Downes, P & Maunsell, C (2003). Expert Survey on family-based prevention community-based prevention and indicated prevention (early interventions) in Ireland: Compiled for the European Monitoring Centre for Drugs and Drug Addiction.

1.1.1

The operational plan of the 'Homeless Agency', Dublin, "Shaping the Future: An action plan on homelessness 2001-2003" refers in its section on 'Prevention, early intervention and public awareness' (p.8) to aims of "the development of service and policy responses which will prevent homelessness from occurring in the first place, and where it does occur, will prevent it from becoming a long term condition by the provision of early intervention and other effective services". *This implies that early intervention is one form of secondary prevention although not necessarily its only form.*

The main recent Irish research report on drug use prevention 'Drug use prevention: An overview of research' by Morgan (November 2001) for the National Advisory Committee on Drugs relies on the broad context of Uhl's (1998)[1] definitions regarding four areas of prevention work:

- primary prevention to prevent the onset of a substance related problem
- secondary prevention to intervene if a problem is likely to occur (prevention in high risk groups) or if a problem exists but is not yet fully manifested
- tertiary prevention (Type A) involves dealing with problems once they are fully manifested (prevention of further harm in those addicted)
- tertiary prevention (Type B) involves prevention of further problems recurring once they have been successfully treated (relapse prevention)

Selected/indicated prevention is for practical purposes interchangeable with secondary prevention although it is the latter term which tends to be the one used in the Irish context

1.1.2 Youth at risk

The criteria of the Young People's Facilities and Services Fund for at risk youth are:

Age 10-21

* Family Background
    - History of drug/substance misuse

[1] Uhl, F. (1998) Evaluation of primary prevention in the field of illicit drugs: Definitions, concepts and problems. In Springer, A., & Uhl, F. (Eds), Evaluation research in regard to primary prevention of drug abuse. Brussels: European Communities

- High unemployment
- High dependence on social welfare assistance
- Lack of stable family background/relationships

* Contact with Criminal/Juvenile Justice System
    - Being in trouble with the law
    - Being in custodial/residential care
    - Problems with juvenile crime, vandalism and truancy

* Environmental circumstances
    - Evidence of social isolation
    - Marginalisation
    - Homelessness

* Education/life skills
    - Early school leaving
    - Bad school attendance
    - Poor educational achievement
    - Inadequate take-up of ordinary educational opportunities
    - Poor self-esteem/low expectations

1.2.1
Alternative school curricula and training programmes for truants: Rating 1
The main example is **Youthreach.** Other examples include **Cherry Orchard Equine Centre** and **LEBO**

Youthreach

Youthreach provides a programme of second-chance education and training in Ireland which is alternative to the national mainstream secondary education programme. Youthreach is specifically but not exclusively for 15 to 18 year-olds who have left school prior to achieving educational qualifications. Youthreach centres are typically based in local communities identified as having highest need. Currently there are over eighty centres located throughout Ireland. Participants receive an allowance for attending a Youthreach programme, which is calculated on the basis of the young person's age. There is also a small meals allowance and, where applicable, a travel allowance.

The educational curriculum available across Youthreach centres tends to focus on developing the vocational skills of the young people in attendance. Thus, while developing their literacy and numeracy skills, participants of Youthreach programmes can take courses in, for example, woodwork, metalwork, horticulture and internet and computer technology. The Youthreach Centres in North Great George's St. and Ballymun (both Dublin-based centres) for example, offer courses which prepare participants for Junior Certificate Examinations and National Council for Vocational Awards along with courses to prepare smaller numbers of young people for their Leaving Certificate Examinations. While the Youthreach Transition Centre, located in Dominic St. Dublin 1, specifically prepares young people to take their Leaving Certificate examinations.

Alongside the education/training offered by such Centres, Youthreach programmes also typically include a considerable amount of personal development and exploration where participants needs, interests and capacities are identified and incorporated into their educational and life plan.

Cherry Orchard Equine Centre
Age range: Young people between 10 and 21 in particular, though also education and training for people up to 25 years of age
Funding and Activities: The interest of many young local people in working with horses was the starting point for developing this project in order to establish an educational aspect to entice young people back into the system. Several million Irish pounds were secured from the Department of Agriculture to build the Equine Centre, with the idea that it would be a partnership between the community and Dublin Corporation, FAS, the VEC, Ballyfermot Partnership, URBAN Ballyfermot, and the Irish Government. It is planned to open the centre in 2003. The annual staff and maintenance costs to open and run the centre is half a million euros. See the Cherry Orchard Equine Centre's Information Documents on its Stay in School Project and Early School Leaver Programme (funded by FAS). Also going to establish a creche with funding from Area Development Management Ltd.

LEBO Project: Cox's Demesne Youth and Community Project, Dundalk
The overall aim of the LEBO project was to provide an innovative programme for potential and actual early school leavers (12-16 year olds), to enable them to make choices regarding:
Returning to full-time education
Remaining within the education system
Accessing vocational training
A core programme built around personal development was implemented to help the young people make choices about the future in an informed and responsible way
Their main project 'The House' had five elements:
Personal development (weekly group work sessions, building relationships of trust between the young people themselves, and between them and the staff)
Vocational skills (to improve hot only job skills but also self-confidence)
Leisure/sport activities
Literacy/numeracy programme
Aftercare

Results:
Of the 30 young people who participated in the project in 1996-7, 11 have remained with the CDYCP. The status of the remaining 19 young people is:
2 returned to full-time education
6 secured employment
1 secured an apprenticeship
3 accessed Youthreach
1 accessed a place in the Community Training Workshop
1 is in residential care
3 are in custody

3 have not progressed
1 died

Interventions with vulnerable groups in schools, including truancy prevention: Rating 2

The Irish Education Welfare Act 2000 has established an expanded service for Education Welfare Officers to monitor the attendance of children of school-going age and to work in cooperation with the schools and the children's families. However, this expanded service has been delayed in its implementation although it is hoped to be fully established in the near future

Examples of school based interventions includes a) JETS, b) Ballyfermot Youth Services, c) BEST, d) Awareness FC, and d) the new community and school based psychological support service in Ballyfermot to be established by URBAN, Ballyfermot, in conjunction with Ballyfermot Local Drugs Task Force and the South Western Area Health Board by the end of 2003 (see Downes 2003 *Psychological support services for Ballyfermot: Present and Future*)

Jobstown Education and Training Strategy (JETS) is an integrated inter-agency response to educational disadvantage
To decrease the levels of educational disadvantage
To improve retention in the formal school systems
To intervene in the cycle of poverty and its links to education
One of the specific objectives of JETS is to "develop an integrated approach between formal and informal systems in order effectively to respond to the problem of early school leaving" (From Project Development Plan). The agencies that have come together to form this integrated response include: Barnardos, Jobstown Community College, South Dublin Chamber of Commerce, St. Thomas Senior National School, the Tallaght Partnership and Youth Horizons
Target group: 18 young people, 9 male, 9 female chosen from 156 fifth class pupils. Out of an identified 32 young people at risk of early school leaving 18 were chosen to participate in consultation with the Home School Community Liaison Co-ordinator, the school principal, teacher counsellor, remedial teachers and other teachers were of: mixed ability
Withdrawn whilst others exhibited aggressive behaviour inside the classroom
Had a record of erratic attendance and poor punctuality showed an increasing level of absenteeism as they progress through school
Exhibited low rates of participation in school activities
Have older brothers and sisters who left school without any qualification
Were academic underachievers or had academic difficulties
Were recognised to have low self-esteem
Poor social skills
Prematurely assumed adult responsibilities
Were thought to be at serious risk of early school leaving
In the second summer project some of the young people were involved in the planning
Outcomes: all 18 children still at school "a significant achievement when one considers that the JETS class were chosen because of the likelihood of them becoming early school leavers" (Rourke 1999, p.42) – though recognised that not all

JETS class progressing at same rate and a minority are expected to leave the programme

Ballyfermot Youth Services/Gurteen Youth Club
Age range: From 10 upwards (though with some flexibility)
Funding: The Dublin Youth Service Board, including the Local Drugs Task Force
Staff: 5 Full-time Staff (Backgrounds in Continuing Education, Youth Work and Community Health Services) plus an Administrator and an Information Officer
Activities: Group work usually with teenagers in school or community based (Decies Road or Gurteen Park) setting. Have run sex education groups for both young men and women, as well as self-esteem/personal development groups and drug prevention programmes. Have run a homework club targeting at risk children recommended by the school. Not involved in family support/family therapy as such
Key features: Genuinely community based, involved in peer education, flexible time-tabling of activities to include evenings

Ballymun Educational Support Team (BEST)

The Ballymun Educational Support Team work with young people between the ages of 8 and 15 with a view to tackling early school leaving. They provide a range of supportive measures, both inside and outside school, with the aim of maximising children and young people's participation in the education system. The team provide in school support at both primary and secondary level – where they work on a one-to-one or small group basis with children/young people who have been identified as being at risk. The team also act as mediators between the pupil, their family and the school, for those children/young people who are experiencing ongoing behaviour difficulties in school and who are at risk of suspension. . Thirdly, the team have developed an "Out of School" facility for children/young people which have effectively left mainstream education. The number of places available on this "Out of School" programme is, however, limited to six young people at any one time.

