



DRUG PROJECT

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Evaluation of:

The Ana Liffey Children's Project



# **Evaluation of the Ana Liffey Drug Project Children's Project (2002)**

Dr. Paul Dowries (St. Patrick's College, Drumcondra) and Simone Murray

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## **INTRODUCTION**

- Over the last three years the Ana Liffey Children's Project has operated as a joint Childcare initiative between the Northern Area Health Board and the Ana Liffey Drug Project

- The Children's Project aims to promote and support high quality parenting and enhance the quality of life for children whose parents use drugs
- The feasibility study (Bowden 1997) commissioned by the Ana Liffey Project, recommended that a project designed specifically with children as its focus, would not only be desirable but a very necessary and innovative addition to childcare management- as there was no specific programme to address children's emotional and developmental needs.
- 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
- The main aims of the Children's Project are as follows:
  - to support and up skill 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
- Core services of Ana Liffey Children's Project include<sup>1</sup>:
  - Family support, Advocacy,
  - Access visits,
  - Parenting interventions, Outreach,
  - Group and individual work, including counseling

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<sup>1</sup> See Appendix A for referral statistics

## **RESEARCH METHODOLOGY**

A combination of qualitative and quantitative methodologies was employed to evaluate the project.

Qualitative data included semi-structured individual interviews and focus groups with:

- service users (children and family)
- Ana Liffey project staff
- relevant community, voluntary and statutory services

Both open-ended and closed questions were used in the interviews. A key reason for using a qualitative approach is that it facilitates understanding people from their own frame of reference (Blumer 1969).

The service users were told at the outset of the interview that:

- they were not being judged
- there were no right or wrong answers
- their answers would not go to the police
- their answers would not be discussed with staff members of Ana Liffey Project

- they did not have to answer any question they did not wish to

Traditional quantitative research methods emphasising a totally random sample was not a feasible option for interviews with this target client group. For example, a questionnaire posted to the clients would not have been a viable option due to problems of literacy and residence. Creswell (1998, p. 110) recognises that qualitative research is “not a probability sampling so that statistical inferences can be made”. Miles & Huberman (1994, p-28) outline sixteen different types of sampling employed in qualitative research. The sample of client users in our interviews was chosen on the basis of three of Miles & Huberman’s (1994) sampling approaches:

- *maximum variation*: documenting diverse variations and identifying important common patterns
- *criterion*, all cases that meet some criterion (useful for quality assurance)
- *opportunistic*: follow new leads; taking advantage of the unexpected

Thus, it is not being claimed that the chosen sample is *homogenous* or necessarily *typical case*<sup>2</sup> i.e. the normal/average client

The data was collected between July and September 2002 from a range of individuals who deliver the service, liaise with the service and receive the service.

- A gender range of clients, both parents and children, was obtained:  
Parents (3 mothers , 2 fathers )  
Children (2 girls, 2 boys )
- Some of the interviews with clients occurred through prior arrangement. Those interviews, which occurred through prior arrangement, were with clients selected on the basis that they were more likely to arrive at the appointed time the interviewer was available (i.e. late afternoon). Thus, availability (*criterion sampling*) and a gender range (*maximum variation sampling*) were the governing criteria regarding selection of those interviewed
- One interview was done with a client who ‘dropped in’ to the Children’s Project at the time the interviewer was present (*opportunistic sampling*)

Availability was given added importance<sup>3</sup> due to:

- the need to reschedule meetings because of the non-attendance of even these selected clients
- the time constraints of the research
- illness of some clients

Performance indicators were developed on the basis of an adaptation of a quantitative framework for contemporary family support analysis (McKeown et al., 2001) with regard to the views of a) adult service users and b) non-Ana Liffey Project staff. While the

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<sup>2</sup> Two other types of sampling outlined by Miles & Huberman (1994)

<sup>3</sup> This need for flexibility regarding sample definition when using qualitative research methods is recognised for example, by Taylor & Bogdan (1984): “Qualitative researchers typically define their sample on an ongoing basis as the study progresses” due to the nature of the target group and issues concerning them

questions adopted were largely reproduced verbatim from McKeown et al (2001), it needs to be acknowledged that the much smaller sample size and non-random sampling in our study requires caution with regard to any direct comparison with McKeown et al's (2001) results. As the performance indicators used for children's responses in McKeown et al (2001) were not directly relevant for the children in the Children's Project, new indicators were developed for the purposes of this evaluation.

