THE ROLE OF THE COMMUNITY IN RESPONDING TO DRUG RELATED PROBLEMS

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DECLARATION

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of PhD is entirely my own work and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

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ABSTRACT

Thesis Title: The Role of the Community in Responding to Drug Related Problems.

Author: Mary Helen McCann.

Since the 1980s, a "community approach" has been accepted as being the way forward in effectively tackling drug and alcohol related problems. The involvement of local communities is considered essential to achieve effective change.

This qualitative research explores the context and policy environment of community participation. It examines issues involved in moving from a micro medical model, to a macro intersectoral approach.

The subject is studied using Ballymun Youth Action Project, one of the earliest community responses to drug abuse in Dublin, as a case study.

The data was collected through:
1) documentary research of records, files, reports, etc.;
2) documentary research of official statements of government policy, publications and newspaper reports;
3) in-depth, taped interviews with staff members.

The researcher was the first employee of the Project, with fifteen years of extensive relationships to draw on for the purposes of this qualitative study. Through inductive analysis, the story of this unique community response is told, with important dimensions emerging for analysis.

Challenges to be faced in developing community participation are identified. The contribution of community development is explored.

Two important conclusions are reached. One is that comprehensive intersectoral collaboration, with significant community participation, challenges traditional relationships. Effective training and education for all sectors needs to take place within a development strategy for this challenge to be met, and necessary changes to be made. The second is that work remains to be carried out to develop congruence among the theoretical concepts involved in community drugs work.

The research concludes that Dublin offers a unique contribution to the further study of community participation. It makes recommendations for action research, which could contribute to the building of theory from practice, through the many ways that local people are involved in the drugs initiative.

PREFACE

The terminology for discussing drug taking and its effects on society presents us with a "terminological minefield" (Gossop 1996). Terms have ranged from "addiction", to "dependency", to "syndrome", to "drug abuse" to "drug misuse" to "problem drug use" to "the phenomenon". People who use drugs have variously been described as "deviants", "addicts", "drug abusers", "drug misusers", "drug users", etc. The difficulties reflect the existence of many patterns and forms of drug use, and clearly not all drug use can be described using one word.

The term "addiction" is used often in this work. Whilst many dislike this term because it can convey physical forces which compel the individual to be out of control, and can imply a pre-determined individual condition, divorced from the personality or the environment of the person, it does, as Gossop (1996) says, convey something of the compulsion to use drugs that is at the heart of what we mean by this problem. It is also commonly understood to imply the kind of drug use which is visible, painful, and destructive in our communities. Other terms used in this work include problem drug use, drug abuse, and drug users. It is fully accepted that each of these warrants careful consideration, and that terminology and definition are important in striving for excellence and maximum effectiveness.

However, full exploration of terminology in this study would have detracted available time and resources from the work and would have risked becoming entrenched in what is a debate for other studies. It is questionable if anything of significance would have been added to the learning from this case study by such exploration.

Readers should not assume any one-dimensional definition from the terminology, but should rather seek the understanding conveyed in the context of its use within the text.

Acronyms And Abbreviations

YAP	– Youth Action Project (the subject of the case study, also referred to as "The Project");
ACMD	– Advisory Council on the Misuse of Drugs;
CASC	– Community Addiction Studies Course;
CDP	– Community Development Programme;
CDT	– Community Drug Team;
CWC	– Community Workers' Co-op;
EHB	– Eastern Health Board;
EDPW	– European Drugs Prevention Week;
IAAAC	– Irish Association of Alcohol and Addiction Counsellors;
LDTF	– Local Drugs Task Force;
NCVA	– National Council for Vocational Awards
NDST	– National Drugs Strategy Team;
NESC	– National Economic and Social Council;
NESF	– National Economic and Social Forum;
PHC	– Primary Health Care;
WHO	– World Health Organisation;

CHAPTER 1

INTRODUCTION

Since 1980, communities in Dublin have been expressing concern about the consequences of drug use among young people. One community, experiencing three drug related deaths of teenagers within a short period, saw the spread of abuse as "directly related to the massive social and economic pressures facing the whole community" (Youth Action Project 1983).

Efforts in another area to engage the statutory services through community care structures failed (Cullen 1993), and people took to the streets in protest. Government policy developed away from residential treatment settings to community settings. The Eastern Heath Board, (the statutory health authority with responsibility for Dublin), transferred administrative responsibility from Special Hospitals to the Community Care programme in 1979[1], and began appointing counsellors to work at community level in 1983. A Special Governmental Task Force on Drug Abuse reported in 1983, and saw community and youth development in "high risk areas" as urgent, priority actions (Stationary Office 20th September 1983). A review by the Department of Health of the psychiatric services recommended community based services for dealing with drug abuse (Department of Health 1984). Generic agents accepted community involvement in the response as being positive and necessary (McCann 1988).

By 1991, the Government were recommending community drug teams in selected areas (Department of Health 1991) and by 1996 "strong participation by the community and voluntary sectors" was seen as essential for effective co-ordination (Stationary Office 1996 p37).

This emphasis mirrored health documents (Department of Health 1994a; 1995), and attempted to build on partnership structures already in place for the resolution of unemployment (Programme for Economic and Social Progress

[1] In 1996, a new programme was created, specifically to deal with the rapid growth in drug services.

1991) which were seen as being relatively successful and innovative (Sabel 1996).

Problem to be solved:

However, in spite of this emphasis, and the involvement of many communities throughout Dublin, the development of local drug services in Dublin has been a contentious issue between the Eastern Health Board (EHB) and local communities.

Opposition to the establishment of such services has been analysed as a "not in my back yard" attitude, being attributed to the marginalised status of drug users internationally (Farrell and Buning 1996).

This thesis aims to question that analysis, and review the difficulties which have arisen in the context of the complexities and challenges presented in moving from a medical "micro" model, to the "macro" level, with greater community participation and intersectoral collaboration.

Aspirations of co-operation and working together of voluntary and statutory bodies, it seems, is not enough. The practice, turning the rhetoric into reality, is much more difficult, requiring further analysis of the relationships between the structures involved, and the people.

The relationship between the community and the health professional conventionally has been one where the worker is active, and the community (patient) is passive (Jones and Macdonald 1993). Such an approach ignores the complex interaction between mind and body and the social and economic realities of people's lives.

Perhaps more in depth analysis of the role the communities are expected to play, and the role they themselves are attempting to play, could provide further understanding of the conflict in Dublin. The role which can be played by local communities remains vaguely defined. Some (for example, Ballymun) have recruited and trained local people in the delivery of services. Have they become, or will they become, just "another pair of hands" in the struggle to

provide enough services? Is the community's role to be a resource to support the health professionals, carrying out policy decided by central government? Should local people work voluntarily, or on low pay, or should they aspire to fully paid, professional status? Can the community become equal partners with statutory bodies in responding to drug abuse? Should they be involved in the management and control of services?

Therefore the central question of this thesis is

> **"What is the role of the community in responding to drug related problems?"**

Clear examination of this role can address questions such as:
What kind of relationships should the state sector adopt with the communities most affected?
What training is required for carrying out this role and is it accessible?
How can community development training help those communities wishing to respond to drug abuse?
How can those living in areas affected by problem drug use be facilitated in making positive responses?
With such study, we can see what contribution the principles and experiences of community development can make to the development of a new model of care, rather than community responses becoming the cheap alternative to state care, distracting attention for strategic, focused state action (McCashin 1990).

METHODOLOGY AND APPROACH:

A qualitative design:

The study uses a qualitative design, suitable for exploratory work, where the researcher seeks to build a picture from the experiences and perceptions of subjects. The intent of qualitative research is to understand a social or human problem "based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting" (Cresswell 1994 p2). Rather than an inquiry based on testing a theory composed of variables, measured with numbers, and analysed with statistical procedures, which is the method of quantitative research, "qualitative inquiry cultivates the most useful of all human capacities - the capacity to learn from

others" (Patton 1990 p7). Through the design, the researcher gradually makes sense of a social phenomenon. Theories about what is happening in a setting are grounded in direct programme experience.

While there is no single "qualitative approach", being shaped as it has been by all of the major social sciences, "the methods of qualitative inquiry now stand on their own as reasonable ways to find out what is happening in programs and other human settings" (Patton 1990 p90).

Qualitative design is appropriate for following and documenting process-oriented approaches to facilitating change, such as community development. While quantitative measures can tell where you started, and where you ended up, it takes qualitative methods to capture the developmental dynamics of the process between (Patton 1990).

Since the 1970s more and more researchers have become interested in ways of researching which move away from numbers and back to asking people questions and to observing. The resulting responses come in sentences, not numbers. This paradigm shift produces data narratives. Observations result in notes that take the form of a description of events; in effect, 'stories' (Tesch 1990).

The attempt here is to tell a story, seeking to build on the tacit knowledge of the subject of the case study in the process, making the knowledge explicit through indwelling.

> "Qualitative inquiry begins with what we know but cannot say, it begins with tacit knowledge" (Maykut & Morehouse 1994 p31).

Such an approach is of immense value to the future of community action on drugs issues, since the knowledge gained will assist in future effectiveness.

Indwelling:

In this approach, the researcher is the primary instrument in data collection, rather than some inanimate mechanism. The emerging data is descriptive, as the focus is on participants' perceptions and experiences.

Assuming the posture of indwelling while engaging in qualitative research, the researcher exists "as an interactive spirit, force or principle", literally living within that which is being studied (Maykut & Morehouse 1994 p25).

This indwelling is also reflective, allowing time to think and process what has gone before. Particularly in qualitative research, the relationship of the researcher to the subject is seen as crucial to the success of the study, in providing a picture which will illustrate relationships, identify various interactive processes and patterns of influence in the development of the subject.

However, it is important that the biases of the researcher are stated. The researcher's views of the role that communities have to play in responding to problem drug use in their own areas have been shaped by extensive experience of twenty years working with problem drug users and their families. A background in teaching and adult education also influences the perceptions. The researcher has worked both in residential, non-medical treatment settings, and in the community setting. Knowledge is brought from being an educator, and from being a counsellor.

Although every effort was made to ensure a balanced and fair account, the biases may have shaped the views and understanding of the data collected, and the way it is interpreted.

The researcher began this study with the view that the role of the community is complex and little understood. Although much is expected of our communities in the fight against drugs, she questions how much of a say they are really given. The researcher views the involvement of communities as crucial to effective change, and a central component in intersectoral collaboration.

Case Study:

The data was collected using Ballymun Youth Action Project as a case study. This Project (also known as YAP) has been working for seventeen years, developing a community response to drug abuse in the Ballymun area. In exploring what the role of the community is in responding to drug problems, it was considered relevant to ask how one such community has put this into

practice, and why this has been controversial at stages in its history. The case study strategy is relevant for such questions (Yin 1994).

Criticism of case studies providing little basis for scientific generalisation, has been challenged by Yin (1994), with claims that they are generalisable to theoretical propositions, and not to populations or universes. The investigator's goal is to expand and generalise theories, and not to enumerate frequencies, which is statistical generalisation. While it is not possible to draw a particular analysis from one case study, the experience of seventeen years of practice is valuable for contributing to a general analysis, and to the building of theory from practice.

Studies of drug use have, invariably, focused on those who are using drugs, usually those whose use is very problematic. Responses to the problems created are often individualised, being influenced by research which lies mainly within the ambit of medical and psychological disciplines (Keene 1997).

> "As such it is positivistic in its approach and is based on the fundamental assumption that 'addiction' can be defined as a discrete phenomenon to which the scientific method can be applied" (ibid. p14).

The attempt in this study is not so much to study the people who use drugs, but to focus on one particular strategy for responding, i.e. through the central involvement of those communities most affected (Stationary Office 1996).

The goal is to learn more about implementing the rhetoric of "community care", with the involvement of local people in actions, learning from practice on the ground, and building theory from experience.

Case studies can be valuable sources for such learning (Yin 1994). Indeed, it has been effectively pointed out that case studies have been important for clinicians, who have built their knowledge of individuals as much through experience, as through rigid application of research findings (Keene 1997; Maykut & Morehouse 1994).

The case study described here is significant, as the oldest of its kind in the country, therefore offering a long period of time for issues and complexities to

emerge. Also, it is well known, being seen as a leader in its field, therefore it is important that reflection is allowed, and lessons learned for the future. This case study can contribute effectively to further clarification of the role communities can play in promoting effective change in problem drug use. It can point to which theoretical concepts need to be developed to meet the needs of such communities struggling with severe drug problems, and can advance the debate on the contribution community development thinking can make to the drugs field.

Through cross community work, an extensive network of relationships has been built up. Ballymun Youth Action Project has implemented a policy of employing and training local people for many years, and therefore is a rich source of information for the subject being studied. Finally, the researcher was the first employee of the Project, and has fifteen years of involvement on which to draw for the purposes of the study.

Co-operation and access to material was not a problem, because of this involvement.

Data collection:

The data was collected through:

1. documentary research of records, files, reports, etc.;
2. documentary research of official statements of government policy, publications and newspaper reports;
3. in-depth interviews with key individuals involved in the Project.

Collecting data through talking to people was important, since not all the information has been recorded in written form. This was due to the obvious difficulties in establishing a group, e.g. having no funding, no premises, no equipment, etc. Also, capturing the experience cannot be done through written records only.

Local people are involved in different ways. Eight work on the staff team, full time, and oral evidence from six of them was crucial to the focus of the study. Others serve on the management committee, avail of the services offered, or have participated in addiction studies courses offered by the Project. It was not

possible to interview these people in the time scale, but important relevant information was available to the researcher through committee minutes, other written records, course evaluations both written and through interviews, annual reports, etc. Interviews with other staff members who do not live locally (three in all), also yielded important information.

The interviews:

Interviews are conversations, but with a purpose (Robson 1993). Interviewing is a flexible and adaptable way of finding things out, by asking people directly. In addition, non-verbal cues may give messages which help in understanding the verbal response, possibly clarifying its meaning, or, in extreme cases, reversing it altogether.

This study used a focused interview approach, which allows people's views and feelings to emerge, but which gives the interviewer some control (Robson 1993). Fully structured interviews have a set of predetermined questions, with standardised instruments for recording responses. At the other end of the continuum, unstructured, completely informal, interviews allow the conversation to develop within an area, with no control over the direction. Since the goal of this study is to understand the meaning and complexity of the role of the actors through their own words and meanings, the former was rejected as an inappropriate tool for realising this goal. However, the latter was also rejected as being too loose, with the risk being that important information would not be gathered, and the opportunity lost. Focused interviews can be used where we want to investigate a particular situation, phenomenon or event. Individuals are sought who have been involved in that situation and an interview guide is developed covering the major areas of enquiry and the research questions. The interviews concentrate on the subjective experiences of those involved (Robson 1993 p241). Therefore, a focused interview approach was more appropriate to this study. While the guide (Appendix A) helped to keep the interviews focused in some way, and gave the interviewer some control, people's views and feelings were allowed to emerge, giving each interview its own distinct shape within the guide.

The skill and experience of the interviewer is important in the effective use of this method. While there are important differences in purpose and initiation between clinical interviews, and research interviews (Robson 1993), none-the-less skills which are learned from counselling training and experience can serve as important tools for achieving the emphasis which makes the difference between a conversation and an interview. For example, reflective listening techniques are vital in clarifying meaning and encouraging further elaboration on a view expressed. Counsellors trained in the client centred approach of Carl Rogers (1951), and the motivational interviewing techniques of Miller & Rollnick (1991), as this researcher is, bring a distinct advantage to meeting the behaviours listed by Robson (p232) as being conducive to promoting open and free talking by interviewees. This researcher has twenty years of experience, using counselling techniques, and education skills, and has previously outlined the transfer of these to the interview situation (McCann 1988 pp40-53). Important limitations to this method, one of them being the relationships existing with an insider-researcher, are discussed later in this chapter.

Face-to-face, taped interviews were conducted with nine staff members working in the Project in a variety of roles. The interviews were taped to ensure accuracy of recording, and to allow the interviewer to interact more freely with the participants. The researcher conducted all interviews, and explained the purpose.

Full transcriptions of the interviews was the most desirable data to obtain (Patton 1990). The data was transcribed, again by the researcher, verbatim. The decision to transcribe the tapes personally was taken as it was seen as an opportunity for the researcher to familiarise herself with the data, and begin to identify common themes emerging. These were categorised, and reviewed repeatedly. Major ideas were listed, and an attempt made to understand and explain patterns and themes.

Taken with documentary evidence of the development of this Project, and relevant evidence from the other sources mentioned, a picture has emerged of this group of people involved in responding to problem drug use as part of a

"community response", yielding important knowledge of this experience and its intricacies.

Steps taken during data transcription:

On the first reading, regularly mentioned words, phrases, and experiences were noted. A second reading developed these, noting other things. Those which were often mentioned were noted, and those seldom mentioned retained to see if they were relevant to later emerging themes. The substance of the transcripts was not so important as the meanings, and one interview was thoroughly reviewed for its substance, rather than content, from which codes emerged.

Further reading coded the transcripts according to emerging themes, and headings were created for the clustering of topics.

The written data was gathered and also organised under these headings, to identify those themes which emerged strongly. This also served as a means of verifying data from the interviews, and identified topics not prominent in the interviews.

Subsequent readings, of transcripts and written documentation, identified six overall categories which were used to describe a developing picture of the Project.

Validity and credibility:

Attempting as it does to understand multiple realities, data in qualitative research is not quantifiable in the traditional sense of the word. The criteria for judging a qualitative study differ from quantitative research. The research aims to build a picture of the data given by the subjects. The result is judged by credibility and verification, rather than through traditional validity and reliability measures. Since this study was one of a practice situation, it will also be judged by its usefulness to the organisation which is the object of the study. The study was an integral part of an on-going evaluation process for this organisation, and presenting the emerging picture as part of the process proved very valuable for discussion and reflection, in turn shaping the emerging picture.

Since validity in qualitative research centres around accurate depiction of people's experiences, rather than measurable variables, it is important that regular feedback mechanisms are in place. In this study, the fact that the researcher was actively engaged with the team in the Project, in meetings and discussions, enabled a regular flow of information to take place on progress. In addition, joint staff and committee meetings were used to check the accuracy of the emerging picture. Drafts of the categories were given to each person interviewed, with the chance to amend interpretations and emphasis. Opportunities were taken through this process to use the research to regularly evaluate the process of development, and it actively informed decision making as clarity emerged.

Multiple sources of data were used to triangulate the interviews. The research emerged originally from the work of the Project, particularly in considering the training needs of local people, and the focus of training within the Project. A major question being posed was "What are we training people for?" This, and other similar questions, laid the groundwork for the research proposal, and the organisation determined the priority to be assigned to exploring the role of the community. The researcher prepared for the study with the support of the organisation, ensuring communication on progress as the design was identified, and the data collection undertaken. The literature assisted in some preliminary clarification, and helped formulate a framework for the analysis of the data. This information was shared within the organisation, and with other community groups, and was found useful in clarifying the focus of the work. This ensured the credibility and relevance of the work to the organisation.

LIMITATIONS OF THE METHODOLOGY:

Every methodology has its limitations, and it is important that a researcher consider issues which could affect the research project. Two particular issues could influence this present study, and are outlined here. One refers to insider research, and the other to ethical issues.

Insider research:

Insider research refers to research undertaken by a professional within his/her own agency and work setting. Typically, an insider researcher is already known to respondents prior to commencement of the study (Robson 1993). In this study, all the interviewees knew the author, some of them for a long time, since they all worked as part of the same team. In addition, the researcher was the leader of this team, being co-ordinator of the Project being studied. It could be argued therefore, that the respondents would say what the researcher wanted to hear. Out of a sense of sensitivity to the years of previous work and effort, perhaps people would not be honest in their reflections. However, the practice in this organisation was that all staff members have a say in developments, and are used to engaging in days of reflection with the researcher, and the management committee.[2] In addition, the attitude of the researcher was conveyed in the opening of the interviews, inviting people to treat this as more of a conversation in which we would reflect together on the work they were involved in, and their experience of doing that work. Once again, attitudes from being a counsellor assisted the researcher to assume, as far as possible, the internal frame of reference of the interviewee (Rogers 1951). Identifying the important parts of this story was a search that the interviewer and the interviewee were involved in together. Most of the interviewees commented at the end of the interview that it had allowed a good opportunity to reflect on the Project, and their work, to the point that they were invited to write down any further reflections they had after the interview, if they felt important views had been missed. In the event, none of the interviewees took up this option, but engaged regularly in team discussions about themes as they emerged.

There are also advantages in someone from inside the agency undertaking such a study. The interview was treated as "time out", the opportunity to individually reflect with the researcher, which due to the busy nature of the work, had not been possible on an individual basis for some time. In addition, the respondents would not have to worry about the interpretation of something critical, as the researcher would know of all the complexities of development, having been centrally involved for so many years. Someone from outside could

[2] This comes out clearly in the case study, especially in the discussion on the people, and the structures.

not possibly know all the nuances of such an organisation, nor understand its complexities, without becoming immersed for a long time. The researcher's commitment to the work of the agency is well known, and she is trusted by those within it. Therefore, there was a greater chance of an honest expression of experience.

Retaining objectivity:

This can be one of the disadvantages of insider research. It is the paradox of this kind of study that the human factor "is the great strength and the fundamental weakness of qualitative inquiry and analysis." (Patton 1990 p372). This is especially true in insider research. Steps which were taken to deal with this included avoiding analysing the data, focusing on description only, until some categories had clearly emerged; engaging in regular feedback with the whole staff team, not all of whom had been interviewed (some had come to work in the agency since the interviews had been done), and the management committee; making use of supervision, and availing of offers of assistance from peers working in other agencies. However, at one point in the data analysis, efforts to allow only the recorded data to speak, and keep the writer's views out of the account, led to a sense of "wooden-ness" about the description. Trying to consciously keep personal views out is not possible, nor desirable (Patton 1990). Rather, the responsibility is to be balanced, fair and conscientious in taking account of the perceptions, interests and realities which emerge. Rather than ignoring personal views and perceptions, an attempt has been made to include them with the multiple evidence, and present all of this as perspectives only, rather than any discovered TRUTH about the subject (Patton 1990). It has been considered that the personal experience and viewpoint of the writer would enhance, rather than distort, the data. In addition, the commitment of the researcher to the development of this setting is well known, and this study presented an opportunity to assess and reassess personal understanding, and to come to terms with issues as they arose.

In concluding this topic, the words of Alberty are appropriate:

> "In documenting it seems to me the contribution is all the greater, and all the more demanded, because what is studied is one's own setting and commitment" (cited in Patton 1990 p506).

Ethical issues:

These respondents were not clients; none-the-less, any information which was considered confidential was not quoted verbatim in the text. Every attempt was made to protect identities. Each interview was given a code; names were not included. All respondents were given the opportunity to read the data, and withdraw any remarks they were unhappy with. The data was not shown at this stage to anyone who had not been interviewed.

Obtaining consent could be seen as a problem, since it could be said that these interviews were requested by "the boss", and therefore people would have no choice but to agree. However, the relationships are such that choice is often exercised in the day to day practice, and there is no indication that this would have been different on this occasion. In the event, all felt that their contribution was important, and felt very much part of the research process. Recognising that respondents, and the researcher, are people and can get immersed in memories was also important, and on a few occasions, interviews ran over time, as it developed into a longer discussion of events in the past, or issues which emerged. While all of this is not recorded, it did help shape the picture of the final case study, and confirmed the ease of the respondents with the study.

This chapter has introduced the research, and the problem to be solved. It has outlined the approach taken in the study, considered the benefits and limitations of that approach. Chapter Two outlines the context of the development of drug problems in Dublin, with the resulting official responses and local action, from the 1970s to 1998. Chapter Three outlines the major state systems involved with the communities most affected, and Chapter Four traces the development of community work in Dublin during the relevant period. Chapter Five considers some of the issues in a global context, particularly through Primary Health Care. The literature on this topic helped develop a framework for the data analysis. Chapter Six gives a case study of one of the oldest community responses in Dublin, Ballymun Youth Action Project, outlining its history, its development, its structures, its work, and its influences. Chapter Seven draws out the lessons to be learned from this case study, with reference to relevant literature and theoretical concepts. The contribution which community development has to

make in this area is considered. Chapter Eight summarises and concludes the work.

CHAPTER 2

CONTEXT

Prevalence:

Drug problems in Ireland were first discussed over thirty years ago. During the 1960s, there were signs of amphetamine use (Walsh 1966). Warnings were sounded that serious problems were on the way, unless a "constant effort" was maintained to prevent the abuse of "habit-forming drugs" (Stationary Office 1966). Media interest (Bushe 1968), and the establishment of a special drug squad in the police force, preceded the setting up of a Working Party on Drug Abuse in 1969.

A three-fold increase in the number of people known by the Garda Drug Squad to be abusing drugs in Dublin was revealed, between September 1969, when the report was being drafted, and November 1970 when it was being prepared. The figure (350 to 940) was an "admitted underestimation of the real figure" (Dean et al 1985 p107). In addition to a variety of drugs such as amphetamines, barbiturates and tranquillisers, cannabis and LSD were by then evident (Stationary Office 1971a). Heroin was difficult to get, and there was no organised supply of illegal drugs.

While descriptions of the 1970s as a period of relative stability (Butler 1991) are understandable in the light of later patterns, none-the-less there were indications of an accelerating rate presenting for treatment throughout the decade (Flynn and Yeates 1985). The most widely abused drugs were morphine alternatives such as diconal and palfium, obtained from pharmacy break ins and doctors' prescriptions (Dean et al 1985). Warnings sounded (Carney, Timms and Stevenson 1972) about the vulnerability of young people from areas of disadvantage were ignored.[3] The drugs being used were mainly cannabis and LSD, with "a gradual increase in the number of opiate users in Dublin and in particular an increase in the use of synthetic opiates, Diconal and Palfium" (Cullen 1990 p272).

[3] According to Flynn & Yeates (1985), an EHB report on problem children in Ballymun also warned of a drug problem for the area by the end of the decade. This too was ignored.

Concern from community activists, the police, clergy, and social workers, about a rapid escalation from 1979 were confirmed by the EHB in 1982. Heroin was more widely available, and a prevalence study by the Medico-Social Research Board found that in one community studied (north inner-city), 10 per cent of those in the 15-24 age group had used heroin in the year prior to the survey (Dean, Bradshaw, Lavelle 1983). It has been claimed that by the time the government responded by setting up a Special Task Force in 1983, the prevalence had already peaked in a south inner city area, in 1981. Those involved were, in the main, male teenagers (Cullen 1990).

Patterns varied. The Youth Action Project, working in another area of the city, Ballymun, reported "supply is unorganised and mainly of the barbiturate/tranquilliser and pharmaceutical opiate variety obtained by chemist robbery or by false prescription" (YAP 1983). The low prevalence of heroin did not, however, protect this community from the tragedy of young deaths (McCann 1991).

The Special Governmental Task Force on Drug Abuse reported in 1983. While the full report was never published, the information it gathered pointed to a "sudden and dramatic rise in the number of young people misusing drugs, predominantly opiates" (Department of Health 1991 p4).

Research studies showed alarming rates of heroin use, particularly among already disadvantaged young people (Dean, Bradshaw & Lavelle 1983; Power 1984; Dean et al 1985). An account by two journalists, Flynn and Yeates, (1985) traced how the supply of heroin had become organised in a way that had not previously been seen in Dublin.

Significant increases in drug use, predominantly use of cannabis, by post-primary school students in Dublin, were shown (Grube & Morgan 1986).

By 1987, there were claims that the "opiate epidemic" had peaked. However, the emergence of HIV/AIDS presented new health hazards for IV drug users (Dean et al 1987; O'Kelly et al 1988). At least one community group saw no

decrease in problem drug use at the end of the decade (Community Response 1990).

Important debates on prevalence now centred on the prevention of HIV/AIDS, and the reconstituted National Co-ordinating Committee on Drug Abuse produced a Government Strategy to Prevent Drug Misuse in 1991.

Epidemiological evidence from treatment agencies (O'Higgins 1996), together with more general community reports and information, show problem drug use to be a major issue for many communities in the 1990s (Rialto Development Association 1990; ICON 1994; Women's Action Group Clondalkin 1995; Co-operation North 1996; Finglas Drugs & AIDS Forum 1997; Bray Partnership 1998). The Dublin area is shown to be particularly affected (Moran, O'Brien and Duff 1997).

Community studies (e.g. McCarthy & McCarthy 1997) have shown the effect of three decades of drug abuse on families and communities, with grandparents now parenting young children, having lost many of their own children to heroin. The 1990s also saw the rise in ecstasy use, particularly related to youth culture and rave scene. As before, local groups were to the fore in drawing public attention to the consequences (see for example, YAP Annual Report 1992). Smoking heroin became associated with ecstasy use (Stationary Office 1997).

It was suggested that media focus on ecstasy had overshadowed a resurgence in the abuse of opiates. Prescribed opiates, methadone, morphine in MST form, and DF118, were particularly evident (O'Connor & Keenan 1993).

The Department of Health acknowledged the concentration in poorer areas of the city in 1994, in its report to the World Health Organisation (WHO) on its second evaluation of the implementation of the global strategy for Health For All by the Year 2000.

The trend towards smoking rather than injecting of heroin among young people eventually showed in the epidemiological data (Moran, O'Brien and Duff 1997). Indications are of a younger age reporting for treatment than previously, with

cannabis being the main drug of misuse for very young clients (under 15), and younger drug users tending to smoke rather than inject. Higher concentrations of drug misuse were found in areas of socio-economic disadvantage. An estimated prevalence on 1996 data has been put at 13,460 opiate drug users in Dublin in 1996 between the ages of 15 and 54 inclusive (Comiskey 1998).

The combination of community action, and the murder of an investigative journalist in 1996, catapulted the Government into a major political issue. Yet another Ministerial Task Force was set up, and hastily produced a first report in October 1996. Deploring the lack of evidence on prevalence, the Task Force concluded that all available information pointed to abuse of ecstasy and cannabis being nation-wide, with heroin abuse being overwhelmingly a Dublin problem. It described the drugs problem as "now probably the greatest single problem facing the capital" (Stationary Office 1996 p4). While recognising that the demand for heroin was highest in the areas of greatest economic and social disadvantage in Dublin, the Task Force also saw this as a crisis "not only for the communities directly concerned, but for Irish society as a whole" (p21).

A phenomenon of waiting lists for treatment grew (EHB 1996). A major target became the elimination of all waiting lists (Stationary Office 1996). Despite the identification of a number of safeguards to avoid problems caused by double prescribing, and the awareness of the potential of benzodiazepines for abuse, including injecting, (Department of Health March 1993), a black market in prescribed drugs, principally methadone and tranquillisers, was created. Dublin County Coroner recommended changes in the distribution and management, drawing attention to the dangers for unaware young people, resulting in tragic deaths (Irish Times, 8th January 1998).

Two forms of drug use emerge from the data in the 90s (Stationary Office 1997; Jackson 1997; Moran, O'Brien and Duff 1997). One, closely related to youth culture, involves patterns of use of drugs such as cannabis and ecstasy, with use of amphetamines, tranquillisers, LSD, inhalants/solvents and magic mushrooms, and is a nation-wide phenomenon.

The other also involves these drugs, with opiates, as part of poly drug use. Markedly different from the youth culture scene, it involves in the main disproportionate numbers of young people from disadvantaged areas in Dublin, and exposes the young people and the communities to extreme forms of harmful drug use.

Responses:

1970s

The Special Hospitals Programme of the EHB originally provided treatment for those with drug problems.

Following the interim report of the Working Party on Drug Abuse in 1969, a specialist, centralised response was established through Jervis Street Hospital. This facility was later designated the National Drug Advisory and Treatment Centre. In spite of the acceptance by the Commission of Inquiry on Mental Illness (1966) that the treatment and rehabilitation of drug addicts was a legitimate function of the mental health services, the provision of a centralised treatment service was favoured, rather than drug problems being dealt with by generic, community mental health services (Butler 1991). Indeed, Butler claimed that mainstream health services had very little interest in drug problems (Butler 1991 p215).

The first major voluntary response was established in 1973, with the setting up of Coolmine Therapeutic Community. A drug free model, it is based on the principles of self help and utilises ex addicts as staff.

Another important development on treatment was the establishment in 1978 of the Rutland Centre. This centre, set up as a private facility with provision for accepting some medical card holders, uses a disease model, actively promoting involvement in the 12 step programmes. It supported the establishment of Narcotics Anonymous in Ireland in 1979.

Other initiatives throughout the 1970s included the setting up of the Health Education Bureau (HEB) in 1975. This followed the recommendations of the

Government appointed Committee on Drug Education (1974), set up to further explore the recommendations of the Report of the Working Party on Drug Abuse in 1971, that future problems be avoided through education. Much of the efforts of the Health Education Bureau were directed at the individual with a view to encouraging a change in lifestyle in the interests of achieving better health (Metcalfe 1998). Heavily criticised for the lack of cultural appropriateness of its material on drugs (Bradshaw 1983), it was disestablished as part of cuts at the end of 1987, being replaced by the much smaller Health Promotion Unit (HPU) within the Department of Health. This brought the functions directly under the control of the Department (Metcalfe 1998).

Measures were also introduced on the supply end, with legislation being updated in the Misuse of Drugs Act 1977.

Throughout this period, (the 70s) there was little attention paid to the possibility that drug problems might occur disproportionately among disadvantaged young people (Butler 1991).