"Awareness FC" Drug Prevention Programme – Offered by Finglas Youth Service – Evaluated by Dr. Mark Morgan, November, 1999.

The "Awareness FC" Drug Prevention Programme targets 5th and 6th class pupils (i.e. age 10-12) in the Finglas/Cabra area. The programme operates within the school setting and consist of six weekly sessions of 90 minutes. The aims of the programme are to:

Increase the participant's awareness of drugs and drug-related issues
Encourage the participant's to make informed decisions
Discuss self-esteem among participants and

To highlight the need for drug awareness education.

The Programme also lists a number of key objectives. These include the assessment of participants' knowledge of drugs and related issues, correcting mis-information, looking at drugs and related issues within participants' peer group, exploring choices, risks and consequences of drug-use, challenging the attitudes and behaviour of participants and including parents and raise their awareness of drugs and related issues and to maintain a community focus in the design and delivery of the programme.

The Programme Content includes the following components: Drugs: What and Why? definitions, Self-Image, Decision-Making, H.I.V. and A.I.D.S. and Review/Evaluation of Participation.

A parallel parents' programme is also offered.

Dr. Mark Morgan conducted an evaluation of the "Awareness FC" in 1999. Data was collected on the following

Student pre-tests/post-tests, the responses of the students immediately before and after participation in the programme.
Students' evaluations – views of students in respect of the programme.
Tutors' self-evaluations re: their own performance and the response of the group.
Teacher evaluations – especially the views of teachers on the effects of the programme on their students.
Parental evaluations – regarding the effects of the programme on their children and on themselves together with their perceptions of what might be done to enhance the programme.

Morgan employed a range of methodologies, both quantitative and qualitative, appropriate to the research question being addressed namely; content analysis of questionnaire responses, facilitation of focus-groups and conducting of open-ended interviews.

Arising from his evaluation, Morgan (1999) noted that the programme as delivered by the Finglas Youth Service is well planned, implemented professionally and has achieved results that are extremely promising. Morgan (1999, 20) highlights that the programme is in line with those that have been shown in previous research to be most likely to bring about positive outcomes. Morgan recommends, *inter alia,* that the programme should be part of an integrated approach to the drug problem, in the context of the other work of the local Drugs Task Force and the other community efforts to deal with the drug problem. Furthermore, that the features of the programme which have contributed most to its success, as elicited in the evaluation process, should be developed and enhanced, thus according to Morgan, particular attention should be given to teamwork, planning, consultation and the community dimension of the programme (1999, 20).

Services or outreach teams for early detection and intervention outside schools:
Rating 3 (low priority)

In addition to the **Finglas Village Project** (see 2.3.1), and **BEST** (above) a good example of an outreach service based in the local community in an extremely disadvantaged area of Dublin is **Cherry Orchard After School Project.** This project struggles to obtain long-term funding despite the fact that there is a huge need for projects like this. Ballyfermot Youth Services (above) also run a community based service. However, there is a clear need to expand an outreach service.

Cherry Orchard After School Project
Age range of children: 3 to 17, eleven of which are over 7 years of age, with seven being over age 12.
Funding and staff: The qualifications of the four full-time staff (one of which is a housekeeper) are - a special needs teacher, one staff member has a social care diploma and two have child care diplomas. Partially funded by the Department of Education, the Ballyfermot Jobs Initiative, and the City of Dublin Youth Services Board. The latter is currently reviewing their payments to services such as this one.
Activities: This project, located in Cherry Orchard since 1996, deals with 18 children from 9 families every day Monday to Friday, usually from 1.40pm to 6.45pm. The younger children leave the house at 5pm and the older ones arrive between 5pm and 6.45pm. 2 of the children attending are special needs children, one of which is a child with Down's Syndrome. There is a file on every child and every child is on daily report. A strong childcare element occurs in this project with the children's laundry being washed in the house as part of their preparation for school. Other activities include storytelling and outings, while an individual activity plan or 'personal programme' is drawn up for each child often in the areas of remedial tuition, hygiene, work on the computers in the house and a special diet. Some of the older children also help with the younger children, for example, when bringing the children on outings. An important goal of the project is to provide an environment of security for the children. Three small rooms are available in the house for group work, as well as one to one work inviting children to talk about their day
Family work: Parents of the participating children are required to sign a consent form that the project has the right to communicate with the school on behalf of the family. Parents of these children are frequently addicted to alcohol and/or illicit drugs, many are in abusive relationships, some also have low I.Q, according to the full-time project leader. Those families who are in need of and wish for family therapy are referred to Cherry Orchard Family Care Centre.
Waiting list: At least 12 children. The project leader suggests that, with the assistance of the Home School Liaison teachers, they could fill the project 'ten times over'.

Interventions with young offenders: Rating 3 (low priority)
See **Finglas Village Project** (2.3.1)
Meeting points or cafés: (Rating 3 no importance-low priority)
There is a need for more cafés for youth to drop in to. A dedicated youth centre in Ballyfermot is planned to be established by URBAN Ballyfermot, by 2004 which will feature a drop in café aspect

Regular youth work, including sports: Rating 2
There is a decline in extracurricular activities run by schools, at least in urban areas such as Ballyfermot Dublin (see Downes 2003)

Foróige: This is a national youth organisation which has over 525 clubs operating throughout the country. It also manages and administers twenty eight different Youth Services/Projects including the Tallaght and Blanchardstown Youth Services. These Services/Projects are run in conjunction with Vocational Educational Committees, Health Boards, the Department of Justice and Area Partnerships. The fundamental objective underpinning all of the work of Foroige is to enable young people to involve themselves consciously and actively in their own development and the development of the community in which they live (see also Foroige Young Mothers Groups in 3.5.1/3.5.2)

Gaelic football, soccer
Downes (2003) ['Psychological support services for Ballyfermot: Present and Future'] review of extracurricular activities in primary schools in Ballyfermot, Dublin found that girls has very few options for such activities while boys' main participation in extracurricular activities was Gaelic football, though even that was still a minority of boys

Ballyfermot Youth Club
Age range of children: From very young up to 14
Staff and funding: Affiliated to the Catholic Youth Council (CYC), which pays its insurance, this club is run by local children's parents as volunteers, and with the aid of an annual grant from the City of Dublin Youth Services Board
Activities: Involves 250 children during the year with approximately 400 attending its Summer Project. The children are broken into groups of about 25 for activities such as bowling and swimming. Other activities include trips, hiking, visits to pantomimes.
Family work: A notable feature of this project is that parents of the children have to be involved and children are usually admitted only with the involvement of their parents

Police: Rating 3

Garda Special Projects are a scheme of youth-orientated, locally-based projects targeting particularly disadvantaged areas, funded by the Department of Justice, Equality and Law Reform which are managed centrally by the Garda's Community Relations Section. In some cases, these projects are also in receipt of additional funding from the Local Drugs Task Force. One of the main features of these projects is that they are collaborative. They are managed locally in conjunction with youth services and are advised by a multi-agency committee with membership also drawn from the local community. The projects cover a number of areas including crime prevention, juvenile diversion, community/neighbourhood policing, youth justice, youth services and youth work. The Garda Special Projects operate within a broad framework for youth crime prevention, in particular, the Garda Schools Programme and the 'Copping on' crime awareness initiative. These projects aim to create positive links between at-risk young people and the Gardai, which over time may facilitate a reduction in supply, crime and misuse of drugs

