of the NCIP programme is that 10% of childcare places is reserved for children of school going age outside of usual school times. Within this existing provision, it is important to highlight 2 key concerns of the CityWide Childcare Advisory Group.

a. Children of drug users have special needs and so we need to ensure that these children are not just consumed by or assimilated into the structural norms of traditional childcare services where, without the right support, they may be in danger of getting lost in the numbers. There needs to be serious consideration given to appropriate ratios and specialist staff in order to meet the special needs of this vulnerable group, that goes beyond the simple percentage-based reservation of childcare places.

b. Many community-based drugs and childcare services advocate diverse and out-of-hours services, and in particular services to meet the need of the primary school age children of drug users. The 10% provision should assist community-based projects to deliver to this target group at evening and weekend,s particularly if the parent is engaged in personal and education skills development and back to work initiatives. But where the provision is already 'used' up in a service working normal hours but the demand for more and flexible out-of-hours is still higher, special consideration needs be given, especially in light of aims of the The Agenda for Childrens' Services to truly open up access to children services locally.

The challenge for community-based projects in relation to the existing measures mentioned above, is the absence of targeted information to the organisations and also a named and practical facilitation role to assist community-based partnerships better negotiate these opportunities and gaps for their target group.

3.1.2 Child Care for Vulnerable Families - Childcare Subvention Scheme

To quote the existing literature, this new scheme (introduced in January 2008) has been designed by the OMC to target resources more effectively to disadvantaged parents with children in community childcare services. To avail of the scheme community not-for-profit childcare services, in addition to providing a quality service, are required to operate an effective tiered fee system, with maximum and minimum fees set at appropriate levels. Services are subvented to enable reduced fees to be charged to disadvantaged parents through a Community Childcare Subvention Grant. The subsidies are available in respect of parents who are in receipt of social welfare payments or are engaged in education, training or work experience programmes, where an underlying entitlement to a social welfare payment is established, and for persons in receipt of Family Income Supplement (FIS).

The responses to this new scheme are mixed, with some welcoming a more targeted measure to address the numbers in need, rather than simply provide for the operations of a service, while others state that the information gathering process to endorse places is seen and experienced as an intrusion. Also, there are concerns regarding the tiered delivery mechanism and how that impacts on the services' sustainability into the future.

Notwithstanding the current feedback, community-based drugs projects should be able to negotiate a service for their users' children with existing childcare providers, and if not, again the State may consider providing an advocacy role here but this role needs to be promoted. Additionally, there is a stated need for awareness training for community-based childcare projects in order to turn around existing attitudes towards drug-using parents, and greater co-operation to be fostered between childcare providers and community drugs projects.

If a community-based drugs project is already operating or contemplating a capital project, the Subvention Scheme is going to be the most relevant in terms of subventing income for the service to children of drug users in particular. So again, targeting

literature specifically to community-based drugs projects is important.

A key challenge for community-based drugs projects though will be achieving a tiered service alone, so it is to the benefit of both childcare providers and drugs projects wishing to open access to services for children of drug users to be encouraged to work more closely together. And where concerns exist in relation to the proviso of 'financial sustainability', in the case of primarily meeting the needs of the most disadvantaged, an opportunity should be opened up with the OMC/Pobal to negotiate what this might mean for the projects into the future to seek assurances.

Finally, the Childcare Subvention Scheme generally is seen as helpful, but it does not quite go all of the way to ensure the the special needs of vulnerable children will be met by necessary additional personnel resources, as highlighted above. So while this new scheme is welcomed, there should be some consideration to the need to retain staffing grants under special circumstances.

3.1.3 Financial Assistance for Childcare - Early Childcare Supplement

The provision of this supplement paid directly to parents on a quarterly basis is intended to assist all parents to pay the costs of childcare.

The value of the Subvention Scheme above and this Early Childcare Supplement should be more widely promoted among community-based services and parents attending drug treatment and rehabilitation services, so as to encourage access for the target group.

Direct support is required however for existing and future child care providers in the 'research and marketing' of their local client base and income brackets in order that their services are better informed in any pricing, subvention and sustainability considerations.

3.1.4 Family Work - Mother (Grandparent) & Toddler Groups

Again to quote the existing literature, the Parent and Toddler Group Initiative is a strategic partnership between the Office of the Minister for Children and the Katharine Howard Foundation (KHF) under the National Childcare Investment Programme 2006-2010. The primary purpose of the initiative is to provide grants to parent and toddler

groups for the development of their services. It is also designed to develop a support and information strategy, in collaboration with the City and County Childcare Committees, to assist the promotion and expansion of Parent and Toddler Groups. This initiative also works closely with other agencies and organisations that already provide valuable ongoing support to these groups, ensuring a collaborative approach.