Quantitative data includes:

- the number of families and children referred to the service,
- the number of service users who accessed the service,
- source of referrals,

Geographical locations of the referrals were also noted

## **RESULTS**

- A range of clients was sought
- Of the sample range of clients only one female client was unable to be interviewed due to the illness requiring hospitalisation other husband
- One other client (female) who 'dropped in' to the Children's Project declined to be interviewed as the time did not suit her. While she did indicate a willingness to be interviewed at a later date it was not possible to make a subsequent arrangement to meet her
- Many interviews needed to be rescheduled due to the initial non-appearance of clients at the appointed time

## **CASE STUDIES:**

### **Service user 1:**

*Gender: Female*

*Age: Early thirties attending the Children's Project for two and a half years*

- Referred to the Children's Project by Temple Street Hospital
- After leaving hospital with her child the Children's Project organised B&B accommodation for her, and subsequently private rented accommodation- where by her own admission she is "much happier"
- The service user describes her experience of living in the B&B with a baby as very "isolating," she felt "boxed-in" and "really needed a break" which was facilitated by the Children's Project playgroup sessions at the B&B. These sessions while offering her a break also simultaneously stimulating and socialised her child

- Her description of living in the B&B was of “having no rights... stripped of your dignity... caged-in” due mainly to the management policy of B&Bs who restrict access to communal spaces for residents and their children
- Moving to private rental accommodation facilitated by the Children’s Project allowed her to get “a feeling of security back” and a possibility to “build a future” for herself and the child, “it was great having someone to fight your corner, the Children’s Project staff were always there for me”
- The Children’s Project assisted the service user in obtaining her social welfare entitlements i.e. a medical card and lone parents allowance, with maintenance issues, and made representations to the St Vincent de Paul on her behalf.
- The service user said she really benefited from one to one sessions over a one year period with the Children’s Project social worker, with whom she built up a trusting relationship: “especially when I was feeling depressed she took the time to meet me and talk things through. She even made home visits, which meant a lot to me personally- Commended the Children’s Project on their helpful attitude to homeless . and lone parents
- The service user suggested that the Children’s Project should establish a crèche for children to attend. Expressed the view that such a service would be valuable especially for “homeless and lone parents”
- She also benefited from training and employment initiatives run by the Children’s Project and the projects links with other agencies. These included personal development, budgeting issues, peer support, non clinical counselling and referral to other training programmes or assisted placements .The service user is currently attending a SAOL training programme
- On behalf of this service user the Children’s Project linked, advocated and mediated with many agencies including Focus Ireland, Dublin Corporation, clinics, St Vincent de Paul and SAOL
- Children’s Project also mediated weekly access with the child’s father at the Ana Liffey Project premises.
- The Service user found the family support, advocacy and access services particularly useful
- However criticises the high turnover of Children’s Project staff

**Service user 2:**

***Gender: Male***



***Age: Early thirties***

***Attended Children's Project/or two and half years***

- Would be "lost without it" as regards maintaining contact with his child, "the child knows who his Da is. I can't say enough good things about them"
- This service users' ex-partner was also interviewed about his experience of the Children's Project Services
- The Children's Project mediated between the estranged couple on a number of issues from maintenance assistance to child and access. The service user was of the opinion that this intervention helped "to avoid costly court proceedings "- Before the Children's Project intervention, the father had "no contact whatsoever with the child... god knows where we would be without the Children's Project, in court probably"
- The service and the staff are: "excellent, a lovely bunch of people, who go out of their way to help you if they can, I'd be lost without it, I look forward to meeting the kid every week for one hour it gives me a focus for the week, and I know he looks forward to it too and he is getting to know me more"
- Crèche/playgroup in the Children's Project environment would be "a good idea, but out of the way of adult service users"
- Affected and distressed by the turnover of staff as he had built up trusting relationships with staff members "only to have to start again with a new person"

**Service user 3:**

***Gender: Female***

***Age: Early thirties***

***Attended Children's Project/or three years***

***Interview rescheduled on two occasions***

- Was 18 years homeless with three kids and a background in drugs
- Became a lone parent after her husband died. His death occurred during her three-year ongoing contact with the project. There are multiple difficulties including bereavement and child behavioural issues for this service user and her three children.
- Children's Project was the only childcare agency that she trusted "to do right by the children and by me."