Drug services/Street work: Rating: 2

- **Merchant's Quay Ireland, Outreach service**: This Community Outreach Service is in order to make contact with drug users not engaged with services and to minimise public nuisance associated with the problem. In 2001 the outreach team contacted more than 262 vulnerable drug users on the street, collected more than 2,700 used needles and syringes and also liaised with local community groups, the police, Dublin Corporation and others. Harm reduction initiatives included advice on safer drug use (39%), motivational intervention (34%) and referral to treatment services (17%). Other services were information on health issues (23%) and information on accomodation (12%). This service is seen as a very effective way of making contact with and promoting health gain for those not in touch with mainstream services
- **Merchant's Quay Ireland, Women's Project**: A specialised service targeted at vulnerable female drug users has been provided since 1998. This is based within the Contact Centre and is targeted at the increasing numbers of vulnerable women attending for help. The Women's Project offers one to one support, weekly group support and targeted advice. 67 drug users availed of this service in 2000

Drug services:

- a) **Fortune House, Ballyfermot**

Age range: From age 15 upwards

Staff and funding: A multidisciplinary team including doctors, nurses, counsellors, family therapist, clinical psychologist and clinical psychiatrist. Funded by the Health Board

Activities: A range of types of therapy, including person-centred, cognitive-behavioural and Gestalt to support the detoxification of the older teenage group

b) **Ballyfermot Star Project**

Age range: Its educational work is not targeted primarily to those under 18. However, it does involve siblings of drug users and has a core of six children attending the family support work from age 12 upwards. It does not take referrals from schools.

Staff and funding: Registered with charitable status in 1999, funded by Dublin City Council and the National Drugs Strategy Team, it comprises of a Senior Project Worker, an education coordinator and a family support worker.

Family work: Engages in family support for 20-25 families each month

Personal Development Training/Community Activities: Rating 1

- **Ballymun Youth Action Project (YAP)**

The Ballymun Youth Action Project (YAP) was established in 1981 after a number of young people from the Ballymun area died of drug related deaths. The aims of the Ballymun Youth Action Project are as follows:

1. To develop a community response to drug abuse.

2. To provide advice, information, and support to those who are addicted and to those living with addiction.
3. To develop preventative services, particularly in relation to young people at risk or vulnerable to drug abuse.
4. To engage in community education in drug abuse.
5. To work closely with other voluntary and statutory groups providing community services.
6. To facilitate research into drug abuse in the area.

Main Programme:
- One to one counselling. - Group therapy. - Support groups advice. - Referral. - Outreach. - Prison, home, residential visits.

Other Activities:
- Weekends away - Community education and training

Recent Innovations
URRÚS (Irish for "strength" / "confidence") - Ireland's Community Addiction Studies Training Centre was created by the Ballymun Youth Action Project to provide quality training on all aspects of drug abuse and addiction to meet the needs different target groups, including voluntary community activists and professionals who encounter addiction issues in their work. URRÚS is a dedicated centre of learning which brings together the Ballymun Youth Action Project's two fields of expertise - community work and drugs work. Integrating the concepts of community development in the design of effective responses to drug abuse represents a highly innovative approach, recognising that no single service can solve the problem of drug abuse. URRÚS makes available training to those who otherwise are excluded from other forms of education. It is also innovative in that URRÚS will have local people from the Ballymun Youth Action Project, involved in training other local people and professionals in the field. It will be a true example of Community Education and empowerment of a normally excluded community.

Judicial services: Referral to Finglas Village Project Rating: 3
NGOs in partnership with statutory source of funding: Ana Liffey Children's Project Rating: 3

Academic support: Rating 1
- see e.g., St. Andrew's Resource Centre, Pearse St. mentoring programme (2.2.1)
Family interventions: Rating 1

1) **Barnardos Cherry Orchard Family Support Project**
Age range of children: Usually in the 7-10 age range, as well as younger children in a Breakfast club
Funding and staff: One of the Springboard projects funded by the Department of Health and Children. Of their six full-time staff, one is an administrator and five have childcare training
Activities including family work: It targets 25 at risk families for individual and group work. In the past it has run 10-12 week courses in drama, self-esteem and peer interaction for at risk children. They have also run Parenting skills programs.

Families are referred to them through the Home School Liaison Officer in primary schools and the team of social workers in Cherry Orchard. The Breakfast Club was located in the project between September 2000-May 2002 although it has now stopped

2) **Barnardos, Labre Park**
Target group and activities: 52 families from the Travelling Community, onsite. 21 children in afterschool project, hoping for 11 in preschool project
Funding and staff: 6 staff in total, including the Coordinator. 4 Preschool Support Workers (Childcare qualifications) funded by the Department of Education and Science, 1 AfterSchool Teacher (Youth Worker), funded by the Department of Justice, Equality and Law Reform. Other funding from the Health Board.

3) **Child and Family Centre, Ballyfermot**
Age range of children: 2 to 16, with the average age being from 8-10
Activities and family work: On average it takes 300 family referrals per year and calculates referrals on the basis of the family rather than the individual child (in contrast to, for example, St. John of God's). Has approximately 2000 attendances a year. Its work is 25% group work, with the large majority (75%) of its work being family work. Such family work would include meetings with the family together, subsequent meetings with the child separately, and then the family together again. Space is available in the centre for family/group work as there is a family work room. Unlike other clinics it is also involved in school visits, including advocacy with schools on behalf of the child/family. Fathers are involved in this family work in about 20% of cases. Referrals concerning travellers are from the schools but not as yet from Labre Park
Funding and staff: Funded by the Health Board, the team based approach includes staff with a background in psychiatry, social work, childcare, nursing, and speech and language. Up until recently it did not have a speech and language therapist, but one has recently been appointed (August 2002), while a childcare worker was also appointed this August after an 18 month wait. It has no clinical psychologist for the past 18 months and its family therapist has also recently left.Up until 1997 this was a hospital based clinic. Based in Ballyfermot, it also has satellite clinics in a number of offices in Lucan, and has a catchment area of Lucan, Palmerstown, Chapelizod and Clondalkin, as well as Ballyfermot. Only in the last year has Clondalkin been included in its catchment area as previously Clondalkin was part of St. James' Hospital clinic.
Key features: This particular centre takes self-referrals and does not have (and never has had) a waiting list as such. Weekly team meetings develop plans for management of referrals. Referral sources include G.P's, Area Medical Officers, and Schools. In practice, they have not received referrals from groups such as Barnardos. The centre hope to develop more home visits in future, an aspect which had been more developed in practice prior to 1994.

4) Cherry Orchard Family Care Centre
Staff and Funding: Funded approximately 95% by the Health Board, the rest by the Daughters of Charity, it has a multidisciplinary team of ten, including those with backgrounds in psychology, social science, residential childcare, counselling as well as three family therapists. Formerly had six family therapists, over the past two years it has been reduced to three. As part of Health Board Area 5 its catchment area

includes Rathcoole, Lucan, Neilstown, Ronanstown and Inchicore, as well as Ballyfermot
Activities including family work: Adopts a flexible approach to the needs of each family with an individual plan for each. Works with roughly 80-85 families per month. Families' evaluation of the service they received is also part of the programme. A notable feature of its client group is the slight predominance of men attending, 55% were male and 45% female in 2000, 51% male and 49% female in 2001. Frequently they are in the 16-20 age group and have needs as individuals, partners and co-parents. It does some work with members of the travelling community, with some attending from Labre Park, as well as some settled travellers living in Clondalkin. It takes referrals from GPs, Social Workers, Public Health Nurses, Probation Officers as well as schools. Cooperation with Barnardos occurs regarding referrals from one to the other.
Other comments: Identified gaps are the need for an outreach worker with regard to prevention, as well as outreach follow-up for families who have finished with the therapeutic intervention.