Community-based drugs projects need to know that they too can access this grant in their efforts to support family/group work with parents, grandparents and young children of drug users. Again, advice and ideas for providing activities should be more focused and supported by personal visits by the relevant funders to give technical assistance to the projects.

3.1.5 Outreach to Vulnerable Families – Recognising Traditional and More Recent Approaches

The recent Citywide consultation with community-based drugs projects found that both these projects and projects providing a child care service, find themselves engaged more and more in outreach activities to drug users and their children in the home, in an attempt to support the whole family unit.

There is a need to look at the traditional and existing mechanisms for outreach to families affected by drug use, in order to provide a coherent and comprehensive outreach system in this context. The Public Health Nurse, the Home School Community Liaison Officer, the Community Mothers each have long established relationships with vulnerable families in the home in particular. Now childcare providers and community-based drug projects, and even youthwork outreach teams are finding a role for themselves in direct intervention at the home. While it is clear that the latter is showing itself to be necessary, it is important that some professional principles and codes be negotiated amongst these parties in order to consider their separate interventions in respect of a more collaborative effort locally. And the State should have a key role in facilitating this.

For many years practitioners and policy makers alike have been concerned with the fact that individuals are often subjected to the 'Billy to Jack' run around in search of supports. But in recent attempts to bring a range of services literally to the door of the individual, often without any structured consultation with other outreach services, there

is a danger of further compounding this scenario but in a different way: where too many knocks on the door may result in perceived intimidation and a closed door forever!

Co-ordination, trust and the sharing of information amongst existing traditional outreach and community-based services are key to a more effective intervention, whether it be on the services' premises or in the home. But they need to go a step further and consider how they can deliver an integrated approach, one that focuses on how they each might contribute to an overall, agreed, care plan that puts less pressure (real or perceived) on the individual/family in the home.

3.1.6 Vulnerable Families and School Support - Delivering Equality In Schools (DEIS): School Support Programme

International literature and the recent Citywide consultations all advocate greater links with the school system in supporting the children of drug users. In light of the existing provision, it is important to ask how meaningful in practical terms are these particular schemes to the children of drug users? And how could the State better articulate a role for community-based service providers in ensuring these schemes are provided to their most vulnerable client groups?

In brief, the DEIS action plan in 2005 promotes a number of actions to achieve Educational Inclusion. A key element is a standardised system for identifying, and regularly reviewing, levels of disadvantage and an integrated School Support Programme (SSP). This programme is intended to bring together and build upon existing interventions for schools and school clusters/communities with a concentrated level of educational disadvantage.

The most relevant issues that could benefit children of drug users in this action plan are listed thus:

- Strengthening Early Education supports through investment in early education provision supporting the most vulnerable can be a powerful intervention yielding lifelong educational benefits.
- Placing a renewed emphasis on the involvement of parents, family members and the community in children's education – especially in areas of socio-economic deprivation, does not just benefit the children and the school – it is a crucial dimension of lifelong learning.
- Enhancing attendance, educational progression, retention and attainment as

there is a clear link between pupils' attendance patterns and their educational attainment. Successful progression by pupils from primary to second-level is of particular importance. Children and young people at risk of early school leaving can benefit from extra supports, both academic and non-academic (including sporting and cultural activities), made available during and outside of school time.

- Enhancing integration and co-ordination both within the education sector and cross sectorally because the education system operates in a context of broader social and economic circumstances and must work in partnership with others in the best interests of the children and young people it serves.

In terms of practical schemes to address these issues the following relevant schemes exist already and there is a clear statement from Government that these schemes will be integrated into the School Support Programme and implemented over a 5-year period.

- Early Start
- Giving Children an Even Break (incorporating the primary Disadvantaged Areas Scheme and Breaking the Cycle)
- Expansion of the Home/School/Community Liaison Scheme
- The School Completion Programme
- Disadvantaged Areas Scheme for second level schools and related projects

At this moment in time, these schemes are seen as simply extensions of school provision. The DEIS action plan espouses the need to work with family and community interests, but there is no practical direction for either the schools or the community projects to guide their role or responsibilities in the execution of this plan. Nor is there any practical direction for gaining access to school decision-making bodies, for example, and confidence from each sector in order to build the relationships necessary to fulfill the partnership brief set out for them.