- The Children's Project facilitated accommodation at a B&B and later private rented accommodation
- The children attended one to one sessions and twice weekly playgroup sessions: "My kids love coming here they are made feel very welcome and are fussed over... here you are treated like a person, a lot better than the health Board, the Children's Project really helped me and especially my kids"
- The children also attended "excellent" after schools clubs, summer projects and social outings
- The staff are "really, really helpful, the staff are very good people you can be open with them, they are on your side and don't judge you but encourage you to help yourself, they don't talk down to you"
- The issue of trust was very important to this service user as was the personal attention of the service
- Enjoyed the acupuncture/relaxation /massage sessions that the main Ana Liffey Project offers.
- Participated on an individual level in one to one sessions "over months which were very useful as I was feeling a bit depressed sometimes, but attending the Children's Project always reminded me there a was light at the end of the tunnel, that together we could find a solution to the problem."
- The Children's Project social worker also liased with the Health board social worker in the best interests of the service user and her family. The children were eventually placed in voluntary care. After this event the Children's Project worked to ensue that the service user remained in contact with her children by facilitating and supervising access.

#### **Service User 4**

**Gender: Female**

**Age: Late Twenties**

**Attended Children's Project for two years**

- Regarding the Children's Project she says she would be "lost without it" and she attributes "Getting clean" with her involvement with the project
- When she became pregnant "they gave me literature on pregnancy, about what to expect, they also got me a flat. Everyone I know who comes to Children's Project loves it. I'd be lost without them, they are a great help especially when you are pregnant or homeless and you really need help and guidance. They helped get a lot of people off the streets, they advise you and I trust them 100%. I felt the social

worker at the clinic would take my baby off me. The Children's Project help you take good care of the baby yourself. They are more down to earth at the Children's Project, they make it their business to sit down and have a cup of tea or a cigarette with you; but at the end of the day its up to yourself to do things for yourself. They are only here to help you have to make the decisions. I feel more confident now than I ever did before"

- Found the home visits "very helpful I'd be lost without the service in general, if there were more services like this in Dublin kids wouldn't suffer as much."
- The Children's Project liased, mediated and advocated with Trinity Court, Dublin corporation, the Local clinic, and on a court matter involving the service user and her partner

### **Service user 5**

**Gender: Male**

**Age: Late Twenties**

**Attending the Children's Project for three years**

**Interview rescheduled on three occasions**

- Service user and his partner were introduced to the Children's Project through the main Ana Liffey Project after the birth of their first child -
- The service user had been homeless for many years and the Children's Project assisted in family support issues, advocacy, finding accommodation, group work and parenting interventions and training courses
- Found the service very helpful. However, he did have issues with one social worker from the Children's Project whom he felt was going to take his children into care. This caused him to move away from the Children's Project and not avail of all the services offered. However having been connected to the main Ana Liffey Project for many years he had built up a constructive and trusting relationship with one particular member of staff which facilitated continued connection and further work with the Children's Project
- Currently participating in Ana Liffey Project sessions at the SAOL centre and literacy programme
- Without projects like the Children's Project/Ana Liffey advising addicts and ex-addicts about welfare issues and "entitlements like getting you a bed for the night ..and getting you sorted out in general with treatment programmes and support and social welfare and all the rest..it would be really messy and dangerous on the streets especially for the kids, the kids need to be protected from all that"

- “I think there should be a separate space for kids only for the Children’s Project within the Ana Liffey Project building, these kids have seen too much already have had to deal with stuff that kids shouldn’t have to deal with, they need a place where they can just be themselves, and not be looking after their sisters and brothers or whatever just be kids and learn things like in a playschool or crèche”
- States that there would be serious issues of public safety and security on the streets of Dublin city if the core services of the Children’s Project and other services didn’t exist