1.3
Established instruments for risk assessment of populations or areas
Not as yet, although the National Advisory Committee on Drugs (NACD) has recently commissioned a research report related to this area
Examples of Risk-zone mapping
[see Local Drug Task Force Areas, and areas for Young People's Facilities and Services Fund, below 2.2.2] Also there are designated disadvantaged schools which are given lower pupil-teacher ratios

1.3.1
Finglas Village Project, Dublin: Quantitative and qualitative evaluation (no control group)
Hughes, S. (December 2001). An evaluation to examine the efficacy of a community-based day-assessment service for young people at risk. Centre for Social and Educational Research, Dublin Institute of Technology
a) Target group
Referrals for non-school attendance or criminal charges
Geographical area of Dublin 9 or 11
Males/Females 12-16

b) Size of the intervention
Five young people at any one time
Four-week day-assessment service

c) Contents
The Village Project is unique within Ireland in respect of the assessment framework it adopts. It is currently the only comprehensive day assessment service for young people at-risk, though it is envisaged that the Village Project will act as a model of best-practice for future similar assessment services.

In all interactions with young people, their guardians/families, external agencies and with one another, the Village Project team adopts a strengths-based approach which is

solution rather than problem focussed. The team hold as a basic presumption that people have within them a wealth of resources and abilities to address any difficulties they may be currently or have in the past experienced. This approach builds on the young person's (and his/her guardian's/family's) existing strengths and is purposely more active and involved in helping the young person develop and implement their own strategies for positive change in their lives. This framework or model of working with young people is a totally non-judgmental and the young people/and their guardians/families are afforded deep respect for their many strengths.

The Village Project is not rule-governed rather the emphasis is on the personal rights and corresponding responsibilities of both the team and of each young person being assessed. The core tenet underpinning this approach is mutual respect.

The Village Project adopts an inclusive and participative approach. During the course of the assessment, consistent and active family involvement is encouraged and perceived as essential to the assessment process. Young people at the Village Project have an active voice in the assessment process and their personal views are recorded in each section of the Assessment Report prepared for the referring agency.

Care Planning is a core element of the assessment process at the Village Project. In active collaboration with the young person (and his/her guardian/family where appropriate) the key worker, develops a plan of care which encompasses both long-term care objectives (over the course of the full four-week assessment) and short-term weekly achievable goals. The care plan addresses the physical, emotional, intellectual, social and personally-identified goals of the young person and the strategies to be employed to achieve these goals. The short –term goals are decided at the commencement of each week – with the young person receiving a copy of the weekly care plan signed by both him/herself and his/her keyworker – the care plan is reviewed at the end of each week and overall at the end of the assessment. The young person is actively and directly encouraged and praised in each and every step they take to achieve their stated goals. Each young person receives a certificate at the end of the assessment process outlining the goals they have personally achieved during the assessment process.

Emphasis on Team Rather that Role Expertise: The Village Project employs a multi-disciplinary team. The core emphasis within the Project is on teamwork though each member of the team undertakes the activities relating to the role for which s/he was specifically employed e.g. as teacher, psychologist etc. Each member of the team's contribution to a young person's assessment is equally valued. All members of the team act in the role of keyworker to a young person, thus breaking down the role distinctions/barriers which typically exist in many agencies working with young people. For instance, it is the keyworker, as opposed to any other member of the team (Director, Psychologist etc.) who acts as the advocate for the young person and his/her guardian/family when liaising with external agencies.

d) Evaluation Results
In line with successful international models, assessment at the Village Project:
Is a move away from purely residential assessment facilities for young people in Ireland
Is a locally-based service, building links with community groups

Is contextualised within the life of the young person (due regard is given to the influence of family, peers and the community)
Gives the youth an active role and a certain level of responsibility for the successful outcome of the assessment
Gives greater contact with families than was usual in residential models of assessment
The reports presented to the courts are suitably comprehensive
Provides ongoing services to young people and their families
May expand to include a parents group at the centre
The service is prima facie highly cost-effective as it is a diversion of young people from high cost detention

1.3.2
Young People's Facilities and Services Fund: Up to 2001, funding support has been given to over 340 facility and services projects which offer developmental activities and educational programmes for young people who have traditionally found themselves outside the scope of mainstream youth work (see also 2.2.1)

1.3.3
Hughes, S. (December 2001). An evaluation to examine the efficacy of a community-based day-assessment service for young people at risk. Centre for Social and Educational Research, Dublin Institute of Technology
Downes, P. (2003). 'Psychological support services for Ballyfermot: Present and Future'
Morgan, M. (2001). Drug use prevention: Overview of research. National Advisory Committee on Drugs
O'Sullivan, L. (1999) Youthreach Social Inclusion Report: Early school leaving in Dublin city. City of Dublin Vocational Education Committee
Rourke, S. (1999). A learning experience: Case studies on local integrated strategies to tackle educational disadvantage
Cullen, B. (1997). Integrated services and children at risk. Combat Poverty Agency

1.4.1

- Expand the number of places for day assessment for youth at risk (i.e. expand projects such as the Finglas Village Project)
- The need to go beyond the Local Drug Task Force Areas is now being recognised (cf. the National Drugs Strategy Action Plan)
- Need for more outreach services
- The high turn-over of staff in many services could be at least partially remedied by a long-term strategy of educating and recruiting local people for local community services. This would also have the benefit of minimising the 'culture gap' between the service user and provider
- Need for more availability of speech and language therapy interventions for at risk children at an early age, and ideally onsite speech therapists in the schools
- 1 in 5 injecting drug users stated that they first injected inside prison (Lines, R. 2002, A call for action: HIV/AIDS and Hepatitis C in Irish prisons. Merchants Quay Ireland & Irish Penal Reform Trust); there is a

clear need more priority to drug use prevention and protection against HIV risk behaviour in Irish prisons

1.4.3
Government services need to move more from a reactive approach to a needs-based ethos focusing on early interventions

1.4.4

See Downes (2003a, 'Living with Heroin: Identity, Social Exclusion and HIV among the Russian-speaking minorities in Estonia and Latvia'. Educational Disadvantage Centre, St. Patrick's College, Drumcondra, & Legal Information Centre for Human Rights, Tallinn) for an account of issues regarding ethnicity, education and drug prevention in the Baltic States (section 1, 4,5) and regarding maternal support as a protective factor (section 3).

Other relevant reading:

National Drugs Strategy 2001-2008 (2001). *Building on experience*. Department of Tourism, Sport & Recreation.

Primary Education: Ending Disadvantage (2002). Proceedings and Action Plan of National Forum. St. Patrick's College, Drumcondra, Dublin

Shaping the future: An action plan on homelessness 2001-2003. Homeless agency: Dublin

2.1
"preferably be based" change to "ALWAYS be based"

2.2.1
Municipal Drug Plans: Rating 1
Local Network Building: Rating 1

Local Drugs Task Forces occur in 14 areas identified as having the most urgent drugs problems and are mandated to develop comprehensive anti-drugs strategies in their area. The areas are basically urban ones: parts of North Inner City Dublin, South Inner City Dublin, Ballyfermot, Ballymun, Blanchardstown, Clondalkin, Coolock, Crumlin, Finglas/Cabra, Tallaght, North Cork City, Bray, Canal Communities and DunLaoghaire/Rathdown. As regards elsewhere in Ireland, the National Drugs Strategy 2001-2008 'Building on Experience' (Department of Tourism, Sport and Recreation) states: "There was no conclusive evidence available to the Review Group that any other urban area is currently experiencing a drugs problem comparable to that experienced within the LDTF areas. Consequently, the Review Group considers that it is not appropriate to create Task Forces of this kind in any other large cities/towns. However this is not to suggest that drug-related problems do not exist throughout the country and, consequently, the situation should be kept under review" (p.106). However, this report does suggest that new Regional Drugs Task Forces should be developed which would incorporate and expand the work of the current Regional Drug Coordinating Committees.