The Citywide Child Care Advisory Committee sees a key role in outreach to families and the Home/School/Community Liaison is crucial to this role. But again, there is not enough communication between community drugs projects, childcare services, schools and the HSC Liaison. A mechanism for doing this in a constructive and effective manner needs to be developed, if not already in place. Additionally, promotional literature is necessary to inform and advise these active stakeholders on the ground on

potential areas of co-operation.

The focus of all of the emerging provision under DEIS really is about trying to break the cycle of disadvantage, and if this provision is to attempt to break the cycle of addiction through early and subsequent educational intervention, then a lot more preventative budgets need to be directed towards this area.

Most child care and drugs projects promote the need for more parental involvement generally. But some state that there is a real need for a designated Family Worker, whose role is to liaise more with the drug-using parent (and the relevant community interests) and their children (within childcare services) on an area basis.

Finally, in terms of the transition to primary school, some childcare providers believe that the children of drug users and their parents need to be 'walked through' the necessary steps to starting school together, and probably for almost a year beforehand so as to ensure full and equal participation. This transition period begs further attention under the DEIS plan.

3.1.7 Older Children of Drug Using Parents (Youth) - YPF&SF / Youth Advocacy / Justice

For older children of parents who are using drugs, the State has a number of measures for Youth in general, 10 – 21years. The Young People's Facilities and Services Fund, The Youth Advocacy Initiative and Justice programmes are but 3 of these. Again, they may need to be articulated and promoted more with community-based drugs projects working with or wishing to work with children of drug users, in such a way as to maximise their own proposals for funding (or joint proposals with other Youth-focused projects locally) under these schemes.

But we take this opportunity to highlight a concern with the Young People's Facilities and Services Fund in particular. This was initially directed at Drugs Task Force Areas to help develop necessary infrastructure and programmes for young people at risk. However, this fund essentially built up youth sector provision in Dublin City in particular, that really should have been provided for in the context of informal education and development for young people generally in Irish society, as provision was very poor up until this fund was established.

For the many communities that have benefited and are benefiting from this fund, it has been a God-send. However, it's original intentions have been somewhat diluted, and the need for more explicit funds to be ringfenced within this existing provision for children of drugs users, who are most at risk in terms of immediate exposure to drugs and of continuing the cycle of addiction, now requires serious attention. While recent announcements to provide once-off funding for programmes tackling new drug-use like cocaine - and amongst new social classes of users - at least try to address this issue, there is a need to seriously consider State responses to the intended target group of this document in such funding injections to the sector in the future.

Additionally, there are family-focused intervention programmes such as Strengthening Families that are showing good results already in areas in Cork and Dublin, that can assist teenagers in particular in addressing family issues with their parents, thus helping to break the general destructive cycle. This type of initiative should be considered more in terms of trying to meet the needs of older children of drug users and also to uphold the notion that an ecological framework is best.

3.2 National Policies Awaiting Endorsement

While the above schemes are already in operation, there are also some reports and recommendations awaiting serious consideration for further policy-endorsement and implementation frameworks which, if agreed nationally, could further support the measures that need to be taken in this instance.

3.2.1 Family Planning & Sexual Health Education

Notwithstanding the unlimited debate and controversy that the issue of reproductive and sexual health affords, sexual health is a key theme occurring in the recent consultation with community-based drugs projects and in the discussions of the Citywide Child Care Advisory Committee.

And so it is quite timely that we have the report by The Irish Family Planning Association from a conference in April this year entitled, Drug Use: A Reproductive and Sexual Health Perspective, to draw from in our considerations.

Initiated with funding from the North Eastern Regional Drug Task Force, the report presents a clear set of recommendations that the Citywide Child Care Advisory Committee fully endorse. In particular, the recommendations on information provision

should be implemented immediately for community-based projects working with the children of drug users, i.e. *“they should have access to medical professionals and a briefing pack that specifically addresses the reproductive and sexual health of drug users”*.

Indeed, the need for access to a range of health education and medical specialists for community-based drugs projects is something that needs further attention. There are a number of local projects that successfully manage to integrate these into their services through negotiation with the HSE and other professional bodies, and they should be considered in further case studies for greater learning and guidance.

3.2.2 RAPID Area Health Strategies

Area Implementation Teams are currently developing Area Health Strategies for marginalised localities.