#### **Interviews with children (n = 4) and non-parental carers (n = 2)**

- The age range of the children interviewed was from 7-12
- Two children repeatedly broke appointments and it was not possible to interview them
- The four children interviewed gave overwhelmingly positive responses
- The children interviewed valued the support, stability, and trusting relationships, they formed with staff and the support for family relationships.
- They also enjoyed and appeared to benefit from the extensive variety of sessions available on an individual and group basis

An illustrative interview is as follows

- Has the Children’s Project been helpful to you?  
“Yeah I really enjoy going to the Children’s Project, I love the activities we did there and the chats with all the staff”
- Were the project staff helpful with any problems you might have had at school or at home or concerns or worries you might have had in general?  
“Yeah they were very helpful to me, about anything I wanted to talk about”
- Did you enjoy/find helpful the sessions/activities at the project?  
“Yes I enjoyed them a lot”
- Was it helpful to know you could talk to the Children’s Project social worker or childcare worker?  
“Yeah, I felt I could trust them”
- Are you involved in activities after school e.g. football/dancing etc?  
“Yeah, I love Irish dancing now its great we have great fun”

The child’s foster carer was also interviewed and she stated that the child “has really come out of herself and grown in confidence with her school work and mixing with friends since attending the Children’s Project”

- All the children interviewed are now participating in regular schooling and in extra curricular activities such as football and dancing as a matter of course
- One maternal grandfather who is a long-term carer for his grandson said of the Children's Project service/staff that he couldn't praise them enough for the work with grandson. The grandfather offered the following observation about his grandson's behaviour. He has "really come out of himself, before he went to the project for his sessions he was a real loner now he has friends at school, seems much happier in himself and is playing football for the community football team, now that's real progress to my mind."

**Summary of interview responses from non-Ana Liffey Project personnel (n = 7)<sup>4</sup>:**

- "I was enormously impressed by the results of their work and the staff commitment. I found the Children's Project to be a very effective agency, and I was , impressed by the treatment of a client and the care given to her little boy. I have great confidence in linking with the project. As a professional, I felt very reassured by their responsible approach and have nothing but praise for them. I have great confidence in making referrals to them. In one particular case, they showed exemplary professionalism with a client who had literally no one else to turn to. I wish more agencies had that level of commitment to clients. However I did observe when visiting their current premises that the building could be improved in order to provide a more bright child friendly space"
- One of the interviewees gave the example of a case study demonstrating the constructive impact the Children's Project has on its child and adult clients, and the importance of interagency linkage in protecting the best interests of children. This case concerned a settled traveller single mother on public order offence, who was in danger of imprisonment and losing her child. The Children's Project social worker working with the probation officer, on behalf of the service user, prevented both imprisonment and loss of custody of her child.
- More than one respondent praised the "humane approach of the service, supporting rather than condemning"
- Such an "excellent service" should be better promoted and advertised
- Several respondents praised the professionalism of the Children's Project approach and the exemplary commitment of staff to finding practical and working solutions for their clients.

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<sup>4</sup> One other non-Ana Liffey Project personnel, a liaison person in Community Care Area 7, was sought to be interviewed but declined to be interviewed. According to the ALP Project Director, this may have been due to a perceived lack of clarity as to this person's role with regard to the Children's Project

- The flexibility of the teams approach to client issues, especially the facilitation of access visits where no other facility for this exists, was highlighted
- Children's Project commitment to long-term support for the specialist needs of this particular client base was praised, stating that the implications for staff and resources for client cases that continue over years at a time should not be underestimated and deserved to be highlighted. This pressure also had implications for staff continuity as the risk of 'burn-out' for staff was increased
- Great potential for VEC projects to work in tandem with the Children's Project on education programmes to empower and up skill clients
- Their low threshold, non-judgmental, non-punitive preventative approach was praised
- Many felt that by raising the profile of the Children's Project its innovative and solution-focused approach could reach more clients. This could be achieved by increasing the level of linkage and cooperation with other agencies, Homelessness agencies and statutory/non-statutory ag could cooperate more in sharing referral information thereby enhancing co-ordination and reducing service duplication
- Agencies could work together on educational/training programs, for example, peer support/literacy/computers /numeracy/upskilling/parenting to empower clients