The Ministerial Task Force recommended that each LDTF should be mandated to draw up a profile of all existing or planned services available in the areas to combat the drugs crisis and to agree a development strategy that would build on and complement these services. It is centrally important that the LDTFs should provide a mechanism that enables local communities to participate with the State and

voluntary agencies in the design and implementation of that strategy. It is a partnership between the statutory, voluntary and community sectors

The Young People's Facilities and Services Fund (YPFSF) was developed in 1998 to assist in:

The provision of youth facilities, including sport and recreational facilities

The development of educational services in disadvantaged areas where a significant drug problem exists or has the potential to develop

The objective of this fund is to attract 'at risk' young people into these facilities and divert them away from substance misuse. It operates in the 14 Local Drugs Task Force areas and in a number of urban areas e.g., Limerick, Galway, Carlow, Waterford and Bray. Local development groups were set up in each area and comprise representatives from the relevant LDTF, Local Authority and VEC. Up to 2001, funding support has been given to over 340 facility and services projects which offer developmental activities and educational programmes for young people who have traditionally found themselves outside the scope of mainstream youth work.

Local network building [see also 1.2.2 on Garda Special Projects]
Support systems: Rating 2

- O'Leary 'Taking the initiative: Promoting young people's involvement in public decision making in Ireland' National Youth Council of Ireland recommends much more peer support projects
- **St. Andrew's Resource Centre, Pearse St.,** Dublin runs a mentoring programme where large numbers of students from nearby Trinity College Dublin voluntarily assist local children and youth with their schoolwork on a weekly basis. The location for the programme is in the community centre itself

Referral systems: Rating 2

Aftercare tends to be a neglected area. Referrals to specific treatments are often hampered by long waiting lists. Exceptions to this include the Child and Family Centre, Ballyfermot (see 1.2.2) which takes self-referrals (One virtue of self-referral is that people are not expected to pay a G.P for a referral) and does not have and never has had a waiting list as such. Weekly team meetings develop plans for management of referrals. Referral sources include G.P's, Area Medical Officers, and Schools. Generally agencies tend to operate specific referral procedures e.g., from a medical doctor (G.P).

An important referral service is **Merchant's Quay's, Failtiu Resource Centre** which has an Information, Advice and Crisis Support Service. This drop-in service includes assessment of clients' needs, advice and information on health, social welfare, emergency accomodation, long-term housing and any other issues. This service provides informational materials for homeless persons. More than 2,500 supportive interventions with homeless clients took place with 720 clients referred on to a variety of other services including social work services, medical services and income support services. In addition to the above, homeless persons are offered two meals a day, also available are showering and washing facilities. More than 24,000 meals were provided in 2001

Networking system: Rating 2

It is recognised in theory as being very important although in practice it is often not so well achieved.

Multidimensional needs/problems require multidimensional solutions according to Rourke (1999) A learning experience: Case studies on local integrated strategies to tackle educational disadvantage. Combat Poverty Agency "One-dimensional approaches (involving only one organisation or agency) are likely to be limited in their impact"

Self-help: Rating 1

National Anti-Poverty Strategy includes participation which encompasses self-help in one of its 4 main dimensions to tackling poverty (see Combat Poverty Agency Annual Report 2001, Dublin). Participation – policies work best when the people at whom they are targeted are involved in their design. Therefore it is important that people experiencing poverty are involved in the implementation of the National Anti-Poverty Strategy and local initiatives

Rourke, S. (1999) A learning experience: Case studies on local integrated strategies to tackle educational disadvantage. Combat Poverty Agency:

"The case studies reflected a view that integrated responses to educational disadvantage are ultimately more sustainable and more valuable if they engage young people and parents as active participants at all stages in the lifespan of individual projects and initiatives, i.e., at the planning stage, at the implementation stage, and at the evaluation and review stage"(p.20)

Ana Liffey Drug Project, Dublin runs a **Peer support programme** for current drug users which worked with 21 people between June 2002 and December 2002. There were 9 sessions on harm reduction (including information on HIV, STD's, Hepatitis C and safe injecting practices) and 14 personal and group sessions (including sessions on identity, decision making, negotiation, listening and a personal plan of action)

Involvement of minority group members into project activities – certainly a very important principle

Alternatives to drug use: Rating 2

- creative writing, photography, art etc are available through evening classes such as those provided by the City of Dublin Vocational Education Committee
- Merchant's Quay Ireland's, Personal Development Programme (Oasis) began a joint project in 2001 with the Irish Film Institute supporting Oasis participants to make a short film.

Other: Education: Rating 2

Community education, for example, The Shanty Project, Tallaght (see 2.3.1)

2.2.2

Information

Crosscare have established an interactive drug awareness website www.dap.ie to provided evidence based information online which is aimed at young people, families, parents and professionals

Personal growth: Rating 1
There are numerous community programmes focusing on self-development. An example is Merchant's Quay Ireland's, Personal Development Programme (Oasis) which is focused on both learning and leisure and incorporates such topics as personal development, holistic therapies, life skills, drama, gardening and men's and women's support groups as appropriate. 168 people participated in Oasis activities in 2001

Others – see 2.2.1

2.2.3
Lenient legislation and norms regarding alcohol: Rating 1
Lenient legislation and norms regarding illicit drugs: Rating 3
Tolerant attitudes towards teenage drinking and advertising of alcohol, particularly in relation to sporting events. Irish teenagers (age 15-16 in European Schools Survey on Alcohol and other Drugs, ESPAD 1999) rated the benefits of alcohol more highly than any other country

Availability of substances: Rating 1
Alchohol very available for under 18 age group despite laws
Irish teenagers (ESPAD 1999) had highest levels of use of inhalants and also highest perceived availability of inhalants

Economic deprivation, unemployment, drug dealing: Rating 1
High rates of mobility: Rating 3
Low neighbourhood attachment and community disorganisation: Rating 3
High density urban locations with little infrastructure: Rating 2

Other: Strong association between heroin use and early school leaving (see Morgan 2001)

2.3.1
The Shanty Project, Tallaght, Dublin (Self-evaluation) (No control group)
a) Target groups
Largely women centred in the community of Tallaght West, in the top 1% of most disadvanted areas in Ireland. Age range from 19-early 60's, with average age 35. The vast majority of the local women are lone parents and social welfare recipients, including some asylum seekers. Most left the formal educational system at a very young age, some not even reaching secondary school
b)size/coverage of intervention
450 participants in 23 classes (average size 15 in a class) per year
c)contents
Learner centred curricula created by the learners and the tutors, with even the accredited programmes being learner centred. Has integrated the classes with an educational child care centre 'Rainbow House' which gives support to their children in order to help with intergenerational disadvantage. A full counselling service is provided with approximately 35% of the course participants having accessed the counselling dimension also. They work closely with local drug projects and work with methadone users (age 17-25) in providing personal development and education.
Their starting point is courses on Personal Development and Communication Skills, Basic Literacy and Numeracy Training. These courses allow participants, the majority

of who left school at 14/15 years, to proceed in a carefully planned progression route to mainstream education, training or employment. A second group of courses reflect the needs of the local community for training in leadership e.g. training for community drug workers and estate management courses. These courses have been developed at the bequest of local community groups. These courses allow a process of empowerment, people are encouraged to access and voice their own education and training needs thereby supporting people to take control of their own lives as individuals and communities.

The third series of courses they run allows people to access further education. Some of their past students have gone on to third level Colleges and Universities, gaining certificates, diplomas and degrees. The fourth strand of courses have, as their immediate goal, retraining for employment, their state of the art computer centre will allow further courses to up skill long term unemployed people for employment. Their proximity to City West Business Campus, which will employ 12,000 people, allows them ready access to a potential job market.

Adult Community Education motivates the participants to take responsibility for the local and global community thus building an active participatory democracy and develops awareness of our ability to transform rather than simply conform to reality

THE SHANTY: PRINCIPLES Of COMMUNITY EDUCATION

Experience of education in the community sector has led to adopting the following core principles as fundamental to our education programmes.

Education is **needs orientated** and **situational**. Consequently the training is based on the needs of the community and the needs of the individual. The starting point for all learning is both area specific and personal specific and is firmly placed in the context in which the individual participant lives and works.

Priority is given to the **lived experience** and **knowledge** of the individual participants. It is accepted that peoples lived experience, both personal and public, of community life is a rich source of knowledge which is the starting point of further learning. The education process is dialogical. The first word is spoken by the community. This is responded to by the academic community and thereby a dialogue ensues.