In light of the findings and pointers in this document, we would advocate that the AITs give serious consideration to measures to address the needs of children of drug users and their families in particular, in the development of these strategies. And to encourage local action by creating measures and incentives to target this group.

In particular, and in consideration of the point above, regarding Family Planning and Sexual Education, harnessing and directing existing health education and specialist medical services like family planning, psychotherapy and dual diagnosis towards families affected by drugs, and particularly the children, could bring about greater cohesion among a range of State bodies and locally-based services, including the Primary Health Care units.

3.2.3 Out of Hours Social Care Service

While the report *Developing an Out of Hours Social Work Service for Children* sits with the Department of Health & Children and the relevant Unions, our most vulnerable children are left to a basic, inconsistent and unreliable reception facility, which in recent times has seen the Gardai taking responsibility for emergency cases and publicly calling for urgent consideration to and implementation of the measures outlined in the report.

Meanwhile, the Union representing social workers was recently quoted as saying that it is not hopeful that an out-of-hours service can be provided given the current situation within the HSE. However, the Minister for Children has openly stated that he is fully committed to providing a comprehensive service to children and young people.

Under the Child Care Act, Gardaí are enabled to respond to emergencies outside of normal office hours, but consultation and discussions amongst community-based projects and the Citywide Childcare Advisory Committee advocate that there are many challenges to this first line of response. They echo the sentiment of the Gardaí and state that children in vulnerable and desperate situations need the aid first and foremost of people and/or professionals who can respond to their needs in emergencies and who the children themselves will see as trusting and less intimidating. Often and unfortunately, children whose parents who have had a brush with the law, see the Gardaí as a threat or criminalising agent and therefore are reluctant to seek their help in or out of hours.

In the words of Minister Andrews, the current situation is unacceptable and if we are to take The Agenda for Children's Services seriously, and with a sense of urgency, a 24 Hour Social Work Service is key to turning it around. The notion of a 24 Hour Social Work Service is bigger than what is currently being provided and would therefore demand many changes in attitudes towards Social Work in general, new training and a different outlook in dealing with vulnerable families and looking to their support systems within the community. Indeed, if social workers are to consider working to an ecological model, then serious changes to how social workers do business on the ground needs to happen.

And while there is an appreciation of the IR issues for staff within the HSE, the notion of subsidiarity that the Agenda espouses should be called into play in this situation, seeing it as a way of alleviating any pressures that HSE staff may be facing in the promotion of a 24 Hour Social Service, whilst giving more credence to the community sector through external contracts, in support of the sector's willingness and ability to share the work that's needed to realise improved services for children. Naturally, the boundary lines between social workers and community based services would have to be defined very clearly.

3.2.4 Community Role in Methadone Distribution Centres

A major issue for community drugs projects, drug users forums and the HSE itself is the exposure that children have to parents' drug treatment, when they attend the methadone distribution centre with them. The following quote from a stabilised drug user highlights the issue:

“Within our Users Forum there are long-time service users whose children once attended weekly clinics with them, but these kids are now grown and they are the adults at the hatches getting their methadone, seeing drug use as a way of life, they are the ones now bringing their own kids behind them.”

Once again, notwithstanding the IR issues that the HSE has at present, there are a number of policy barriers for community-based drugs projects providing a responsive methadone service to parents and a healthier environment for their children during visits.

It is not the focus of this document to highlight these barriers, but the cap on the resources and hours placed upon this service by the HSE doesn't allow the projects that are in a position to provide services to the children to do so in a more structured manner. This in affect doesn't allow for consistency and flexibility in service opening times that may suit the parent best. Moreover, it doesn't allow the service the flexibility to provide opportunities for the child to engage in positive activities and interact with other children.

Some community drugs projects state that they once had a role in emergency dispensing situations, but that this was revoked. Whatever the reasons, from the perspective of protecting children from potential neglect or harm, by a drug-using parent who fail to access a dispensing service in emergency cases, further considerations need to be given to the role that community drugs projects can play in this instance.

4. ELEMENTS OF A COMPREHENSIVE LOCAL SERVICE FOR DRUG USERS AND THEIR FAMILIES FROM AN ECOLOGICAL PERSPECTIVE

4.1 No One Agent Can Do It All

It is worth stating the obvious before beginning to summarise this document, which is that no one sector can provide all of the services and supports to the family that is affected by drug use. However, if we are all to adopt the principles of ecology, subsidiarity and diversity in provision, we know that we need multi-state agency and multi-community project co-operation in improving services to families most in need. Cross-sector services are the way forward, and very few would disagree.