#### **Interviews with Ana Liffey Project Staff (n = 7)**

- Family support, advocacy, mediation, parenting interventions and group and individual sessions with children were the strongest and most valuable part of the service
- All staff agreed that the outreach programme especially the B&B sector warranted development and expansion as did the drop-in advice service
- An onsite crèche and playgroup was also deemed a positive future development This would encourage self-expression and confidence building among the children
- Increased communication between the different teams and general staff was called for to increase sharing of information on clients but also to allow staff to cooperate more closely
- It was noted by one team member that it was difficult for the Children's Project to be accepted into the wider Ana Liffey Project due to a "clash of cultures" between the established project and the recently established Children's Project

- Increased communication between all statutory and non-statutory agencies would maximise the more efficient use of resources
- The after schools programme and summer project were considered very successful in terms of child development and enjoyment but were also considered staff resource intensive and required reassessment if they were to continue at the same level of staff commitment in the future
- All staff believed that the systemic approach and resiliency model approach to the target group were effective in producing holistic results.
- All staff found the intensive nature of the work challenging but were determined to apply best practice in providing what they see as an essential low threshold, understanding canng client/child centred service
- All staff agreed that uncertainty about funding and inadequate premises had made the job more challenging but they believed that motivation would increase when the next action plan for the Children's Project was in place

### ***Performance Indicators***

The following data was compiled on the basis of an adaptation of a framework for contemporary family support analysis (McKeown et al., 2001):

### ***Adult service users' responses to interview questions<sup>5</sup>***

<b>How frequently are the following statements true?</b>	<b>Always</b>	<b>Often</b>	<b>Not</b>
I was made to feel welcome by the project	5		
I was listened to by the project	5		
I was understood by the project	4		1
I enjoy coming to the project	5		
The project gave me help just when I needed it most	5		
The project gave me good advice	4	1	
The project is always there to support you	5		

<b>Statements about the Personal and Family Impact of Children's Project</b>			
The project has been a big help to me	5		
The project has been a big help to my family	5		

<sup>5</sup> These questions for adult-service users were all taken directly from McKeown et al (2001, pp. 180-E 81)

<b>Change of Life Since coming to Children's Project</b>	<b>Much better</b>	<b>Better</b>	<b>Same</b>
Life changed?	5	0	0

<b>Statements about Quality of staff at Children's Project</b>	<b>Always</b>	<b>Often</b>	<b>Not</b>
Staff in the project genuinely care about you	5		
Staff in the project know how to respect people	5		
Staff in the project are fair	4	1	
Staff in the project are very good at what they do	5		

<b>Statements about the local profile of Children's Project</b>	<b>Always</b>	<b>Often</b>	
Is the project respected in the service users community	5		

**How does Children's Project approach compare with other services** **Much better** **Better** **Same**

Activities participated in at project	5		
Individual work	5		
Group work	5		
Family work	5		
Drop-in	5		
<i>Non-staff responses</i>			
<b>How well has Children's Project worked with Target Group</b>	<b>Very</b>	<b>Good</b>	<b>Not</b>
Children	7		
Families	7		
<b>Quality of work with other Agencies (Statutory/Non Statutory)</b>			
<b>How well has Children's Project linked with other agencies<sup>6</sup></b>	7		
<b>Should the level of linkage be increased?</b>	<b>YES</b>	<b>N0</b>	
<b>Could increased networking by Children's Project increase referrals?</b>	7		
	7		

<sup>6</sup> The questions for non-ALP staff were directly drawn from McKeown et al (2001, pp. 184-185), while the wording of this particular question was modified from 'worked with' (McKeown et al 2001, p.183) to 'linked with'



**Staff Competencies and how Professionals  
Rate Children's Project staff**

Approach of staff team

Skills of staff team

Project administration

Size of staff team

**Physical Facilities**

Location of Premises

Facilities and Equipment (where known)

Layout of Premises (where known)

Size of Premises (where known)