An atmosphere of mutual learning is central to education. The education process is established among a **community of learners** (involving participants and tutors) creating learning events rather than teaching events. This environment creates a micro – culture where there is congruency between what's being taught and what is being experienced by all involved.

Community Education is a transformative process which actively engages and challenges the **whole person** at a cognitive, emotional, behavioural and spiritual level .The potential of each participant is actively encouraged as is the articulation of their existing knowledge. This process is consistently attended to throughout the education programmes

The venue is within the community, accessible and welcoming rather than alienating by nature.

An hospitable learning environment in which the participant is heard, welcomed and respected as a person is central. Support necessary to engage in an educational programme are put in place; i.e. child care, mentoring, literacy and

study skills and counselling. People must be in an environment which allows them to be themselves and, as they learn, their struggling selves. An atmosphere of tangible support is required to maintain this.
There is a commitment to the use of **culturally relevant** materials and resources that are culturally appropriate.
There is **a valuing of diversity of intelligence**. Not everyone learns in the same way or expresses their knowledge in the same way – this diversity is viewed as enriching and is respected in the process and content of the education programme. Process of learning and content of learning must take account of the diversity of intelligence that pertains in any given group. Modes of assessment must also take account of this and be diverse and creative in their implementation.
Assessment is holistic in nature and based on the principles of community education outlined. It is on going, flexible, based on skills, attitude and theory and takes account of diversity of intelligence. It is an activity of mutual engagement, a task shared by both tutor and participant, allowing the participant to take the major responsibility for their learning and ways of deepening it. Assessment is aimed at discovering whether the participants can actually apply knowledge, concepts or skills acquired in an academic setting to a new instance or situation where that knowledge is in fact relevant.
Modes of assessment include
Essay writing
Project work
Team work
Work placement
Group participation
Attendance
Learning journal

Self-assessment and peer-group assessment will be central to the programme as will assessment of the personal integration of all learning.
The commitment is to **the dis- covery of knowledge** rather than the covering of subjects or a syllabus. The individual person is seen as the subject who is in a process of learning. Consequently process orientated learning rather than programmed learning is practised.

There are different learning styles and different ways of knowing. The methodology used must reflect this reality. The methods used are as follows;-
Theoretical Input
Essay Writing
Role play
Drama
Experiential Work
Painting
Video
Audio tapes
Photo Language
Cinema/Theatre
Collage
Art
Story telling

Debate
Discussion
Brain storming
Interviewing
Relaxation
Meditation
Music
Socio drama

Simulations
Presentations
Case studies
Agency visits
Movement
Participative Action Research
Questionnaires
Listening Survey
Codification
Learning Journal
Map making/Diagramming
Reading
Writing
Tutorials
Study groups
Small Group work

a) Evaluation results

Continued attendance is seen as a key criterion of the success of the project. 400 out of the 450 who attended in the past year have continued over the year, which is a very impressive number given the target group. There has been no independent evaluation, to-date, of the project although gains in women's self-esteem are reported by the women and by staff

Ballyfermot Psychological Support Service is a planned service between URBAN, Ballyfermot (an E.U. funded organisation), Ballyfermot Local Drugs Task Force, Ballyfermot Partnership, and the South Western Area Health Board which will be genuinely community based and focusing on prevention, early detection and early intervention with an interdisciplinary team of a family therapist, clinical psychologist with experience working in a community based setting, childcare workers, a speech therapist and a youth worker. Part of the team will be based in the local schools and will engage in group work for the purpose of referring children who are particularly at risk and withdrawn. A feature of this service is the involvement and skill development of parents of children with speech and language difficulties and/or Attention Deficit Hyperactivity Disorder (ADHD) (see Downes 2003). It is expected that this service will be established by the end of 2003.

Two other community based services which existed in the recent past were:

BOSS (Ballyfermot Out of Schools Service)

Age range of children and activities: Worked with 8-10 kids in a support group dealing with issues such as bullying and anger management, 12 in homework club on Tuesdays, targeting 4th-5th class children. Had also run a 9 week transfer programme for 6th class students.
Funding and Staff: Operated since 1995, now in danger of closing due to lack of funding and not currently functioning. Originally had a full-time coordinator liaising youth centre with gardai, schools and health services. Last year, Marti Byrne had been the only person employed as a part-time worker funded through the Young People's Facilities Fund of the Dept. of Education through the City of Dublin Youth Services Board.

Cherry Orchard Youth Services/Developing Youth Project
Age range of children: The age range is from 12 to 21 which is a recent change from it being 16 to 21
Funding and Staff: The 5 places on the team are to be amalgamated with the Cherry Orchard Equine Centre, from January 1st 2003
Activities: Weekly contact with 30-35 young people in both small groups and on one to one basis, with an extra 25 coming to the weekly drop-in every Wednesday when there is a half-day from school. A fairly even mix between young men and women. If the young men and women were a natural group before coming to the drop in then the small groups can be mixed. They start off with activities such as art, music and sport and then see what needs arise. They can then bring in people to do group work with them regarding drugs, self-esteem and sexuality, as well as support to keep them in school.
Family work: To involve the family they would be referred to the Cherry Orchard Family Centre.

2.3.2
It is hoped that Ballyfermot Psychological Support Service will be mainstreamed after its two year pilot project and that this will serve as a model elsewhere in Ireland

2.3.3
Combat Poverty Agency Annual Report 2001, Dublin
Downes, P. (2003). Psychological support services for Ballyfermot: Present and future. URBAN, Ballyfermot.

2.4.1
- access to childcare is a major priority for overcoming barriers for women to further education and employment
- there is a need for long-term security for projects rather than the current practice of funding being provided on an annual basis. This may at times have implications for staff turn-over
- The need for availability of counselling services during the summer months – a time when rapid changes and consequent stresses may arise in the student's life
- the need for emotional support is ongoing and frequently requires more than a 10 week course in schools
- The need and opportunity for increased coordination between services within the limits of confidentiality

- The need to focus on developing intervention skills of parents with children with speech and language difficulties or ADHD
- The need to focus on developing intervention skills of teachers for children with speech and language difficulties or ADHD, as well as developing conflict resolution skills of teachers in schools with high levels of social and economic disadvantage

2.4.2

- A key feature in minimising staff turn-over and in establishing ownership of community projects by the local community is having a policy of recruiting local people to the service. This also minimises any culture gap between service provider and service user as well as providing positive role models for local youth and children based on people from their own community

3.1

99% targeted interventions for families at risk. The main area for universal family interventions is economic support such as child benefit and 'back to school' clothing and footwear allowances. There is also a **National Children's Strategy** which is probably the closest policy to a universal family intervention: The National Children's Strategy "Our Children – Their Lives" (November 2000, Government Publications, Dublin) is grounded in six operational principles reflecting the UN Convention on the Rights of the Child:

- Child centred: the best interests of the child will be a primary consideration and children's wishes and feelings should be given due regard
- Family oriented: the family generally affords the best environment for raising children and external intervention should be to support and empower families within the community
- Equitable: all children should have equality of opportunity in relation to access, participation in and derive benefit from the services delivered and have the necessary levels of quality support to achieve this. A key priority in promoting a more equitable society for children is to target investment at those most at risk
- Inclusive: the diversity of children's experiences, cultures and lifestyles must be recognised and given expression
- Action Orientated: service delivery needs to be clearly focused on achieving specified results to agreed standards in a targeted and cost-effective manner
- Integrated: measures should be taken in partnership, within and between relevant players be it the State, the voluntary/community sector and families; services for children should be delivered in a co-ordinated, coherent and effective manner through integrated needs analysis, policy planning and service delivery

The strategy encompasses a "whole child perspective" encompassing nine dimensions:

- physical and mental well-being
- emotional and behavioural well-being
- intellectual capacity
- spiritual and moral well-being
- identity
- self-care

- family relationships
- social and peer relationships
- social presentation

Structures to implement the strategy:

- Office of Ombudsman for Children
- National Children's Advisory Council
- National Children's Office
- Dáil na nÓg
- National Children's Research Dissemination Unit

Another relevant programme is the **National Anti-Poverty Strategy** which has 4 main dimensions to tackling poverty (see Combat Poverty Agency Annual Report 2001, Dublin)

National policy – which recognises that the causes of poverty are structural and multi-dimensional and therefore need tools such as poverty-proofing
Local level policies and area based strategies – these are required to address local concentrations of poverty and are important delivery mechanisms at the local level.