4.1.1 Local Spatial Infrastructure

However, we need to know that the infrastructure that we are already building on the ground is relevant, sufficient and effective.

Referring back to the revised statement by the HSE on Action 52 of the current NDS, rather than thinking of services for children of drug users all under the one roof, it is best to look at the spatial locality of the target group and consider the existing services and infrastructure, and how they can better link to each other to benefit families affected by drug use. And in the absence of critical services, or where services are underdeveloped, bridging the gap needs to become a matter of urgency.

In an effort to map existing or required services spatially, the following elements are considered necessary in attempting to provide a comprehensive service and support system to families affected by drug use. This list is not exhaustive.

- Information & Referral Services
- Methadone Clinic
- Outreach Doctor & Nurses Station
- Other outreach medical specialists, i.e children's health/primary care
- Outreach Health Education i.e. Family Planning and STIs
- On site Psychotherapy, Child Psychologist, Dual Diagnosis Service for Parent and Older Children Using Drugs
- Other Therapies, i.e. family therapy including special programmes like Strengthening Families, play therapies

- Holistic and Creative Therapies and Activities
- Outreach Home/School/Community Networking
- Youth at Risk Projects (targeting children of drug users)
- Counselling & Bereavement Services
- HSE/Welfare Services & Information (specific to the local needs)
- A Place/Resource for Fostering Cross-Sectoral Collaboration
- Educational space
- Creche & Outdoor Play Area
- Out-of-Hours, Day and Drop-In childcare
- Children's Developmental Programmes
- Access Agreements between Community Facilities (Especially for out of hours services)
- Parent's Drop In Centre, Kitchen, Recreational/Social Room for families
- Shower and Laundry Room (catering for Homeless Families)
- Competent Fundraising and Administrative Abilities/Services
- Social Enterprise Support to Community Services and Local Managers

It would be a worthwhile exercise for the CCCs in conjunction with the OMC/HSE and CR&GA for example, to look at existing provision in the Drugs Task Force Areas, and in light of the above list, to seek an understanding of how far we have already come in attempting to build up the appropriate infrastructure spatially, and to gauge how much more effort needs to go into encouraging more cross-sectoral, cross-project responses to meet the needs of drug using parents and their children in particular, in order to see the elements listed above available, accessible and maximised.

5. RECOMMENDATIONS

In considering the next National Drugs Strategy and other relevant National Agendas pertaining to services to children, the key points made in this document are summarised here as recommendations:

1. Re-instate the full intention of the original Action 52, with an understanding that integrating services to benefit the children of drug users does not necessarily mean providing them under the one roof. There exists a variety of projects focused on family and children within Local Drugs Task Force Areas and consideration needs to be given to the existing infrastructure and how the relevant services within that infrastructure can work more closely to deliver improved and increased services to children of drug users in particular.
2. Accept the international literature and Beacom's comparisons within the Irish context on the impact of parental drug use on their children, and further advocate an Ecological Model in all relevant implementation frameworks.
3. Take serious account of the Citywide scoping exercise on numbers of children of drug users currently participating in community drugs projects in Dublin - almost 2 children to every 1 adult service user - and recognise the need to cater for children at times when parents are engaged in these services (if not engaged in school or other child care provision).
4. Welcome and recognise our attempts to place the issues in the context of current policies and provision for children, but provide a clear statement in National agendas to encourage a special focus on children of drug users within this existing provision. Additionally though, highlight the fundamental goal which is to break destructive cycles and direct more resources under existing budgets that have a preventative aim. Provide targeted literature to community-based projects on same.
5. Recognise the role that community drugs and child/family focused projects play and can further play in fulfilling the vision of *The Agenda for Childrens' Services*, particularly in their role as culturally competent agents on the ground. These projects know the elements that they need to acquire, and have acquired, to bring about the effective engagement of their service users. And in

terms of the State's wish to open up greater access to services for children with this Agenda, realise the method of subsidiarity through the manifestation of child/family service-delivery contracts with this sector.

6. Recognise the level at which community drugs and childcare projects already find themselves working in support of the family - level 3 on the pyramid, which is basically a level of intervention - and thus a key partner in the development of more focused initiatives requiring a higher level of authority than the State may already afford these projects.
7. Provide an explicit and more focused package of opportunities and options already available within current provision to community drugs and child care projects. Initiate deliberate action on the promotion of this package and a timeframe to prioritise, promote, encourage and negotiate the implementation of more/improved services to children of drug users. Name a local facilitator that is socially enterprising with an ability to make sound connections to do this from existing provision, i.e. CCCs, LDTFs, RAPID AITs,.