**Has Children's Project lived up to expectations**

**Responses of 4 children interviewed about Children's  
Project:**

**Impact on Children attending Children's Project**

Has the Children's Project been helpful to you

Helpfulness of project with difficulties at home

Helpfulness of project with difficulties at school

Helpfulness of project with other concerns/worries

Enjoyment of activities/sessions at the project

Involvement in activities after school e.g., football/dancing

Helpfulness of being able to talk to Children's Project

Social Worker/Childcare Worker

Very Good	Good	Not
7		
7		
6	1	
5	2	
7		
	2	3
		5
		5
Yes	No	
7		
Very Good	Good	Not
4		
4		
4		
4		
4		
4		
4		
4		

**CONCLUSIONS**

- **The continued need for the responsive client-centred project provided by Ana Liffey Children's Project due to its outstanding success**

The overwhelmingly positive feedback from Children's Project clients (parents and children). Ana Liffey staff and professionals from other agencies regarding the Children's Project may raise the question as to social desirability effects influencing self-report data-in other words, inherent in self-report interview methods is the issue of whether the responses are influenced by a desire not to displease the interviewer. However, the independent interviewer emphasised to the clients that:

- there was no right or wrong answer,
- those being interviewed were not being judged
- their answers would not be discussed with Ana Liffey Project staff

Furthermore, respondents were frank in their criticisms of the premises and the high turnover of staff, and were *detailed in their explanations of why the Children 's Project was*

so helpful to them. There was a/s/o a strong consensus between independent external agency representatives and the clients on the attributes of the Children 's Project.

- Although any comparison cannot be direct due to differences in sample size and methods of sampling, the performance indicators compare favourably with the results of McKeown et al (2001) and Bergin & Garfield's (1994) family support and intervention evaluations
- Based on the positive results of case studies and the performance indicators (drawn from McKeown et al 2001), it is evident that the Ana Liffey Children's Project is having an effective impact on addressing the extensive needs of vulnerable children from a drug using background.
- The value and importance of the Children's Project work is highlighted by the fact that in  
Most cases the majority of interventions with vulnerable families and children made a highly constructive impact despite serious difficulties compounded by addiction and homelessness

For all the above reasons, the outstanding success of the Children's Project is to be recognised. A limitation to the overwhelmingly positive feedback, from the variety of sources consulted in this review, is that it was not possible to interview clients who engaged with the Children's Project for only a very short time to investigate their reasons for subsequent non-attendance. Despite this methodological limitation of the research, it is *highly evident that 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 groups who are alienated from other State bodies. This is evident in service users' quotes such as:

- "my kids love coming here, they are made feel very welcome and are fussed over..*here you are treated like a person, a lot better than the health Board*, the Children's Project really helped me and especially my kids"
- Explicitly stated that Children's Project was the *only* childcare agency that she trusted "to do right by the children and by me."
- attending the Children's Project "always reminded me there a was light at the end of the tunnel, that together we could find a solution to the problem"
- A client who attributed "Getting clean" to her involvement with the project stated: "everyone I know who comes to the Children's Project loves it, I'd be lost without them, they are a great help especially when you are pregnant or homeless and you really need help and guidance, they helped get a lot of people off the streets, they advise you I trust them 100%, I felt the social worker at the clinic would take my baby

off me, they are more down to earth at the Children's Project they make it their business to sit down and have a cup of tea or a cigarette with you, but at the end of the day its up to yourself to do things for yourself, they are only here to help you have to make the decisions, they are already doing so much for everyone, I feel more confident now than I ever did before"

- The staff "encourage you to help yourself, they don't talk down to you"
- "excellent, a lovely bunch of people, who go out of their way to help you if they can, I'd be lost without it, I look forward to meeting the kid every week for one hour it gives me a focus for the week, and I know he looks forward to it too and he. is getting to know me more"

It is clear that the Children's Project 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). Moreover, the First Report of the , Ministerial Task Force on Measures to Reduce the Demand for Drugs highlighted the need to "ensure that an appropriate mix of services is provided, based on need" (p-9). The case studies and performance indicators clearly highlight the continued need for a service such as the Ana Liffey Children's Project to fill the gaps in reaching some of the most marginalised groups in Irish society - groups subjected to high levels of prejudice from 'mainstream' society.