1980s

In line with developments in England, (Cartwright et al 1978), this decade saw major shifts in emphasis in the development of treatment for those affected. These were influenced both by cost effectiveness questions, and by the increasing involvement of social, economic, and political scientists in the debate which had a sub theme of "a recognition of the need to mobilise concerted 'action at the local level'" (Robinson 1993 p166).

The EHB shifted responsibility for drug problems from its Special Hospitals Programme, to the Community Care Programme, and began to appoint addiction counsellors to work at community level, in 1983. However, this transfer of responsibility seems to have been expedient, rather than as the result of agreed policy (Butler 1991).

The shift made no change in work practice in relation to drug users by existing community care teams, a structure which could have been expected to respond to the emerging drug crisis, but which failed to do so (Cullen 1993). The

counsellors, while sometimes being housed in the same building as the community care team in the community care area, were not integrated as part of the team, and have worked with confused reporting systems, often in isolation.[4]

Recommendations from a major report on the psychiatric services (Department of Health 1984), were rendered meaningless, while those of government ministers to establish Community Priority Areas were effectively ignored (Butler 1991). The lack of emphasis on rehabilitation, and the ineffectiveness of the efforts in education of the previous decade, were among criticisms of the Task Force recommendations, in a letter by the major author of the prevalence study which highlighted the extent of heroin among inner city youth. Stressing the social factors involved, he describing most of them as "remediable" (Bradshaw 1983).

However, the response to the problem of drug abuse was claimed as a good example of intersectoral collaboration, between the Departments of Education, Health and Justice (Department of Health 1986).

This was also a decade of "cuts" in the Irish economy. Unemployment was rising, going from 7.3% to 17.6% from 1980-1987 (Sabel 1996). Essential services in health, social welfare, and housing, were all under threat. A significant example for the drug field was the returning of local Health Education Organisers to their original posts in nursing and social work. When the next spiral of drug use occurred in the 90s, there was no local focus for health education.

Local Action:

Throughout this time, (1980s), local communities consistently drew attention to their plight, and to the struggle they were having in trying to control the severe consequences of the drug misuse on their areas.

[4] See Cullen 1992 for account of reporting system for the drug counsellor; the confusion was also evident earlier in the conflict between YAP and the EHB on the appointment of a drug counsellor to Ballymun without local consultation (described in more detail later in this account). Present at the meeting, which YAP won with the EHB, were the programme manager for special hospitals, the administrator from the community care programme, and the director of the National Drug Treatment Centre (Jervis St).

Community and voluntary groups began to tackle the provision, and the philosophy, which saw drugs issues as purely individual (YAP 1983). They were insisting that the problems be seen in context, and that the families and communities be centrally involved in responding. Ballymun Youth Action Project successfully developed a range of services for young drug users and their families, and began to train local people to do this work (McCann 1991).

Other voluntary groups began to appear. Working at street level, with people still actively using, they challenged the dominance of residential, drug free treatment (Ana Liffey Project 1985). Together with the community groups, they influenced policy away from centralised services, to community services.

Following the failure to engage statutory agencies, people in the inner city areas of Dublin took action to evict drug pushers from their communities. This action took on the characteristics of a movement, involving major participation of people from all over Dublin, and focused on the supply of heroin in communities (Cullen 1990).[5] Pressure from this movement influenced Dublin Corporation to involve tenants associations in the allocation of tenancies (Kelleher & Whelan 1992).

In 1983, Community Action on Drugs was formed, later changing their name to Community Awareness of Drugs (CAD). This group focused on education and prevention, and was heavily influenced by Coolmine Therapeutic Community. CAD has consistently organised awareness programmes for parents throughout the country, and is not concentrated on any one area.

The 90s have seen a spiralling of local action, as groups all over the city struggle to find ways to have their children treated effectively, and protect them from future drug problems. In the area of Tallaght alone, at least six community treatment projects have been set up, run by local people, engaging doctors to prescribe methadone, and operating in the main from local community centres (Bowden 1997).

[5] A full account of the growth in the criminal drugs racket in Ireland is available in Flynn and Yeates 1985.

Community Response has, since 1990, developed a community led partnership of statutory, voluntary and community, developing ways of responding to drug related problems in the South Inner City (Connolly 1998).

Various acronyms now abound in the city. For example, Clondalkin has CASP (Clondalkin Addiction Support Programme); Crumlin has ARC (Addiction Response Crumlin); Ballymun has YAP (Youth Action Project). Tallaght has various "CARPS" (Community Addiction Response Programmes).

A Community Addiction Studies Course (CASC-another acronym!) designed by YAP was replicated within two years to other communities.[6] Local people from all over the city are engaging in programmes to educate themselves and increase their effectiveness.

Collective action led to the production of a City Wide Strategy which involves actions for supply, treatment, rehabilitation and education/prevention (CityWide Campaign 1996).

1990s:

The move towards harm reduction strategies demanded major rethinking in agencies which had practised drug free programmes, and challenged the professional wisdom which saw failure of that objective as "lack of motivation." Debates raged among professionals as to appropriate treatment.

The rise in the prevalence of HIV/AIDS among IV drug users led to the establishment of a new service, run by the EHB, in Baggot St hospital, in 1989. This marked the first entry of the EHB in direct service provision for drug users, apart from the few counsellors working at community level.

The Government proposed to establish Community Drug Teams (CDTs) in specific targeted areas of Dublin (Department of Health May, 1991). The model was borrowed directly from the UK, and envisaged a multidisciplinary team operating at local level. Based on the Maudsley Community Alcohol Team model, and originally given a strong consultancy role (Advisory Council on the

[6] The process of replication is described in a later chapter.

Misuse of Drugs 1982) they were intended as treatment responses, located in communities, and not as measures which could affect the contributory social and environmental conditions of the areas worst affected. The Strategy also recognised that the community had a role to play in responding to drug misuse. However, that role was not clearly defined.

Two pilot Community Drug Teams set up in Dublin, one in Ballymun, and one in Rialto, attempted to develop in terms of "partnership" between local groups and the EHB. The structures put in place for the Ballymun pilot were dismantled in 1995, when it was acknowledged that, rather than improving collaboration, relationships were deteriorating (Forrestal 1996).

The Rialto team structure continued, but also reported difficulties in developing community involvement because of lack of appropriate mechanisms between the EHB and community groups (Bowden 1996).

Other teams have been established, for example in Tallaght, which are made up of EHB personnel, typically a counsellor, a nurse, with GPs contracted for prescribing. The engagement of local people is as service users.

GP involvement has been inconsistent, and lack of proper control structures has led to a situation where methadone is now a drug of choice for young people on the streets of Dublin. Local groups consistently report mothers buying methadone on the black market when their children cannot access a methadone programme.

While the lack of discussion in the Government Strategy of 1991 of the policy changes it contained has been criticised (Butler 1991), at the same time the recommendations for a wider role for general practitioners and for the establishment of community drug teams were seen as signalling "an end to the dominance of centralised services" (Butler 1991 p228; Community Workers' Co-op 1994). The required analysis of the changes necessary in structures was not undertaken. Neither is there any evidence of discussion of models of community care. In the event, the drug centres which have been established are in effect centrally controlled, through the EHB drugs programme, with little

interaction with local primary health care teams. The treatment model is still centralised & medicalised (Butler 1996; Cullen 1994a).

Similarly, the community services for alcohol problems, which have also been developing since the 1980s (under the Special Hospitals Programme) are almost entirely staffed by psychiatric nurses, with the predominant practice being the transfer of the disease model to a community setting (Butler 1996).

The 1991 Strategy was superseded by the Task Force of 1996, when new national and local co-ordinating structures were established. A National Drug Strategy Team (NDST) replaced the non-functioning National Co-ordinating Committee on Drug Abuse, and Local Drug Task Forces (LDTFs) were established in the areas worst affected. Once again, however, no analysis was carried out of the nature of the relationships of power and control already imbedded in the structures involved (McCann 1997).

Summary:

Problem drug use is a major issue for many of our communities. While use is countrywide, the evidence in Dublin reveals a concentration in the poorer communities of the inner city, and the large local authority estates. There is a wealth of support from communities from all over Dublin to "do something" about the problem. A CityWide campaign has drawn up a strategy for a response which involves health, education and justice issues. People have been organising themselves to play a part in helping. Once again, different actions are taking place in different communities, ranging from parent-to-parent education programmes, to local people engaging doctors and organising structures for the provision of methadone, to collective organisation to promote social change, to local people policing their own areas.

With this level of commitment from local people, expectations were high about the rhetoric in various documents from the Department of Health which emphasise the importance of community and voluntary groups being involved in health care, and by the statements of the Minister for Health such as "communities are pivotal to the provision of services for drug misuse" (Fine

Gael Special Conference on Drugs 21st October 1995). Also, by the mission statement of the EHB addiction counselling service, which reads:

> "To provide and develop an accessible community addiction counselling service, optimising community participation in the evolution of appropriate services" (Burke 1994 p11).

In order to have a fuller understanding of the context of community participation, it is necessary to take a look at the systems which are directly involved with local communities in Dublin. The next chapter focuses on these systems.

CHAPTER 3

RELEVANT STRUCTURES:

Some background information on the relevant structures will assist the discussion on community participation.

Health:

Prior to 1970, health service provision formed part of the responsibilities of the local authorities. A portion of the costs of the system was funded through local taxation. After reorganisation, local government played no direct role in policy making or in determining local priorities.

The EHB was set up as the statutory body with responsibility for health in the greater Dublin area in 1971, one of eight health boards in the country. Each board is made up of elected local representatives, a small number of ministerial nominees and representatives of certain health professions employed by the board. A Chief Executive Officer (CEO) is answerable to the board.

In the absence of local taxation, the structure is relatively centralised, with funding for services coming, in the main, directly from the Department of Health. A wide variety of voluntary organisations play a significant role in service delivery (Brady 1992).

A Community Care Programme was one of three programmes established under each health board. Eight Community Care Areas within the EHB have multi-disciplinary Community Care Teams. The decision to have management controlled by the medical profession was criticised in a major review of community care services in 1987:

> "....the Council is of the view that it is difficult in principle to justify the exclusion of non-medical personnel from the management of community care services. The managers of community care should have a broad knowledge base and have planning, analytical and organisational skills" (NESC 1987 p20).

GPs do not work as part of the teams, but as a contracted service.

In spite of increased direct employment of social workers from 1974-83 by the health board, (NESC 1987), responses to the emerging drug problems stayed medicalised and centralised. People were referred to the "specialists", (the National Drug Treatment Centre in Jervis St), and the employment of social workers did not lead to a focus of collective change within the structure, but rather continued the focus on alleviation of individual difficulties.

Community work posts created by the Department of Health in 1977 proved controversial in some health boards, the EHB among them (NESC 1987). Rather than engage the skills and orientation of the community workers to compliment social caseworkers, management systems seemed to set themselves on a path of conflict, which centred on aspects of the role of the community worker, and involved reporting structures. Not only the doctors and administrators, but also senior social workers, emphasised a traditional case work approach, and made strenuous efforts to deploy community workers in this way (Cullen 1992). Further confusion on role expectancies emerged with health board management envisaging

> "community workers as having an administrative, liaison brief with voluntary organisations who were providing a range of social services" (Cullen 1992 p180).

A major report on Child Care Services (Stationery Office 1980) affirmed community participation in the identification of children's needs and in the operation of services for children. A two-pronged approach, which would be responsive not only to immediate need, but would focus also on the identification of resources to meet needs, was supported by the National Economic and Social Council (NESC) in 1987.

The potential of the multi-disciplinary focus of the Community Care Teams was not realised, and the teams encountered many organisational problems (NESC 1987).

At the outset of the opiate problem in Dublin, professionals at community level and community activists looked to the health board and the community care structure for a response. An account of the opportunity presented to the young

health board through the opiate crisis to test its ability to respond to unmet needs has been documented (Cullen 1992).

Structural problems in the EHB became apparent as the population grew. Various reports have identified the need for change (Health-the wider dimensions 1986; Commission on Health Funding 1989; Dublin Hospital Initiative Group 1990; NESC 1990). The core problems were identified as;

- the absence of a single authority with responsibility for planning the delivery and co-ordination of services for the region;
- over centralised decision making within the health board and the lack of an appropriate management structure at district level, given the increase in the population over the last 25 years;
- the need for better communication and co-operation between the voluntary sector and the health board (Task Force on the Eastern Regional Health Authority 1997).

The Eastern Health Board, complete with already acknowledged fragmentation in structures and difficulties in management, was given responsibility for "the provision, co-ordination and funding of treatment programmes for drug misusers" in 1991 (Department of Health 1991 p18). A new position of AIDS/Drugs Co-ordinator was established. A public health doctor was appointed. Eventually, a new programme was established in 1997, to

> "manage the Board's input into community developments in disadvantaged areas through the area partnerships and other multi-sectoral initiatives which focus on a number of related problems including drug misuse" (EHB 1996 p4).

This programme was subsequently restructured in September 1997 to include Health Promotion and Adult Mental Health Services (EHB 1998). The creation of a new programme has been described as further fragmentation of the system, with all the activities that the structures had failed to manage being "lumped" together with the drug problems (Cullen 1997).

Employment has increased rapidly within this programme. Disciplines involved are, in the main, doctors, nurses, addiction counsellors, outreach workers, HIV/AIDS counsellors and general assistants. Efforts to use social work theory

to develop new conceptual models on community drugs work (Burke 1994) have not impacted on the practice of these services. Social workers, in spite of the important contribution they have to make (Butler 1996) are not generally employed in the drugs services. Management is, once again, medicalised.

The expansion of "satellite clinics" in local areas, controlled by central services, has, in some cases, eradicated any "community" aspect of the original drug counsellors' role, since they have been redeployed to work exclusively with heroin users. Those in the community with other forms of problem drug use do not present at the EHB addiction centres, or satellite clinics. Trends in recruitment of community addiction counsellors show a more traditional, specialist psychotherapy approach.[7]

Costs for recruitment show funding for 30 part time "key workers in the community" posts to be £150,000. This averages £5,000 per person, and is one of the lowest paid categories in the plan. In contrast, for example, 4 Education Officers, with 1 Secretarial Support is budgeted at £115,000, £23,000 average (EHB 1998).

Management of the centres is EHB. The relationship with the community is conducted through "liaison groups representative of the Board's staff and of members of the community in the immediate area of our centres to ensure that services are provided in an orderly manner." The EHB engages in consultation with communities to "endeavour to get support for its addiction centres and satellite clinics" (EHB 1997).

Community groups who have attempted to have a say in the management of local services, or in decisions around priorities and programmes, have not been successful (Ballymun Drugs Services Negotiating Group 1996; Connolly 1997; CityWide Campaign 1997).

Management systems have been criticised as inadequate for responding to the needs (ICON 1994; Bowden 1996), and it has been pointed out that a service

[7] For example, an ad for counselling supervisors for the Drugs/AIDS Services & Alcohol Services in the EHB, looked for registration with the Irish Council in Psychotherapy and five years' post-graduate experience in psychotherapy. (Irish Times 18.12.98)

evaluation report commissioned from two researches from outside the State, "gave no consideration as to why, in Dublin, there is a dual system of service management or of the work of community drug teams" (Cullen 1997 p11).

Local Government:

Dublin Corporation is, in the words of the City Manager, "the biggest landlord in the city..." (Dublin Corporation Feb 1997 p3). Many of its estates are severely affected by drugs problems.

Dublin Corporation also employs social workers and community workers, and has embarked on an extensive initiative in estate management, which aims to create the "links to build better communities, through which local issues ..... may be addressed" (ibid. p13).

However, local government in Ireland is more accurately described as "local administration" (McDonald 1989). Aspirations of local affairs being settled by local citizens themselves, local services being controlled locally, and local communities participating in the process and responsibilities of Government, (Stationary Office 1971) were never realised. Problems which have historically existed include centralised decision-making, insufficient finance, with no means of raising local finance, upward accountability, and a negative professionalism (Keyes 1997).

The overly centralised system has a very narrow range of functions. It has no role in policing, public transport or personal social services and very little in health or education. This has left little opportunity to develop integrated service delivery at a local level, essential to responding effectively to problems confronting local communities, "for example, traffic or drug abuse. This causes communities to look to central Government to solve their problems, or to propose new arrangements locally" (Department of the Environment Dec 1996 p7).

Centralisation was particularly exposed in the refusal of an £8m grant from the European Commission, because the structural administration of this grant had to be by a local intermediary (Community Workers' Co-op 1989). This grant

was refused at a time when local groups were being expected to respond to major national issues which arose from the crisis in the economy, including drugs.

Community activists have reported negative experiences of local government, preferring to go to central government where the decision making power lies (Community Workers' Co-op1991). Local authority involvement was experienced as one of control, with no consultation in relation to planning. Where groups had begun to stand up for themselves all sorts of responsibilities were thrust upon them with very little resources or information or power. In addition, local politicians were threatened by local groups.

However, there are examples of positive actions of community groups working with local authority decision makers to plan and make decisions in relation to specific aspects of their local area, for example Ballymun Housing Task Force. Now, as we approach the year 2000, a new White Paper has been published, (Department of the Environment 1996). While offering opportunities for more participation at local level, the implementation has been criticised for failing to engage effectively in the provision of information for community groups and others around the proposed changes, for the lack of clarity, and for the creation of confusion around the new structures. Offers of assistance to organise the consultation process locally have not been taken up (Community Workers' Co-op 1998).

Training and Employment:

The unemployment rate in Ireland increased rapidly during the period 1980-1987, from 7.3 per cent to 17.6 per cent. Following a slight recovery from 1987-1990, the upward trend became even more pronounced in the early 1990s (Sabel 1996). Long term unemployment became particularly acute.

The development of employment policy in the 1980s led to a variety of agencies organising interventions such as training and temporary employment schemes. These were eventually to become one agency (FÁS) in 1988.[8]

[8] For a fuller discussion on Manpower policy and employment policy see Breen et al 1990 ch7 pp 143-161; NESC 1990 part 111 pp377-430.

Many community groups have become dependent on employment schemes for essential staff. Community workers have found themselves cast in the mould of workshop leaders, supervisors, training managers, administrators of state schemes, to the neglect of genuinely developmental and educational community work. Very often a community's only source of funding for community organisation, youth work, or other activities, involvement in them can cause a switch in focus from development work with local groups to management and administration of community based training and employment schemes (Kelleher & Whelan 1992; McCashin 1990).

Groups entered into such relationships as mechanisms for change, but saw themselves instead becoming the means of increased management by the State over community activities.

> "One thinks here of the enthusiasm that accompanied the early stages of community training projects with the situation now where all policy and daily activity is determined FÁS" (Rafferty 1991 p8).

The rigidity of the state apparatus, and an unwillingness to experiment, were described as a hopeless way to approach the problems of the country, by the head of the government in 1986 (cited in Kelleher & Whelan 1992 p 87). These comments underlined

> "the difficulties experienced by many community groups in trying to find a way through the sectoral terms of reference of state agencies in order to get support for projects based on local knowledge and experience" (ibid. p87).

FÁS focused on the integration of the participant into the labour force, while community groups focused on the issue which brought them into being (e.g. drugs, unemployment).

Examples of the inappropriateness of allowing these schemes to be substitutes for strategic planning is available from the drugs field (McCann 1991; Ana Liffey 1985)[9] However, many of the new community drugs groups are dependent on them for personnel. The centralised decision making structure in FÁS presented great difficulties at local level in the Area Based Partnerships set up in 1991 (Craig 1994 p63).

[9] A discussion of the issues involved for community groups and state employment schemes through the 1970s and 80s is available in To Scheme .. Or Not To Scheme, (Independent Poverty Action Movement July 1986).

Education:

Despite the achievements in greater participation rates in education in Ireland, not all groups have benefited to the same degree (Clancy 1988). Working class communities have not felt part of the education system (O'Neill C 1992).

Low educational attainment has been attributed to parental issues, rather than disadvantage (INTO 1994). Those who benefit most from the formal education system are those whose parents are professionals, large proprietors, or well-paid salaried employees.[10]

Adult education is the Cinderella of the educational system, and tends to be seen as an optional extra by the policy makers. Participation rates in adult education tend to mirror those of the formal school system, with those who did not benefit from school in their childhood, also not taking up later opportunities (MacGreil 1990). Adult education may well be reinforcing rather than eliminating inequalities (Drudy & Lynch 1993). These authors questioned the common perception that adult education provides some alternative tier of education for those who did not succeed at previous levels.

Researchers imply that there are a number of interrelated inequalities that low-income groups experience in relation to adult education. These forces, (lack of information, lack of consultation, lack of guidance, financial support, few child care services), are "compounded by the inflexibilities in the standard institutions of education" (Drudy & Lynch 1993 p266). The lack of accredited courses in adult education creates a barrier to participation, in a climate where educational qualifications are more likely to land a job than other types of "non-formal" learning and experience.

Irish educational policies, including those of adult education, have been informed by the liberal equality-of-opportunity model. It has not been concerned with equalising access among all social groups. Lack of participation is defined as an individual rather than a structural problem.

[10] For a full analysis see Drudy & Lynch 1993.

Educational change has not led to equality of occupational opportunity (Breen et al 1990). There has been a rapid growth in what Breen calls "credentialism" and in formalisation of the labour market. The lower social classes in society have been deprived of that "educational currency that is required for both entry to and mobility within the paid labour market" (Drudy & Lynch 1993 p267).

> "Notwithstanding the stated commitment to equality of opportunity, inequalities persist and are significant.." (NESC 1990 p 314).

Structural isolation of the working class occurs, and has been attributed to the group's culture being defined in its totality as being structurally inferior and inadmissible in education (Drudy & Lynch 1993 p158).

The link between educational qualifications and work has meant that the system's chief role has been one of discrimination and selection. Many of the professionals working in the state agencies have come through this system over the last thirty years, and have different cultural and economic experiences from the communities most affected by problem drug use.

Social Welfare:

The Department of Social, Community and Family Affairs (previously Social Welfare) is responsible for the payment of the various social insurance and social assistance schemes. It also provides some support to voluntary and community groups, through a number of grants schemes.

The Combat Poverty Agency (CPA) was established in 1986 to advise the Minister for Social Welfare on all aspects of economic and social planning in relation to poverty in the state. While the link between poverty and health is well recognised, (Tussing 1981; Cleary & Treacy 1997[11]), the Department's involvement with health boards centres on payments of social welfare assistance.

In 1990, the Minister established a fund to support the work of local community development resource centres. While it was the first national fund of its kind, the lack of clarity on policy objectives, and confused mechanisms for

[11] see particularly Section Two: Inequalities in Health Care.

management and support, led to difficulties in the relationships between the Department, the Combat Poverty Agency and the projects at local level (Cullen 1994).

Now called the Community Development Programme, projects funded under the Programme came together to discuss their role in responding to the drugs issues locally at a conference in 1997. Involvement in the drugs issues varied from area to area.

The Minister for Social Welfare did not see drugs work as a direct part of his remit.[12] However, he did give a commitment to explore how the CDP could be used to support drugs work, and this structure was used to fund the CityWide Campaign in 1997.[13] Community workers appear confused about their role in drugs issues, being happy to leave services to the health board.

Drugs were included in the CPA strategic plan 1996-1998, and a grants scheme was set up to allow groups to develop the participation of local people in policy making.

The National Anti Poverty Strategy (NAPS) was launched on the 23rd April 1997, with the support of all the major political parties. It was described as a strategic cross-departmental initiative. Implementation of the drugs strategy was included in the NAPS (p18). However, the final document was criticised for the limited role accorded to the community sector, despite the emphasis contained throughout the document on partnership and participation. This role is confined to "consideration of the views of" the sector and invitations to participate in working groups "when appropriate or necessary" (Community Workers' Co-op 1997).

The Department has also produced a Green Paper on the Community and Voluntary Sector and its Relationship with the State (Supporting Voluntary

[12] Responding to a request for grant aid for YAP's training centre, the Minister wrote that the Project "does not come within the remit of my Department." (17.10.'96) The same Minister also made a similar statement at the conference held by the CDPs the following February.

[13] This was an amalgamation of many community groups throughout the city which had produced a strategy for drugs which included health, prevention and justice issues.

Activity 1997). While there has been a welcome for the clear recognition of the role being played by the community and voluntary sectors in finding innovative solutions to complex social problems and enhancement of quality of life, the relationships have been presented as "clientalist", where "community and voluntary activity appears in some way to have become merely an extension of the state and an agent for the implementation of government policy" (McInerney 1998).

Development of "Partnership" concept:

Promotion of a "partnership" way of solving national problems became evident in the late 80s, as the country was faced with the dual problems of rising unemployment and national debt. Following NESC concern at the evolution of the economic and social situation and apprehension at the implications of a continuation of the policies then in place, (NESC 1986), the Government agreed a Programme for National Recovery with the social partners, i.e. Trade Unions and Employers in 1987.

The subsequent performance of the economy was impressive, and the great strength of the Programme for National Recovery was attributed to the provision of consistency, continuity and credibility, thus providing a "particularly favourable internal environment" (NESC 1990 p50).

The Community sector was not included in the Social Partners until Partnership 2000 (1996), when The Community Platform was set up as a mechanism to organise the participation of this sector. Partnership 2000 contained a specific commitment to implement the recommendations of the Ministerial Task Force on Drugs.

Area Based Partnerships:

The concept of an area based approach to long-term unemployment was raised by NESC in 1990. The Council argued that the strategies employed to that point would have no impact on long-term unemployment because this group was particularly disadvantaged. Special measures, to be effective, needed to

be targeted in an integrated fashion, in the context of local area based strategies (NESC 1990).

Agreement on a Programme for Economic and Social Progress (PESP) was reached between the Government, Employers, Trade Unions and Farming Organisations in January 1991. Section VII provided for the establishment of area based responses for dealing with unemployment, which saw local communities as "primary movers" (Programme for Economic and Social Progress 1991 p75).

Their task was to reconsider the problems of unemployment and under-employment within their home jurisdictions; devise effective responses to them that the central government alone could not discover, but to which it may refer in reforming its own administrative structures and, above all, in improving the connection between these and local communities (Sabel 1996).

Participation of the voluntary and community sector was more easily talked about than constructed, and was the source of "ongoing tensions within the PESP Area Based Response" (Community Workers' Co-op 1992).

However, the existence of Community Development Projects in nine PESP areas helped to create a context for community work (Craig 1994 p76).

A central co-ordinating body, the National Co-ordinating Team (NCT) was formed in the Department of the Taoiseach. The NCT consisted of representatives of the various relevant departments - Education, Social Welfare, FÁS, with trade union representatives from ICTU, and employers' organisations as well as personnel from the Taoiseach's Department.

While the exposure of different agencies to alternative ways of working has, for the most part, been regarded as a positive part of the work, with state agencies seen to be thinking in a less compartmentalised manner than before, the establishment of an operational framework posed difficulties for the state agencies, in that they were defensive about their areas of responsibility (Craig 1994).

While Partnership does not represent a panacea, the approach was recognised as having the potential to be a springboard to a new response to economic and social problems having enormous potential for Ireland and for all OECD countries (Sabel 1996).

Attempting to build on the framework of the Partnerships in implementing integrated plans, the Ministerial Task Force on Measures to Reduce the Demand for Drugs recommended similar structures, establishing Local Drugs Task Forces, (LDTFs) in 13 areas which already had Partnership structures. A central role in setting them up was given to the Partnerships, who nominated the chairpersons. A National Drugs Strategy Team (NDST) was also set up, to co-ordinate the local action. While evaluation of these new structures is only now beginning, local experiences have varied (CityWide Campaign 1997b). Commitments by the previous government (which produced the Task Force Report in 1996) for a second phase of funding, named the Youth Development Fund, were threatened by a change in government, and were only sealed after an intensive campaign by local groups in Dublin. Structures set up by the Government for the implementation of this fund did not include local structures, and local representation has once again had to be fought for.

Interpretation of partnership models has implications for representation on these intersectoral bodies (Crowley 1996). While the NDST has a member with a voluntary group background (a priest), and one with a community background (an employee of the EHB), the voluntary and community sectors were not invited to participate in their selection.

Summary:

This "thumbnail sketch" of the systems involved in the communities most affected by drug abuse, all of whom have a major role to play in developing integrated responses, perhaps helps us understand why the claims of successful intersectoral collaboration in responding to drugs issues (Department of Health 1986 p26) were later to be described as being superficial, having been achieved by ignoring real policy dilemmas (Butler 1991).

It is the contention of this thesis that these policy dilemmas are not only treatment method issues (abstinence v harm reduction), but more fundamentally issues of the relationships involved between the apparatus of the relevant systems, and the communities most affected. Eminent social researchers have shown how these systems developed in the history of Ireland out of expediency, rather than the public good (Breen et al 1990).

Efforts to address the inadequate co-ordination have been made, following the Ministerial Task Force report of 1996. The National Drug Strategy Team is designed to be "cross departmental" and "of the type envisaged in the Strategic Management Initiative in the Public Service". The Strategic Management Initiative, introduced in 1994 as a mechanism for managing issues which crossed departmental responsibilities, is a recognition by government of the need for a more efficient public service (Community Workers' Co-op 1996). The Drugs Strategy Team also includes members with a background in the voluntary and community sectors dealing with drugs. However, analysis of the difficulties of intersectoral collaboration and community participation were missing from the report (McCann 1997).

At local level, LDTFs struggle with the dynamics of centralised systems, which, if patterns of previous partnership approaches are repeated, will have some local impact, will promise much in the way of creativity and potential for change, but will struggle to impact at national policy level, actually affecting major change (Sabel 1996). While the involvement of local community groups has been recognised as being critical to the credibility of the LDTFs, (Department of Tourism, Sport and Recreation 1998), experience has shown that there are dangers that these structures can become mini-bureaucracies manifesting the problems they were set up to overcome (Combat Poverty Agency 1995).

Central systems have little understanding of the changes necessary to successfully implement these very laudable and welcome structures. Different perspectives on the role of communities lead to confused understandings. Community activists differentiate between partnership based on increasing the capability of the state to deliver services more sensitively through user involvement, and partnership through a rights based approach (Crowley 1996).

Workers accustomed to hierarchical structures find the networking systems of community groups slow and ineffective. Systems which do not have the history or experience of organising effective consultation and accountability mechanisms struggle to understand. Community development focuses on developing policies based on participation and local experience. State funding of this is confined largely to the Combat Poverty Agency.

The concept of partnership, including community participation, offers us a way forward. However, important work remains to be done if this concept is to really influence lasting change.

> "anomalous character of the partnership programme within the public administration represents a weakness that needs to be addressed" (Sabel 1996 Foreword).

Confusion about the role of the community continues to cause conflict.

Before exploring this issue through a global perspective, using Primary Health Care as a focus, the development of community work in Ireland will be outlined.

CHAPTER 4

DEVELOPMENT OF COMMUNITY WORK.

A new era of prosperity in the 1960s in Ireland did not benefit all sections of the community. Rapid economic and social transformation was accompanied by the exclusion of large sections of workers (Breen et al 1990). The marginalisation of two specific classes, unskilled manual workers and small farmers, together with the disadvantage accrued by low-wage workers through an inordinate share of the tax burden for the modernisation, provided the formative context for later community development initiatives (Ó'Cinnéide and Walsh 1990).

In Dublin, many of those marginalised were residentially segregated in the inner city, and in large housing estates on the edge of the city. While developments based on self-help and mutuality have been evident in Ireland since the 19th century, (Kelleher & Whelan 1992), new strategies began to develop to meet the needs of the changed economic and social climate of the 1960s. Community-based Social Service Councils provided a range of services for deprived groups, "while mustering a veritable army of local volunteers" (Ó'Cinnéide & Walsh 1990 p327).

In the west of Ireland, community development co-operatives were created as a practical alternative to the state models of development, which were failing to stem the problems of the region.

A new wave of citizen involvement and community activism involving tenant groups, women's groups and housing action groups took place in urban Ireland in the 1970s. Recognising the root causes of poverty to be in the economic and social structures, their activities embodied principles which emphasised the right to consultation and direct democratic participation (Kelleher & Whelan 1992). Strong influences were the urban labour movement, with the traditional close link between work and locality in many working class areas (Rafferty 1990), and the women's movement, with its methods of organising which emphasised

consensus and democratic decision making in groups (Kelleher & Whelan 1992).

Significant new models of community development were pioneered in the early 1970s, which emphasised systematic analysis of problems people experienced at local level, and attempted to build innovative democratic structures.[14]

By the time the 1980s came along, the community was frequently presented as a site for the solution of various social and economic issues, e.g. unemployment and the provision of "care" for those de-institutionalised by health cuts (Crickley & Devlin 1990). At the same time, religious congregations, influenced by liberation theology and the experiences of members working in developing countries, refocused their resources, resulting in many of them moving out of large, separated institutions, to live and work in the community.

A two stranded approach developed, with on the one hand the potential of community work to alleviate individual poverty through community service organisations being promoted, while at the same time, the active participation of those directly experiencing poverty and disempowerment in defining and responding to their own needs as a structural phenomenon, was being supported and facilitated (Crickley & Devlin 1990). These were two distinct, and often contradictory, trends in Irish community work.

The former, particularly in the health area, has suffered from a lack of a framework to ensure continuity and quality of care, with a lack of investment in local community structures and non-institutional services. Families, and in particular women, stepped into the breach (McCashin 1990).