Existing schemes should be re-articulated and re-marketed to present them as being meaningful and useful to these projects in the delivery of services to children of drug users. Schemes include NCIP, CSS, ECS, and others outlined in section 3 of this document.

And while the Childcare Subvention Scheme generally is seen as helpful, consideration needs to be given to staffing grants for special needs to ensure that our most vulnerable children are not lost in the services. Please see recommendation 8 specifically.

8. Children with special needs are in danger of being simply assimilated into existing and traditional childcare services if there is not the appropriate attention given to staff:child ratios and the provision of specialist staff in order to meet the needs of children of drug users. Quite simply, there is a need for provision that goes beyond the simple 10% reservation of places for vulnerable families.

Additionally, the 10% provision under the NCIP should assist community-based projects to deliver to this target group at evening and weekends. But where the

allocation is already 'used up' in normal hours and the demand for more flexible out-of-hours is still higher, special consideration needs to be given locally.

9. Attention is needed to co-ordinate both traditional and new forms of outreach to families affected by drugs in particular. Public Health Nurse, Home/School/Community Liaison, Community Mothers, Drugs Workers, Chilcare Workers and Youth Outreach workers, along with the Social Welfare Outreach Officer (where available), all need to network together more closely to co-ordinate their intervention activities at the home of the family affected by drugs. Cross-sectoral and intra-sectoral protocols should be established and Government should assist these players to consider how they can deliver an integrated approach as a matter of urgency.

10. The role of the community in participating and helping fulfill the role as partner in the School Support Programme under DEIS needs some practical guidance, as cultural barriers may exist here for both the community projects and schools in terms of traditional ways of working. Community-based drugs projects for example may need to be facilitated as true and equal partners into this programme with the schools, and the Department's regional offices and the HSC Liaison could both play a more deliberate role here.

The transition into primary school in particular needs to be supported with a careful 'walk through' programme with drug-using parents and their children to ensure their full and equal participation in the education system. A Family Worker that can liaise with the parent and the child while they are participating in community-based services, pre-school, would be of huge benefit in this instance.

11. While the benefits of the Young People's Facilities & Services Fund have been significant in helping to establish the previously weak youth work infrastructure, it's original intentions have been somewhat diluted. The need for more explicit funds to be ringfenced - within this existing provision - for children of drugs users, who are most at risk in terms of immediate exposure and of continuing the cycle of addiction, now requires serious attention. While recent announcements to provide once-off funding for programmes tackling new drug-use like cocaine - and amongst new social classes of users - at least try to address this issue, there is a need to seriously consider State responses to the

intended group of this document in such funding injections to the sector in the future.

More family-focused intervention programmes such as Strengthening Families should be considered in terms of trying to meet the needs of the teenage children of drug users and also uphold the notion that an ecological framework is a better approach to supporting drug users.

12. Encourage existing Educational Health Services i.e. Irish Family Planning Association and Dublin Drugs Alliance to do more outreach work, and in particular implement the recommendation for information provision and access to specialist medical professionals from the Irish Family Planning Association's report in April 2008.
13. Direct RAPID AITs to seriously consider the needs of families affected by drug use and in particular the children in the development of Area Health Strategies. There is an opportunity here to harness and direct existing health education and specialist medical services, like those mentioned above as well as psychotherapy and dual diagnosis services, towards these families in RAPID areas.
14. Give priority now to the report *Developing an Out of Hours Social Work Service for Children*. Notwithstanding the IR issues within the HSE, the notion of subsidiarity should come into play here and a recognition that the community sector could have a significant role in assisting the delivery of a 24 Hour Social Work Service. As already pointed out, some are operating at intervention levels already, it's a matter now of formally recognising that.
15. The HSE needs to reconsider its methadone medical and dispensing provision to Local Drugs Task Force Areas in general. But in doing so, and relevant to the target group of this document, the HSE should consider the potential harm or neglect that may be caused to children where a drug-using parent fails to access a dispensing service in emergency cases.
16. In considering the elements of a comprehensive service to families affected by drug use as mapped in this document, identify whether or not the appropriate infrastructure exists within all Local Drugs Task Force areas, and if so, how the

various players can work in a co-operative and integrated manner to deliver services for children of drug users. Where the infrastructure is weak or underdeveloped, these areas would need considerable attention immediately.