- **The main criticisms of the Children's Project were with regard to the premises and the high turnover of staff**

The request for a very clear separation between space which children have access to and a space used by clients of the main Ana Liffey Project has been made by several of the clients of the Children's Project. Organisationally, Ana Liffey Project staff members referred to a "clash of cultures" between the Children's Project and the main Ana Liffey Project

## RECOMMENDATIONS

### A.

- Due to:
  - the overwhelmingly positive responses from clients, children, staff workers at Ana Liffey and professionals from other agencies regarding me' Children's Project
  - the need to minimise turnover of staff
  - the frequent Sack of willingness to avail of other Health Board services from the target group of .Ana Liffey Project clients (who report that the Children's Project is a unique one which they can trust)
  - the fact that Children's Project thoroughly resonates with the goals of the National Drugs Strategy 2001-2008 which advocates a prevention strategy which "seek[s] to strengthen resilience amongst young people in or out of school by fostering positive stable relationships with family... figures, especially in the early years, thereby enhancing their sense of belonging to family..." (p.98)

*It is recommended that the Children's Project be mainstreamed by the Health Board*

### B.

- **As the Ana Liffey project as a whole has recently purchased a new premises, in addition to the existing premises, there is scope for the Children's Project to expand with regard to child-friendly physical space**
  - Such expansion would include a clear separation between space which children have access to and a space used by clients of the main Ana Liffey Project.
  - Places for families to access children are essential. This service which the Children's Project offers could be better promoted and the opportunity now exists for better promotion of this service given that more space will be available to the Children 's Project due to the purchase of an additional premises for the Ana Liffey Project as a whole
  - Development of a crèche is a clear need. It would allow mothers, who are often at a disadvantage in accessing training schemes because of childcare demands, to access training. With new premises, it is recommended that this option be seriously explored and supported with the necessary funding.

### C.

- **The outstanding success of the Children's Project according to the range of perspectives outlined in the consultation process for this study points to the need for more personnel in order to expand the scope and goals of the project**
  - Increased staff levels could facilitate expansion of the scope of the project with regard to the times services are available – such times could include *week-end and evening service provision*
  - The success of the core services of the Children's Project reflect the former Minister for Children, Mary Hannifin's, acknowledgement that the "widespread perception that the child protection aspect of family policy needs to be complemented by a more broadly-based Family support structure"(McKeown at al 3001, Foreword). To facilitate an expansion of the Family support structure provided by the Children's Project, it is recommended that a Family Therapist be appointed as part of the Children's Project team, and that the Health Board make the necessary funding available to the Children's Project. *Purchase of [the new premises provides increased space for privacy in the Children's Project so the space does exist to accommodate a family therapist*

The need for more staff resources exists in order to facilitate:

- the need for counselling/therapy involving the child and his/her family
- the need for more home visits/increased outreach service
- monitoring and record keeping of the processes and outcomes emerging from the therapeutic sessions
- expansion of the After school Project
- a crèche/mother toddler group

Individual work with young children would greatly benefit from access to a qualified play Therapist - access that is not currently available

### D. **There is a need to re-establish and develop the role of the Advisory Committee to the Children's Project in order to:**

- Reprioritise the aims and objectives of the Children's Project as there is a huge need for the work done by the Children's Project in order to maximise client referrals and a balance between preventative and crisis work, as well as to adapt to changes in the needs of their clients
- *Improve the profile of the Children's Project to increase awareness of and access to its services: this would help with referrals and promotion elsewhere of the solution-focused, family-centred, flexible model for working with drug using clients*
- Design a research model to track the ongoing developments in children-service users lives, especially in B&Bs, that will allow analysis of the target group
- To explore the concept of strategic partnership with other agencies, as well as disseminate the underlying features of the Children's Project as models of best practice, including expansion of the role of staff in training students elsewhere

**E. There is a need for a plan to address the issue of staff continuity and staff career development**

- Strategies and financial support to up skill existing staff need to be outlined in consultation with the staff
- There is a need to look at ways to address staff continuity and staff development, to ease pressure and increase communication
- A clearer career structure for staff may help minimise turnover of staff. Moreover, the Children's Project has already been involved in training both at a university, health board and community level. This aspect could be expanded not only with regard to organizations benefiting from training in the Children's Project's model of best practice, but also with a view to developing the career structure of existing and future staff of Ana Liffey Children's Project

**F. There is a need for further development of strategic inter-agency plans to support the educational needs of the children attending the Children's Project**