A similar scenario developed in the community training area, where the state played a major role in focusing community responses to unemployment (which developed dramatically in the 1980s), into a more limited labour market outlook (Ó'Cinnéide & Walsh 1990).

[14] See Kelleher and Whelan 1992 pp6-9 for an account of The Irish Foundation for Human Development, and The National Committee on Pilot Schemes to Combat Poverty.

By the end of the decade, it was being recognised that participation in community development can be a valuable education and morale-boosting experience for poor people, and that community development can revive a whole area and make public services more relevant and more accessible to the local population (Combat Poverty Agency 1989). Despite the involvement of groups in providing essential services, such as those for the homeless, drug addicts, the elderly, and compensatory education, recognition of a role for community groups in decision making was absent. Demands by community groups for a role in planning their own development were consistently resisted, (Tucker 1990), even as they were being increasingly invited to help find solutions to the national problems (Kelleher & Whelan 1992).

Some recognition of the value of the work came with the establishment of the Community Development Fund in 1990, as part of the Department of Social Welfare (Cullen 1994). The Combat Poverty Agency (established in 1986) was involved in supporting, advising and monitoring what became The Community Development Programme, with a specific anti poverty focus.

The existence of Community Development Projects (CDPs) in nine PESP areas contributed significantly to the development of the partnership concept at local level, and helped to create a context for community work (Craig 1994). Indeed, area selection for partnerships took into account the practice of integrated work already in place (Byrne 1992).

The 1990s have seen community and voluntary groups claim participation in national structures, e.g. The National Economic and Social Forum, and contribute effectively (CWC 1995). Organising themselves to establish mechanisms for representation, the sector negotiated a place in the national discussions for a new agreement (Partnership 2000), taking a place with the government, trade unions, employers and farming organisations, under the banner of the Community Platform. Membership of the Community Workers' Co-operative, established in 1981, has grown steadily.

Accessing available European funding has enabled many groups to grow, and employ paid workers. Community development workers are now sought after

by developing structures, particularly at local level. Groups have grown in sophistication and expertise through their experience of negotiating these initiatives.[15]

Community organisations were described as having

> "played a vital role in bringing citizens' concerns to the attention of government; they advocate particular policies and present alternatives for political participation; they very often provide essential services; they perform policy analysis and help to monitor and implement it" (CWC Submission to the National Anti Poverty Strategy p6).

The role of community development is described as, among other things, challenging

> "the nature of the relationship between the users and providers of services" (ibid p9).

Significant changes have occurred in terms of a shift from a more charitable approach to a solidarity-based type of approach. The sector has sought to respond to and to ensure a voice for the collective interests of groups which experience social exclusion (Voluntary and Community Sector Presentation to the Irish Forum for Peace and Reconciliation. 20 Jan 1995).

Relationships between the state and the community sector have been fraught with difficulty, being characterised as the former manipulating the latter, with a lack of clarity, and reluctance to fund a community development process leading to resentment and criticism of statutory agencies by local communities (Faughnan 1989). The manipulation claim arises from the state's very profligacy in its use of the term community: community care, community schools, community relations with the police force, community enterprise, community training workshops, community work and community development (Ó'Cinnéide & Walsh 1990).

The role of community work has been defined as, inter alia:

- to strive towards more just participative and representative structures which provide for more control at local and other levels;

[15] For a full discussion of issues surrounding EU initiatives and community groups in Ireland, see CAN Comment Paper 2, June 1995; Community Action Network, Dublin.

- to present alternative ways of working; test new methods; seek to be dynamic, innovative and creative in approach. Its role is to organise in a way that involves the skill, knowledge and experience of people.
- to ensure real participation for people in their struggle for control of better and existing services (CWC 1989).

In reality, community groups often carry out a dual role, having the

> "capacity to combine a social service (welfare orientated) function with a social action (interventionist) role" (Duggan & Ronayne 1991 p5).

The capacity to deliver welfare services attracts state funding. In this regard, the potential of local groups to act as service providers or as the site for the delivery of provision to a client community is emphasised. Less recognition in terms of policy and finance is given to the more pro-active role, that of vehicles to facilitate the emergence of collective responses to the causes of disadvantage at local level (Duggan & Ronayne 1991).

> "... the specific contribution of local groups to ameliorating disadvantage derives from their ability to embrace these roles as a totality without drawing explicit distinctions between welfare delivery, whether formally in partnership with the State or otherwise, and a more pro-active role" (ibid p53).

While acknowledging the risk of over generalising from their study, Duggan & Ronayne attributed the generation of more durable benefits for people, the locality and the State, when groups included a developmental approach to their involvement with people's problems and/or a campaigning focus to their activities. The authors saw the emphasis on the service provision aspect of local action, while facilitating the total numbers who can avail of the services provided, as limiting the capacity of local groups to provide benefits that are intensive, durable and accessible to the most disadvantaged. People living in areas characterised by multiple problems, including poor housing, health and education facilities, are aware of facing a concentration of difficulties and have little confidence in the ability of authorities to solve their problems. Groups can be vital instruments of social cohesion, and networks achieve vastly more direct participation than most official initiatives (European Foundation for the Improvement of Living and Working Conditions 1993).

Many of those now involved in responding to the drug-related problems in their areas, are well schooled in the practice of local action, having participated in the actions of the 1970s and 1980s, to alleviate the effects of the growing marginalisation of their areas. They realise the ineffectiveness of acting as implementation facilitators for centrally decided actions, and seek to develop structures for shared decision making and monitoring of actions on their localities. Finally, they create networks as a natural part of action, and see more effectively than government structures the possibilities for crossing boundaries, creating horizontal rather than vertical models of integrated delivery. The latter are characterised by one government agency being involved with one local group, whereas the former allows examination of the manner in which an issue is being addressed by various groups and agencies, and on that basis to consider how their different and unique contributions may be strengthened (Duggan & Ronayne 1991).

Recognising the limitations of over individualising the issues, and adept at implementing a dual focus, some of these groups are in line with the global perspective promoted by the WHO in its Declaration of Alma Ata, as a strategy for the achievement of Health for All by the Year 2000, (HFA 2000), which is further explored in the next chapter.

CHAPTER 5

A Global Perspective

Community Participation in Health:

The notion of community involvement in its own health care grew significantly in the early 1970s, through reports of what was happening in China. Returning visitors enthused about the 'barefoot doctor' system they had seen being used to great effect, providing health care and health education to the 500 million rural Chinese (Rifkin 1978).

Changing ideas about poverty, health and development, along with concerns about population growth and disillusion within the medical care model, influenced the thinking of some sections of the medical profession, who were supported by social scientists.

By the mid 1970s there were examples of ordinary village people receiving a short training and returning to their own villages to deliver a rudimentary primary care service (Walt 1990).

Many countries were using community health workers (CHWs) to service the communities they came from with basic health care facilities. These workers were used in different ways, with some being utilised in direct service delivery, relieving professionals of routine, rudimentary treatment or prevention actions. However, others laid emphasis less on service delivery, and more on determinants of health, organising the community to tackle these. In this role, CHWs were seen as agents of change (Werner 1981). Building on community development ideas, 'medical' care increasingly became 'health' care.

The World Health Organisation, of which Ireland is a member, considered this approach in great detail, when they produced their Declaration of Alma-Ata, in 1978. This document clearly stated:

> "The people have the right and duty to participate individually and collectively in the planning and implementation of their health care" (Article IV).

Whilst the concept of community participation in primary health care has been used, in many ways, principally by the developing countries of the world, it equally recognises the importance in developed countries where primary care needs cannot be met by regular services, because of special conditions, social, economic and environmental. It has been found to be a relevant concept in rural Ireland, where services struggle with these conditions (Quirke, Sinclair and Kevany 1994).

A central, fundamental role is outlined for communities, through the identification of needs, the decisions taken to meet those needs, and the planning and implementation of responses.

It is a useful framework for considering the issues involved in moving drug services in Dublin from a centralised, medical model to one based on comprehensive community care (McCann 1998).

The importance of health programmes adopting community development practices in Ireland was highlighted by Tobin (1995) when she said

> "....not only do such programmes (health and education) have a greater capacity to tackle social exclusion and inequity but the way in which they operate can actually contribute to exclusion and alienation."

The Irish experience was similar to the findings elsewhere:

> "It would seem that current health educational programmes are actually widening social class difference!" (Hubley 1980 p113)

Similarly, medical treatment can actually cause illness:

> "certainly some of the patients being treated today would not be ill if they had not been treated yesterday" (McEwen, Martini & Wilkins 1983 p9).

The Department of Health in Ireland has highlighted community participation in successive documents: *Health - the Wider Dimensions (1986), The Years Ahead (1988), Community Medicine and Public Health - the Future (1990). Shaping a healthier future (1994)* and *Working for health and well-being (Strategy Statement 1998-2001*) commit the department to work in "partnership" with other government departments, statutory and non-statutory bodies.

However, implementation of this strategy seems to depend on varying factors. An account of a community development project in a deprived area of Scotland which identified health needs shows the difference in understanding (Hunt 1990).

Medical personnel expected that the project would convince local people to take more preventive action within a medical model, for example, go for cervical screening, stop smoking, take up immunisation. However, the topics raised by local people as crucial to their health tended to relate to the socio-economic and emotional distress in the community. In responding to these needs, one group set out to try and address tranquilliser use among their members. The group had no medical practitioner as part of its regular functioning, working on a self-help support model for changing the use. They quickly came into conflict with the doctors in the area who saw them as invading the area of clinical judgement and casting doubt upon the knowledge and competence of local doctors. Only one woman doctor, who was new to the area, referred people to the group.

A review of progress in the UK painted a dismal picture. While references to HFA 2000 had become increasingly prominent, these had not translated into increased support for community development for health initiatives (Farrant 1991).

Implementation, it seems, depends to a large extent, on interpretation.

Community as a Setting:

One common interpretation sees the community as a setting, with the originating agency having the resources and the power to make decisions, determine the timing, extent, and terms of the service. Contact is made with the target population only when the service is about to be commenced, and location, staff, and programmes, have been decided upon.

This interpretation implies a positive alternative to residential care (National Economic and Social Council, 1987), and could be said to be the dominant interpretation in the English model of Community Drug Team, where services are provided in a locality, instead of a central base. Set up as clinical units of

various composition, these teams were given a task of consultancy to generic services in their area, with the aim of involving the professional carers in the care of drug users. However, results have been disappointing, with teams abandoning the consultancy role given by 1992, and the more disadvantaged groups still not being reached (Strang, Smith, & Spurrell 1992).

This view of community involvement sees the relationship between the community and the health professional in the conventional manner, where the worker is active, and the community passive, as the patient (Jones & Macdonald 1993). The State delivers, the Community receives.

Whilst clinical units at local level have a better chance of tailoring services to meet the needs of catchment areas (Strang et al 1992), this approach consumes a large slice of the budget, and has been rejected as a proper interpretation of community involvement in PHC (Banerji, 1984; Macdonald, 1993).

Indeed, it could be said that strategies which engage community people in therapy, without addressing injusticies, simply add to the process of alienation and exclusion (Dulwich Centre 1990).

Community as a Resource:

A second model of community involvement involves equipping local people to implement projects which are largely determined by the outside sponsoring agency. In Ireland we have such an example of community participation in primary health care, in the EHB's Community Mother's Programme. This programme, initiated because the public health nurses could not meet the demands for services, recruited experienced mothers in disadvantaged areas to give support and encouragement to first time parents in the rearing of their children, emphasising health care, nutritional improvement and overall development (Johnston 1993).

In primary health care the training of local people as care providers is not new (Werner 1981; Walt 1990). This model takes community involvement a step further, and has many advantages. However, it is not without its limitations and

dangers. These workers can become, instead of the change agents they have the potential to be, just "another pair of hands" in the system (Johnston 1993; Walt 1990). Recruiting workers from affected populations can be used to help agencies avoid their responsibilities to transform themselves (Southwell 1995). This approach, much in line with the voluntary tradition in Ireland, is useful, but safe and secure. It is a model which is more readily approved than the more challenging approach of collective change. The concept of participation is not used as a yardstick for funding purposes, and the range of activities conducted in this way may be a substitute for a real policy (McCashin 1990).

A More Radical Approach - Community Development:

Both of these approaches have their value, and their successes. However, neither of them constitute community participation as laid down by the World Health Organisation in 1978, and reinforced in 1987 (Declaration of Alma Ata, 1978, and Ottawa Charter for Health Promotion, 1987). PHC requires and promotes

> "maximum community and individual self-reliance and participation in the planning, organisation, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;" (WHO 1978 p4 Article VII).

This approach is very similar to a community development approach, with its basic principles of participation, equity and intersectoral collaboration (Jones and Macdonald 1993). It is an approach which encompasses a commitment to a holistic approach to health, recognising the central importance of social support and social networks, and attempting to facilitate individual and collective action around common needs and concerns which are identified by the community itself, rather than being imposed from outside (Smithies & Adams 1990).

WHO speaks of the essential ingredient of massive public involvement

> "not just in the support and operation of health services, but **more importantly in the determination of health priorities and the allocation of scarce health resources."** (WHO 1991 Technical Report Series 809 p3; emphasis added).

This is a more radical approach. Good progress has been noted throughout the European region in improved health, except in the critical area of equity (WHO 1994). Equity has not been achieved in drug services in the UK, in spite of expansion (Strang et al 1996). A more radical approach is needed if we are to pay attention to the way health is sociologically structured, and avoid the trap of attributing problem drug use in our poorest communities as issues of individual choice only.

Conflict abounds about the role of local people in health, with some viewing them, as Johnson says, as mere extensions of the health system, still following policies and programmes which are decided from central bodies, and others seeing the roles as much more than that, having an agenda for change, a political role. Rifkin pointed out that the observers of the "barefoot doctors" in China failed to report that this was indeed a political programme, aimed to remove power from the medical doctors, and invest it in the people.

Arthur Brownlea (1987) discussed some of the impediments, pointing out that community participation does not exist in a vacuum. Participation may be very selective, and may achieve validation rather than change.

Brownlea believes that Peter Pritchard hit upon a key issue when he said:

> "The Alma-Ata statements on community participation are at the centre of professional values and beliefs, and pose a threat. The temptation by physicians to dismiss participation as irrelevant, too political or too difficult is strong, but there is a rising popular tide of demand for involvement which is reinforced by the Alma-Ata message and provides challenges for the future" (Pritchard 1986 p87).

So, Brownlea & Pritchard argue the challenge that community participation is to the existing power structures and acceptable role models for doctors, clients, bureaucrats and politicians. Stating that professional mystique is no longer an adequate power base for professionals, Brownlea poses that perhaps this is at the nub of the difficulty in implementing the strategies for increased community participation.

Summary:

What sometimes looks like community development for health is, in fact, anything but that (O'Neill M 1992). Whilst Community Development for Health appears under many forms and guises (Beattie 1986; Gabe 1994), participation has been defined as having essential elements:

- participation must be active; mere receiving of services does not constitute participation;
- participation involves choice;
- choice must have the possibility of being effective (Rifkin, Muller & Bichmann 1988).

The first two models would seem to suit the practice of the systems involved in Dublin - communities as sites for solving social problems, and communities as resources for implementation of central policy.

However,

> "Community groups seek to move beyond being merely service providers and to play a role in planning and decision making" (CWC 1990).

Attempts by community drugs groups in Dublin to contribute in this way have met with resistance (Connolly 1997; Ballymun Drug Services Negotiating Group records 1996).

Connolly described how the EHB went ahead with plans for a drug treatment centre, while delicate negotiations were going on at local level involving all the interested parties. This decision led to conflict in the area. In Ballymun, offers to assist the EHB through active participation in management and monitoring of drug services were rejected in favour of establishing a monitoring group, which would be concerned with issues of local security. In the event, this group has never been convened.

Difficulties have been attributed to conflicting treatment philosophies (abstinence vs harm reduction), and to the marginalisation of drug users in society.

However, issues of community participation are complex and misunderstandings occur arising out of the complexity. Terms are used without

definition, and can mean different things to different people (Ó'Cinnéide & Walsh 1990).

Some of the complexities involved will be explored through a case study of one community drugs project, Ballymun Youth Action Project, which was founded in 1981, to "develop a community response to drug abuse."

CHAPTER 6

CASE STUDY

Ballymun Youth Action Project is one of the oldest community responses to drug abuse in Dublin. Following the deaths of three of its young people in 1980, local parents approached the social workers, asking for help. Together, and with the help of a local school, they organised three public meetings. A committee was elected at the last of these meetings, on 10th March 1981, to take the work forward. The name "Youth Action Project" was adopted, as the immediate concern was for the young people in the area. In a climate of growing drug use and unemployment, the young people of the area were seen as being particularly vulnerable to the increased availability of drugs.

Metaphors can be a useful way of drawing out the picture in an inductive process such as this. At a staff/committee review day, which took place during the period of this research, staff and committee members were asked, "If the Project were an animal, what would it be?" The answers give some clues to the versatility, creativity, and multifaceted nature of this group (YAP 30th Sept 1997).

People chose different animals, ranging from the very small – chickens - to the very large - an elephant, a pregnant bear!
Four chose an **octopus,** and this seemed an appropriate way of representing the parts of the Project. An octopus has a centre, but also many parts. The tentacles are part of a whole, but they spread to reach out. The octopus stays in the background, moves steadily, can change shape, and is loyal. These characteristics, described by the group in their feedback, proved useful in describing the categories which emerged from the data (see Diagram 1).

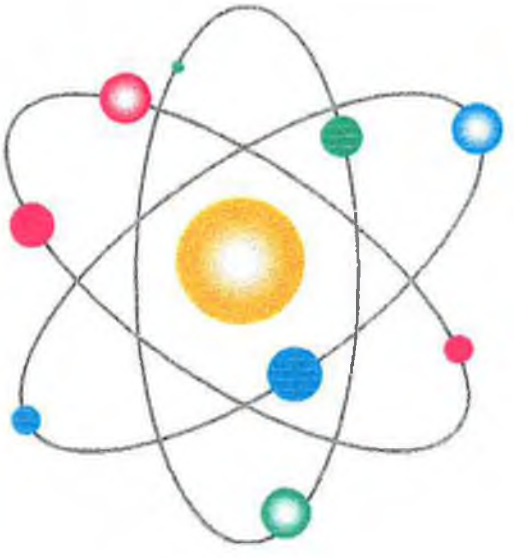
Categories which emerged for describing Ballymun Youth Action Project are as follows, each with the "rule" which guided data inclusion:

1. The Philosophy - says something about the beliefs.
2. The Work - says something about the actions.

3. The People - says something about the characteristics and the attitudes of those involved.
4. The Structures - says something about how things happen.
5. The Funding - says something about the sources for funding, and issues surrounding money.
6. Training - says something about what skills, knowledge and attitudes are necessary, and how they are obtained.

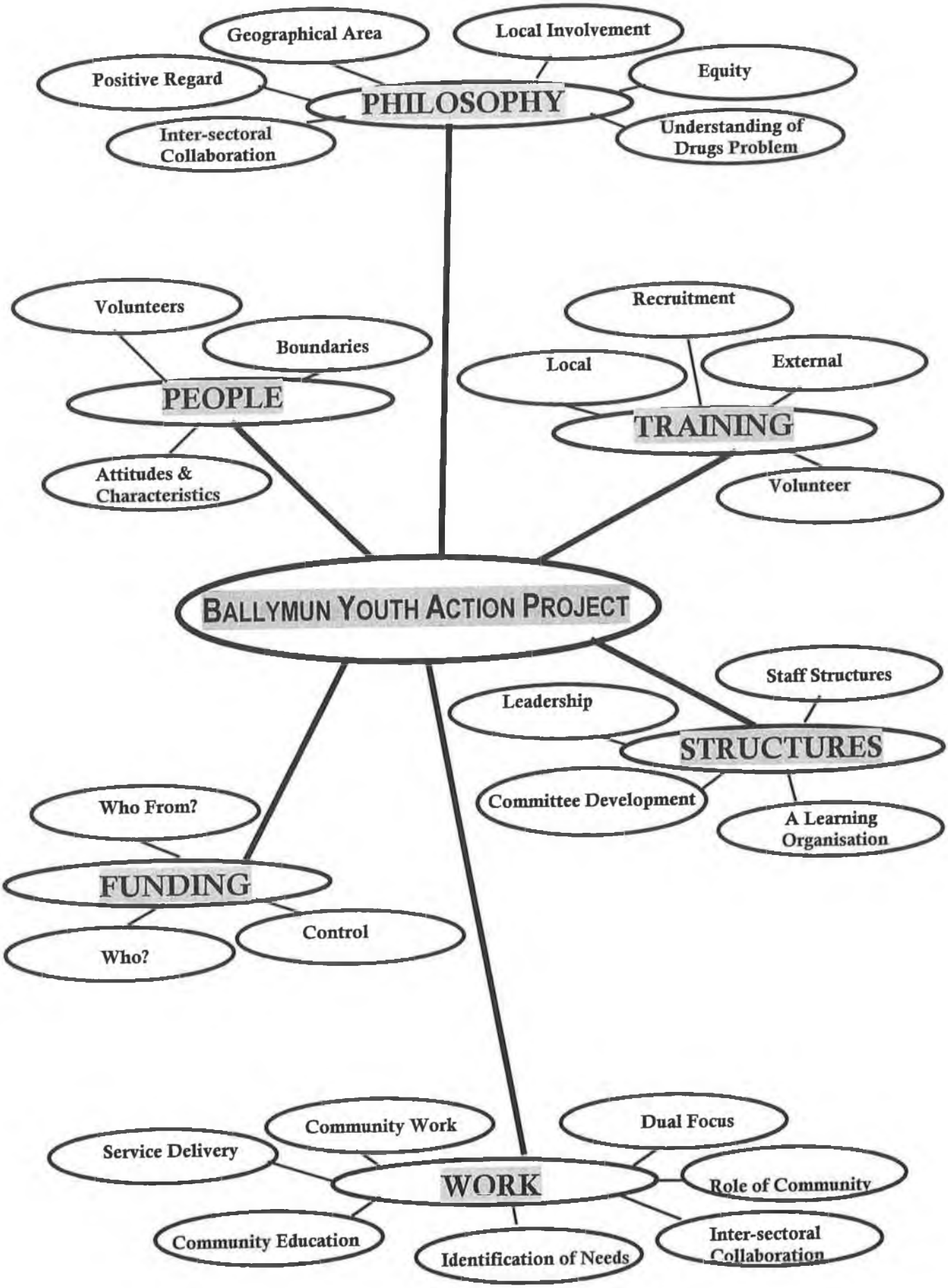
These categories revolve around a central core, and all are connected to that core. Each, in turn, has its own sub sections, or "satellites", which also show the connections between them.

This picture helps representation of this:



Ballymun Youth Action Project is a dynamic, moving, energetic entity, whirling around at high speed sometimes, and at others spinning in slower, more deliberate mode. While the attempt here is to take a closer, reflective look at some of its component parts, it is essential in doing so to connect these to the whole, to the core. It is also important to note that at any one time, only a limited view of the whole is possible. Other parts will be either hidden, or only partially seen.

(Diagram 1) **EMERGING CATEGORIES**



Key for understanding the data references:

Interviews are referenced by number, page number, and paragraph number. For example int1/5 p3 = interview 1, page 5, paragraph 3.

Student placement reports are referenced similarly, using sp, followed by the year of the placement, followed by the page number. For example sp92/6 = student placement 1992, page 6.

A placement diary kept by this researcher when a student in 1984 is referenced pd, followed by the date of entry.

A process recording kept by another student is referenced using pr.

Excerpts taken from three interviews carried out as part of the evaluation of the Community Addiction Studies Course have been referenced numerically. For example, CASC1/8 = interview 1, page 8.

Staff minutes have been referenced using sm, with the date.

Similarly, committee minutes have been referenced using cm, and the date.

Annual Reports of the Project have the abbreviation AR, followed by the year.

Excerpts from the interviews are taken from the interviewee's perceptions, verbatim. No major attempt has been made to tidy them up. Interviewer questions and interjections are indicated where they are necessary to convey the meaning of the quotation. Where this happens in an excerpt, they are signalled by Q at the beginning. On occasion, they are in brackets in the text.

The interviewee's words in these excerpts are indicated by A.

THE PHILOSOPHY

(SAYS SOMETHING ABOUT THE BELIEFS)

Geographical Area:

The Youth Action Project (YAP, also referred to as "the Project") was set up and operates in a very identifiable geographical area, known throughout Ireland, and Europe, as a "problem area" (Power 1998). The estate, built in the 1960s when the Irish economy was opening up, was the first high rise housing scheme in the country, and was intended to herald a new dawn in public housing in a city which had a major housing problem. There was great hope (Muldowney & Mulhall 1975; Power 1998; YAP 1998).

Within ten years, it had a reputation as a last resort for housing, and became a transit camp on the way to other housing (Kerrigan 1982; SUSS Centre 1987). The seeds of the problem drug use that was to become more evident in 1980 were noticed then, through increased drug related referrals to the local psychiatric clinic, and through increased attendance at the National Drugs Advisory Clinic, at that time situated in Jervis Street, Dublin (YAP 1983). The hopes of a bright new future gave way to survival, as the people struggled to cope with external forces, like increased unemployment, negative media images, a rising school leaving population, discrimination, and official neglect (SUSS Centre 1987).

The place is very identifiable physically because of the high rise buildings (seven tower blocks of fifteen storeys, seventeen spine blocks of eight storeys, eleven four storey blocks, and one thousand nine hundred and sixty local authority houses) which can be seen from most points in the city, and beyond. In 1987, it was described like this:

> "The casual visitor to Ballymun is immediately struck by the level of physical deprivation, especially around the flat complexes: lifts out of order, poor lighting on stairways, vandalised flats without doors or windows, litter especially around the basement chutes, graffiti, etc" (SUSS Centre 1987).

People in the area suffer from discrimination, because of where they live:

> "... people that I know go for jobs and didn't put their address down as Ballymun, cause they knew they wouldn't get the job.

> From their experience they got a lot of no's from putting Ballymun down" (CASC3/5).

The estate is a short journey from the centre of Dublin (approximately twenty minutes by bus), and is bordered by areas of predominantly private dwellings. It is situated beside Dublin's international airport, and is easily seen as people fly in and out of the country.

Local people identify their area as the boundaries around the flats and the houses. Over five thousand public housing units are concentrated within a one and a quarter mile radius. Surrounding areas have been emphatic about their separateness from Ballymun.

YAP operates from the flats. The office is situated in a small, one roomed "granny" flat, and other services are organised from two three bedroomed flats on the same ground floor level.

Following an evaluation of some refurbishment of the area (Craig Gardiner 1993), a decision was made by Dublin Corporation to demolish the flats complex, and replace it with new housing. A new company has been set up, Ballymun Regeneration Ltd (BRL), and once again the people are in the national eye, as the plans are developed to build a new Ballymun.

For YAP, "The catchment area is the Ballymun community" (YAP 1991 p2). Its training centre, situated less than half a mile away in Santry,[16] struggled to be seen locally as part of the community:

> ".. it's Ballymun reared if you like, but it's not Ballymun based, do you know what I mean? in that sense, and I'd hate to think we'd lose anything in that" (int7/7p4).

Accessibility is part of this focus on location.

> ".... We would like to get back to Ballymun, the community side of things is important too. Obviously you need to get the work done, but being in the community, I think, would be important too. Especially for the resource centre; maybe more people would more freely access it" (int6/3 p1).

[16] In September, 1998, the training centre (URRÚS) moved to a flat in Ballymun.

> "..... I do think for it to be seen as Ballymun Youth Action Project it has to be in Ballymun. Cos I think you lose, and I think it loses a little bit of that community thing as well, because people are not as free to call in to us as they probably would be if we were based in Ballymun" (int7/7 p4).

Being located in the flats complex reinforces the identity of the group as a community group:

> "And I think that's for other agencies as well, you know, to be able to see us in Ballymun, it would send a good message" (ibid).

and reinforces the reality of every day life for the tenants:

> "... on the first day I called up to visit before the placement began it turned out to be quite a shock. My first impressions were ones of absolute terror!!
> I was intimidated and overwhelmed by the location of the flat and its surroundings" (sp92/1 p1,2).

The richness of the learning opportunities available is connected to the area:

> "...The connection for people is that it's community based, and that it's open, and that the diversity of learnings, you know I mean there's a diversity of learnings here, in the different groups that go on. I mean there are different ways that people learn," (int7/8 p2).

This interviewee talked about the projects that people had done on the courses run by the training centre. She saw the different ways that people had done those, and cited one as an example:

> "Like we had a fellow drop in the other day who had done music, songs and that sort of stuff, and it was just fabulous, some of the stuff was just unbelievable, absolutely. And even the covers, the photographs, and the lengths he had gone to getting the photographs, up in the snow in the Dublin mountains and everything. And every song had some significance to him. and that sort of stuff, you don't come across it every day of the week, and even just for us sitting listening to it, it was just terrific, you know..." (ibid).

However, this geographical focus does not mean that YAP believes its work is relevant to Ballymun only. People who use services have come from all over the city (see Annual Reports), and YAP has responded over the years to requests from many other places to share their experience. Since 1995, cross community participation in its Community Addiction Studies Courses (CASC) has provided the opportunity to develop new networks. Requested by other

communities in Dublin to run courses, it is significant that the method of replication is linked to development processes, which involve identifying and working with the resources within those communities, ensuring the centrality of local experience and factors.

Therefore, while this philosophy has a strong geographical identity, it is not confined by the boundaries of place and physical space. Rather, the boundaries seem to be determined by core values of local involvement, positive regard, equity, influencing social policy, and intersectoral collaboration.

A view of Ballymun, Dublin showing tower blocks and spine blocks.

Local Involvement:

(belief: internal leadership is a major component of effectiveness)

> "The project seeks to act as a resource to mobilise the entire community in meeting the needs of younger people and organising around the issues contributing to drug abuse" (YAP 1983 p10).
>
> "The project seeks to involve local people in the planning, staffing and management of the project" (YAP 1991 p5).

Since its foundation, local people have been at the core of the Project's development. This is seen initially on the founding group, which became the management committee. One present staff member remembered some of the local people in the early group:

> "I remembered the public meetings, I would've been about 14 or 15. I remember being at one in the Comprehensive. The very first committee had an element of youth on it. They were people from Shangan I hung around with ..... and I was very aware that they were on the management committee of here. I think they met in Shangan Presbytery at the time? I knew the Youth Action Project, and I knew it was a response to drugs" (int2/1 p3).

Throughout 1981, and into 1982, the founding group struggled to stay together, in spite of having no premises or resources.[17] Some local people fell away, but in the Proposal for a Project Design, which was produced in November 1982, local people are in the majority on the committee, and the offices of chairperson, secretary and treasurer are held by local people. Three professionals worked on the committee. Only one was there as part of her job. She was a community worker with the Eastern Health Board. Later she was joined by a probation officer. In March 1984, the committee stood at ten people, made up of five local residents, two nuns who also lived locally (one involved in youth work and one home help organiser), one qualified social worker who was involved voluntarily, and two statutory workers (the community worker and a probation officer).

Members of this committee were involved in crucial activities in the community:

> "The Project has members already working in youth clubs and other activities in the area and is affiliated to the Ballymun and District Development Association working on the development of an industrial base for Ballymun and the social, recreational and

[17] While it is difficult to find any documentary evidence of this at this time, the researcher knows of some of this struggle from three of the original founders who were on the management committee when she began work there.

> educational resources necessary for an estate of this size and kind" (YAP 1982).

The mobility of the population was one of the difficulties encountered in developing local leadership (SUSS Centre 1987; Power 1998). At one stage in 1984, one parish priest reported that "about 30-40 families per month are moving out", referring to them as "our graduates" (pd Mon 26th. Feb 1984).

Despite difficulties in maintaining local involvement at management level, in 1998 the committee has twelve members. With the Director, there is a staff representative (who lives locally)[18] elected by the staff, a local priest and another professional member, and eight members who are either local, or have used the services of the Project.

The Administrator is in attendance at the meeting. This post is occupied by one of the local workers, who has progressed through the structures to this position. This committee has significant involvement of people who have had extensive personal experiences of living in the area, and of problem drug use. Only three members of the committee live outside the area.

Measures to increase participation were implemented with internally designed training courses, and the employment of a community worker in 1994.

> "With the employment of our new Community Development Worker in April '94, we were recognising the need to value community, and resource local involvement and participation" (YAP AR94 p1).

The main purpose of this job was to help

> "more people get involved in YAP, not as clients, it wasn't an outreach type thing. It was more of a .. as a community project, getting involved in the organisation, having a say in the Project, helping more people have a say in the Project" (int8/6 p3).

Local people have been involved in the selection process of staff (int5/2 p3), in attending conferences (AR90; cm10.4.90), in service delivery (YAP 1982) and in building contact with individuals in trouble:

[18] While this is not policy, the presence of so many local staff means that this position has, in fact, been filled by a local person since 1987, when it was first introduced.

> "A local woman and founder of the group, undertook outreach work. This resulted in a number of drug addicts approaching the project for help" (YAP 1991 p1).

By Autumn 1985, through the use of employment schemes at the time, the Project had a staff of ten people, eight of whom were local, and were being employed through these schemes, which were of a year's duration. This team consisted of people who had previously worked unpaid, along with people who had used the services, in addition to the staff who had been recruited externally.