Social inclusion units have been established in nine local authorities

Ongoing monitoring – poverty is dynamic and therefore constantly changing. Good data sources and monitoring systems are important to ensure policies and programmes are effective and that new and emerging causes of poverty are identified and addressed. In assessing progress towards meeting the NAPS targets it is proposed to put in place performance indicators to measure and review progress on a regular basis

Participation – policies work best when the people at whom they are targeted are involved in their design. Therefore it is important that people experiencing poverty are involved in the implementation of the National Anti-Poverty Strategy

3.2
Parenting skills programmes and self-development courses for adults encompassing themes such as parent-child interaction strategies, decision taking, increasing skills and potentials in the offspring are available on an optional basis as evening classes for adults in many areas

3.3
Family variables:
Parental drug and alcohol abuse: Rating 1
Sexual or physical abuse: Rating 1
Parental income or employment status: Rating 1
Ethnic minorities: Rating 2
Poor family management or attachment: Rating 2
Incipient drug/alcohol/legal problems of the offspring: Rating 2

Geographical variables:
Housing: Rating 1
Youth Delinquency: Rating 2

Unemployment: Rating 1
Truancy: Rating 2
Economic variables of the area: Rating 2

3.3.1
Gaps:
Outreach and aftercare

3.4.1
Objectives – targeted interventions

Parenting skills programmes would encompass issues of discipline, bonding, supervision and emotional support – what is prioritised would frequently depend on the needs of the parents themselves

Other:

Practical support:

- e.g., bathing, clothing children for school: Cherry Orchard After School Project;
- information about their rights regarding custody, access e.g., Ana Liffey Children's Project;
- parenting education, parent-child sessions (cooking, art), school liaison, family trips e.g., Talbot Centre)
- arts, crafts and outings (Springboard)

3.5.1/3.5.2
GOOD PRACTICE MODELS – FOR TARGETED INTERVENTIONS

The Springboard projects are examples of good practice regarding family-based prevention (see McKeown, K., Haase, T., & Pratschke (December 2001) Springboard promoting family well-being through family support services. Department of Health and Children: Dublin [see www.doh.ie/publications])

This research of McKeown et al 2001 is both quantitative (no control group) and qualitative

Springboard Projects (including Barnardos):
Target groups:
90% of families derive their income either partly or wholly from social welfare payments
Average number of children per family is 3.8 (higher than national average of 2.6)
34 families (19%) have 6 or more children
One parent households are over-represented by a factor of nearly four and two parent households are under-represented by a factor of nearly two compared to Irish national average
4 in 10 mothers were in employment in May 2001
94% living in family home when first in contact with Springboard but 17% have lived away from home at some time in the past
14% come from the travelling community
The vast majority (77%) of households live in accomodation which is rented from the local authority

Two thirds of families (66%) are known to the Health Boards who, in turn, are a significant source of referrals. 66% is "an exceptionally high figure, given that most families would not be known to the Health Boards in their area, particularly not to the Social Work Department" (McKeown et al 2001, p.16)
28% of parents experienced emotional abuse as children, while 22% had parents with an alcohol problem and experienced domestic violence (20%) or physical abuse (20%)
Main problems experienced by parents are managing the children (53%), couple/marital problems (46%) as well as debt problems (36%) and psychiatric illness (25%)
Majority of children (61%) are in the 7-12 age group with one quarter in the 2-6 age group; average age is 8.8 years
55% are boys, 45% are girls
35% never see their biological father
66% do not participate in organised out-of-school leisure activities
A significant minority of children have dropped out of school (21.7%)
One quarter of children experience neglect and/or witness domestic violence
b) Size/coverage of intervention:
14 family support projects in evaluation (3 additional Springboard projects which started in 2000 not included in evaluation)
All located in cities or large towns
Worked intensively with 207 families between January 2000 and May 2001
319 children and 191 parents
on average child attending for 46 weeks
Staff average 103 hours on each child, equivalent to 2.2 hours per week
McKeown et al (2001, p.33) "Springboard itself might best be regarded as a benchmark against which the performance of other interventions with vulnerable children could be judged, particularly in an Irish context"
Contents:

- Individual work
- Typically involves one-to-one sessions with the child for assessing needs and meeting therapeutic goals. 11% of total intervention time and amounted to average of 12 hours per child. One-to-one talking, counselling and helping, arts, crafts and outings, as well as after-school activities
- Group work
- Either focused sessions for purpose of meeting therapeutic goals or activity based programmes to acquire life skills and developing support networks
- Family work
- Mainly family meetings and outings as well as general support and encouragement to address family issues. 16% of total intervention time and average 17 hours per child
- Drop-in
- Child visits the centre and engages in unstructured activities such as meeting others, participating in recreational activities and generally having fun. 10% of total intervention time, average 10 hours per child. Involved listening and talking, offering information and advice, providing a play-room as well as dropping into the child's home for a visit
- Administration

- The mechanism how inter-agency responses and interventions are planned and delivered. Organising meetings, writing notes, letters and reports, processing referrals, completing evaluation forms etc. 22% of total intervention time and average 22 hours per child

d) Evaluation Results

- One quarter of all children (25%) showed clinically significant improvements in their Strengths and Difficulties Questionnaire (SDQ) symptoms while attending Springboard
- More than half the children (55%) and more than four in ten parents (44%) believe the child's problems are "much better" since coming to Springboard
- Perceived as helpful by 8 out of 10 children and parents
- One quarter of parents and teachers believe the children are less burdened by their SDQ symptoms while about one third see the child as less burdensome to others
- Average school attendance is 84% and has changed little since contact with Springboard. McKeown et al (2001, p.34) "the school-related aspects of children's lives cannot be left solely to the pioneering interventions of Springboard but require a more focused approach by the schools themselves, working in tandem with parents and other agencies"
- In the opinion of Health Boards, the proportion of children deemed to be at moderate-to-high risk of abuse or going into care was halved when attending Springboard
- McKeown et al (2001, p.33) conclude that a clinically significant improvement has been experienced by one quarter of all children
- reduction in stress levels (General Health Questionnaire) of 43% of parents
- 23% recorded improved parenting capacity
- Over 90% of professionals think that Springboard is good or very good in dealing with families, mothers and young children but is less effective in working with teenagers and especially fathers

Ana Liffey Drug Project, Children's Project, Dublin

Downes, P. & Murray, S. (2002) Evaluation of the The Ana Liffey Drug Project Children's Project. Ana Liffey Drug Project, Dublin (qualitative evaluation, with some quantitative aspects though no control group)

Target group

The Children's Project aims to promote and support the high quality parenting and enhance the quality of life for children whose parents use drugs

It was also apparent that a number of parents had concerns around contacting statutory services for support with childcare issues

As the Ana Liffey Drug Project was able to outreach to drug-using parents who often found it difficult to engage with statutory services, it was considered appropriate that a joint voluntary/statutory response to the needs of drug-using parents would prove effective

b) size/coverage of intervention

Numbers attending the Children's Project services 2002-2002

Children's services	Numbers	Notes 19/7/2000-30/06/2002
Playgroup session	43	Children aged 4-13 years
One to One session	6	
Groups 2000	49	
Groups 2001	6	
Groups 2002	26	
Summer projects	29	2000-2002(july and august)
Outreach programme	400	3B&B/ temporary accommodation since february 2001
Play sessions	113	

Cases and Referrals Statistics 1999-2002

Cases dated from 1999-October 2002: classified as more than 1 contact	Number
Cases dated from 1999-October 2003	68
Referral book from 14/11/00	Number
Referral book from 14/11/01	110
Requested support for families	108
Requested Prison Group	2
Requested Mother Toddler Group in B&B	1
Long term support	36
One appointment or information	40
Referred on to other Agency	4
Families who declined support	1