- A key target of the Combat Poverty Annual Report (2001) is: "to reduce the number of young people who leave the school system early, so that the percentage of those who complete upper second level or equivalent will reach 85% by 2003 and 90% by 2006" (p-28). Completion rate was 81% in 1999. The relationship between early school leaving and substance abuse is firmly recognised in the Irish context (Morgan 2001). The children attending the Children's Project are especially at risk of substance abuse and early school leaving. Therefore a clear strategy to prevent the individual child leaving school early needs to be developed, building on existing strengths of the Children's Project's involvement with the schools of the children
- Such a plan would be complementary to and incorporate the benefits of the After Schools project
- Develop and monitor specific individual plans for the educational, emotional and social needs of the children attending the Children's Project, in conjunction with the parents, other health professionals and the schools. The participation of Ana Liffey in the Individual Education Plans (I.E.P.s) of the child developed in the school, as well as the advocacy of such plans for the child by Ana Liffey in communication with the school, would serve as important resources for keeping the children attending the Children's Project in the mainstream school system

**G. There is a need for increased liaison with groups such as F.L.A.C and Threshold, regarding advocacy issues, with a view to advice being given onsite in the Children's Project**

Following a more rights-based approach and taking cognisance of the LTN Convention on the Rights of the Child, ratified by Ireland, it is recommended that a resource centre become part of the Children's Project so that drug using families can access support regarding e.g., housing rights, parenting rights. This could be resourced through working contact with agencies that have an expertise in these areas such as F.L.A.C, Coonlock Community Law Centre and Threshold. The importance of such a resource is that families

may find it easier to access a street agency (that they may possibly already know and trust) than formal agencies. Such a resource centre as part of the Children's Project would, on the basis of the interviews with clients, be a community based project which has the trust of this marginalised section of society

## **SUMMARY OF RECOMMENDATIONS**

*It is recommended that the Children's Project:*

**A.**

- ***be mainstreamed by the Health Board.***

It is also recommended that the Children's Project:

**B.**

- **expand with regard to child-friendly physical space clearly separate from the main Ana Liffey Project**

**C.**

- **expand its personnel to include a family therapist, and also:**
  - **access to a qualified play therapist**
  - **more staff for its outreach programme**
  - **more staff for its access programme (Social Work, Child Care qualifications)**

**D.**

- **Re-establish and develop the role of its Advisory Committee**

**E.**

- **Develop a plan to address the issue of staff continuity and staff career development**

**F.**

- **Examine further development of strategic inter-agency plans to support the educational needs of the children attending the Children's Project**

**G.**

- **Have increased liaison with groups such as F.L.A.C and Threshold, regarding advocacy issues, with a view to advice being given onsite**

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The Main Project staff. Ana Liffey Project  
Brian Melaugh, Director, Ana Liffey Project

Personnel from community/voluntary /statutory/non-statutory agencies:  
Aidan McGivern: Principal Social Worker, Drug treatment Centre, Pearse street  
Siobhan Gafrhey: Project Worker, Merchants Quay Project  
Ann Farreli: Probation Officer  
Emer Waters: Access Worker, Community Care Area 6  
Rosemary Crosby: PHN CCA7 (special portfolio for working with homeless families)  
Melinda Cooper: Community Care Social Worker CCA7  
Clare Scofield: Homeless Project

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## APPENDIX A

### 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-
PUN	1
Specialised Youth Projects	1
Community Care Teams	3
Prison (women's)	2
Schools	2
Total Cases	68

### Sources of client referral

Source of Client Referral	Number
Ana Liffey Drug Project	12
Voluntary Sector	26
Community Care Area 7	7
Clinics	7
Self Referral	31
Probation and Welfare	1
Public Health Nurse	3
Youth Project	1
Community Care Social Work teams	8
Hospital	3
Schools	3

Prison	2
VEC	1
Residentia Children's Home	1
Family ,	2

**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
Play sessions	113	

Referral Location	Number	Notes
Homeless/NFA	40	Majority residing in temporary accommodation in Dublin 1
Dublin 1/Community Care Area 7	25	
Other Community Care Areas	8	
Prison	2	
Residential home for Adolescents	1	
Treatment Centre	2	
Not Known	10	