> "The skills and experience of the members of the group are varied, and for some it is the first full time job they have had" (YAP October1985).

A few months later, progress was described like this:

> "These people became instrumental in the expansion of the project and enhanced the quality of its work to an admirable degree" (YAP February 1986).

This happened through an "outlined structure of in-service training."

One of that early group clearly recognised the advantages of local workers:

> "I wouldn't have been a threat to some of the parents because I wasn't a social worker, I was a local person. They kind've trusted me. They told me things (they saw you in a different way). The parents told me things that happened that the young people never mentioned.
> What I knew was from a different source, not directly from them; I felt I had a really good relationship, whereas that couldn't happen elsewhere, because of loyalties, or whatever; our relationship was with the families" (int1/6 p3).

Later, a student on placement recognised the practice of community development:

> "Four of the staff live in the area which helps to highlight the philosophy of community development which uses resources from within the community together with individuals with suitable qualifications from outside the area" (sp92/2 p2).

This practice involved:

> "professional & local people working on an equal basis & sharing their different experiences for the benefit of the people they serve" (YAP July 1986).

Service users have become involved in other ways in the Project, for example becoming participants in the courses, and being elected to the management committee.

Through employing local people in the service delivery, all the experience of the team can be valued:

> ".... the experience people have, that they have picked up over the years, that you don't get in a book. They just have it because they've lived it and worked it for so many years. It's very valuable" (int5/14 p1).

Staff coming from outside the community realised the richness:

> "I remember feeling, first of all that the people were really young, and I really felt .. great! .... they were young, and that gave a great atmosphere to the place, I think. They were young, and they were vibrant, and they were very lively in the Project, and that was good" (int5/2 p3).

Local staff were significant in the design of the training centre, and expected outcomes:

> "But the planning group in some ways always kept saying go back to the plan, go back to the plan. They really forced me to know the plan inside out, cos they were expecting things to happen" (int6/2 p3).

They brought the vision into the actions:

> "They knew the plan intimately. They had put the plan together. They had a vision. Anne Marie had a strong vision, how she saw Urrús, even physically, how.... I guess everybody has their ideals, how they want the place to go. So even taking their personal considerations into the .. into my idea of how the plan should go was important too, because...you know, in some ways, it was their plan, and I was just there kind've managing their plan and their idea" (ibid).

> "It is important in my opinion to note that YAP was set up as a community response and the community has a large say in how it develops" (sp92/2 p2).

The significant involvement at staff level of local people was described as "not accidental", but rather "the result of deliberate policy in YAP to train and develop skills locally". Continued participation in the work of the Project would ensure that

> "the powerlessness experienced by this young community would not be perpetuated through its response to drug misuse" (YAP10th Mar 1997).

This involvement is seen as helping prevent services which reinforce blame or failure:

> "Our people have often been at the receiving end of rigid, alien services, where they have experienced blame and judgement. A community helping system must strive to make therapies and helping theories appropriate to those who need them. To do this, we believe the local people need to be centrally involved, not only on the receiving end, but on the design, delivery, and management of services" (YAP AR94).

Positive Regard:

(belief: that the community is significant and worthwhile)

One of the three beliefs of YAP, reinforced in much of the literature it produces, is that "drug addicts can and do recover"[19]. This belief in the person, spreads to the family, and the community, and is evident in much of the data available:

> "During the past 10 months or so I have seen developments taking place that would never have been possible had the genuine commitment of the community not been so apparent. One obvious conclusion I have drawn is that recovery for an addict, given the proper support system can and does happen within the Ballymun community" (YAP February 1986).

> ".....basically coming into the Project, we all came in with different expertises in our area, but we still had so much to learn; but we always fought for what we believed in - the person coming to the Project, the family member and the community. We took chances, we took risks, we were out there for them; we set up structures, and if they didn't suit, we changed them; we changed them until we got it right" (int2/11 p3).

> "A lot of the hurt I saw on the addiction studies course can be avoided. Kids can have a choice..." (int6/10 p1).
> "And to come and be wanted and realise, well, yes, you're there for them no matter what, cos a lot of them, self esteem they just haven't got it" (int4/12 p1).

> "Cos it is overwhelming, you know drugs in Ireland...in any deprived area.. I guess I'm always wary of these drug free campaigns. The reality is that some of these problems won't be

[19] The language used here will be recognised as associated with a particular philosophy of individual change; readers are referred to the preface of this work, and to the discussion on developing coherence in chapter 7.

> solved, yet YAP still can try to solve them. You have to still try and reduce the demand for drugs, and work with people who have been addicted" (int6/6 p3).
>
> "Because with the beliefs of the Project, with what they can achieve in community; they do believe that people can, if they want to, get off the drugs in their own community and really succeed in it" (int4/10 p2).

Students who come on placement pick up this belief:

> "The suggestions made in the recent Planning For the Future Document where they are calling for services and care from within the community to cope with the problems of the community, are displayed and proved to be possible in this project" (sp87/1).
>
> "The most important impressions I am left with are that clients are made to feel special and that the project manages to create a unique climate which makes it a safe place to drop into" (sp92/7 p2).
>
> "Both the wisdom and experience of the individual are recognised as an invaluable contribution to the working relationships between staff and clients. Thus, the commonly accepted roles of 'expert' & 'victim' are successfully challenged" (sp93/4 p1).

By 1992, one staff member, who had trained within the project, linked the concept to the humanist school:

> "...our 'community philosophy' as we call it, is not some vague, 'willy nilly', isolated approach. Our theories and beliefs are rooted firmly in well known and established 'Humanistic approaches'" (YAP AR92 p32).

Influenced by Fritz Perls, the piece concluded

> "I think to sum up Y.A.P's approach we would attempt to: - 'Trust the wisdom of the community'" (ibid p34).

While this description of the concept is influenced by individual philosophy, there is no doubt that this belief was very important during the decade in which the organisation was developing, because of the rapid decline in the environment throughout that period (Ballymun Task Force, 1988; Power 1998 p243-246). In common with other similarly devastated estates, there was a sense of having been abandoned by the authorities to their fate (McCann 1997a).

Equity/About Services, Services were very important:

(belief: that services need to be accessible and appropriate)

The lack of services locally, and the orientation of central services, meant early energy was directed to their provision:

> "Drug treatment facilities have developed outside the community creating difficulties for young people in availing of these services. The project seeks to set up a community based Drugs Advisory Service - acting as a link between local young people and existing services dealing with drug problems" (YAP November 1982).

Service provision was an important part of the job description for the first co-ordinator. Specialist services and drug prevention programmes,

> "whilst offering an invaluable service, have evolved outside the community where the problem is experienced and are orientated towards the individual addict rather than towards groups of abusing young people and their community" (YAP May 1983).

The services outlined at this early stage in the Project's history covered individual support, family support, community education, as well as working with other groups and associations "struggling to develop job, training, and social opportunities within the area" (YAP Nov 1982).

Some services were established as early as 1982, well before the group became employers (cm28.7.82). By July, 1984, the group were describing an advice and information centre, had established links with treatment agencies for referral, had undertaken community education programmes and had run Parent Effectiveness Training. The group had responded to the need for training for Youth Leaders and Guidance Counsellors, and had organised more public awareness meetings (YAP 1984).

> "Contributing to the project's success was its ability to gain the trust of young people, their commitment to the individual requiring help, rather than becoming involved in the criminal element of drug abuse" (YAP 1986).

Many groups need services, designed to meet their particular needs:

> "I feel that we could take one of the groups, and work with them all the time, but the fact that we are a community drugs project, we can't afford to do that. We have to take in all the areas" (int1/9 p5).

In trying to provide for this variety, the Project "constantly moves, like a liquid" (int3/10 p1):

"…. like a liquid it flows this way, and flows that way, it covers this and it covers that. But it has to be like that, because otherwise if it gets too rigid, it can become stuck in one direction, and it can quite easily get stuck in, say, prison work, (yeah), ….." (ibid).

The Project has to reach out to all groups

"Because it's a community drug project. It's not an IV drug user project, or a parents project, or an under 16s project. So to be a community drug project, it has to cover all the areas" (ibid).

The nature of a community project means

"It has to get involved in ….. has to get involved in the job centre, it has to get involved in youth clubs, has to get involved in everything" (ibid).

Social networks are seen as important sources of support. The early members of the project were influenced by the words of Kaleidescope Youth and Community Project, Kingston-on-Thames:

"There is no simple and immediate way of preventing some people from trying to destroy themselves, but in the longer term, it is possible to improve the social experience of a group so that they become more interested in fulfilling themselves than in destroying themselves. It is neeessary that a community give all its members hope for a reasonably happy life" (YAP May 1983 p11).

The Project sought to build on natural interaction:

"The value of local interaction which can lead to intervention cannot be underestimated and we have many people whose first contact was through meeting one of our group in the shopping centre" (YAP 3rd Sept 1986).

These extracts from interviews show the awareness of the value of social networks:

"…. I would've had a lot of contact with people, drug users, …. I seemed to be in that way anyway, doing that long before I ever came to work here…so in some way it was like the same, only you were actually getting paid for it, in some way! I would've been in that kind of relationship with some people for some reason, and people seemed to ….I seemed to be acceptable, for some reason…I always wondered what was that…. .and here it was happening in the Project….. (int1/4 p1).

"The interaction was very different from what I expected it to be. You might go across to the shops, and you might meet someone and have a chat with them, and that might be the level of counselling you'd get. And that was very good, and the recognition

> that that was as important, was for me important in the work I was doing" (int5/9 p3).[20]

However, to ensure equity, the philosophy goes beyond service provision. In 1985, the committee met the newly appointed Eastern Health Board counsellor, the first such appointment in their area. Extracts taken from the minutes of that meeting have been selected as descriptions of attempts to describe this philosophy. Explaining what he meant by "going beyond service provision", a committee member described the approach as "more than education, having to do with power and resources."

The statutory worker saw YAP as a day treatment programme. The discussion which ensued focussed on "coping with the problem within the community from which the addicts come", with explanations of the composition of YAP, the personal experience of living with addiction and achievements of the group so far "acquiring two premises, and becoming employers". Further discussion on an integrated approach "involving everyone in the community recovery, and community responsibility" elaborated the contributory factors "the politics at play here in Ballymun; the creation of a dependent community. We talked about the balance of community work and social work ....."

Finally, it is recorded that "The term 'treatment centre'[21] was challenged" (cm11.6.85).

Another extract, taken from an external evaluation carried out in 1991, goes some way to explain the beliefs about service provision:

> "A community response thus embodies the principles of local involvement in the planning, management and staffing of the project. YAP's approach attempts to mobilise forces within the community and resource local initiatives. This approach differs significantly from one which places services in the community but where control is exercised by agencies and workers from outside. The latter approach, according to YAP may add to the already low self esteem of the community. It may become part of the problem instead of helping to solve the problem" (YAP 1991 p5).

An example of the practice of this philosophy was described:

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[20] This extract, from an interview with a member of staff who was traditionally trained, and hired in a "community addiction counsellor" role, frames the interaction in a counselling frame. The implications of such a framework are discussed in more detail later.

[21] This challenge was to YAP being described as a treatment centre.

> "YAP uses innovative techniques in developing awareness in the community of addiction. As part of an open-day, which provided information to the community on drug addiction, members of the Management Committee and staff role played a family situation in which addiction was a major problem. The role play was attended by more than 100 people and provided the basis for a long discussion on the reality of addiction and its effects on the family and community" (ibid p6).

A student noted the essential change in relationship involved in this approach:

> "It is important to note that the facilitative model is consistent with the Youth Action Projects overall commitment to a community approach which recognises sharing, empowerment and the provision of services with and not to the community as central to such a response" (sp96/10).

Another recognised a systems approach:

> "The Youth Action Project approach is one that takes into consideration social and community factors in its agenda (the community concept), so much so that it actively challenges and initiates discussion and public debate in and around the whole area of drug use. If any of these issues were left unchallenged they may well contribute to the ignorance and misinformation which continue to make help inaccessible for drug users and their families and friends" (sp93/2).

Annual Reports of the Project regularly discuss the importance of cultural, social and economic issues in the work. They are well described in these extracts:

> "We found while working in the groups and sharing our experiences that we related much better to the women from the black community as they were having many of the same problems as we were having in the Ballymun area" (AR91. Report of two local women who attended a conference in England, as members of the Project).

> "..how far can individual self esteem be raised, if the area the person lives in is consistently portrayed negatively, public attitudes are negative, amenities are neglected and run down, essential services like banking operate a skeleton service, leisure facilities are either non-existent or poor, most people do not have a job, and decisions are made out of economic considerations and market place fluctuations, as opposed to social need and personal development?" (AR92 p9).

Another staff member compared the focus of YAP with a voluntary agency she had experienced, describing YAP as having a "different focus"

> "the contact with community wouldn't have been the same I don't think as it was here. Obviously certain members of staff probably would have contact with people on a one to one basis within the area, but it wasn't a community group in that sense. (yeah, yeah)" (int7/5 p1,2).

The difference was illustrated very powerfully for her by a memorial service which was held to remember all the friends who had died:

> ".... and even the service that you had last November. That struck me very much as well (did it?) yeah; em .. and to look and, ... and just even thinking of how many people had died in the past 10, 12 months, or whatever. And how many were from this area. And in the church that night, there was however many people there, and the majority of those were under the age of 25, you know. That's another huge factor. This is an area of young people, who are already having to deal with that sort of mortality rate. It's just...it's frightening in a sense. But I mean they were all there, and they were all together, and YAP was the centre of that as well. Looking at it, it was just, it was mind blowing in a sense, it was just, wow....."(int7/6 p2).

Seeks to Influence Social Policy:

(belief: drug problems don't exist in a vacuum)

> "Recognising the role of state agencies and private enterprises in the development of the community as a whole the project will seek to act as a pressure group responding to those issues seen as contributing to a continuing drug problem" (YAP Nov 1982).

Seeking full involvement in planning, staffing and managing the work, led to conflict with statutory bodies.

> "We see the creation of a new post without consultation as being contrary to the concepts of self-help and community development" (YAP 4th Feb 1985).

This is an extract from a letter written to the Irish Times, outlining its objection to the creation of a new post in addiction counselling in the area, by the Eastern Health Board. In asserting its right to have a say in such developments, the group were challenging the way care systems were run.

> "The Ballymun group, from a basis of ongoing active involvement in the local drugs problem, were in this instance seeking to influence social policy. We congratulate them for this" (Irish Times 26th Feb 1985).

It challenged contractual conditions in 1984 and 1989:

> "The conditions being laid down were unacceptable to the committee as they took major decisions from their hands, and gave them to an outside body. This was contrary to the process of community development...." (McCann 1991 p20).

The difficulty in taking up this stance was made very clear when the bank refused to honour cheques, forcing compliance:

> "It was made clear on signing that we would continue to struggle to have such contracts changed, to reflect a relationship of co-operation, not control and confrontation" (McCann 1991 p32,33; see also p145)

The group recommended a bottom up approach in its submission to National Co-ordinating Committee on Drug Abuse (NCCDA) in 1990. YAP wanted a policy to be implemented which

> "would ensure the mobilisation of forces within the community, and the resourcing of local initiatives. These initiatives, then, will determine needs, recommend appropriate services, and work with the statutory agencies ..... and work to facilitate change in their own communities" (YAP 1990 p3).

> "We have had many requests from other areas to share our experience with them, and to support groups in trying to develop their particular responses. We suggest that a structure be put in place which will offer assistance to these groups to get going, establish themselves, and develop their expertise in this field" (ibid p4).

One such structure was finally put in place in 1997, through the establishment of the City Wide Campaign.[22] Funding for this comes from the Department of Social, Family and Community Affairs, which has responsibility for the Combat Poverty Agency, and the Community Development Programme.

YAP rejected the role given to the community in the Government Strategy for the Prevention of Drug Misuse 1991, which spoke of voluntary groups being "trained and supported". The management committee pointed out in its response that in the past "we have helped train and support statutory workers" (cm 16th July 1991).

[22] It is not intended to claim that this was a direct result of YAP's submission in 1990, but is included rather to show that the group interpreted the relationship between the state and community groups as one where the former would facilitate and provide technical support to the latter, recognising the centrality of local involvement subsequently campaigned for and recognised.

These minutes also record the group's views on the role of the community in education:

> " ..... community residents should be encouraged to be involved and not just professionals from outside. There should be close liaison with community groups with regard to all aspects of health and drugs education. We should explain what YAP is doing in Ballymun and ask the health board how they propose to co-operate in this. The power should rest within the community" (ibid).

The central importance of community involvement in integrated responses was recognised six years later, in the *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* (October 1996).

This was reinforced in the second report of this Task Force, May 1997, which spoke of voluntary and community organisations as being "crucial to the success of interventions by the statutory agencies" (Stationary Office 1997 p30).

In 1991 because of the strength of YAP, Ballymun was chosen as one of two areas to pilot the new community drug teams (CDTs) recommended by the *Government Strategy To Prevent Drug Misuse* (May 1991). YAP attempted through a partnership arrangement to

> "meet the challenge of making our community drug team truly a team OF the community, not merely IN the community" (YAP CDT 1992)

This paradigm shift was one which saw the community not merely as receivers of services, but as shapers and deliverers of services.

The formal structure which was set in place for this to be achieved was disbanded in 1995, when both parties recognised that better co-ordination was not being achieved (Forrestal 1996).

Rather than using its influence in the area to gain acceptance of the EHB's strategy for drug treatment, YAP saw its role as trying to

> "awaken in people some sort of questioning of all the issues involved in that sort of approach, you know" (int8/11 p4).

YAP was part of local questioning of the health board when it became known that they had plans to open a new drug treatment centre in the area, without local consultation. While this was interpreted by the health board as an "anti methadone" stance, records show a sophisticated challenging of a medical model (Drug Services Negotiating Group[23] records).

Intersectoral Collaboration:

(belief: drug problems are multifaceted and cross all boundaries)

YAP believes that effectiveness requires involvement from all sectors with an interest in the area. Through a community development approach effective linkages can take place.

> "This approach places at its core the community which is being served, placing as central the involvement of that community in the development of strategies and services to meet the needs which are identified locally" (YAP AR94).

Indeed, within its own organisation it has successfully combined internal resources with external knowledge and skill. In the hiring of staff, attention has been paid to a balance of skills, bringing in missing resources, and providing choice, resulting in a staff team, and management committee, with a mix of local and external members.

From the earliest documents, it is obvious that this group realised the necessity to work in co-operation with many other agencies. This necessity ranged from simply having the information to pass on to others:

> "...people come in and look for other agencies. They always want to know what is going on elsewhere.....
> we have relationships with so many other agencies...like I remember in the early days, and going around delivering the network letters by hand, and I got to know a lot of people and I still know them....."(int2/16 p2,3).

to helping people to make connections:

> "I think seeing myself being a channel of information or something, I don't know, some sort of connection between where people are coming from and where they're getting to" (int7/11 p2).

to representation on local and regional committees:

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[23] This group was made up of various community interests, elected through a process of local consultation on drug services in the community.

"I remember being involved in a lot of groups; the drug workers forum, the Aids Liaison Forum, the Liam Brady Give Drug the Boot thing, quite a few things. And there was a bit of PR.....you would be attending these meetings to represent the Project as well" (int3/3 p1).

to case work:

"The JLO started coming down.....it was changing.....and also I was developing contact with places like St. Michael's, St. Lawrence's..a lot of contact with them in the early days.....and being part of case conferences, and what we had to say was taken seriously; and sometimes I felt that some people put them down, like, they couldn't keep commitments, etc, and yet out experience of them was that they could. It was a contradiction" (int1/5 p5).

to development:

"The project aims to give equal priority to personal development (staff included), healthy community growth, and development/stimulation of community consciousness. With the emphasis being on 'community' special attention is given to tapping into resources already existing within the community, resources that individuals are often unaware that they actually have."[24] (sp93/1 p2)

to participating in joint initiatives:

"The approach links the knowledge and expertise of local people, with the expertise of outside professionals and agencies" (YAP 1991 p5).

"..the close work done with Social Workers, Community Workers, JLOs, Gardai, etc in this project serves as an example of how services in a community can work for the benefit of all who live and work in it" (sp87/1).

to connections at structural and national level:

"..one thing that has struck me would be more and more the connections I suppose to the statutory bodies in YAP.....
here I find that there's more connections with the statutory bodies, and with the different departments, the department of education, the department of health, enterprise and employment..." (int7/4 p2).

The most recent of these is the Project's intense involvement in the Local Drugs Task Force (LDTF), which was established early in 1997, following the *First Ministerial Report on Measures to Reduce the Demand for Drugs*. In addition to

[24] See also the section on training, and the discussion on the role of counselling in the Project.

being represented on the main body of the Task Force, members also participate on the sub committees, take a lead role in implementing some of the measures in the local plan, and are increasingly being called upon to act in a consultancy role to other local agencies.

The work of promoting constructive involvement does not stop with local systems, but is promoted at national level, through convening of conferences, and participation on national committees.

Understanding of Drug Problems:

The founders of the Project, having spent time considering the nature of the problem they were dealing with, summarised it like this:

> "Several factors were also taken into account. Drug abuse was seen as becoming endemic to the community - ranging from children abusing cough bottles and glue solvents; teenagers abusing barbiturate/tranquilliser preparations and alcohol; the abuse of injectible opiates by hard core addicts and the abuse of prescribed drugs and alcohol by adults. The spread of abuse was seen as directly related to the massive social and economic pressures facing the whole community" (YAP May 1983 p8).

The perception of drug related problems was multi-dimensional. The conclusion of this document in 1983, says:

> "Young people will inevitably experiment with alcohol and available drugs, but in a situation of widespread social and economic deprivation, combined at times with personal and family tensions, these experiences became a regular means of relieving stress and escaping frustrations, ultimately leading to addiction. The Youth Action Project determines not to isolate the drug taker or drug problem from other members of the community or problems experienced by the community. Rather, it seeks to involve the experience of the entire community in prevention and rehabilitation, focussing on community supports for young people 'coming off' drugs, while responding to the experience and needs of all local young people" (ibid p12).

Early influences were the treatment modalities in operation in Dublin at the time (YAP Nov 1982). These were the Drug Treatment Centre in Jervis St., Coolmine Therapeutic Community, and Narcotics Anonymous. All were drug free modalities.

A model of dependency as a primary problem was found to be relevant for working with individuals (YAP May 1983; McCann 1991). In stating the view of dependency as a "primary" problem, the group ran the risk of being interpreted as employing a "disease" approach, replicating an individualised, medicalised model in the community. While the theoretical influences are discussed more fully in a later chapter (Chapter 7), at this point it is important to emphasise that the view the group took was not a narrow, medicalising of a community problem, reducing the issue to individuals with some predisposition. Rather, this view was seen as helpful for understanding those with severe "addiction" problems, and there was recognition that individual intervention strategies were essential in any effective community approach.

Community supports were deemed to be important for efforts to change problem drug use. Young people could become and remain drug free in their own community:

> "To initiate further local self-help programmes for young people emerging from these and other specialist programmes and attempting to remain drug-free in the community" (YAP May 1983).

The three major beliefs of the Project are in all the published literature:

> "We believe that drug addicts can and do recover;
> families do not have to cope alone;
> the community is the best place for recovery;".

While development took the appearance of a social work agency, with the emphasis on alleviating individual and family distress, the focus was also kept on the community dimension.

The community came to be seen as "part of the addiction process", employing survival techniques in response to perceived powerlessness. This was interpreted as compounding the existing powerlessness experienced through social exclusion, and the group concluded that "the community is a crucial factor in deciding whether or not someone remains addicted" (McCann 1991 p48). A cumulative, cyclical dynamic was in operation.

This way of looking at the issue acknowledged the dynamic interaction in the community as an on-going, living organism. Through these influences, the

group came to the conclusion that community conditions both affected the onset of drug problems, and were crucial factors in determining future patterns (ibid).

This background, and belief that people can become drug free, led to tension as a Harm Reduction approach came to the fore throughout the late 1980s, and in to the 1990s.

> "I was struck by outside opinion and attitude that Y.A.P are anti methadone. Initially I must admit that I also thought the same" (sp93/5 p2).

YAP's policy statement on Methadone Maintenance speaks of methadone as one tool in the treatment of drug abuse. Informed by evaluations of these programmes in other countries, (Ball and Ross 1991), YAP insisted on discussion about other motivational and rehabilitation components "collectively forming an integrated programme which responds to the individual's needs" (YAP 1994).

Potential collective harm was linked to an understanding of the long term effects of medical 'micro' measures being substitutes for effective 'macro' measures incorporating social, environmental and economic strategies.

> "We also see any introduction of additional substances into the community as having potentially long term side effects on the quality of life for the people of the area. These side effects may be hard to determine, but cannot be discounted because of that. In a community which has experienced other forms of medication resulting from the effects of social, economic and environmental conditions outside its own control, we have a responsibility to ensure that such expedient measures are not replacements for committed, responsible approaches to our people" (YAP 1994).

In a discussion paper for the local community produced in 1995, attention was drawn to the effect of the refusal of generic agents to engage in the treatment of drug users, leading to drug treatment facilities developing very separately from the general facilities available to the rest of the population.

> "These systems have contributed to the belief that drug users are difficult to handle, and difficult to treat. The cry has been for more trained specialists to be available, in spite of government strategy to develop community facilities, and involve systems surrounding the drug users" (YAP 1995).

This is an example of the self negating services mentioned in the training statement. Using the Wheel of Change (Prochaska and DiClemente 1983) as a working model, YAP has promoted different strategies as people progress through processes of change. Analysis of statistics in annual reports shows the staff working with people in various stages of drug use, and at various stages of change.

Therefore it seems that the group have been working consistently to develop an "informed eclecticism" (Hester & Miller 1995 p8), with approaches to individuals, groups, families and education work which is "underpinned by a systems concept" (AR92 p5).

THE PEOPLE

(says something about the attitudes and characteristics of the people involved)

The people who were interviewed came from different places to working in the Project:

community involvement and community leadership (2 of those interviewed)

local young people coming on an employment scheme (2)

job hunting, through personal local contact (2)

from outside the area (3).

The make up of the people, and where they came from, is crucial to the success of the Project. So what is important to this group of people?

1) **They like to work with other people**.

> "I didn't like the isolation sometimes. Even when I was in Balbutcher, even though I was taking on some good work, but a little bit of buzz, a bit of camaraderie, or...working on my own, it's not great. I just ... I didn't like that now, especially starting off" (int6/8 p3).

> "Q. You worked on your own a lot at that time, didn't you?
> A. Quite a lot on my own, yeah.
> Q. How did you find that?
> A. it was isolating. It was difficult too, in the group supervision I felt isolated in it... "(int3/2 p4).

> "and then I think the big one, the biggest one of all was working as part of a team. You know, in private practice you're very much working on your own. Well, unless you work with somebody else. But even working with somebody else, you wouldn't necessarily, well you wouldn't have had the peer supervision that we had here, you wouldn't have got the support" (int5/5 p2).

2) **They are supportive and helpful of each other**.

> "All staff members extended warmth, acceptance, and stimulated in me a degree of confidence which enabled me to interact freely, and effectively challenged me to take risks and engage in new relationships with clients" (sp93/6).

> "But, I would have to say, no matter who you asked, whether it was in the office, or if it was C or B, or this side, yourself or M, everybody was very helpful. And nobody said you're awful stupid, you should know that. Nobody made me feel that way. No matter what question I asked people helped you, they'd answer it, or they'd say you'll find the answer in this, or...nobody made out she's stupid, she should know this, you know?" (int4/6 p2).

> "I think the rewards have been to do with the support that I've gotten from people; I've never experienced that in a job before. A

lot of support, a lot of encouragement, and a lot of friendship I think. They would be very high on the list of what I've gotten working here" (int5/11 p4).

3) They like to be able to be themselves, as well as carrying out a role.

"...that's the thing, that it's OK to be yourself, not be a role, cos you don't have to be; that's very false, and they can see through that immediately anyway..." (int2/14 p2).

"Well, in my previous work, I mean this is very different to my previous work, even regarding the previous work I had, the 9 to 5 job I had, I mean I did lots of voluntary work, but 9 to 5 work, the last job I had was very formal, it was a business setting, you know. And I *hated* it, I *hated* it, I really did, it was like formal .. there was nothing real about it at all, you know. And I didn't like it. But it was a job" (int9/5 p5).

"I think the boundaries weren't as tight as they are in private practice. Again, which I prefer, cos I think sometimes they can be .. we can put up artificial boundaries..... I can be more myself with that, rather than having to be a professional .. t wasn't the same" (int5/4 p4).

"Overall it was reassuring to remind myself that there is always room to be yourself in such settings when not absolutely sure what your approach should be" (sp92/6 p1).

4) They are interested in learning and their own development.

"I knew for my own development that I would be better off to stay here, even though the difference in money was big. But I knew it would be a better option to stay here. The original drive was money, but when I sat back and thought about it, the money wouldn't have been that important than the overall. For me it was more important to stay here, and get by on the money, and that was it" (int3/6 p2).

"And I would still class myself as a trainee in other capacities, too. I don't think you'll ever be qualified; people change constantly, the drug scene changes constantly, demands and the needs change constantly. Which brings you back to your own needs and your own development, and how much emphasis are you putting on that, or do you just get to a certain standard and be happy with that ..get a bit stagnant....(it's tempting sometimes, isn't it?)....very tempting, to stand still.....with the Project though, you can't stand still...I don't think you can; it develops here constantly....I think there are times when we do get a bit stagnant, and then the demands .....this....a demand from somewhere..." (int3/13 p3).

"Overall the experiences in the Project were educational for me and I must say I really enjoyed my time there" (sp93/10 p3).

"Q. Has it worked out differently from what you expected when you came here first?
A. Yes, because a year's contract was what it was supposed to be, and that's what I had focused in my mind. And as my role has developed, I didn't think of that, whether I was on a year's contract or not. Like, I didn't see myself as being part of the schools programme, I didn't see myself .. I saw myself as clerical assistant's role, you know what I mean..." (int9/12 p2).

"I think I was freer then to learn, because I was mad to learn" (int4/6 p3).

"So it's got bigger. I like it, I must say. I mean, probably if I was here ten years ago, and saw the bigger change, I might be different. But I like it. I think it's good. I think it's good for the Project. There's more heads working on things, there's more developments, like Urrús, you know what I mean. I really think it's great. I think the development is very positive, and it's great, it's expanding, and I think as it expands, people expand and move on, and maybe develop other things, or move into other things" (int9/10 p3).

"...a lot of the learning I did in my own time, sitting back and thinking about the session, the group, what was going on...digesting all that stuff, and taking it in; not actually putting it down on paper, or structuring it, but just being aware of it, in my own mind. That's what happened, this is how it happened, these are the situations that arose, this is how the group responded, this is how I responded when someone did this, and tying that all around without actually putting it on paper" (int3/7p2).

"I think one of the things I would say about it, that there was always, I've always felt that there was a learning element to this whole job, and it was on going, and everybody was into it" (int5/11 p1).

The learning and development has ensured continuity of staff:

"Put it this way....I would've thought that if I had been with an agency way back then, this length of time, that I would've been gone by now; I would've left, to do something else.....that I would've wanted a change..... (int1/10 p1).

5) They like variety

"..I loved all that, the variety, the change" (int2/10 p1).

"Obviously, it's very different if you're sitting doing accounts, applying for funding .. and then like, that's the other side of it, somebody comes in...like the other day a fella came in, and he was looking for a detox, and he had his girl friend with him...and like I love that kind of chopping and changing...when D was in the office he hated it...he hated even the phone ringing....but I like

that, I like that kind of variety, d'you know what I mean? And knowing also that I can do it, and I'll do it as best I can" (int2/6 p3).

"Yeah, yeah. I prefer to work in the way I do at the moment, with all the various different groups and ages. There's great variety. It's not stuck" (int1/9 p5).

6) **They like being able to work on their own initiative**:

"Q. So being secretary here was very different to being secretary somewhere else.
A. O God, yeah...(that attracted you - you like that) yeah. I liked the variety, I liked being able to work on my own initiative, I liked being able to bring in my ideas. It wasn't just like, you know, you were in front of a typewriter, or a computer, and that was as far as it went. There was opportunities to get involved, like in the network meetings, and things like that. The AIDS day that we had down in Shangan. Do you remember that day? And that was brilliant, cos we had Dr. Zachary Johnston, and the likes of them out for that day.
Q. And what was your role for that day? Can you remember?
A. Yeah, I was organising. I sent out the leaflets, contacted Virgin Mary for the hall, signing people in and organising information that had to go out. Organisation, preparation of it, and I liked that...I loved that, and I still do" (int2/2 p3).

"But there was a lot of autonomy within it as well. I felt that there was a lot of freedom to work out my role would be. There was no sort of set of guidelines or instructions that I had to follow.. and I think it helped that there was no one in the job before me as well, because that meant that it was sort of..it was green territory, it was open in a lot of ways to go this way or that way with it, you know. I think that was a help, and it wasn't being compared with other people as well" (int8/2 p4).

7) **They like "freedom"**

"But there was a freedom to do that, and to think things out for myself. And I think it has grown a lot over the last couple of years. I've been involved in a lot of that growth I think as well" (int8/7 p2).

"The freedom which was allowed to me within the project was much appreciated. In one sense I was responsible for my own learning and training but was also given every opportunity to watch and observe others at work" (sp92/5 p4).