Referral location of clients

Intensive Support Cases Referral Location	Number
Self Referral	24
Community Care Area 7 (Social Workers)	4
Ana Liffey Drug Project	18
Voluntary Projects	10
Hospital	2
Residential Boys Home	1
PHN	1
Specialised Youth Projects	1

Community Care Teams	3
Prison(women's)	2
Schools	2
Total Cases	68

b) Contents
The main aims of the Children's Project are as follows:
To support and upskill drug using parents in caring for their children
To meet the emotional needs of the children by the provision of therapeutic programmes with the maximum involvement of parents
To support pregnant drug users and their partners in preparing for parenthood
To facilitate and support the role of extended family members in assisting supporting drug using parents in the care of their children
To ensure that appropriate alternative care is available for the children if their parents are unable to care for them, within their extended family or community
To provide support to children and their extended family members following the loss of one or both parents through death, imprisonment or prolonged absence
It is designed specifically with children as its focus. This is a very necessary and innovative addition to childcare management as there was no specific programme to address children's emotional and developmental needs.
Core services of Ana Liffey Children's Project include:
Family support,
Advocacy,
Access visits,
Parenting interventions,
Outreach,
Group and individual work, including counselling

d)Evaluation

Downes & Murray's (2002) qualitative evaluation (interviews with individual clients, children, external professionals and project staff) concluded: -
The Children's Project does reach a target group that otherwise are unlikely to be reached by other services
- The client-centred ethos of the Children's Project is clearly vindicated by the responses of the clients. The overwhelmingly positive experience provided by the project contrasts with other Health Board initiatives according to the clients themselves, and thereby illustrates the success of Ana Liffey in reaching many marginalised people who are alienated from other State bodies.
- It is clear that the CP is effectively meeting one of the Drug Task Force's key strategic objectives, namely, to "resource identified gaps in the services" (North Inner City Drug Task Force Strategic Plan 2000-2002, p37).

The Talbot Centre, North Inner City Dublin
(Self-evaluation)
a) Target group
The Talbot Centre, established in 1983, is a drug prevention and education project, targeted at young people, children and their families in the North Inner City Drug

Task Force Area. Prevention and Education work targeted at those under 21 in the North Inner City Drug Task Force Area

b) Size/coverage of the intervention

The Talbot Centre Children's Project, originally established in 1999, has shifted its focus from primarily working with children to working with children and parents together. They concentrate their resources on intensive support to a small number of families who are in contact with them for some time. A key principle is working systemically i.e. not to work with the child or young person in isolation from the context in which they live and so includes the larger context of their lives such as their families, schools, community etc.

c) Contents

Its ethos is to work in a holistic, qualitative, client-centred and systemic way. The principles underpinning the service are ease of access, local availability, flexibility and the development of innovative and integrated responses following best practise guidelines.

Family referrals: Parent support, parenting education, parent-child sessions (cooking, art), school liaison, family trips, family therapy, referral to other services

Individual referrals: One-to-one support, advocacy, counselling, family work, family therapy, prison visits, referral to other services

Strong working liaisons include those with the prison service and Probation and Welfare

Individual work

Throughout 2002, project work included direct contact with young people and their families through:

- Support
- Information
- Advocacy
- Family therapy
- Counselling
- Health education
- Art and informal educational and recreational activities such as outings, cookery etc.

d) Evaluation results

2001

New individual referrals	family referrals
81	7
Did not engage 38	0
Attended 43	7

1 to 1 work only: 15
Family work only: 5
One-to-one plus
Family: 23
Family work only: 4
One-to-one plus family: 3

Family intervention programme:
Particular goals and objectives were agreed with each family depending on their needs and they played a core role in deciding these targets. Families designed the plan of action whilst staff supported and facilitated the programme. This sharing of responsibility between staff and participants empowered them to recognise their own strengths. The goal of the programme was to support families in expanding their parenting skills in a non-threatening environment. Often parents needs affirmation from staff to help them recognise the parenting skills they already possess

Foroige: Young Mothers Groups (Rourke 1998, The First Step: Review of work carried out by Foroige with Young Mothers Groups) (qualitative evaluation)

a) Target groups

Young mothers from areas characterised by high rates of long-term unemployment, poor infrastructure of community amenities and facilities, high incidences of early school leaving and various social problems associated with unemployment and the lack of an adequate income.

Aged 16-24 with some older members having progressed onto leadership roles within the group. Did not achieve as much as they might/should have educationally on account of i) leaving school because they were pregnant, ii) not progressing educationally because they had to bring up their child and/or iii) not being able to return to education because of the unavailability of appropriate childcare. Have no significant out-of-home employment experience with much of the work that has been secured being of a temporary, unskilled or part-time nature, iv) are socially isolated, many living by themselves with their baby/child and receiving limited support from the father of the child

b) Size/coverage of intervention

Foroige initiated the setting up of eight Young Mothers Groups in four different areas in Ireland:

3 in Blanchardstown, Dublin
2 in Tallaght, Dublin
2 in Ballymun, Dublin
1 in Cork city (The Glen)

Each group aims for membership of 12-15 members

c) Contents

- Provision of information on issues like women's health, social welfare entitlements, first aid, further training and education opportunities
- Sport and recreational activities like swimming, aerobics, bowling, orienteering
- Arts and crafts like glass printing, woodwork, leather craft, printing, patchwork
- Childcare matters with sessions organised around issues like parenting skills, child health and child development
- Personal care and grooming with sessions taking place on skincare, nutrition, diet and aromatherapy
- Trips and outings to places of historical interest, family attractions, residential centres

- Planning and evaluation sessions at which the group members either planned their activities for the next period of time or reviewed the way(s) in which the group and the activities had developed over the previous 2-3 months

The groups are firmly rooted in the communities where the young mothers live. It is understood that access and travel are major issues for women with young children. Therefore, rather than the activities taking place in a centre which might require a bus or taxi journey, the venues are within walking distance for mothers and children/babies, living in the selected areas and housing estates

c) Evaluation results

Rourke (1998) concludes from his interviews with the participants: "Involvement in the Young Mothers Group has had a major impact on the confidence and self-belief of virtually every woman who was interviewed during this review process. The group helped to reassure them that the very task of raising a child was a major responsibility and achievement, and was not something that should be lightly cast aside as lacking in value or worth…The groups also gave the young women the confidence to express their own views about different issues/subjects and to stand up for themselves when dealing with bureaucracy or officialdom…The groups also made the women more aware of their own potential and there are many examples of women that would not have previously thought about continuing education and employment but who have now joined various courses…The non-threatening nature of the activities which took place during the group sessions helped to break down some of the psychological barriers which existed" (p.9)

3.5.3

McKeown, K., Haase, T., & Pratschke (December 2001) Springboard promoting family well-being through family support services. Department of Health and Children: Dublin [see www.doh.ie/publications]

Downes, P. & Murray, S. (2002) Evaluation of the The Ana Liffey Drug Project Children's Project. Ana Liffey Drug Project, Dublin

Rourke, S. (1998) The First Step: Review of work carried out by Foroige with Young Mothers Groups. Foroige, National Youth Development Organisation

3.6.1

- There is a shift from treating the child in isolation to treating the child and family together (e.g., Talbot Centre, Springboard)
- Springboard's family support projects work better with the 7-12 age group than with older groups (McKeown et al, 2001)
- It is important to give scope for the family to be active in choosing the goals of the programme designed for them
- There is need for more support for families with children with Attention Deficit (Hyperactivity) Disorder to be involved in behavioural programmes involving the child's home and school behaviour as an alternative to taking Ritalin
- It is important to have at least a partnership between voluntary and statutory services for those service users who have extreme distrust of statutory services in order to reach a client group (children of addicts and ex-addicts) which may not otherwise be reached (see Ana Liffey Drug Project Children's Project)
- Crèche/childcare facilities for increased involvement of lone parents

3.6.2
It is important that information collection be child-centred and the children/young people are consulted themselves (see e.g., Downes & Murrary 2002; Downes 2003; & the National Conjoint Child Health Committee Report (2000, p.30) ‘Get connected: Developing an adolescent friendly health service) with regard to services that are for their welfare’)