"And I mean, I suppose, just myself, I hated always rules and regulations ..." (int5/10 p2).

8) **They like a say**.

"But the other things that I liked were the way that as a staff we could sit down and talk about things, and whether they got resolved or they didn't, everybody's say was equal. There wasn't the same

hierarchical structure in place as in other places. Even in training, you were still a student, and they were the tutors, no matter how much they pretended that wasn't the case. So that would've been important as well, I think" (int5/10 p2).

9) They are relaxed and adaptable.

"And just, I think, just, even the whole approach of the staff, I mean it's one that's very relaxed if you like, and the work still gets done" (int7/9 p3).

"I don't think, I don't think that all office workers would be suited to YAP office. I don't think that every person would be able to adapt, or meet what's necessary, you know what I mean" (int9/8 p4).

"I didn't have an office at the time...That never bothered me hugely. Maybe it was because I had just, you know, doing my training I was used to working in different areas, you know" (int5/3 p2).

10) They are interested in people.

"One of the things that actually I found exciting and I must say I got a lot out of personally was the fact of actually seeing the little changes that were taking place, that some people could keep commitments, that they weren't keeping anywhere else; they kept coming back - *something* was happening. It was even the idea of being able to check things out and the potential of actually doing something with that....I suppose when I think of it now it was development, although I don't even think, thinking back now, it was a conscious thing that happened at the time....it was just something I knew there was some connection.....or something that excited me...but something if you had've asked me back then I couldn't have probably named....you know what I mean? (It was something that excited you and you wanted to go with it? to keep it going?) Yeah, yeah" (int1/4 p3).

11) They are interested in new initiatives.

"Reading through it sounded like an interesting position, it was a new project, I wasn't stepping into anybody's role, so immediately I was kind've excited about it, it sounds exciting,..." (int6/1 p2).

12) They are interested in the community.

"I'm doing this course; if you go back and look why am I doing it. I am doing it to work in my own community" (int4/4 p2).

"And that was where I kind of seen myself. That OK, when I had my course done, that was reduced cost counselling. That was my idea. I wanted to have the training to be a counsellor, to give that service to people who couldn't afford it. Cos if they could afford it they could go outside the area. But it was for those people who couldn't afford it. I didn't see myself as making money as a counsellor" (int4/4 p1).

13) They are optimists!

"Q. So through all those hard bits, we always had a thing of "we'll get there"?
A. Yeah, you'll get there in the end; you had to have that belief, like, that you would get funding, because if you don't believe that, even now, you just lose heart. What's the point?" (int2/9 p3).

"Q. So have you any major fears about the future?
A.... I think it's just going to take care of itself, I mean..." (int6/11 p2).

"I hadn't thought of it! I suppose you think about planning things, and it mightn't be possible. But then again, if I decide to plan something I'll plan it, and if it doesn't work out..it's one thing I definitely wouldn't be worried about.
It would've bothered me ten years ago..." (int7/12 p1).

"Q. Have you any fears for YAP in the future?
A ..... no. I don't really think of YAP as.... I always think of funding maybe as being a fear, but I don't even see that as a fear, you know. I believe that the funding will happen, and that if it doesn't, something else will happen. Maybe that's being too optimistic!! But, you know...

Q. yeah, I know, I feel that at times, I can never remember a real panic, maybe an odd time, a very odd time...it comes.
A. yeah, I believe it'll happen. I don't believe that something as big and as long standing as YAP, something like that will not have funding. Maybe it's very stupid of me, but I just don't believe that" (int9/12 p1).

14) They are able to deal with uncertainty:

"Q. So when you got the job then, what did you think, what was your idea of what you would actually be doing when you came to work? What did you think your job would be?
A. In some ways, I didn't have a clue! It was all new to me, working in Ireland, breaking into the system... didn't know what to expect. Even having read the plan.. I had to read it three or four times...even getting my head around what was happening. And I had to get my head around the politics of the drug scene and what was happening around the drug scene, as far as education and training... finding out what other groups were doing around the city. I just hadn't a clue starting out. I think in some ways it kind've developed slowly. In some ways I was lucky. because of the struggle getting premises .. getting going with the actual courses, I was able to be more informed about what they were going to actually accomplish .. cos I was there, developing and designing the courses .. it helped. If this was up and running for two years, and I had stepped in....it would've been more difficult .. in some ways it would have been clearer if I knew next week this is what I had to do. I was very unclear in my head about what I would actually be doing" (int6/1 p3).

15) They can deal with conflict

> "Q. So what do you see happens to the conflict, because conflict does happen, there are conflicts. (yeah) But you're saying it doesn't get in the way of people being able to come together and look to the future, and make decisions. How come?
> A. yeah, em...em...Part of it I think it's a real tribute to the people. It's very important. I think if you did have different personnel, it would be different, there would be conflict. I think a lot of it is personalities. So then you have to look at the make up of the people and where they are coming from. Obviously coming from the community is important. Obviously you and I don't come from the community and yet we still seem to blend .. and things are fine that way too...so obviously it's more than just people being from Ballymun...it's hard to put a finger on ...maybe people committed to the same ideals, but I don't know how you get that across in an interview, I'm sure I didn't. I didn't even know about drugs, so how I fit in....there seems to be a general sense that people are kind've on the same wave length as far as where they want to take the Project" (int6/7 p4).

> "....there was no times when things got bad as such, just stuff to be dealt with" (int8/8 p3).

Boundaries:

Many of the interviewees made reference to boundary issues in working in a community project. These were important for all staff, not only for local staff. Externally trained staff found the boundaries very different:

> "I suppose the first one was the weekend with the women. I mean, that was sort of birth by fire, or death by fire, you know! Again, that was something you'd never dream of doing, like going for a weekend with a client, or with a group. Again, there was a lot of satisfaction being with people in that way. And seeing what you could get out of it, you know; that was one of them, seeing what could come out of it without it being a counselling session. And again it was for me I suppose it was moving boundaries, and yet it was holding boundaries as well, you know what I mean? I found that, really....
> Q. It's a big challenge that, isn't it? Moving some boundaries, and yet ...
> A. yeah, it really was...(int5/10 p1).

Fees are not an issue:

> " I suppose one of the differences was you weren't asking people for money, which was a big difference, and which made a difference to me. Because instead of sort of....you were thinking so many clients this week..but I didn't like it; first of all I feel that counselling fees a bit, you know, over the top..and yet I can understand people have to charge that amount if they want to make a living out of it. So, eh, I like that that isn't there. If

somebody didn't come, I was concerned, not because of the fee, but because they hadn't come. That took that bit out of it for me. That was one of the things. I think the boundaries weren't as tight as they are in private practice. Again, which I prefer, cos I think sometimes they can be .. we can put up artificial boundaries..... I can be more myself with that, rather than having to be a professional .. it wasn't the same" (ibid).

Being able to be yourself frees the counsellor from the role, to be more human:

" ..... I think that's part of what I meant too by the freedom to work in your own way. Cos I know certainly in the (names a counselling centre) had a huge thing about real rigid boundaries, and they didn't really sit OK with me. Whereas, I think boundaries are needed, I still think there has to be flexibility within them. I also felt here that you were dealing, well there was a lot more crisis than you would be dealing with in private practice, and that they didn't necessarily stay to work out their whole process. And again that was OK, because it was they were choosing to come and go. They weren't, there wasn't the thing of keeping your clients that you'd have in private practice. And yet there was plenty people coming in and working at a very deep level, so there was the two sides to that. It was very different" (ibid).

However, the structure provides some safety:

"I suppose one of the boundaries that was there that was much better for me was the time you're here, from ten until five, that was a boundary that was in place, that isn't in place in private practice. (that's true) I could have a client in one place at ten in the morning, and I could have another one in another at 4 o'clock in the evening, and then somebody else at 8 o'clock later on that night. That sort of thing as well where there wasn't a boundary around it, where there was a boundary around my work here. That was very good for me, and actually was really good for me, because that's stuff I would have difficulty with, if somebody needed something at nine o'clock in the evening, even though I had been working all day.... That means you could start a working day at ten o'clock, and still be running at ten o'clock in the evening, even though you weren't working all the day through. But it took the whole day" (int5/4 p4).

One interviewee talked about the way she had seen statutory workers set boundaries around themselves:

" yeah, there's some shift in the relationship there. It's like you're in a job, you do your work and at the end of the day it's over and you go home. And I mean I know that that's not true across the board, but there's something about a statutory set up, it separates or something. And yet there are other people who would have worked with Statutory agencies, and would get very involved. I know a couple of them. They would have shifted out into communities. I

suppose it depends on where they see their lines drawn or their boundaries" (int7/6 p4).

Extra consciousness is required for local people involved in the work:

"A lot of people that were close to me were using YAP for their own personal recoveries, or help, or whatever. So I was sort of very conscious of keeping a distance in some way, cos I didn't want to interfere with whatever was happening here with them, you know, and they were very involved, very close here at the time. So I was always conscious of keeping a certain distance from a daily sort of thing, being in and around the Project. But at the same time I was very involved, in the planning and campaigning group" (int8/1 p4).
(In this extract the interviewee was speaking of the time before he came to work in the Project)

Working locally and living locally brings some pressures:

"Working locally, and living locally as well. Not just working colleagues, but people who know YAP, or are clients of YAP, or are associated with YAP, em. There's a whole sort of dynamics there that you wouldn't get if you left your job every day and went home. You just wouldn't come across it, you know. You'd never even think that it existed, you know. But I'm very aware of it living in the area.

Q. What would be, I mean could you name what the major dynamics would be, for you, living in the area?
A. Well, I mean, again it's sort of trying to, even when I'm not in work, trying to put on the nice face of YAP even when you meet people, being conscious that, well, we're gonna have to work together in the future with this person, or this person might come over to YAP at some time in the future, and if I react the way I want to react...like, if I'm having a pint, and someone comes over and asks me what do I think of such and such, like the local drugs marches or something like that, and having to give the diplomatic answer, instead of saying piss I don't want to talk about it or whatever, you know. All those things, going shopping, and having to stop and stand and talk to people when you just want to get home. , all sorts of ways....

Q. when you don't want to be reminded that you are a worker.....
A. yeah, if you're on holiday and people say how's things going over there. You know what I mean...that sends me into a bleedin' rage sometimes, you know. You want to say, I'm on holiday right now. And all of a sudden they're discussing methadone, or the Red House, or something like that, you know....Jesus Christ....so it's there all the time." (int8/4 p2).

"But it is very different working and living in Ballymun. And it's like as if it's everywhere, you know. It's awphfff....it's like the flats all day, and the flats when you go home, the people and the problems,

> almost. You know, it's like, em..like my neighbours are clients of here...em...and I feel that's a strain sometimes; not a huge problem, it's not a huge problem, but it's like you definitely, I definitely need space from Ballymun, you know, and I get less of it because I work here. And I see more of the community sort of problems...the sort of struggle within the community... I would see that now. I actually didn't see it before, I didn't see it before" (int9/6 p3).

This staff member reflected on how she had not seen the community work before she came to work in YAP:

> "I saw visible signs of neglect, but..and then again I never saw the positive side of the community either before I worked here. I didn't. I didn't realise there was this community spirit, this community sort of working towards something positive" (int9/6 p3).

An insight of the complexities of the relationships is given by one of the workers in this extract:

> "I could be classed as a friend in certain situations, and a drugs worker in others situations. I could be expected to behave like a drugs worker in certain situations, and a friend in other situations. Which sometimes..... those was labels put on me without me knowing that that was the role I was supposed to be in at different times; some of my answers and reactions could be different depending on the roles I had been put in.." (int3/4 p2).

> "There was decisions that had to be made around boundaries, and socialising; it was a difficult one that the outreach role interweaves with as well, which was really around boundaries, and which I have heard other outreach workers talk about now. Being new onto the scene, and almost changing themselves to try to fit in with where users come from, and putting themselves in vulnerable and dangerous situations to be accepted as one of the group, which I think is part of the struggle you have in trying to be efficient in the role, make new contacts and that" (int3/3 p4).

Another worker experienced someone using the services having a problem with her being local:

> "Yeah, yeah, but you know what my goal was set on was shattered a little bit by that, because I was so dead set, this is what I want to do, I want to work in my own community. I mean, alright, that was one, but you could've got a whole lot of people who felt that way!" (int4/7 p3).

It made her more aware of the changed relationships:

> "but it was the only incident. And there was one other person I had on a one-to-one, that I knew, and it wasn't a problem. It made

me more aware, outside of here; before if had I seen that individual a few steps in front of me I would hurry up, and talk to her. I held back,..... And it was fine then when I did start meeting her here, I'd just say how'ye....I just kind've kept it separate. But you had to be aware to do that. You had to make a conscious decision to do that. I think one of the things that came up lately, was the charity do. I had a ticket to go. But again being the local person, and the counsellor in the support group, and a counsellor for somebody else who was involved, I felt I can't really go here. Because they'd want me to sit with them, and you just don't know what would come up. And I just said..... I didn't go. Now I would've gone if there had been a group of us from here going, cos we would've sat together. But as it happened there wasn't, and I just felt no, I'd better not go here.
Q. So being a professional in your own community sometimes changes your relationships?
A. Sometimes, sometimes, yeah, yeah" (int4/7 p4) /8 p1).

However, she was able to contribute positively in her natural networks:

"I suppose another thing that would be changed would be that people would know...like in the parishes here, they run Partners in Faith, and they wanted a drug talk, and one of them said, you're in that field, do you think you could do something? So that way, you could be called upon. And that's fine with me, cos that's part of the thing I wanted to be able to do. And when they were running the one up in St. Joseph's, I wanted to be part of it, cos it's our parish. And they supported me,.....
Q. you were able to give something back?
A. Yeah, yeah.
Q. And that actually led up to the whole five weeks programme up in Joseph's, didn't it?" (int4/8 p2).

Another insight is given by this extract, highlighting the understanding people have of the complexities:

"....I would have to say, it is one of the things that I have found working with a lot of people, it wasn't one of the things that I really had to work very hard at. I always felt that people really respected that, and set their own boundaries around me. To this day even if people do stop you they would say "I know it's your own time and I shouldn't really be stopping you, you need time on your own. They would say they would call up; they respected that it was your own time. They wouldn't call to my house or anything. There are boundaries, which people respect. But I would've set those boundaries also. (so you needed to do your own bit in it, but still keeping the relationship?) yeah, yeah. The only time people really stopped me in the street was when they were in crisis; otherwise they would say they would come up" (int1/7p2).

Volunteers:

Volunteers worked on the management committee since the beginning. In the first advice/information service on Monday nights, a local volunteer worked with a professional member, who was also a volunteer. The work necessary to manage the Project was voluntary, as was involvement in parts of the developing services (cm 1.9.82). New local input on the committee was recruited through the community leadership course running in the area (cm 9.1.85). By this time the group had become employers.

Energy then for local involvement seems to have gone into employment schemes (cm Mar/Apr 85; 16.10.85.). However, there was an aspiration to still involve people in the services in a voluntary capacity:

> "..it would be a good idea to have voluntary workers in there as well (drop-in-centre)" (cm 23.10.85).

The need for extra workers to expand availability runs through the documentation, e.g. (cm 12.1.87). However, available effort seems to have gone into recruiting people for the management committee, and a new committee was in place by 6th June 87.

No formal structure for volunteers has been established, although there are examples of individual requests being accepted, and contributing to the work. These were people who had a level of professional training, and/or who had skills which could compliment the full time paid staff (25.11.87).

In 1993 a conscious effort was begun to tap the potential of volunteers (7th Sept 93 - A Project for Volunteers;). This involved training, and the creation of a new post of Community Worker. The first course began in March, 1994, and the community worker began work in April, 1994.

An assessment by the staff of the parents support group wondered if "some of the women have grown strong enough to develop into areas of the project work" (group supervision 30.6.94). Other staff minutes show discussion of how the next stage of involvement could be developed, perhaps by involvement in the schools programme, awareness raising, etc. (sm25.7.94). Questions raised at the time concerned assessment, and supervision (e.g. sm22.8.94; 1.11.94).

The positives of having volunteers were that the facility could be open more, that they could support staff, that the range of activities could be broadened by volunteers using their own skills, that they would provide more adult relationships for people, and healthy role models, that they would bridge the gap between staff and clients, that it fitted the community response policy, that it could be a recruitment route for future staff, and that it could be a route for passing on skills (Staff/committee discussion late 93).

Areas of work were identified as;
school programme; reaching parents; research; information; manning phones. It was also seen a part of self development, giving something back.

However, certain risks were identified, and defining and implementing measures to lessen these seem to have blocked consistent involvement so far of volunteers in the services identified. These involved setting limits, struggling with boundary issues, the complexities of the relationships in a community project, power struggles, ensuring confidentiality, inconsistency, ensuring volunteers would not be used without having any power.

The following extract shows the awareness of the staff of the necessity of high standards, and some of the fears:

Staff minutes 31.1.94 (reviewing Community Worker job description)

> "We thought we would drop the word volunteer and use unpaid worker instead. We have to make sure that we don't cut off these co-workers. We have to be integrated. Their work will be part of our work. Where could they fit in, in our existing work. Drop-In, Parents Group, School Programme, etc. What would be the link. Afraid they might be pulled into case work. How will staff link in with co-workers. The Community worker may not have the skills to do case work. Keen to develop local involvement."

Since 1994, over 100 people have completed the Community Addiction Studies Course in Ballymun. Some have also completed follow up programmes, and nine of these were presented for two further modules at NCVA Level 2 standard in 1998. Staff minutes of 94/95 show involvement of some of the graduates with staff on the schools programme. Some practical difficulties which seemed to emerge were around time for adequate joint preparation, reflection and feedback, given that everyone involved was already working a very heavy

schedule. A structure for direct work experience with the Project, involving supervision and ensuring high standards, has still to be established. A successful example of the type of activity in action is available in a Peer Education Programme, where young people were trained to design and implement drugs programmes in their club (Staff Workshop 9/10.11.95; AR94 p14-15). In addition, people who completed the further training are involved in awareness raising, and in family support.

The team also trained two more local people full time, for two years, giving them the necessary grounding in individual work, community work, education work, professional standards, etc. These two people were employed as trainee community addiction counsellors. Both subsequently obtained employment in the field.

A suitable volunteer structure remains to be designed, so that the expertise of more local people can be used, while ensuring high standards of professionalism.

Training other people, and acting as consultants, means a development of roles for staff, and learning new skills (AR93 p15; Staff Workshop 9/19.11.95). This is further discussed in the Training category.

Some members of staff of Ballymun Youth Action Project

THE WORK

(Has to contain something about actions - what was done)

(Preface to this section - the theoretical concepts for much of the actions of the Project are discussed in Chapter 7. For the purposes of clarity, this section is mainly a description, with minimal interpretation, of the work carried out.)

A Dual Focus

This community project has, from its earliest days, attempted to carry out a dual focus of collective community work, and work focussed on individuals. Rejecting the tag of "treatment centre" in 1985, it claimed the approach was more than education, having to do with power and resources (cm 11.6.85). It questioned the recommendations of the Government Strategy in 1991, which promised treatment and education programmes, asking who would provide these programmes, and what would the role of the community be.

However, it was acutely aware of the need to provide accessible help for individuals. Founded directly as a result of three young deaths in the area at the end of 1980, it was particularly concerned about the needs of young people using drugs.

In this respect, an attempt has been made to develop a paradigm which bridges the two distinct trends in community work in Ireland. The first is closely associated with social work, and focussed on the individual and the alleviation of difficulties. The second sees community work as a means of achieving collective and participative social change (see Chapter 4).

The appointment of the first part time employee, who had a mixture of education, addiction counselling and community work skills, is an example of the awareness of the necessity for a dual focus.

A placement diary (pd), kept by this researcher when a student in 1984, reveals some tension which emerged in the early development, with the community worker dubious about using resources for the advice and information service, when the worker could be "out in the community doing other things". The bias of "concentrating primarily on the existing addiction", combined with the

immediate concern of the local people to care for young people and their parents, led to the priority being given to a service focus, with collective social and economic issues "being something to liaise with other groups about" (pd Sat 3rd Mar 1984).

The need for services was noted during the placement (pd Thurs 8th March 1984), the major focus of which was an awareness raising campaign in the community.

The awareness raising included pharmacology, individual dynamics, family dynamics, information on self help groups, social and economic factors, and community resources.

The campaign took the shape of four public meetings, with smaller agency-specific meetings in between. The diary shows involvement with a wide range of agents, including teachers, home helps, priests, youth leaders, members of self help groups, and residents of the local community.

In relation to a programme design, the diary records this question concerning effectiveness in dealing with drugs problems:

> "..... is any community programme effective if it cannot meet individual needs -" (pd Thurs. 8th Mar 84).

The concern for individual suffering was already a hallmark of this neglected community:

> "The use of the place for housing people with problems was never objected to by those tenants who have tried over the years to fashion a community from the flow of transients. People were people" (Kerrigan 1982 p13)

This account of the story of Ballymun also notes that the concentration of vulnerable people in an area

> "devoid of facilities or a settled community created the image of a ghetto - which in turn increased the incentive for getting out, and diminished the morale of those who could not" (ibid.).

The knowledge of political processes in the group, learned through lobbying and awareness of relevant policy debates, is also evident from the early

recordings. They were part of a community which had been involved in two rent strikes, set up its own library, picketed to ensure the swimming pool was built, set up pre school play groups, an Irish school, and now a project to deal with problem drug use.

Consideration of the nature of the problem contributed to a person centred focus:

> "The problem long predates the advent of heroin in Dublin. If, and when, the heroin problem is eliminated in Dublin there will still be a drugs abuse crisis in Ballymun. Glue sniffing and cider drinking are prevalent amongst school children while tranquillisers, barbiturates and alcohol are consumed on a large scale by many adults" (Flynn & Yeates 1985 p176).

The first Job Description drawn up for the co-ordinator outlines the first four responsibilities as developing services for individuals looking for advice, information, counselling and referral. The next three focus on education, with action on collective issues coming later in the job description.[25]

Service Development:

The services for individuals quickly became established and widely respected, with a support system for young drug users and their families being in place by 1985.

Local workers, both statutory and voluntary, saw that the Project was a "very worthwhile and essential service in the area", and the success was attributed to the ability of the Project to gain the trust of young people, their families and the community as a whole (YAP 1986).

This progress was achieved, despite grave difficulties:

> "Although its work has been acclaimed by health and social welfare agencies it has been waiting three years for the funds to appoint a qualified full-time drugs counsellor. A tiny flat allocated to the project in the bottom of a spine block in 1982 was so cramped that the filing cabinet had to be stored in the toilet" (Flynn & Yeates 1985 p176)

[25] It is important to note that this job has developed with the growth in the Project. It has grown into the position of Director, with major responsibility now being on the macro level.

The Youth Action Project was attempting from this base to tap into the resources of people "living in a dishevelled, stony-grey wasteland for whom drugs are a way out" (Flynn & Yeates 1985 p176).

Despite the lack of space and the frustration of having no phone, a wide range of activities is outlined in the early documents. A programme for generic community agents was piloted at the request of the Health Education Bureau in 1984/1985. The resulting Inter-Agency Network continues to meet, at monthly intervals. A daily programme was running for four sixteen year olds. A family support programme was also available. A "mini play" was being planned as another awareness raising activity, involving local community groups. Relationships were being formed with local services, particularly those working with young people, and information brochures were being planned.

Rejecting a daily programme because of a lack of structure and resources, actions were prioritised around counselling and building of relationships in 1986. Four main areas of work were named:

Education, Intervention/Outreach, 15 age group, and counselling - but "there was more of an emphasis on educational work rather than counselling" (YAP 8th Sept 86).

Government Employment Schemes were used to implement the objective of developing local leadership through the training and passing on of skills, and local people were employed. Two participants on these schemes, who still work in the Project, talk about the work they were involved in:

> "I seemed to slot into the whole thing of the younger age group, the under 16s, and a lot of the things I got involved in then were the drop in,.... unstructured kind of contact ....."(int1/1 p1).

> "I started working in March 87 ....I was receptionist. ..... basically my job was being in the office, doing the phones and typing;
> Q. O.K. So you started off as receptionist, answering the phones, typing, etc, and then you were offered the secretary's job.
> A. Yeah, when M was there I was like back up to her; like when people called into the Project, and any telephone calls in relation to crisis, etc, M dealt with it. When she left then I took all that over. I had done a secretarial course, I had worked previously in other offices, and I knew how an office worked, and that. Then I took

over the accounts; I think you were doing the accounts then. I got more into that, and more into the whole funding issues" (int2/1 p2).

There was an awareness of those on the margins:

> "One of the things that I remember from that time was that particular people seemed to be presenting with more difficulties than others..whether it was in school, with the JLOs, with the law..and I remember at that time making a conscious decision to give more time to particular individuals who seemed to have more needs..little things like getting them to help out more..accompany them going places...giving them some responsibility around the place for them to take responsibility...in some way trying to encourage them, and give them some positive feedback.....everything seemed to be negative outside" (int1/2 p3).

The following extract perhaps most accurately describes the building of relationships with young people at that time and the struggle to be effective:

> "... the thing was that people were presenting at the time; what happened was that there was a basement, there was a premises, that people set time that they could be there, or they could call down. It seemed to be ..... I'm trying to think back .... people were just arriving ..... and there was no structure for them to fit into. Then it came about that what do we do .... we were presented with what do we do, the whole thing about assessment, what do we do, how do we know if someone needed here, how is this going to be different from a club ..... what's going to be different about their contact here? ..... (int1/1 p1).

Decisions had to be made about how to respond, and how to avoid duplication:

> We were actually trying to safeguard against it just becoming a club. One of the things we were trying to check out was that people who would use here would be the ones who were at risk. But there were some within that that we weren't sure .... at the time we were trying to find some way of checking that out ... do you remember that discussion? We just tossed it about; we used the contract as a way of saying that this wasn't just a club. maybe a parent would be involved ... just to check out .... what they thought of here ..... do you remember all that time?" (int1/1p2).

There was a danger of unwittingly having a negative impact:

> "It was also .. one of the things was that it was becoming known as not just a club, and there was people arriving up saying "I swear to God, I was sniffing!" And we didn't want it to become the opposite; and we didn't want to be saying that you had to be using drugs either .... to be able to have a contract .... it was trying to find out which was which, and trying to safeguard against it just being a youth club, because we had a pool table; because we had tea and coffee; because it was available; whereas there wasn't anything for

that age group that they were slotting into, because they were barred, even at that age" (ibid).

Despite having few resources, sustained contact was built:

> "numbers were small .... the other thing was the pool ... they wouldn't have got into the pool hall ..... and the closer relationship with older people than themselves, and the tea and coffee, and just a place to be, together .. the group" (ibid).

Activities were built up from the contact:

> "Other things started happening using the other flat ... we planned cookery, remember? With the younger ones? We were trying to do more with them. Basic things - cooking an egg, etc. We made cards, and other things. It was more just a place to be. Sometimes they just sat and chatted, but it was contact, and they knew that that became regular. (It became more regular, more organised, didn't it?). More organised.. and it was more..god, when I think of it now, I remember planning biking on Sundays, and walks" (int1/5 p6).

In developing this way, the agreement of the founding group four years earlier was implemented:

> "Out of this discussion we agreed that there should be as few people as possible in the centre during those times so that people coming don't feel intimidated and can have enough privacy to talk" (cm 28.7.82)

also agreed was that

> "the centre must never be known as a place where it is o.k. to be stoned"[26] (cm 28.7.82).

The work developed over time, and changed.

> "...much more activities, much more structured time; actually, thinking and planning; and the contact with people, with the JLOs, etc.
> groups developed; much more than just activity; there was a lot more discussion; a lot more talk; a lot more following through on stuff; a lot more challenging of behaviour. Still we had the marginalised group who never hooked into something structured. They just kept contact. And it was that group we knew were very different than the others. There was a lot more pain there. We were trying to find ways of moving in some direction. (Yet they had all the involvement in all the agencies - JLOs, social workers,

[26] This does not mean that those actively using drugs were excluded. People were asked not to arrive stoned, or to bring drugs into the premises. This ensured a safer environment for those who were making efforts at change.

teachers, courts, etc.).Yeah - they were the ones most at risk" (int1/6 p2).

The most important actions were described as:

"I can honestly say that the biggest part I felt of my job was listening; the biggest part was building relationships" (int1/7 p4).

The work in the office is described here:

Q. So being secretary here was very different to being secretary somewhere else.
A. O God, yeah...(that attracted you - you like that) yeah. I liked the variety, I liked being able to work on my own initiative, I liked being able to bring in my ideas. It wasn't just like, you know, you were in front of a typewriter, or a computer, and that was as far as it went. There was opportunities to get involved, like in the network meetings, and things like that. The AIDS day that we had down in Shangan. Do you remember that day? And that was brilliant, cos we had Dr. Zachary Johnston, and the likes of them out for that day.
Q. And what was your role for that day? Can you remember?
A. Yeah, I was organising. I sent out the leaflets, contacted Virgin Mary for the hall, signing people in and organising information that had to go out. Organisation, preparation of it, and I liked that...I loved that, and I still do...
plus you got the chance to say if you didn't know. You could come back and say I don't know" (int2/2 p3).

The work involved setting up systems, and being flexible:

"I remember taking on the wages, setting up an appointments system, there was a lot of overlaps, being pulled out of the admin into another area, to do something, knowing that you'd get back to admin cos that area would get up and going on its own eventually and you'd get back to your own role; "(int2/9 p1).

Informal structures were beneficial for parents:

"and we seen the need for the parents group, which started off....we recognised the informalness of bringing them up for coffee. We also recognised that putting firm structures on things didn't always work, that some times if there was an informalness added to it, it seemed to go better" (int2/8 p3).

Working in this informal way, with groups of people, became a major approach.

A volunteer described his involvement:

"In the beginning I was involved in the drop-in on Wednesday but gradually I got into more and more activities. Now I'm involved in some group work, the drop-in, occasional weekends away and the Monday morning staff meeting where we look at the wider

> implications of substance abuse in the local community. We've just started a music workshop where anybody here can begin to improve their musical skills. Hopefully we might get around to writing some songs ourselves" (AR88 p11).

He went on to describe

> "a great atmosphere, a sense of welcome for anyone who is involved. There's also a sense of excitement-you never know from one week to the next what new idea will be thought up - like starting art classes, or making a new group or rearranging all the furniture in the office. I've certainly been given a lot" (ibid).

Activities have been used to build relationships and raise self esteem:

> "Where the music I think has taken off brilliant, and I think they'll always want that. They're into music, all kinds of music" (int4/17 p1).

Examples of art work, writings, etc. are scattered throughout the annual reports of the Project, while photographs of young people (and adults) involved in different activities such as music, playing pool, enjoying weekends away, walking on beaches, etc. are among the prized possessions! There are awards won by young people, and various home video clips.

A student described what he saw:

> "It could be over a game of pool or out on a bus trip that opportunities arose for getting to know individuals and talk in a non threatening atmosphere. I was greatly impressed by the attitude of all the staff in the way clients were accepted and not judged in any way. It did not seem to matter what their background was or what they were using, they were all treated the same" (sp92/6 p3).

The atmosphere, the informal air of acceptance

> "helps in no small way to create a non threatening atmosphere for clients in particular which keeps them coming back where other agencies fail" (sp92/3 p3).

This atmosphere was valuable not only for clients:

> "I was always aware when I wasn't working here of just popping over, you know, having a bit of slagging and that, you know. You know, that it was there and you could pop in anytime" (int8/13 p4).

The Project has been used over the years by other workers in the community, for support, encouragement, and consultation.

Counsellors[27] describe a flexible approach, emphasising the priority given to keeping contact:

> "..if they turn up stoned, or with drink or whatever. You don't just say come back tomorrow. You mightn't be able to do any counselling, but you can sit and have a cup of tea with them. .....to them that's important. I've had them come back and apologise the next week for the state they were in. Whereas, if you were kind've abrupt, and sent them away with, well I can't work with you like that, we might never see them again. And they might need the service more so than people who are doing well" (int4/11 p2).

> "Part of my work involves formal one to one sessions, but I've learned the benefits of informal counselling outside of the four walls of the office" (AR92 p27).

> "... like you don't say, well ten o'clock is the time you can have and that's it. You do try to facilitate. Like, you do say, well look this person is not going to get up in the morning time, we'd better give them an afternoon appointment.
> Q. So there's that flexibility around time, that the person might have a chance of making it..
> A. That's right...the goal setting for them is realistic...if someone is sitting up half the night, you're not going to get them up in the morning time, even though you might want it" (int4/10 p4).

Help needed can be very practical:

> "..... to give them some life skills for survival. I mean I had a young mother who said it was such an effort to get up and get dressed. She's chaotic the way she comes. She had a two and a half year old child. She's only 19.
> You wonder how she has survived until now" (int4/17 p1).

The work in July 1994 was described by an interviewee who joined the team then:

> ".....drop ins, counselling, the post detox was about to happen, or there was work being done, I remember the posters; the inner journey was happening; the parents morning obviously was happening; the schools programme; ..a lot of what's happening now" (int9/1 p1).

The value of activities such as arts & crafts, music, preparing and eating lunch together has been reinforced in a day programme which was piloted in 1997, for drug users. This programme attempts to reinforce change efforts, and motivate people to move some way along a continuum.

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[27] The reasons for the definition of this work within a counselling frame is part of the theoretical discussion in a later chapter.

Awareness of those on the margins has involved the team in outreach activities.

> "..outreach is a system of stepping stones from initial contact i.e. street, hostel, prison, residential, etc., to assist individuals in building positive relationships....." (AR 94 p4).

The extent of the group's concern about the young people is shown in a decision to send the Outreach Worker on a visit to London (cm 21.8.90). This was taken because of regular contact from agencies there, and phone calls from young people who had gone there, looking for assistance.

Outreach work can also involve a lot of meetings:

> "It was part of the outreach role..... I remember being involved in a lot of groups; the drug workers forum, the Aids Liaison Forum, the Liam Brady Drugs Give Drugs the Boot campaign, quite a few things. And there was a bit of PR in the outreach role, and you would be attending these meetings to represent the Project as well" (int3/2 p3).

Contact still occurs when people from Ballymun go to other countries, particularly England. It is not unusual for staff to be involved in providing linkages for family members with agencies in England, or to be contacted by an agency there to set systems in place for someone returning to Ireland.

In time, regular activities developed:

> "the individual work started taking off more, I also got involved in a group with some of the IV drug users, prison work, numbers were increasing, contact with St Michael's and St Lawrence's[28] was established quite regularly....I think the individual work took off more so than the meetings ..... then I was doing the school programme by myself as well. And by that time, I think I was doing more of the education work as well" (int3/7 p1).

The pressure of individual needs can make it difficult to have time for networking:

> "I have no involvement in any groups, committees or anything like that now" (int3/7 p4).

There is a cost:

[28] These are residential schools.

> "I think you miss out on those meetings, you do miss out on a lot of the contacts, all the faces, ... finding out what's going on in all the places. You become too insular ..." (int3/8 p2).

Another interview with one of the longest serving employees, described the development in her work to involve other systems:

> ".....the client group is very different, it's more varied; there's much more educational work; much more building relationships with other workers; using what I've learned to help sort out stuff in other agencies. It's clearer what we actually are, what my role is (it's developed a lot, hasn't it?) oh, yeah, it's bigger.
> (The team's different as well, isn't it). yeah, a lot bigger. (there were only four of us for a time).
> A lot of time went into the younger ones, they were there, and you had to do something, whereas now it's more varied" (int1/9 p1).

She connected outreach and other client programmes:

> "I feel that the profile of the Youth Action Project has changed quite a bit. It's much more recognised, the standards are much higher, of the workers. I think that the expertise is much more developed. It has gone with it from the beginning, all the way through.
> I think even the fact that we can refer within the agency now, to other team members, I can be working at the level of building relationships and contact, assessment and be able to refer people into counselling, etc" (int1/9 p3).

People expect services, and this was well described by the community worker, who did not carry a case load:

> "...people don't make that distinction, you're a case worker and you're a community worker. They'd be asking me stuff, like making appointments with me, could they come up and see me. And I'd be trying to bring them in to YAP, without discouraging them...." (int8/10 p3).

The credibility of the Project can be seen by the services it provides, and can be questioned if it is seen not to be moving on local concerns:

> "People are always telling me, there's this group or that group.....
> I say yeah, yeah, yeah, ... and they don't hear me saying I'll ask so and so to pop down to them, or I could go down and work with that group. And I'm sure some of them have remarked to themselves, a lot of good that was telling him. So there's definitely something that needs addressing there" (int8/15 p2).

Study of the annual reports over the years shows the Project involved with a wide range of age groups, and types of drug use. For example, they contain personal testimony from:

a woman who used valium for many years and was trying to get off it; (AR 89)
a young ecstasy user (AR 92 pp35-40)
a young poly drug user (AR 93 p14)
people in recovery (AR 87 p13; AR 88 p16; AR 90 p18).

In 1987, the team had contact with 120 people. By 1993 this had increased to 263, with an average number in weekly contact of 40. Approaches to all these people included one to one counselling, group work, family work and educational programmes (AR93 p5). The Outreach team gave an example of their work with individuals in September, 1994. They had contact with 90 people, and gave a detailed picture of 31 of them. The picture is of a group of young males, aged 15-21, of low educational achievement, mixing various types of drugs. Over half (58%) had injected drugs at some time; half of these were still injecting at the time of the survey. 42% had served a prison sentence, and 71% said they had a family member who misused drugs. 20% were not involved with any other agency. 55% considered themselves drug addicts. The rest didn't, or were unsure (AR94 p7-12).

Considerable success is reported in contacting people through local networks (AR 87; 88; 89; 93).

> " ..... 54 per cent of the sample came to us through family friends or contacts with our street worker. This would seem to indicate to us the value of local contact, and community education" (AR87 p3).

The value of the local network is well illustrated in this extract from one of the interviews:

> "... there was a chap up, he was actually a client of mine (from a previous local workplace).. and he came up here on the ... on the ... I don't know on the advice or instruction of his aunt, who was one of the members of the CASC course a couple of years back; and he was told to come up here, and.... Like, there was no immediate pay off from that woman being involved on the course, but she retained the respect for YAP, and the information about it to know that this was a place for him when he was in trouble with drugs, and she sent him here. So those sort of things, the long term pay offs. They're always there" (int8/7 p1).

A Systems Approach:

The services took the shape of direct services to individuals, and working with the care systems to improve available help (AR '87 p15). These systems are

described as "The Net" which surround the young people, and various efforts have been made to strengthen these relationships. For example, in addition to the liaison locally, the Youth Action Project hosted a major Conference for European Drug Prevention Week in 1994, in conjunction with the Health Promotion Unit of the Department of Health. Entitled "*Strengthening the Network*", it was attended by over two hundred practitioners working with young people in Ireland. Consistent attempts to raise awareness of Joint Systems Approaches are evident in documents such as the annual reports and minutes of various staff meetings. These attempts led to another major conference in 1996, this time with a European dimension. On this occasion, there was a more conscious effort to influence the decision makers.

Encouraging further study in this area, a follow up visit to Denmark took place in November 1997. The participants were people in decision making positions from major systems working with young people in the community - education, youth work, police, child care, and the co-ordinator of the Local Drugs Task Force.

This transnational relationship has led to subsequent contributions to other large conferences in Ireland, (e.g. An International Conference on Family Support in Galway in June 1998), and decision makers in Ireland now have the opportunity to learn more about the Odense integrated system. Ongoing work involves developing protocols for practice.[29]

Identification of needs:

The picture which emerges is one of a team able to move quickly when needs are identified.

> "I think one of the things was that you responded to the needs as the counsellor saw them, the people who were working with them. Like they could identify, like I identified what I saw as a need, for both me and the clients as well, cos I didn't have the info that they were looking for. That was my first experience of them being met. And it was almost so easy....And then I think that the other way that it happened after that, I remember, client needs would have happened a lot in the peer supervision. We got together and talked about what needed to happen" (int5/6 p2).

[29] The use of general systems theory is discussed in a later chapter.

> "Over the last year we recognised the need and initiated another group for young children between the age of 8-12 affected by alcoholism in the home which we hope to develop within the coming year" (AR89 p12).[30]

> " I remember being frustrated that a lot of the reasons why they ended up with them was for educational reasons, yet the needs they actually had couldn't be met. The safety wasn't there for them to explore things.... It was never the right setting. I would've found that some of the professionals were inclined to make statements that wrote them off, whereas I felt they weren't being given a chance. There was much more to it than schooling...." (int1/6 p3).

The needs arose in different places and were identified through a flow of staff, committee and client consultation. Some examples are given in this extract:

> "At the time we had a recovery support group on a Thursday morning, remember? And part of that was we used to have lunch together; remember Kingburger was open at the time? And that was a good venue for checking things out. The inter agency meeting was also quite strong at the time. And that ideas that we got were brought back to the staff meetings, and we thought about what was the next step.
> Q. So we pulled things then, from other agencies (we did), from clients, committee, from ourselves, and then we tried to pull them together at the staff meeting?
> A. We did, like, we'd work on the basis that different staff members were working at different places ..... if a need was identified .... like at the time we had the under 16s, the Tuesday afternoon children of alcoholics group, remember that, like a lot of those groups sprung up then because of the people we were coming in contact with. So an awful lot of work went in to the building of relationships then; there was more of that done than actual formal groups, but the groups grew out of that" (int2/8 p3).

Needs became obvious through involvement with the natural systems, like families:

> "I would've had contact at that stage with some of the parents. I wouldn't have been a threat to some of the parents because I wasn't a social worker, I was a local person. They kind've trusted me. They told me things (they saw you in a different way). The parents told me things that happened that the young people never mentioned.
> What I knew was from a different source, not directly from them; I felt I had a really good relationship, whereas that couldn't happen elsewhere, because of loyalties, or whatever; our relationship was with the families" (int1/6).

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[30] This initiative was based on an education and support framework, providing positive experiences of adults, and of their community, for these children.

Activities change according to needs:

> "We listen to the clients needs ... like, things change around because .. like, just listening to them talking about the groups; saying, no this isn't working for them and giving them more a say in what they want, and seeing if we can facilitate that. And seeing a few things that changed because .... it's not just what we think, because we think it's good for them, and it's not working, and we say well, to hell with that we tried. That isn't what happens. What happens is, well come on, what do you want ... how can we give them what they want. So it's listening to their needs, I think, is one of the big things ..... activities can change according to needs" (int4/11 p1).

Flexible structures help quick responses:

> "Well, I can remember my first experience of that was, I was only here a couple of weeks, and again going back to the parents morning, there was a lot of issues at that stage coming up around family law, you know barring orders and that kind've thing. And I remember thinking, gosh, I don't have the information on this, and I don't know about that. I remember being surprised, I remember going to I think it was Jimmy at the time who was client programmes co-ordinator, and saying to him that I really feel that we needed to get somebody to come in, that I didn't have the information on that. And he said that's OK. I had said I knew somebody who was willing to come in. And he said, OK, so whenever you want to do that, that's fine" (int5/6 p2).

Sometimes this "ear to the ground" identifies needs which cannot be met at that time:

> "I think we have a lot of ears out there, and we pick up a lot of stuff....but manpower we're stuck on sometimes, the difficulty to move with a lot of stuff" (int3/14 p1).

The dilemma in this quote shows something of the reality of prioritising work:

> "there is something missing in the Project at the moment. ..... I feel there's something missing there around, the amount of people who have been telling me that there's a group of young people smoking heroin outside the door, and I don't feel there's anyone reaching out to them..... There's a huge gap there I feel about winning new people into the Project you know by personal contact, and even if we do do that, where do we put them, or how do we integrate them into the Project anyway. So I feel that's something we need to discuss ..." (int8/15 p2).

Local accountability can bring pressures:

> "I've a lot of fears around shoulds ... what should we be doing, you know. Should we be putting more energy into this, or should we be taking it on as a new piece of work altogether..em..so it would be

that sort of stuff. .... what should YAP be doing, and being very conscious they're the questions people ask" (int8/16 p6).

Students described the methods they saw operating in individual interventions:

> "Work methods are as diverse as the issues and problems presenting. The key to selecting an appropriate method seems to be perceptive assessment, and accepting that often the client knows best about his/her situation and resulting needs. Active approaches I have observed being used in the project include Gestalt, Minnesota Model, Motivational Interviewing, and Harm Reduction. Every avenue is explored. Motivational Interviewing seemed most appropriately and successfully used in an outreach capacity, and mainly with younger clients" (sp93/4 p1).

This same student described the methods as "challengingly creative", and another identified the efforts made to be more effective:

> "The work methods of the project could be described by suggesting that there is something for everyone as there exists an eclectic approach which is demonstrated by the flexibility of the staff and their vast knowledge in counselling techniques. The staff seem to be always looking ahead with a view to improving what already exists and there is a willingness to try new techniques rather than staying with the more familiar tested ones" (sp92/4 p1).

The services of the Project are well known, and have grown in credibility. The staff are much sought after for giving inputs on training courses, and for working with people from many areas. Local people value the services, and use them consistently.

However, early warnings were sounded about the dangers of a service provision focus:

> "There is perhaps a danger that people see us as only a service for individuals, and not as more than that" (cm 22.3.88).

And later, when referring to national drugs education and prevention strategies:

> "We have concerns, however, about preventative services and initiatives which focus solely on individuals, to the exclusion of the climate within which individual growth is fostered and developed" (AR92 p9).

Community Education:

Community education was seen as the means of laying a strong foundation. Improved relationships would come about through coming together to share information (McCann 1991).

A drug awareness programme running in all of the National Schools in the area was one of the first in the country. This programme developed through co-operation with the local schools, and involves pupils, teachers and parents. Most of those interviewed mentioned the schools programme. The programme runs for a 6-8 week period, and involves staff, teachers, pupils and parents. It's an area of work not always expected to be part of the counselling role,[31] and can be challenging:

> "Q. When you think back now over your role here, are you doing things now that, when you took up the job, you wouldn't have expected to be doing?
> A. Well, I suppose the schools programme, cos I didn't know anything about that, like, when I started in June. The programme doesn't start until September, and there wouldn't have been much talk about it in June. So when the programme came up, I thought, oh my God, cos I know kids, and they'll take...you know...they don't mind what questions they ask you, and they'll very soon know if you don't know what you're talking about. Kids tend to teach you a thing or two" (int4/8 p3).

Other staff can also be involved in education, as use is made of all the strengths of the team. In this extract, a staff member whose primary role was administrative assistant, talked about being able to make use of other skills she had:

> "A. I feel my role has changed..
> Q. in what ways do you think it has changed?.
> A. from literally just office work to now I would do the schools programme, I did the alternative therapies programme, which I felt was quite different to what I do every day. And I enjoyed that, I loved it, it was great. I do the schools programme, which I enjoy doing ... " (int9/3 p1).

A teacher who had worked with staff on the schools programme spoke about seeing

[31] The school work is not based on counselling theory, but is rather an example of the educating role of community counsellors see Lewis & Lewis 1983

> "the benefit and huge value of this programme from the side of parents, teachers and especially children" (AR92 p13).

Innovative ways have been used to raise awareness. During a drugs awareness exhibition in the local library in 1985, the Project organised a "mini play" on family interaction. Similarly, in 1989, a Recovery Convention was held, where members performed a role play of a family situation as a stimulation for discussion (YAP 1989). In 1992, a series of information leaflets was produced, by local staff working with local young people (AR92 p24-25). These leaflets have been requested by groups all over the country, as they are seen as being attractive and relevant for young people.

An example of a programme with youth leaders was described by a student. He spoke about what he expected:

> "Here was a chance to disseminate information to others. During discussions with Liam it was put to me that he would for the most part facilitate and I would structure the information. At this point I felt quite ambiguous about this suggestion. What was the difficulty with us imparting information to the leaders and addressing whatever questions that might arise? However I was about to participate in an educational experience the like of which I had not previously encountered" (sp96/5).

He identified the differences as:

> "The key issue for me regarding this intervention was the style of facilitation utilised and the contribution of this facilitation to a unique atmosphere of learning. The youth leaders played the major role in determining the direction of the programme and were allowed the freedom to do so. They did indeed 'call the shots'. There was rarely a sense of disseminating information to or for the group. The leaders for the most part provided the information and our role was mainly one of facilitation, guidance and structuring the information. There was an acknowledgement of the leaders experience and knowledge and through sharing, dialogue and participation flourished. This approach is very much in line with what Paulo Freire describes as problem posing education (Freire 1972; P57)" (sp96/6).

And the value for the educators:

> "The important point is that when using this format of facilitation it is not only the 'student' that learns but also the facilitators. Through facilitation we all become a 'Community of learners' (Rogers 1983; P120)" (sp96/7).

Finally, he identified how these methods were congruent with building a community response:

> "It is important to note that the facilitative model is consistent with the Youth Action Project's overall commitment to a community approach which recognises sharing, empowerment and the provision of services with and not to the community as central to such a response" (sp96/10).

Reports of conferences and seminars are dotted throughout the documentation, and the interviews. An AIDS seminar was held in January 1990, the first one in the area, in conjunction with the local Health Education Organiser. The need for this had arisen at the monthly inter-agency network meeting.

A weekend conference was held to celebrate the 10th birthday of the Project, in March 1991. Two major conferences described earlier, in 1994 and 1996, followed, and show YAP linking outside its own geographical area, developing networks nationally and internationally. North/South contacts resulted in various visits, and a conference to share experiences of local drugs issues in Monaghan in 1996.

A seminar on *Young People and the Law* in 1995 proved so successful, that requests were made to have a second one, at which local young people themselves discussed their difficulties with the local police, directly.

The focus on community education, and the need to continue developing local expertise and leadership, led to the establishment of a Community Addiction Studies Training Centre, the first of its kind in the country. A Community Addiction Studies Course (CASC) designed by the team, is a major activity of the centre.

> "I suppose the most satisfying memories are the CASC, and thinking of faces of people who were involved on the CASC course.
> Q. You started after the first one..
> A. Just after the first one had started, yeah. And there's been very few people who have gone away discontent with it... I can't think of any, actually..
> Q. no, I don't think so..
> A. and the lovely feedback we got from people all the way through that. And it wasn't a spectacular thing, but it was certainly the most satisfying. Just thinking back to those people. Again with the Pappin's group, just thinking back to those people, the same sort of, if you meet them on the street (the peer leaders?), yeah, there's

> a respect there. It's nice. So they would be .... they're not dramatic highlights or anything, but they would be ...
> Q. They're concrete pieces of work that you feel good about" (int8/7 p4).

Very quickly, people came from other areas to participate in these courses, and within two years, they were being replicated in six other communities in Dublin, with one hundred and fifty participants enrolling in September, 1997. The centre has been successful in gaining national recognition of the learning, through accreditation as a module at Level 2 standard of the National Council for Vocational Awards. Many of those achieving this accreditation are people with no previous formal educational certificates (YAP 1997a).[32]

One of the participants described her nervousness:

> "...in the beginning I would say I was extremely nervous. I hate learning situations. I know it goes back from when I was a kid, but I'm nervous of what's going to happen, will I be able to take it in."" (CASC 2/5).

and her experience of being in a group which involved professional workers:

> "I'd say I would still be a bit nervous but not as much, one of my fears was authority or being with educated people, they know more than me. And the funny thing is that I realised that they may know more about their particular area, but I knew more about other things and that built up my confidence. You know to find them coming to me to ask me questions built up my confidence and I thought well you have something to offer" (CASC 2/6).

another participant also talked about this:

> "I suppose completing the course was one of the things that was good, having the confidence to do that and now being able to question stuff as well at the end of the course, was something I took out of the course. Like I would have just taken doctors or authorities for their word and said nearly they are like God, and you go and they have the answers. I don't see them like that anymore, I see that we have a right as a community to ask things and to get the same treatment as other communities" (CASC3/P6).

This was achieved through the methods used:

> "The approach used by us during the course was based on the principles of good adult education, i.e. people learn as much from themselves and one another as they do from the speakers/facilitators and confirm in each other the wisdom they already possess. We tried to facilitate this type of learning

[32] Some issues in the accreditation debate are discussed in a later chapter.

throughout and the evaluation told us that this was really valuable to participants" (AR94 p23).

A Peer Leader course, which was run in 1994/95, equipped participants to deliver drugs awareness, programmes in their youth clubs, and also to contribute to other courses they undertook

> "..the work done on personal development, life skills and group work has helped us enormously" (AR94/15).

A Process Recording (pr) by a student highlighted what made the experience so valuable:

> "The fact that everyone was treated as an equal in the group proved important to the running of the course" (prNov 94).

The make up of the group was identified as another key factor, with a good blend and mix. In addition, the fact that "the majority of the group had experienced a great deal of drugs issues, whether it was on a personal, family or community level" was identified as a factor in the amount of interest shown by the group and "the willingness to participate in what can be at times painful exercises" (ibid).

The development of the training centre has contributed to an explosion of work. In addition to local communities looking for courses, many professional groups are also requesting training for dealing with drug related issues in their workload.

> "...training has taken off quite a bit at the moment; or the Project being rated as a place of expertise has taken off, it's being given credit for the work that's done, and the knowledge and experience we have here, which I think was due to happen anyway...and I think that there is a need for that too; a new arm," (int3/13 p1).

However, the increased workload can cause an imbalance, and can lead to

> "getting sucked into that too, it could be negative, you still need to keep the client services going; it's more than the odd session you used to do on a CE scheme or all the other bits .." (int3/13 p1).

The work of the training centre seems to be going some way to challenging community attitudes:

> "It was a very interesting, topical & informative course that has a very different approach to drug awareness in that it combines practical knowledge with personal views and also encourages a

> strong sense of community by examining how the community and 'authorities' respond to addiction and the problems it brings" (CASC participant AR94 p27).

Humanising and destygmatising people and families who experience problems, is a major focus of YAP's community education programmes. In this, they are in agreement with others in the field:

> "We need to arrive at a point where drugs are seen in a wider social, community and political context. To be effective, we are suggesting that harm-minimisation needs to develop a non-judgmental understanding of drug use that does not stigmatise drug users, and practical applications of which would be support for drug using members of the community rather than rejection" (Clements et al Drug link May/June 1988).

A follow up study carried out in 1997, showed participants reporting significant changes of attitude, an important outcome, since local opposition to drugs services is an on-going dynamic in drugs work in Dublin (YAP 1997).

Community Work:

The first aim of the Youth Action Project is stated as:

> "To develop a community response to drug abuse."

This aim underlines all of the work undertaken in the Project.

> "All our communication, all our approaches and decisions, are based on the concept of a community response" (AR92 p3).

Various references are to be found which further clarify what is meant by this. They invariably refer to the community as the unit of action, to developing leadership from within, accessing internal and external resources, and being concerned about process, as well as actions (see for example McCann 1991; AR92;).

Evidence of Community Work practice shows it happening in different ways:

1. developing the ability of local people to participate, in the organisation, in direct service delivery, in needs assessment, and in policy making;
2. connected to this is the development of local leadership, analysis of local dynamics, and support for involvement in intersectoral structures;

3. working with the care systems to improve responses to people in the community, identifying gaps and acting as advocates;
4. challenging the dominant position of major systems, attempting to democratise systems;
5. working collaboratively around related issues, and campaigning for change.

Developing the ability of local people to participate, and developing local leadership, have led to intensive activity over the years. Early participation in the organisation was through the founders of the group, and members of the committee at that time undertook a community leadership course, run locally, which was the first of its kind in Dublin. Some volunteers who stayed together after the public awareness raising programme in 1984 also participated in a subsequent course, and later joined the committee.

Local young people were employed to train as Project Workers. This extract describes the valuable knowledge brought to the work through their life experience:

> "I have grown up in Ballymun and I have had direct experience of being stigmatised and discriminated against because of my address..... When you add the stigma that goes along with alcohol drug related issues together with the stigmatisation of being from a poor community, this aggravates problems to chaotic proportions" (AR90 p9-10).

and what changed as leadership developed:

> "I have become more confident ..... taking risks and speaking out on issues I would normally stay quiet about. I was instrumental in setting up and being part of a pressure group to challenge social and legal injustice, e.g. suggesting new ideas on how to challenge social issues within the community" (ibid).

By 1991, the group realised that participation would have to be planned for (YAP 1991a), and set in motion a process of development and training, which resulted in the employment for the first time of a community worker in 1994, and continues until now. Currently, the administrator and the community worker are liaising around designing a structure for effective volunteer involvement, with identified work, planned actions, progression routes, regular support, supervision and training.

The recent two year full time training programme included planning and implementing needs assessment, working collaboratively, policy analysis, community analysis, in addition to skills for working with individuals.

Documents are sprinkled with references to new committee members being co-opted, and with the efforts to recruit people to work at management level. Many of these people had used the services personally, and were moving through a process of reclaiming some personal power, to being able to practise power with a group, and act in a group capacity, becoming community activists rather than 'clients'.

Annual Reports contain accounts of activities local people took part in. For example, in 1990 two local women attended a conference in England, on parenting for drug prevention. They were the only two people there who were not participating as paid professionals (AR90 p8).

Another example is reported in 1991, when the Project celebrated its tenth birthday. Local people organised a major conference and celebration, and many people came and availed of the opportunity to discuss what was meant by "community response". This conference also connected back to the founders of the Project, who were all presented with a gift to mark the achievement (AR91 p13).

In 1991, local people, through the organisation, were involved in discussions to implement the recommendations from the Government Strategy, to establish a Community Drug Team in Ballymun.

In April 1994 a new community work post was filled by a local person.

Discussion and debate has taken place where people could contribute to service development (e.g. Annual Report Launch 1st July 1994; inputs at AGMs).

Ballymun staff have undertaken further education and training, equipping them for promotion to positions of responsibility within the team structure (AR92 p4).

An analysis of community dynamics by the staff in 1988/89 identified

> "survival techniques, not development techniques. While they are employed, the community will be vulnerable, and open to exploitation" (AR89p13).

YAP has worked with other community groups to promote development techniques in the community. An example of the web of relationships the group has in its own community is highlighted by this comment from one of the interviews:

> "And I know that over the last couple of months, there's been stuff said about YAP, and I know that there's people out there who will defend them, without us having to ask them to do it. They just do it because they know different" (int8/7 p1).

Working with care systems is described elsewhere. However, YAP has also had a role in identifying gaps in the care systems, and bringing agencies together to seek solutions. An example is seen in the early efforts to have something done about young people out of school (YAP Sept 1986). This gap had been regularly discussed at the Inter Agency Network meeting. The issue was later taken up by the school principals, and is included in the Area Action Plan of the Local Drugs Task Force. YAP staff are heavily involved in driving this action.

An example of being involved in designing innovative actions to respond to related issues is shown in a response to unemployment among the most marginalised job seekers. The co-ordinator was instrumental with Ballymun Job Centre and other interested parties, in designing and implementing a new project to meet these needs.

Early examples of challenging dominant position of major systems are to be found before the group became employers, in the way it challenged a major funding agency. This agency had been nominated by a government minister of the day to process money to the group, providing an accounting system only. The funders wanted to use this to impose a contract on the group, which included a place on the management committee, and a veto on the selection of staff.

The group fought this, and the situation was only resolved when they successfully went back to the minister, who agreed to clarify the situation and "assured autonomy of the Project" (cm 31st Oct 1984).

This did not stop the agency claiming the workers as theirs, and the two employees involved at the time continually rejected this, accurately reminding people that they were employees of the Youth Action Project.

This situation occurred again four years later,

> "We discussed the letter that came in with the grant instalment, which said that C wanted contracts with community groups. We decided that we did not want to reach a situation where they could influence policy, and affect our autonomy" (cm 5th April 1988).

The contract was not accepted by the management committee, and the issue ran on for a year. Resources were invested to identify ways in which the Project could be monitored and be accountable (cm 7th March 1989), and to suggesting a changed contract to reflect a language of co-operation (cm 28th March 1989).

Guidelines for a meeting with another minister in April 1989, show the difficulties with the philosophy of the Project;

> "How does this fairly high level of control tie in with the government's encouragement of community involvement and initiative?"

The contract was described as

> "not so much a good monitoring and evaluation system, as a control system."

The difficulty with it was that it seemed to

> "go against our roots and development so far, and the concept of self help."

Minutes of a committee meeting summarised the process:

> ".....we were told that we either signed, or did not receive the money. The impression given to us was that we were making a big fuss, that the contract would not change the practical reality of how we operated, and that there would not be interference. The issue of the possibility of a contract using language of co-operation, as

was constantly being stressed by the Minister and C, was not discussed" (cm 30th May 1989).

Signing and playing the game was difficult "as it allows an unjust system to continue, and we become part of it". Yet the bank had refused to honour the wages cheques. A decision was made to sign, but continue to look for ways to get the contract changed for the future. Following this, some work was put in to working collectively on this issue (cm 30th Jan1990).

The application of government employment schemes was challenged when the group questioned the suitability of using them to provide staff. These schemes did not suit the needs:

"a) because of the temporary nature of schemes
b) because of the nature of our work
c) lack of experienced and skilled personnel to carry out the work" (cm 29.7.86).

An interviewee recalls some of the issues:

"Q. Do you remember at that time all the discussion about would we take on a new Teamwork Scheme?
A. Yeah; from what I vaguely remember about that time was that it didn't appear to be a scheme that could be used, in the sense that there was too many issues, and it took too long to build relationships with people. It wasn't O.K. for people to be there and then gone.
Q. And even for yourself....do you remember how you felt about if you had to leave, and new people start?
A. I wouldn't have liked to leave...I wanted to develop the relationships with some people...that stopped me leaving..you would wonder how that would have worked then" (int1/4 p3).

A campaign was mounted with two other local groups:

".... from the leadership course, a few of us went on to develop the Suss Centre, a local resource centre and in 1986/87 we joined with YAP and another group in actual campaigning for funding. A sort of amalgam of groups called Ballymun Together, campaigning about a funding issue around some of the schemes that was in place at the time. So we were part of the same campaign at the time" (int8/1 p3).

The decision not to use schemes meant that the Project has avoided becoming administrators for State employment schemes,[33] and that local staff did not

[33] A discussion on Community Groups & State Employment Schemes, entitled To Scheme .... Or Not To Scheme was published by the Independent Poverty Action Movement (IPAM) in July 1986.

become "a cheap pair of hands".[34] At the time this meant that there was no money for wages, and three teamworkers worked voluntarily for a while.

Statutory provision of youth services, with no significant local involvement and minimal allocation of resources to young people most at risk, were challenged by a joint grouping of community leaders to be more involved, and to adopt a community approach. YAP was one of the main agencies involved, and supported the challenge through premises for meetings, and through secretarial support.

Another major challenge was to the EHB when they employed a counsellor without consultation (Irish Times Letter to the Editor 4.2.1985). The challenge was supported by other community groups (Irish Times Letter to the Editor 18.2.85, and 26.2.85), and the issues were identified as being shared by other community groups (Butler 1991 p223).

In latter years the group have asserted the right of local people to have a say in treatment initiatives. Records of management committee meetings of 1991 show awareness of the shift in power balance this would entail:

> "Treatment: What can the health board do to support YAP in this? We have highlighted the gaps in the treatment services. The present services do not address the whole person, which would better be helped within the community. How can the community drug teams help the local services with medical expertise?" (cm16th July 1991).

A decision was made to go into partnership with the EHB to develop a community model of community drug team which would reflect this shift. However, this formal partnership was ended when it became evident that it was not supporting the work on the ground. Records of what happened during this period show considerable stress and conflict as YAP struggled to be true to its accountability locally, and maintain a working relationship with the statutory body responsible for drug treatment, and which provided some of YAP's funding. This time was described by an interviewee who was a new staff member at that time. Although she wasn't very familiar with it, she remembered

[34] Staff salary scales are on a par with relevant salary scales in EHB.

there was a problem there, and a lot of energy was being put in to resolving the problem:

> " ..... I remember a lot of talk at the staff meetings about it, regarding about this is not happening, and what do we do. A lot of meetings, talks, discussions, that sort of thing, you know. I think a lot of head stuff for people as well, you know what I mean, about that. That's mainly what I remember about the CDT.
> Q. Right, and you were fairly new at the time so it....
> A. yeah, (laughs)
> Q. It must have seemed very strange to you!
> A. It did and it didn't...it seemed...not strange .... I suppose it was something that was happening that I wasn't really clued into. And I wasn't really terribly sure of what all this was about, what the history of it was. I mean, I knew bits and pieces of history, but collectively I didn't really know what was happening. And I just knew that it was this CDT and it wasn't really working out and there was energy going into deciding what to do about it" (int9/1 p3).

In June, 1995, YAP started a process of facilitating local discussion, making information available, when there was local reaction to the EHB buying the only large house in the area, and planning drug treatment services, without local consultation (YAP 1995a). The co-ordinator of YAP was subsequently elected by a wider meeting called by Ballymun Coalition, to be one of four local representatives to negotiate with the EHB. Among many points agreed at that meeting were:

> "The community should be part of the management of the Red House.
> Consultation with the clients and the community is extremely important.
> The community has to have a real say in what happens.
> Any agreements made have to be accountable to the community" (Minutes of Coalition Special Meeting 5.12.95).[35]

Again, the willingness of this community to care for people came through in the way it attempted to deal with the dual needs of treatment for people with drug problems, and the collective needs for protection from unforeseen side effects. However, records kept of the subsequent negotiations show that the efforts to establish a meaningful say were unsuccessful, and a year later, on 5th June 1996, YAP took part in a protest to the headquarters of EHB, at which a letter was handed in seeking more services, and pointing out that no commitment had

[35] Ballymun Coalition is a collective of people working and living in the area. It was established in 1984, and has successfully established new local initiatives which have gone on to become important local organisations, e.g. Ballymun Housing Task Force, Ballymun Job Centre, Ballymun Credit Union. It also supported the first Community Candidate from the area to stand for election, in 1987.

been given about what part Ballymun residents could play in developing services.

The challenging of decisions made centrally, and promoting questioning of measures, is seen as part of the responsibility of a community drugs project:

> "And just having someone who can stand up with a bit of sense, and say wait a minute, you know, what are you creating here, you know. And try and awaken in people some sort of questioning of all the issues involved in that sort of approach, you know. So there's a responsibility coming from a community drugs project to be aware of that sort of detailed information and give it out" (int8/11 p4).

YAP has joined other community drug groups in efforts to influence change, particularly through working as part of the CityWide Campaign, and through co-operating with voluntary drug treatment agencies.

Community work has been defined as in the "how" of service delivery, with local people and resources being central to needs identification, prioritising, decision making, and resource allocation. Training and education ensures the continued involvement of local people, and the development of local leadership.
Development of participation avoids the trap of a narrow education and training focus (McCashin 1990).

Working with other groups around related issues:
The Annual Report of 1992 p3-5 shows co-operation with the local Job Centre, and involvement in groups like AIDS Wise. Staff were also involved in lobbying and campaigning for the refurbishment of Ballymun Town Centre, which had been allowed to deteriorate drastically. Other involvement included working on the Task Force for Community Services, the campaign for alternative education provision, and participating in Healthy Cities week. The group made submissions to the National Anti Poverty Strategy (NAPS), and the Commission on the Family. The YAP submission to this commission was selected for presentation at a consultative conference held in Dublin Castle, the only drug related submission to be so selected. Significantly, the submission contained descriptions by mothers, in their own words, of the experience of living with drug addiction in the family. Members of CASC courses have been supported to

make submissions, one in particular by video tape so that people could talk directly, rather than writing.

Acting on their analysis of the survival techniques evident in the community, the group encouraged people to use their voice in general elections. Election leaflets, with questions to ask candidates canvassing at the doors, were distributed on 26th Jan 1987, and 30th May 1989. It is probably true to say that, while the group has established considerable credibility and is known for the level of local involvement, this part of the work, developing a strong, local voice on social, political and economic issues, has been difficult for YAP. In an area which does not use its voice in the polling stations (Ballymun has a very low voting turnout), operating in the centralised system of government outlined earlier (Chapter 4), and coping with major social problems, it is perhaps unrealistic to believe that one local community group can facilitate social change. However, the development of the training centre, and the establishment of networks, is assisting the move from the personal to the political, from being 'clients' to being 'activists'. This network was influential when the government withdrew promised resources for youth development. Intensive lobbying took place, and a letter writing campaign had the desired effect. The funding was restored, with £10m allocated on top of the original amount!

YAP is very aware of the need to tell not only individual stories, but collective stories. The Psychology of Liberation (Starhawk 1987) recognises the importance of the Ballymun story. Through its adult education methods, and belief in the community, YAP is contributing to the awareness of the people, especially the young people, of the history of the place they live in, and the importance of structural issues and policy decisions.

At the time of writing this work, major plans are being made for Ballymun's future, and YAP staff are involved in meetings about this. Local structures have also been developed to contribute to this. However, the voice of young people is absent. More especially, the voice of the most marginalised in the community is absent. An attempt to address this has been made by YAP, through the making of a video telling the story of Ballymun. Young people and adults

designed and contributed to the video, which raises social policy issues in the new plans for the area.

Another collaborative attempt has been made through using European Drug Prevention Week, 1998, to promote health in the community. YAP were to the fore in co-ordinating activities around the theme *To Grow Up Healthy and Happy in Ballymun I Need ... .* All of the youth groups, sports groups, schools, in the area took part, and many of the issues the young people raised were environmental and social. (for example, the need for leisure facilities, playgrounds, jobs, safe areas, etc).

A new Community Development Course, designed by YAP, will be piloted in March, 1999. The course is accredited at NCVA Level 2, and will involve people who themselves have suffered from drug related problems, personal and family, in learning their collective history, and analysing the reasons for it.

Intersectoral Collaboration (ISC):

An intersectoral work strategy is obvious throughout the interviews, and the documentation. This strategy seems to have been an integral part of the way of working, even before the group had full time staff (YAP Nov 1982; Yeates 1984).

Early documentation available has multiple references to working with other agencies, and an Inter-Agency Network was established as early as 1985. A local Garda (police) inspector, on his retirement, wrote to thank the members of the Project, saying:

> "Your meetings have done much to foster better relations and understanding between the various agencies working in the area, and consequently with the local residents....." (27.11.1986).

An example of the range of involvement with other agencies is shown in the annual report of 1988, p13. This shows involvement in school provision, homelessness, and AIDS.

A quote from the following year also highlights this strategy:

> "Our liaison in the community with other care workers has come on extremely well" (AR89 p9).

Annual reports regularly have pieces written by other agents, describing their involvement with the team, often recognising the benefits they have experienced through the involvement. Similarly, some of these agents are invited to become company members, with the rights of local members.

A staff member recalled how some of the collaboration developed:

> "The JLO started coming down, and taking some of them out, etc. It was changing. And also I was developing contact with places like St. Michael's, St. Lawrence's; a lot of contact with them in the early days, much more than now. And being part of case conferences, and what we had to say was taken seriously; and sometimes I felt that some people put them down, like, they couldn't keep commitments, etc, and yet our experience of them was that they could. It was a contradiction" (int1/5 p6).

Another saw that this was part of being a community project:

> "Q. So because it's a community project, it has to get involved.....
> A. It has to get involved in the job centre, it has to get involved in youth clubs, has to get involved in everything" (int3/10 p2).

It was part of developing a comprehensive response:

> "In establishing and maintaining good links with other groups we hope to produce a more united response to drug abuse and issues of concern" (AR90).

One sector can dominate:

> "I feel like I'm working with the Dept of Justice almost; the prisons Tuesday, Trinity House Monday, Mount Joy Thursday, Mount J Friday, Pat's Wednesday as well, etc. So it feels like there's too much prison work going on at the moment for me" (int3/8 p5).

Co-operation with other agencies also involved allowing them to use the premises. For example, it was agreed to allow a local psychiatric nurse to use a room for a group working on alcohol issues (cm 8th Aug 1989). A Narcotics Anonymous meeting has used a room once a week since 1983. Project staff shared their space with the employees of the Community Drug Team while their premises were being identified. A local probation officer regularly uses a room to meet people.

Student reports regularly commented on the ISC:

> "...the close work done with Social Workers, Community Workers, J.L.Os, Gardaí, etc. in this project serves as an example of how

services in a community can work for the benefit of all who live and work in it" (sp87/1).

"To an outsider or visitor to the flat one is quickly made aware of the co-operation and team work approach which exists between YAP and other agencies in the area" (sp92/3).

"It allowed me first hand experience of the respectful working relationship between YAP and other services" (sp93/9).

The strong intersectoral relationships were seen as the foundation for building the CDT, using what was called the "Donut Club" as the starting point. This meeting had started as an informal meeting of drugs workers, and had become very valued by them.

"Everybody involved in the Donut Club experienced it as a very positive period when a lot of good relationships were built up on the ground to the point where a sense of team was developing ..... Useful work resulted with a process of reflecting and learning taking place as it progressed. There was a feeling shared by all that the clients benefited as a result" (Forrestal1996 p8).

Examples of joint actions are also very prevalent in all the documentary date, and the interviews. An education course on AIDS for local people was run with the EHB outreach worker, an alternative drop in for IV users was planned and implemented with the EHB drugs counsellors, the outreach worker from the Drug Treatment Centre, and a local community worker. This remains the only action locally which involves all the main agents in drug treatment working as a team. Another example was the setting up of a support group for befrienders of people with HIV.

An interviewee not long employed noticed these connections:

"I suppose, one thing that has struck me would be more and more the connections I suppose to the statutory bodies in YAP" (int7/4 p2).

She felt connected to a bigger effort:

"It is interesting to know that there are other people there who are trying to make changes too in the different bodies around the country. I wouldn't have been as aware of the other agencies, like the NYCI, the youth federation, or, you know, I wouldn't have been as aware of their work in the drug field, or all of the different youth groups that are involved in whole drugs thing as well. I wouldn't have been as aware of them as I am now. And there is a helluva

lot more work going on out there, but is just that we are not linked in to all the different groups. YAP is definitely to an extent" (int7/4 p2).

YAP was achieving what other agencies were striving for:

> "I thought it was exciting at the time, I thought it was brilliant. Like, working in the IACT, where there was a huge clamour to make contact with the health board, and then to come out here and see it was being made out here, it was exciting. I saw it as being exciting. And then, because of the Wednesday morning, most of the meetings were held on a Wednesday morning in the CDT office, and I missed out a lot on that, I think. So I didn't feel terribly involved in that at the time. Even though there was a buzz around it; I kind've felt out of that" (int5/3 p3).

Working together challenges agents in other sectors, and is well described in this account written by a local teacher. She spoke of her delight when she knew there was going to be a drugs programme in the school, and of the struggle she subsequently had in sticking with the programme. What she had expected, (being told of the dangers of addiction, being warned of the consequences, and being given this all clinically and impersonally), wasn't what happened.

> "I certainly did not expect to be brought face to face with the fear, devastation and havoc it creates in the lives of those around us. It made me realise what many of our pupils have to live with, and we expect them to be on time and to concentrate on school when some of them may have been up half the night for one reason or another" (AR90 p17).

The programme had such an impact on her, she found it hard to follow through with it. Support from the staff (two local people) was crucial in enabling her to complete the programme with the children.

A student with years of experience in residential child care also found himself challenged:

> "I would have to admit that many of my previously held beliefs on child care and approach to working with troubled youngsters have been challenged as a result of my time in 1A. I was given plenty to think about it and I firmly believe that I have changed for the better" (AR92 p22).

Another student described the placement as having a "profound affect on my personal development, at times it has been a painful one as well" (sp94 p10). A

solicitor who served on the committee for some time, said on tendering his resignation he had been grateful for his experience on the committee and "had grown to respect and understand community dynamics and addiction in a new perspective" (AGM 29th Mar 1990).

The image of what constitutes a "professional" was questioned:

> "I think sometimes your level of professional ability is judged by your agency ..... I think the name Youth Action Project sometimes puts us back two or three steps, and sometimes we are classed as youth workers. I think this function of us being youth workers is the thing, that it's not actually as a drugs agency; it's a youth agency, we are voluntary youth workers. I think a lot goes by the agency in the beginning" (int3/15 p1).

Confidentiality can be a difficult issue in the work:

> "I also think then, that when you are working with different professionals, you struggle with confidentiality then, like at case conference material. I think sometimes they bring back too much information" (ibid).
>
> "I think sometimes it can look professional that you have all this information, and you put it all out there. And people say, yeah, that person is a good worker" (ibid).
>
> "... and it was ridiculous, because the person never did get here. So I have all this stuff and this knowledge that I know. And as it happened that I got the mother in a one-one. And all this knowledge that I knew about this child, and it was a minor, and I just felt it wasn't right" (int4/13 p2).

People can see joint systems as "giving information about the information" Realising that he perhaps isolated himself by not giving too much information, this staff member didn't want to know some information, and felt people got annoyed with him sometimes.

> "This gets up people's back" (int3/15 p1).

Relationships locally can make a difference in receiving information, as service users are not only "clients", but also neighbours, friends, relations, peers, etc. Other sectors did not always value all involved the way the YAP organisation did:

> "Within CDT, I had no role at any level, which I found that really hard to come to terms with. The way we were treated, like you don't matter, you're just the office person. Not on purpose, but it

was there, yous don't matter ....., up until now it was valued. Why is it being devalued all of a sudden?" (int2/10 p4).

The drive to work together goes beyond mere consultation and "helping out" workers, and strives for links which make a difference to how the people can access services, and be assisted by them. For example, in the major conference hosted as part of a European initiative, entitled Joint Systems Approaches to Drug Prevention, this local group brought together speakers from Dublin, other parts of Ireland, North and South, and from Denmark and Belgium. Much was learned that day, and a report was produced. The links have grown stronger. One group of policy makers has already visited Denmark, and others are invited.

Capturing the richness and following up is difficult:

> "It takes a lot of energy, I think, to keep driving what was learned that day, the ideas.... that's why we hope the government will step in.....everybody's looking for someone else to take the ball and run.... yet at the end of the day it's probably the communities that have to keep pestering and moving bit by bit" (int6/4 p4).

The process is very creative:

> ".... You've got so much, so much is happening, so many thoughts are being created. At our conference we had brilliant speakers who all had different ideas and different ways of approaching Joint Systems Approaches to drug misuse, and to actually reduce that to paper, it's very very difficult; even though we had part of it on videotape, even though we had a copy of their speeches, um, to capture what happened at the workshops; ..... People were very keen to get a hold of what happened that day....
> Q. So that would be one way that we'd tell(yeah, one way), it was useful, people are asking for the papers.
> A. It's just so difficult trying to get it all onto paper, just time wise. An awful lot of time, when demands are...there are things coming up ..there's a task force report due, the Ministerial Task Force, there's other training coming up, there's premises now, there's mainstreaming, there's an office opening, which we're all trying to get done now, it just seems like to stop and reduce it to paper,...hopefully it was good, hopefully it worked well...and it seemed people learned from it.." (int6/4 p2).

Efforts to create effective links, and be involved in decision making levels, are shown by the group's involvement in the Local Drug Task Force. This structure was designed by the Ministerial Task Force on Measures to Prevent Drug Misuse in 1996, to develop collaboration by the statutory and community

sectors in designated areas of need. One of the local staff, with expertise in community work and counselling, represents YAP on the main Task Force, while various other staff members work fairly intensively on the various sub committees, designing and implementing actions, and supporting new initiatives. The Project is also a promoting agency for some of the actions, and works on steering groups, and as consultants, to others.

Varied workload:

> "Community Counsellors assume that, regardless of the setting in which they work, they do have responsibility to a total community. They recognise that the tasks they perform must be affected by that fact" (Lewis & Lewis 1983).

Working a joint community work/service focus means staff are involved in a number of actions:

> "..... the work is varied, it's not the same thing .... I don't think it could ever be the same thing here anyway. Because it is different day by day, because you could be doing one thing now, and then you are doing something else the next minute, you know what I mean. You could be on the phone, and then you could be dealing with somebody, or you could be writing a letter, or whatever. It's not a conveyer belt sort of thing" (int9/12 p2).

> "..... the job is never the same two weeks in a row; that can be frustrating too, but it's also very rewarding. It's not a boring job, it doesn't get boring, you're always on the move....(int5/11 p4).

> "I came for a job which I expected to be a counselling job, one-one, a bit of group, and then you go home, you know. But I think there was a lot more in the job, even before I came on full time. I just found it much more interesting than I thought I would. And then, as I say, the freedom then to work in the way I wanted to work" (int5/9 p1).

Counselling skills alone are not enough for this work. Neither are community work skills:

> "Developing competency in both areas (i.e. drugs work and community work) is now a major issue for us. We find we need to train our own people, not only because we are committed to passing on skills and developing local people, but also because these skills are not readily available to us to recruit from elsewhere" (AR93 p15)

This is well illustrated in these excerpts from interviews. One of the counsellors reflected on different levels of understanding, from daily interaction, to structural involvement:

> "There was a lot of learning involved. There was a lot of learning around the community issues. It was a much broader thing than sitting down and having a session with someone. The interaction was very different from what I expected to be. You might go across to the shops, and you might meet someone and have a chat with them, and that might be the level of counselling you'd get. And that was very good, and the recognition that that was as important, was for me important in the work I was doing .....
> The other stuff then outside the Project, of learning from the point of view of the whole political area was very important. Even in the CDT, when I started to realise what it was about, and the issues that were going on there, you know. And how it wasn't just a job you were doing, but there was far more implications out there. And I found that challenging. That it could have a far more reaching effect, into the whole community, and then even into society at that stage, you know? I found that really interesting as well" (int5/9 p2).

The community worker found he

> "had to educate myself a lot more on the addiction stuff, just to have some sort of grounding in it anyway, if people did ask me questions, like detoxes or whatever; I was very ignorant of all that. It's something that I still try and do stuff on" (int8/10 p3).

Community workers need an understanding of individual and family dynamics:

> "I do feel that, ... there's a lot of community work people rather than addiction specialist people campaigning and they haven't a breeze about the actual process of addiction, the issues around education, or ..em...very little detailed information about drugs themselves. All they see is a queue of addicts outside a clinic, and they think they're all on a waiting list, and that's it...they've got to change that. And I feel that there's a huge amount of people in the city who need to learn about the issue itself" (int8/11 p3).

The difference in the approach in YAP, and that of community development groups, was perhaps evident when, at the time that YAP was developing partnership with the EHB around the CDT, attempting to implement a more radical model in Ireland, the newsletter of the Community Workers Co-op hailed the recommendation for CDTs, welcoming them without any analysis of the relationships in these new structures (Community Workers Co-op Nov/Dec 1994).

The mix of community work and services can conflict. This was evident during the campaign for local say in the development of drug treatment services:

> "It was very complicated. Some people were saying what's the problem with it, some people were saying well there is a need for a centre, and YAP is a drug centre and it's supposed to be a friend of addicts, and YAP's funding being involved" (int8/10 p1).

there is a lot of **challenge** in keeping everything going:

> "..... Keeping all the things going at the one time. And sometimes within that having to let other stuff go, or having to say no to things that I'd really like to get into. Balancing it out I suppose is the big challenge, and keep on top of it. And the learning part of it too; it's endless!
> Q. Maybe because there's so many things to try and keep in the air.....
> A. But you have to; even going to a meeting outside of here, you're continually learning about how other people work, you know.
> Q. And is there anything particularly frustrating, that really stands out for you.
> A. There isn't enough time in the week!" (int5/12 p2).

The dangers are obvious:

> "there was times when I was feeling afraid for myself. Cos you could burn out here quickly, you know. The last six months wasn't enjoyable for me, because of that, you know...just constantly going. So that's something that I've just had to be very aware of" (int8/8 p3)

difficult to see change:

> " Just to realise how much hurt there still is, even if you actually do the course, there's still many problems out there. (yeah). It's a bit...it's hard I think to come to grips with that, too, even after the CASC now, it's not solving the problems (that's right). When you're teaching history, they pass their history test at the end of the year, and maybe they know a bit more. Maybe attitude and behaviours...they are probably the two hardest things to change...to see a change...and that's what we're trying to do. Yeah, it's very hard" (int6/12 p2).

Having regular actions helps:

> "but one of the things I came into and would seem to have been mine from the start, even though it's moving away now, was the parents morning. And that made a difference. No matter what else I did in the week, I always had the parents morning on a Wednesday morning. And I would've found that, really, working with them very rewarding, and I liked that. So that even if I was working with people who were using a lot individually during the week, that part was quite important at that time. It was almost as if...it was a big part of my job for me....it was the one thing I knew in

> the week that I was doing every week.....and you know the way here sometimes people don't show up as often as you'd like, no matter what there was always somebody there on a Wednesday morning that you could kind've got on with...
> Q. Yeah, kind've constant! (yeah)..(int5/1 p3).

The dangers are reduced by use of the team to carry the load, and networking:

> "We need to use the team structures to carry the load" (Summary of Staff Discussions 18-21st Apr 1995).

The staff, during this discussion, once again realised the need for "whole team involvement". Clients should build relationships with the team, with YAP, and not only with one therapist/counsellor. This was needed to prioritise contact and availability.

> "We also need to use all the resources available to us in Ballymun, and not duplicate. Therefore, networking is also of prime importance" (ibid.).

Mixture of work offers opportunities also:

> "if you look at in my position as administrator I've been involved in the interviews for the Training Centre co-ordinator, in trainees. In other agencies you don't get that kind've experience. it was great, it was a great buzz. There's so much given to you in the Project that you don't get that in other places. But I do think that whatever you do as a worker, you have to acknowledge the importance of it. That if you do decide to leave or anything, you carry it with you. That's very important. Like last year doing the copper craft, when C was out, and B, it was brilliant; I was the only staff member available in the drop in, and it was great, there was a sense of I can do this....even though I worked in the office, it was grand, like, stepping out....." (int2/14 p1).

> "..... but it's always moving, and I like that as well, you don't get stuck in a rut with it. I think I have learned a lot, and I have developed a lot of other skills that I hadn't got when I came here. And I like the fact that I'm able to work with people at the level that we work with them here, that it isn't a one to one situation, or a group situation with a terrible rigid way around it. They would be the main things that I would've found made it rewarding for me. I mean I find the work rewarding; now a lot of the time it's not, there's times it can get you down as well, but em having said that it balances out. It can be difficult work. Some things can get very heavy. But it balances out" (int5/11 p5).

Different energy is required for different parts of the work:

> "when it comes to reports, a concrete energy..you spend an hour you can get progress. Whereas the other energy is almost more a casual advocacy that takes place when you're out at these

meetings, or running into people, or even if it's reading or..it's more intellectual, it's more... I can't put a finger on it...it's harder to see progress being made, or.. it's harder to see your ideas being advanced..in some ways, it's good to have the reports due every once in a while, cos you sit and you are forced to actually put it down on paper, and maybe that's the end of it. Maybe that's a quarterly report, or a year end report, and you move on, but.. I think a lot of times you can spend too much time thinking, dreaming, planning, and never really getting anything accomplished.
Q. So it's kind've like getting a balance of the two?
A. Oh, yeah, yeah. (int6/5 p3).

Role of Counselling:

"I feel that the profile of the Youth Action Project has changed quite a bit. It's much more recognised, the standards are much higher, of the workers. I think that the expertise is much more developed. It has gone with it from the beginning, all the way through" (int1/9 p1).

The raising of standards and the development of expertise, promoted and encouraged through staff training, led to confusion about counselling within the Project.

"Need to clarify with ourselves the role of counselling within project" (Staff meeting 17.1.94).

The work began to be fragmented:

"At the drop ins it seemed to become more C and myself, drop ins were down to us.....I feel the separation started to come in.....counselling, regular sessions with people, not drop in contact..." (int3/9 p2).

Roles became very important:

".....the counselling, the contact time, and the outreach became very evident.....difficult too.....I dunno....there was a lot of different emphasis put on different roles, and different positions; you know, work needing to be done, and who was gonna do it, who was going to take it up....".(int3/9 p2).

A hierarchy of skills was created:

"The only time I have to say for me when things got really mixed up was during the whole counselling debate. And that took, took from my confidence also. When counselling was put kind've on a pedestal" (int2/6 p1).

This extract illustrates the difficulty:

"..the real work was being done in the rooms, in one to one; none of the external stuff was acknowledged; none of the other stuff, going beyond the office even, the importance of the community, various other committees we were all on, none of that was acknowledged; that was not part of building a healthy community for our people; that was totally dismissed"[36] (int2/13 p1).

The effect was severe, affecting motivation:

"I felt quite bitter. And then I got a bit of the attitude, f*** it, it's a job, it's a wage, but I didn't like feeling that way, because it's more than a job, even though I get paid for it, it's a job I love doing, and feel quite privileged to have" (int2/10 p1).

Staff members were training at the time on external counselling courses:

"..... I suppose what I was thinking as well at the time was during the training and that...it was a bit like nursing training, everything has to be done in a certain way, you know that sort of way, you get these ideals that you'd love to work by, and I think by that stage I'd well realised that they just don't work that way, that that's just not the way it works. And I could see where X was in that, but I felt that it just wasn't realistic. Particularly in a Project like this, where it's is a community Project, and people are sort of using it in a different way.. It is very different, I think, working here than working elsewhere" (int5/4 p2).

Part of the resolution of this was that people left:

" I think the fact that both X and Y are left is part of that resolution. Because I think because both of them probably realised, or felt that, because of their training they couldn't still work here. Because of the discussion going on, because of their job, because of what they were asking from the job, and what their job was, I think that was probably why they moved on ..... and in that then with other people coming on.... I don't know. And I think one of the reasons that I'm not sure is that we haven't filled those places. And I think that might be part of it, that we haven't resolved what we are looking for, what we want, at some level. Even when we did fill it with someone who was highly qualified, that didn't work out. It just didn't work out at all" (int5/7 p3).

It has seemed to work with someone from a community background:

"It seemed that she was able to work in a community way, and stay in her counselling role, without feeling that she wasn't getting professional fulfilment, which is what I think X and Y felt" (ibid.).

Q. Are we still stuck in it?

[36] This came about through staff training in counselling and psychotherapy, which focussed on individual strategies, and through a desire within the organisation to set high standards of expertise, ensuring good quality care for those who used the services. Some of the issues surrounding this are discussed later.

A. No, I don't think we're stuck in it. But I do think that's because X and Y left. I think we would be more stuck in it ....
Q. So the two personalities that were centrally involved in it, who were at certain stages of their professional development, ...maybe they had to leave?
A. Oh, I do think they probably had to leave. And I think that was part of it. And I think that that was very traumatic for people" (ibid.).

The conflict led to intensive staff and committee discussion, exploring the role of YAP in the Ballymun Community with regard to counselling and community work, for well over a year, from 1994-1995.

> "But the counselling discussions were brilliant, because it showed you the extremes on both ends, then what was needed to come in the middle. And I think from that, and that input, and learning from that, I think staff members decided for themselves. They took a bit of power back" (int2/13 p1).

Records show that discussions identified that in practice, language was important, congruence was important, believing in people, holding standards, believing in Ballymun and valuing it, and practising power with people were all part of effectiveness. Community Addiction Counselling involved having a working knowledge of the community, recognising that individuals don't exist in vacuums. All of this was acknowledged whilst working with people individually. It is a way of relating with individuals which is congruent with their surroundings and circumstances. It also recognises that one community is not the same as another, and places value on interventions with the community as a unit.

Telling the collective story of Ballymun is as important as the individual story, and there is recognition of issues affecting addiction e.g. unemployment/poverty.

The annual report of 1994 shows this work being influenced by Lewis & Lewis, who saw community counselling not as just another new job title of specialisation, but representing "an innovative set of approaches for delivering helpful services to human beings" (Lewis & Lewis 1983). However, this is still a system for delivery of services to individual, and the implications of this are discussed in a later chapter, with a discussion on systems theory.

The staff made this statement at the end of this particular stage:

> "We re-committed ourselves to team work, using staff meetings, group supervision, etc., to ensure we work together. We all agreed that we could all be seeing people on a formal, one-to-one counselling basis, and still not meet the need. Therefore, our priorities are group work, formal/informal drop ins, short term work, with individual work being used to complement this" (Staff discussions 18th-21st April, 1995).

Concern about the balance of formal/informal activity emerged in the interviews:

> "The other thing is that some of the things we had available in the beginning, like being available, like having those times, just casually, I wouldn't like to lose by becoming too structured, to the point that we're no different than any other agency. If it's too structured, people don't feel they have permission to call in. That would be another fear, that we could lose that kind of stuff" (int1/11 p2).

> "If you're not a client, and you're not on training business, or education business, what are you doing here. Maybe it's something we should just take note of as a whole organisation, about just welcoming people, for no other reason than to welcome them, you know. And that can be a bit of a bummer, if you're in the middle of a meeting..." (int8/13).

Perhaps changes in titles are significant in the trend towards more formal activity. For example, the first full time worker was "Project Worker". Later, after the Teamwork Scheme ended, two of the people who stayed on are referred to as "Youth Workers". Another of the interviewees was employed as a trainee "Project Worker", (int3), whereas two people who recently completed training were taken on as "Trainee Community Addiction Counsellors."

The committee minutes of 15.11.1988 record some of the issues involved in this change, some of which took place during a discussion about employing new staff. The two "youth workers" requested that their title be changed to "counsellor", obviously because of perceptions that this would reflect more accurately the level of skill, experience and training they now had. Acknowledging that the title "counsellor" conveyed certain standards and skill, the chairperson at the time said he thought that the term counsellor "would not do justice to the job being done" by the two workers. Perhaps he was agreeing with Lewis & Lewis without realising it! However, the change did take place, and at the time of interview all of those whose major role was client involvement had the title of "counsellor" somewhere.

Awareness of the dangers of an individual only focus led to attempts to define this through promoting understanding of "community addiction counsellor" (AR94/2). The hope was to show an emphasis on the importance of both individual and collective skills. However, later reviews revealed a reductionist process, with the "counsellor" label limiting teamwork, community involvement, and recruitment possibilities. Once again, the commitment of all concerned led to difficult decisions being taken to describe the jobs differently, and at the time of writing the term "project worker" is being used as the most eclectic one available. The risks of this for a professional staff are obvious. "Project worker" can mean anything, with any level of suitability, training, supervision, and professionalism. Clarification on this is still ongoing at the time of writing.

An example of the helping system in place is seen through the role the Office plays in the work:

> "... it's the first place that some people will come to. ..... I mean a lot of people would just come into the office, they might not use other services here; some people, a few people, you know what I mean, might just pop into the office, and they may never use any of the other services. And they just come in for a chat. I really believe that what happens, happens then. Or if somebody comes in in crisis; you know, it's like, how effective am I to this person getting some sort of help. And if I greet them with unfriendliness, or unsureness, or .. you know what I mean .. those people may never get help, you know what I mean. I really believe that it's really important to be able to meet with people, and the phone stuff, the crisis over the phone, you know, em..." (int9/8 p3).

It took time to build up confidence:

> "At the time, if anyone came into 1A with a problem, I panicked....I need to get a professional, which was another staff member, I can't deal with this..... But I think it was through learning all that, learning all the different roles people play, gave me confidence in being affective in 1A, in meeting people for the first time, and through the telephone. It's only something in the past couple of years I've recognised. Like, some of the girls used to come up to me, still do. My whole thing was, Jesus, they want something from me, I can't give them anything. Like I couldn't be left with any of it. But I've learned, like the whole thing of the family, drugs and their effects, etc. is vital for working in the office. I don't think you can work effectively in 1A without that knowledge, because it's not an ordinary office. It's not like somebody come in and you sell them a holiday, or you know they only want a thesis typed. It's beyond that...that's part of the job...it's very much human based...there's an awful lot of contact with people" (int2/3 p2).

"Q. So the people working in the office here there would be a lot more demanded of them than being stuck behind a partition at a typewriter.
A. Oh, yeah, sometimes the office is the first place people come, either admitting they have a problem, or finding out...so basically it's a case of first impressions do count. Just as on the phone, people ring panicked...their son or daughter may have smoked cannabis once or twice...maybe there isn't a drug abuse problem..but basically at that time that parent or that individual is looking for some basic information from you, or some basic reassurance and expects you to know" (int2/4 p1).

"The other thing I used to do, is people would call in and ask to see a counsellor. I would say there was no one available, would I do. I was undervaluing my job that I do. Sometimes people just want a cup of tea, and to find out more about the Project. Now I know that I can help someone, I'm more confident, and knowing that I can take someone into the sitting room and sit and talk to them .. help to assess their needs" (int2/4 p3).

The office gets an overall view:

"And I'd have to say that working in admin, it's a privileged position, because I also get an overview of the whole project ...knowing what's happening when, so I'd also feel very clued in to the whole project. And I always have felt that....I think the only person after me who would be that clued in would be you...so I kind've liked that variety, and then that turning point was, like, this is part and parcel of it, you can't separate it, you can't just do the admin bit..." (int2/7 p3).

It's very busy:

" yeah, the office in the last, I suppose year, I would've seen the office as hectic a lot of the time. From the amount of calls that come in - sometimes all we do is literally the phone goes down and you pick it up again. It just rings continuously. Just from the amount of staff and a bigger staff you get more work, from whatever aspect of work, you will, to the phones. And I think there's a lot more crisis happening, and a lot more people ringing, as opposed to say last year. I wouldn't have personally experienced that level of people ringing looking for help as this year. But yeah, the office...the work has increased I think quite a lot. It's manageable you know, it's fine. But there's a definite difference in the level of work" (int9/10 p4).

It's the hub of the place, and it's very small, which is

"a shame really because sometimes you can't...not allow people to be there....but because it's so small, and other people coming in, there's no where else, you know what I mean" (ibid.).

The potential for establishing relationships, building motivation, was recognised:

> But it's a shame really, cos sometimes people are there, and I know they are there for a reason, but then maybe somebody else comes in and that person gets uncomfortable, and also for confidentiality reasons for the other person, you know, so that person moves. Whereas sometimes I think if the kitchen was another room, you know what I mean, or it wasn't a kitchen, or some area.....but I think that sometimes, it's a shame sometimes. It's a shame, really. But that's the way it is" (int9/11 p1)

This has been taken into account in plans for a new building, which would have a large reception / welcome / office area.

One of the office workers spoke of how it can be confusing, wondering if it's part of her role to be with people, but

> "It just happens naturally. I'm not sure at the time whether I'm supposed to be doing this or whether I should be, you know, talking to someone... " (int9/3 p1).

She cited two examples of how people choose who the helper is, from relationships which helped out with practical details, like making phone calls. Another woman

> "came up this morning, and she was very upset, and we went inside, and I was with her for about an hour. I just listened. I've nothing, I mean, I'm not a counsellor, I just listened, and tried to pick out positive things that I saw" (int9/5 p1).

Another example was cited to illustrate what can happen in the office:

> "It would've been one of the things when I was a year and a half working here, and you were on your holidays, and one of the kids came up. She was homeless, and I rang the social workers and all the agencies, and nobody wanted to know. I eventually got the child into a hostel, and I can remember thinking that at the end of the day, if you are the person here, you do have to do it....like, somebody has to fight for them, you know that kind've thing? And that if they're coming to you asking for help, they have confidence in you, and believe that you will do your best for them, and that kind've got me thinking, well I can do it and I have done it....to maybe like take a bit more...to not be so much afraid, not to have this whole hang up, God I'll fuck that person up totally. And that was my whole thing like, I can't do anything for this person.....basically, they wanted nothing from me, maybe just to sit in the office and have a cup of tea and a cigarette...." (int2/6 p2).

In a similar way, community issues come into the office, often before they emerge in other parts of the Project. For example, the complexities of new housing legislation, implemented to deal with community difficulties around the supply of drugs, but which doesn't have a clear strategy for considering individual cases and subsequent risk factors, first came to light in the organisation through the office, and through the outreach work. Members of the office staff are just as likely to represent the Project in community forums as other members of staff (e.g. Ballymun Addiction Forum; Ballymun Coalition; Prevention and Education Sub Committee of the LDTF).

Administration staff has grown from one assistant, to now three people working on this in the organisation, including URRÚS.

Peer Leaders are delighted with their certificates (1995)

Some young people prepare to leave for a soccer tournament in Galway, accompanied by a member of YAP staff, and a member of Youth Reach staff (1999).

THE STRUCTURES

> "From the beginning there was a clear commitment from local concerned people and there was an emphasis on systemic planning even before the employment of full-time workers" (YAP ExEv.1991/1)

Committee Development:

The first management committee was formed after the original public meetings, when thirteen people were elected to carry the work forward, seven adults and six teenagers[37] (YAP May 1983).

Minutes of a committee meeting of 28th July 1982 show the group working well together, involved in Advice & Information, Parents Support, a Youth Club, Organisation of the Drop in Centre, and Fundraising. They were jointly responsible for the overall management of the Project, developing a constitution and structures to ensure accountability. The teamwork, which was to become one of the hallmarks of the organisation, was evident then. This was fifteen months after the group was founded, and they had just been allocated premises of their own by Dublin Corporation.

However, by September 1983, people were finding it hard to keep up the commitment, and the issue of non-attendance at meetings was discussed. The group was two and a half years in existence, and members were still working voluntarily with no paid staff. There was no procedure in place to replace those who left. There was an informal recruitment of people on to the committee who showed an interest. The development suffered greatly from the transient nature of the community. Some of those identified as future leaders were housed outside the area. Distance, and poverty (e.g. lack of telephones, poor transport), made it impossible for them to continue to play an active part in the process.

The founders of the Project seem to have been able to focus on their goals, making it possible to discuss difficulties, and work through periods of change

[37] This study has highlighted the fact for the organisation that no teenagers are now involved at this level. A working group of management committee and staff members has been set up to explore how this can be rectified.

> "A lot of willingness to work through blocks to progress in this group. They are concerned about their aims, and the kids in the area" (pd 5th Feb. 1984).

The entry of the following week shows the "group very low", and lists possible reasons for this. There was a dispute about the role of the community worker, who was the only person there at that time in a paid capacity. The group questioned her right to resign. Preparations were being made to become employers, and there was a fear of this responsibility. The long struggle for funding was taking its toll, with a sense of near collapse and a feeling of nothing to be seen for three years work (pd 2nd Feb 1984). In addition, the person who had been interested in working full time, had moved on to other things when funding took so long to come.

Focussing on their goals allowed actions like the series of public meetings (29.2.1984), to go ahead, and a student placement became the centre of activity, before the group became employers. Agreement was made to address conflict at a later date. This very early exercise shows how agreeing to undertake an activity can help clarify ways forward, and restore confidence (McCann 1984). It also shows the risks the group took, welcoming a student at a time of questioning of their fundamental beliefs and vision (McCann 1984 p13).[38]

Collective decision making is seen in the way the group considered the substantial media attention to drugs in 1983. No one person would speak on behalf of the group (cm11.1.83), and there was a rejection of sensationalism. They refused to take part in two programmes broadcast in April and December 1983, by the major television current affairs programme at the time, 'Today Tonight'. YAP predicted that the outcome would not help, but further alienate and hurt communities. The prediction proved correct (Flynn & Yeates 1985 p235 & 247).

The principle of rejecting short-term gain in favour of more long-term strategies is seen again in the decision not to continue with temporary employment schemes as suitable structures for development (cm7.7.87).

[38] The student ultimately became the first employee of the group, and is the researcher in this work.

In spite of the clarification after the public information campaign, it was still difficult to keep a committee together (Co-ordinator's Early notes Oct 84). During that summer, when there was no paid worker, a few people had left, and the professional members were contributing significantly to its survival, with the continued commitment and passion of a couple of local people. All of the other original founding group had fallen away. The group was very unsure. A paid worker was badly needed to support the work. A decision was made to spend a small Ireland Fund grant employing a part time co-ordinator. This was offered to this researcher, to follow up on the work of the placement earlier in the year. The difficulties of a lone worker, with a variety of expectations and functions, is shown in some early notes. Being seen as "the one in charge" was "a bit lonely". Working hands on with individual distress, being educator, community worker, among many other roles, was tiring, at times frustrating, sometimes making it difficult to be alert for committee meetings in the evenings (Co-ordinator's Early notes 14th Nov 1984).

The relief of a committee who had worked very hard, were very busy people, had built up some credibility locally, and were anxious to continue the positive process that had been the practice, is understandable. A new community development course had started in the area, and the local members were participants. New committee members were subsequently recruited from this course. The worker wanted to work "with" people, not on her own, realising the dangers in becoming a "professional agency only" (Co-ordinator's Early notes 25th Nov 1984). Joint activities such as interviewing for the new full time post in January 1985 promoted a "Good feeling. Sense of belonging, and energy. Good fun, too" (ibid.).

The employees and the committee developed to work as one team, with different roles. Both employees were on the committee. By March 1985, there was "very little time for discussion, & bouncing of ideas. Too much business to be done at meetings" (Co-ordinator's early notes).

Rapid growth in the structures occurred, and by October 1985, the number employed was ten, through the use of employment schemes (YAP Oct 1985).

This report records that "a lot of our energy at management level still has to go into acquiring funding for our survival as employers."

One year later, in September 1986, committee membership and structure came under scrutiny, in the light of the "increasing demands of running this business" (Co-ordinator's report for review day).

Structures subsequently investigated were a Co-op structure, and registering as a limited company. The adopting of Articles of Association superseded the initial constitution, which had been drawn up, when the committee decided to register as a Company limited by Guarantee. (cm20.10.86). Concerns were recorded about a pyramid type structure which would not allow for participation by people on the ground. Striking a balance between this, and a "free for all" with open invitation, this process culminated in a meeting for an invited group of local people. Those invited were selected on the basis of their interest in drugs issues, or on related skills and experience they had to bring to the Project. On 5th May 1987, a new structure was suggested and put in place. A system of company members, by invitation, was set up and remains the same today. A new committee was elected, the first committee to be so since the original public meetings in 1981. Annual General Meetings have happened every year since, when reports are given and provision is made for new people to be elected on to the committee. No committee member can serve longer than six continuous years. Only those who have been company members for two years can be elected on to the committee.

The ability to work together seems to have been sustained, as a committee member in 1989 reported:

> "What I like about the committee is there is no power struggle. Everybody has a voice, and the lovely thing about it is, you realise you have certain talents" (AR89 p17).

Each year, as part of its preparation for the AGM, staff and committee nominate new people for membership. The management committee decides, and invites new people. The criteria for membership include evidence of involvement in the work of the Project, support in meeting the aims of the Project, involvement in related areas in the community, and interest in becoming involved. Among the

membership are many of those who have used the services of the Project, to work on their personal development, and who now take part in the organisational development. The membership also includes professional workers who are considered to have skills and knowledge to offer the Project, and who have an interest in a community approach.

The role of company members is described as, in addition to electing the committee each year and working on sub committees, improving liaison between YAP and statutory agencies, improving relations with other community groups, inside and outside Ballymun, helping to campaign on issues, promoting awareness within agencies of their role in the response, taking part in courses to learn about drugs issues, attending membership meetings, helping with funding, and generally being part of the development of this community response to drug abuse.

The qualities needed for a good management committee have been defined as a good knowledge of the Project and area, ability to work as a team, negotiating skills, Public Relations, a mix of ages and experience, understanding of addiction, community based, business, financial, medical, and legal. Also that being a member means being an employer. (cm4.8.1987). The committee is made up of twelve people.

The relationship of the Management Committee and Staff has been described as one of working together in partnership, on policy making and accountability, with the Management Committee being there to support staff (5th May 1987 meeting of interested people to elect a new committee).

The effectiveness of the committee in putting proper structures in place for the day to day running is shown in the gradual establishment of employment conditions for the staff. Contracts were established (cm1.8.1987), salary scales were agreed with the union (7.4.1992 special meeting staff & committee, & union.), and a pension scheme was explored and established (cm26.1.93).

However, developing the capacity of company members to participate has been an issue since 1988 (cm9.2.1988), with regular discussion of this taking place at both staff and committee level (e.g. cm13.3.1990).

Dependency on the co-ordinator was also discussed (cm2.10.1990), and energy has been invested to raise the levels of understanding and skill necessary for confident involvement. This led to running a Project Development Programme 1991, and subsequently to the establishment of the highly successful Community Addiction Studies Course in 1993. This course has been used as an avenue for recruitment of company members, and through this to committee members. It has also begun to be used as a vehicle for staff recruitment.

Staff Structures:

> "From a personnel point of view, the emphasis is on working as a team" (sp93/3 p1).

> "..... there was sort of certain systems you had to fit into, like regular staff meetings and, ... em ... you know, people having responsibility for certain areas, other people having responsibility for other areas.... it was probably more organised than the other organisations I'd worked for . ..... There was a sort of line management thing in YAP. ..... But there was a lot of autonomy within it as well. I felt that there was a lot of freedom to work out what my role would be" (int8/2 p4).

These quotations show the importance of structures and planning in the organisation. The interviews revealed a very strong sense of TEAM, which was described as

> "the big one, the biggest one of all was working as part of a team. You know, in private practice you're very much working on your own" (int5/5 p2).

This was not just around working with other people, but more importantly to so with supervision and support:

> "..... even working with somebody else, you wouldn't necessarily, well you wouldn't have had the peer supervision that we had here, you wouldn't have got the support. Even still it's like this... even if you have a bad session here, you could go in and get a cup of tea, and sit down with AM or somebody. It was much more supportive, about the whole team. I really felt there wasn't anybody I couldn't

go to on the team at any stage, there was always somebody" (int5/5 p2).

This support didn't only come from the counselling staff:

> " Sometimes it was much better that it wasn't. Particularly coming out the other side of training, where everything was "and how did you feel about that?" You'd just feel rotten now, you know... (and you'd want to say 'they can all go hump themselves, or whatever?') that's right, yeah! That sort of stuff, you can get so sick of that. So that it was much more real. I do think it was more real. That would've been a big difference" (ibid.).

There was collective responsibility for solving problems:

> "It acknowledged the role that you had got, that it was an important role, but also that it was a real team. No one person is an island in the Project, it was a team, and together the team would solve an issue" (int2/6 p1).

> "But the other things that I liked were the way that as a staff we could sit down and talk about things, and whether they got resolved or they didn't, everybody's say was equal. There wasn't the same hierarchical structure in place as in other places. Even in training, you were still a student, and they were the tutors, no matter how much they pretended that wasn't the case. So that would've been important as well, I think" (int5/10 p2).

One student described the resolutions of difficulties at staff meetings as a "valuable learning experience in flexibility and creativity" (sp93/6 p2).

This collective ownership shone through in the CDT evaluation:

> "There was and is a strong sense of team, with workers encouraged to participate in policy and be supported fully in the work" (Forrestal 1996 p10).

The involvement means people know they are important:

> "I think there's a sense of I don't want to miss a day. To feel that no one missed you..to me that's the worst, thinking that if I didn't show up to work tomorrow, would it matter" (int6/12 p2).

It values all interaction:

> "I never felt excluded. The other time I felt it was really appropriate was the group supervision on a Thursday morning, or the old client meeting. Where I felt the need I also had access to that; if I felt the need; if serious issues came up; it did happen once or twice that people weren't willing to move into the other services of the Project, they were quite happy to stay in 1A and chat to me. I also had that venue there for guidance and support, and discuss how that would be handled. Also having that venue was also very important. It

acknowledged the role that you had got, that it was an important role, but also that it was a real team" (int2/6 p1).

The structures send messages from the management to the staff:

> "I think the drug thing is so overwhelming, every time you pick up the paper, every time you hear about the drugs marches, questions in the Dail, I think it's a very tough deal that way. But I think that YAP are very good on saying that it is tough, they pay people well, give them good supervision, give them good structures. It does make it seem a little more sane, or manageable. I think it is so important. You don't want to let people just dangle" (int6/12 p2).

The structures are not always obvious to people coming in, as students describe:

> "The project overall is very clear in what it sets out to achieve. It is subtle in its approach as it appears to be unstructured and of occasion chaotic, yet in effect is considerably structured because staff provide a safe framework which instils a strong sense of respect and well being for the clients" (sp93/2 p2).

The lack of a daily routine contributed to this:

> "At first I was struck by the apparent absence of structure and felt that there were periods during the day when one was almost waiting for clients to drop in by chance and that there were quiet periods which were not considered unusual or wasted. Coming from a very structured background where one is ruled very much by the clock and where routines rarely change it came as a shock to experience this apparent lack of structure. However I soon found out that in fact each person's day was really structured after all and days were often hectic from beginning to end" (sp92/5 p1).

One person who had considered leaving described what kept him:

> "care about the development of me; support; a good supportive team; most of the thing was that for my own advancement it was a better option to stay here. For me, as a person, it was better to stay here if I wanted to grow. And they were the two main reasons" (int3/6 p3).

The main regular structures which stood out in the interviews were the weekly staff meetings, group supervision, and individual supervision.

> "The support which the staff give to each other is also considerable and the regular client meetings and individual staff supervision time allocation is a significant part of the weekly plan which again to the outsider highlights where the priorities of the staff are in my opinion rightly placed" (sp92/3 p4).

Supervision was described as being a big factor in the support, a structure where:

> "You can bring anything, because you know sometimes you think, oh my god, I made a mess of that, sort of thing. It's great to have the supervision to help you look at things this way, or that way" (int4/8 p3).

It also prevents burn out:

> "To try to fulfil every request could quickly lead to a burn out situation, but thanks to the regular individual supervision sessions burn out can be seen quicker and easier. These sessions have become very important in my training and I see it as a crucial part of my on going development" (AR91 p23).

The staff team is involved in decision making, as is described here:

> "Q. And how is it kind've, for you, how is it decided what you should be involved in, and what you shouldn't .... Like, how was it decided for instance that you would do the schools programme, and the alternative therapies?
> A. The schools programme was decided at a staff meeting. Em, I had been with C, I'd went along with C because I was a Level 2 of CASC,..... And then there was a staff meeting and part of it was around getting a core team together for the schools programme. And I put myself forward as far as I know, as someone who would be interested in continuing on in the schools programme with training. So that's how that developed. So that was a staff decision, at a staff meeting" (int9/3 p4).

Individual interests and skills are taken into account:

> ".....the alternative therapies M approached me I think initially, from some discussion, a three way in group supervision, I think ..... and she approached me because she knew of my interest in alternative therapies, and she approached me about putting some sort of a programme together. And I agreed, and went back to her with ideas that I had, and she said yes.." (int9/4 p1).

The belief in involvement, with the development of non-hierarchical structures, means that people have had to take a lot of responsibility, which can be a very different working experience. One interviewee wondered whether it was that she liked being "given a file" and told to type it, or "that it's just the way I was used to working before" (int7/10 p3). Another staff member preferred this because

> ".... then you see you can take responsibility for .... you either had or hadn't said ... in my life I always seemed to be getting into

trouble for things I never had any responsibility for! So in one sense at least ... at least then you were responsible for it" (int5/10 p2).

The results of staff discussions are taken to the management committee for their input:

" I would always think staff meetings would be where discussions would've been held, and staff decisions were made. And then it would've been followed on then to committee, and then it would be finalised, and more discussion. That's how I would've seen it" (int9/2 p3).

Staff had a major role in developing structures as the Project grew:

"A lot of it was at the staff meeting, and fed back to the committee. The committee had a lot of involvement then (they did, didn't they)...they had an awful lot of involvement and they were very open. I think at that time we were also very open to change. We worked very hard as a team ... I think we worked very hard ... we did an awful lot for four people .... cos I think then we set the foundations, in some sense, to what the Project is today, and to having a staff of 13. We done some hard work, we put structures on a lot of our activities, we put importance on them, because there was only four of us I got a lot of experience of doing the drop ins, because that was a thing, like, you had your role, everyone knew what their role was, but you were pulled into different areas, and people done it willingly. That was nice also" (int2/8 p1).

The structures don't just happen:

"I always think that sometimes you forget how structured those structures are ... I think it's easy to say, oh yeah, we all get on great, but when you actually step back, you know, Mondays we have staff meetings, we take days away, we iron out problems, and it's actually ... it can be easy to forget about it, or underestimate it, but there is a very clear kind've process in place that makes everything, helps everything run smoothly" (int6/8 p1).

This helps conflict to be identified early, and resolved before it grows into a major issue:

"I think we could have all these nice people together, fine, but without the structures in place, a lot of the good things...a lot of the conflict would not be avoided...it would fester" (int6/8 p2).

An example of this was given by another interviewee:

"Q. So how did we come through that time?
A. It was through staff discussions. I don't know who initiated them. I had been away on maternity leave, and I came back, and there was grumblings going on. Like, there was a divide in the Project when I came back. That thing of bitching in pockets, which

was very new to me, cos that hadn't happened in the early days. Then the staff discussions took place, and that was brilliant" (int2/12 p1).

The structures are used to handle change, and organise the work (int6/2 p2). There has been considerable growth since 1995, when an application for European funding was successful, and the training centre was established. This brought with it new structures, and four new personnel. One interviewee talked about how she thought the change had been handled:

> "I think on the whole quite positively and quite maturely, and professionally. I'm sure people were a little bit resistant at times, because change is always unsettling maybe for some people. But I think as a whole it was discussed, you know the pros and cons, whatever, were discussed. And I think at the end of the day there was a majority decision. And I think overall it's been quite positive and done quite well.
> Q. So it was handled the way we handled other things.
> A. Yeah, I didn't see it any differently from the way we'd handled a minor thing. It's discussed, it's agreed, and it happens" (int9/9 p5).

She didn't see any basic change in the way things were done, despite the growth in numbers:

> "I don't see a difference in the way we operate, you know. There might be more people but I think the actual operation of whatever day to day stuff, or decisions or, still remains, it's the same sort of practice.
> Q. which is to discuss them at staff level, then at management...
> A. yeah, yeah. I don't see a change in that as a result of other people coming on, or developments or whatever" (ibid.).

The changes as the team grew were defined by another staff member as becoming more professional, organising things quicker, and getting to decisions quicker.

> "I remember when I started there was always a very in depth discussion about issues that were coming up, and I don't really see that any more happening. It's more the how are we going to organise this, or who's going to do that, instead of the sort of philosophical question of why we are doing this. That's been a change, and I suppose that's been as personalities have moved on" (int8/13 p5, 14 p1)[39].

[39] This study has prompted a lot of philosophical questioning, especially as the work of the training centre has gone outside the immediate area. Issues such as the change of titles (from Project Workers to Community Addiction Counsellors) have led to discussion of why this is so, and are they the most apt titles. As mentioned elsewhere in this account, the jobs have now been renamed Project Worker.

Structures help to identify limitations:

> "I think I've learned a bit that way from the planning group, to not take on too much; do what you do slowly and do it well. There's such a need for drug education that you do want to reach out. You could have courses going five nights a week, and weekends, and I think if we were up and running full time there would be more of a sense of yeh, we're mainstreamed, let's do it, let's take on more, and it might not be the healthiest thing. So in some ways I'm glad that my hands are tied a bit by the Horizon paper work, and the plan and keeping it going; we're doing fine. Actually I like the fact that we've had the plan" (int6/11 p3).

and clarify focus:

> "...now that I'm involved in the planning group meetings, as regards courses and training and that, that puts a much clearer focus on it for me. I'm not so sure that I would have had such a clear focus before Christmas. Some of that would have come out of the staff day that we had as well, how we actually fine tuned some of that stuff. We still have a lot of work to do on that to get it right, but that certainly was a help, to be able to link in with the staff" (int7/10 p1).

Leadership:

Although there is collective responsibility, there is also a clearly recognised leader. The style of leadership has been one of support, encouragement, respect for skill, and belief that people would give of their best. This has been practised through an understanding of responsibility, rather than power. The leader, now with the title "Director", is the longest employee in the Project, providing a direct link with the early development, and the founding group. She has been constantly identified with the team, and thinks 'we' rather than 'I' (Drucker 1990). She has been a trainer, student, co-ordinator, facilitator, counsellor, teacher, cleaner! She has guided the Project from its first steps as employers, to now when it employs 20 people.

Leadership has been practised through "power with" rather than "power over". It rests on the bedrock of personal power, power from within (Starhawk 1987).

> "I thought it was totally different. I would've been impressed by yourself, you were the co-ordinator, the boss, like. Yet I was fascinated that you weren't kind've going round, like, you never dictated to people. That would've been quite new to me" (int2/2 p2).

> "... I didn't feel that there was anybody breathing down my neck, ever, I never have that feeling that there was somebody on my tail

> all the time. I'm not saying that that gave me freedom to just do what you liked, but it meant that there wasn't a tension around that, I didn't have to be on my toes all the time...then the freedom to do things to.. to work in a way that I felt comfortable with working, and I was allowed the freedom to do that. I didn't have to work the way somebody else worked, or the way somebody wanted me to work, and that was great" (int5/2 p4).

People like to contribute (Drucker 1990), and the experience of this group shows that inviting this contribution, sharing the workload and the responsibility, can lead to very effective teamwork.

> "I think strong leadership helps, your leadership helps, in that there's respect for the people at the top, you know, even though maybe there is no top, but there is still the figure head, and people look up to you an awful lot. And I think the fact that you take their point of view into consideration...it just seems to be more of a sane, rational .. kind've understanding of what's happening. There just seems to be .. people's views are taken into account, personalities are taken into account, egos are taken into account, em, people are given the opportunity to say their piece, whether it be in one to one supervision, or whether it be in the planning group, or in the staff meeting on Mondays, everything just seems to get out there, in the open. (So there are places) structures, yeah, to voice... (int6/8 p1).

The leader has constantly been identified as one of the team, and people found it "unhelpful" during the CDT period that

> "our co-ordinator is considered in the ... system as being management, separated from the daily work in the community"(CDT Review 6.3.1995).

Because of the guidance through stormy times, and the continued presence of one personality in the leadership role, dependency was an issue (cm3.5.1988; YAP 1991a), and still emerges, especially if there is a sense of pressure:

> "I suppose being honest, one of the things I would be afraid of would be of you leaving. You know, and, em, I don't want to put this on you as a burden or anything, but I do feel it's one of the areas, that you have kept it together a lot over the years, and it would be one of the areas I would be nervous around" (int5/14 p2).

One interviewee described a time when it stopped working as a team, and roles seemed to be more important:

> "..... I was seen like the person with the money; and the whole attitudes towards the funding in the Project I thought was diabolical ..... Also the whole thing of, well funding was not an issue for the client workers, you know this; we stopped being a team; we

were a team in some areas, but in others, it's down or one or two people. What was going on?" (int2/11 p1).

The structures helped resolve the conflict about the role of counselling:

> "But the counselling discussions were brilliant, because it showed you the extremes on both ends, then what was needed to come in the middle. And I think from that, and that input, and learning from that, I think staff members decided for themselves. They took a bit of power back" (int2/13 p1)

At that difficult time, traditional hierarchical structures were looked for:

> "... I think we all had a responsibility in it, that we never said something sooner. And this thing of, well I don't have the jargon, ... I suppose in some sense we were looking towards you, and we had to stop doing that. Like in the early days, we would've looked towards you for guidance and leadership. When there was four of us in the team, you handed things right back to us, and we took it on board, and then consulted with you. And this took us right back to the early days for me anyway, God we'll let Mary Ellen sort this out. Which was unfair on you also. In a sense, it kind've stunted our development, in our working roles then. (so people nearly reverted back...) yeah, not having the confidence .." (ibid.).

> "I think there was a lot of emphasis put on you around that time, as to what direction are we going" (int3/9 p2).

Acknowledging conflict and hurt contributes to resolution (int2/13 p1; pd 27.2.1984) and allows the action to continue:

> "And I think the biggest example of it was getting the money from Europe. It was like, yes, we can do this, yes, we've gone on further. That was brilliant to do that. Because we didn't stay and die and wilt. The Project didn't become what individuals wanted it to become" (int2/13 p2).

The value of taking time out, away from the every day environment, is well illustrated in this extract, again where the conflict about the role of counselling was a major issue:

> ".....I think there was weird dynamics going on around the whole thing, (it was a difficult time) yeah, it was very difficult. There was sides being picked left, right and centre, there was people looking for support from different people. I think it was a major time in the Project's development, as to what direction it was going to go, and where it was going to go. I think the first time of realisation for me was in Bettystown; or it hit me again how big this was. (how big what was?) the direction, the move, the difficulties ..... there had been little instances of it on Monday mornings, but that was only real venue for it to come out, then we would go back to our work

> and it came to next Monday, and we would come back to this again for an hour and a half, an hour, and then we would go away again. It was getting aired in bits and pieces and never getting finished, know what I mean?" (int3/9 p1).

The weekly staff meetings didn't meet the need at that time, to digest information, consider what was happening, and contribute to the debate.

> "you'd be thinking I have to make a phone call about this, ... it's the start of their week ..... but if you get away like that, I found, them were the best days. Cos it was away and you were there for that space and that time .... but, yeah, it became very evident up there ..... the counselling, the contact time, and the outreach became very evident ..... difficult too ..... I dunno .... there was a lot of different emphasis put on different roles, and different positions; you know, work needing to be done, and who was gonna do it, who was going to take it up ...." (ibid.).

Taking this time out also values the work being done, and prevents burnout:

> "And yet in the midst of it all, you have to take time out too and reflect. And pat yourself on the back, and kind've ... reassure yourself that you are doing the right thing, that the work you're doing has value" (int6/6 p3).

> "I think it's very healthy. I mean, we've had a few days now where YAP and URRÚS have stepped away. And YAP management committee has done it. I think there's enough of it. You don't want to do it too often, you know you'd feel that you were just wasting time. or talking shop, when maybe you should be in there doing shop" (int6/7 p1).

An example of a structure put in place for the smooth running of the training centre is well described in this extract, where the interviewee was able to compare two different working experiences:

> "Even the planning group meeting, even if we're not planning, we kind've meet to reassess, weekly, to reassess where we're going, what we're doing. It's very important to do that. I know, being a teacher, teachers used to hate the staff meeting, they just wanted to get back to the teaching. I think a lot of the value of what could have been accomplished at some of those meetings was lost. It's very important for teachers to step back, and look at new practices, and look at school as an entirety, and where they fit into the changing patterns in society. And I think a lot of teachers you see just have their heads buried in the sand. They just want to go in there and do the thing they've been doing it for twenty years. I think part of the fault is a lot of the times these days away, teachers end up talking about whether kids should wear hats in school. And you can get side tracked."

He saw the difference in YAP like this:

> "I think when we have days away .. maybe it's because we don't have forty staff or a hundred teachers that are trying to ..... but there is a sense of we're away for the day, let's get something accomplished. There's more of a calm approach to it all, more of a reflective...maybe everybody needs it, maybe the work that we're doing, to step away more often and ... there doesn't seem to be staff issues that are taking up most of the time. There seems to be more of the larger issues. Everybody seems to get more of their head around .. there does seem to be unanimity as far as where we are going in the Project, there's not a lot of conflict, which I think helps an awful lot, to kind've talk about the bigger issues, societal problems, or drug problems, or educational, what's the latest theories ... they can come out in a more relaxed team setting" (int6/7 p2).

Another specific example of how these joint meetings were used is given in this extract:

> "I love my role, and I love being involved in the whole administration side of it, I always have. My biggest fear in the early days would've been Christ, they want me to train as a counsellor. I remember it years ago, at a Geraldstown House meeting, like that I liked being involved in the Project, but that I didn't want to train as a counsellor .... not that I didn't see the worth or the value in it, but I think the administration end of it is very important, it's vital. I think each area is connected.
> Q. So you thought you might get pulled into an area you mightn't like? (Yeah, client work,)
> Q. How was that prevented? How come it didn't happen?
> A. Basically because I got the opportunity to voice it at a meeting with the staff and committee, and you laughed, and said thank God for that!" (int2/7 p1).

A Learning Organisation:

A student in 1987 identified "good staff relationships" and "clear work structures" as assets that facilitated learning.

> "I found the structures to be very clear.... Once a week the staff meeting provides an opportunity for each one to report to the whole staff ..... Suggestions on the work to be done or the actions taken, are given freely. The atmosphere is such that if something important comes up between meetings everyone is informed and the subject can be discussed at the first possible opportunity" (sp87/7).

Six years later, another student also identified the learning:

> "I found the regular Monday morning in-house training sessions very exciting and informative.....

> Another area of valuable learning was my participation in a staff/committee day. It gave me a real opportunity to look at another aspect of something I heard a lot about and am still struggling to absorb....'community concept' " (sp93/6).

The learning function was important in the interviews:

> "There was, yeah, I think that that was one of the things, both the structures to learn, and the fact that we used to take days out to do things and look at things, and there wasn't a difficulty doing that. I think one of the things I would say about it, that there was always, I've always felt that there was a learning element to this whole job, and it was on going, and everybody was into it" (int5/11 p1).

> "And then the group supervision on a Thursday morning, there was a great freedom for sharing of ideas, and for talking about how I worked, and how other people worked. That was great, there was huge learning in it. And when I did come I didn't have a huge .. my knowledge of the actual drug issues; like my knowledge was more around alcohol issues .. the drug issues wasn't as good as a lot of the other people, so there was great learning around that. And I just felt that everybody was very willing to share their experience and their knowledge, and that was great as well. There wasn't a meanness around that. There was great sharing" (int5/3 p1).
> "plus you got the chance to say if you didn't know. You could come back and say I don't know.
> Q. Where did you get the chance to do that? How did we do that?
> A. Staff meetings. I always remember the discussions at staff meetings, like the talks on families, how addiction affected families, the individuals, the community. And some of the inputs that were given at staff meetings" (int2/2 p5).

Structures have changed as the agency grew. A post of assistant co-ordinator was created, which was subsequently divided into Outreach Co-ordinator and Client Programmes Co-ordinator (cm8.9.1992).

At the time of the interviews, which was a period of rapid growth, one interviewee discussed the need for change, as the external demands on the agency grew. Some firming up was needed.

> "Just being very clear about those sort of procedural things. It will probably mean that things will have to firm up for a while, and you'll probably need memorandums...those sort of things, you know, and that's a cost I feel ..there'll be a lot of stuff taken away from the Project if we do that. But as the staff gets much bigger it'll have to be done" (int8/14 p4).

Some of this had begun to happen, with clarifying of staff conditions, like sick leave:

"... things like sick days and all that, they were good discussions, they sort of firmed that up" (ibid.).

In June, 1997, the staff took two days out, and considered the structural changes necessary to carry the work load as the agency grew. New titles were suggested. For example, the Co-ordinator became Director, the Client Programmes Co-ordinator took overall responsibility for client affairs, and a new day to day co-ordination system was identified, involving the Client Programmes Co-ordinator, the Training Centre Co-ordinator, and the Administrator (cm July/Aug 1997).

Changing roles:

As the full time, paid staff developed, and the founders moved on, the role of local people on the management committee changed. They came into a functioning organisation, with recognised expertise. Some changed relationship with the organisation when they came on to the committee, from service user to policy maker. Making this change is complex and difficult.

Some felt unsure of their knowledge of addiction. For example, two experienced women who had many years of community involvement did not feel *"sufficiently knowledgeable to present the project's submission to the National Committee on Drug Abuse"* (cm2.10.1990). This is in contrast to the founding group, where local people had submitted to the Ministerial Task Force, (resulting in the funding coming from Youth Affairs), and to the EHB special sub committee on Ballymun.

There have been instances where staff could not attend, for instance, public meetings. Committee members were present, but hearing statements to the effect that YAP was not represented ("There's no one here from YAP"), did not identify themselves as YAP. When this was discussed, it emerged that they did not feel confident enough to claim ownership, and that in effect the staff was becoming the organisation. Some work has gone into this, and there are determined efforts for staff and committee to work together, attend things together where possible.

The management committee is now responsible for a much larger organisation, with local involvement at staff level through paid workers. Participation on courses is high, and the numbers availing of the services rise steadily. Some local people are involved in all these levels.

Needs identification continues through the many interactions that take place in the life of the organisation. However, successive committees have struggled to develop a role when the day to day management structures are in place and functioning. A review in 1991 revealed a sense of not feeling in touch with day to day issues, with questions about involvement with the clients of the Project. A decision was reached that involvement would have to be planned for (YAP1991a).

The committee ownership of the Project gets more difficult as it gets bigger and busier because

> "the staff has to get more professional about how it discusses things, and it's going to be harder and harder for the committee to break into that" (int8/14p1).

This is one area where the staff cannot lead the committee

> " it's something that has to come from the committee; the staff just can't deal with it."

> "... it's not just our organisation, it's a lot of organisations, where local energy is brilliant at the beginning when things get started, and there's a clear goal" Management needs are different and "people have to be told what their role is. And as a staff you can't tell them what their role is, someone else has to do that for them.....(int8/14 p1).

Staff provide technical assistance for drugs work, for organising meetings, planning, analysing, etc. Staff are their teachers! In some cases, they have been their counsellors. Respect for this knowledge, and gratitude, can make it difficult for the voluntary committee to lead in other ways. There are different power relationships involved. Discussion by a few committee members has recognised this fact, and acknowledged that the committee members, particularly the local members, may need a structure for reflection and discussion outside the meetings, with an outside supervisor (cm2.6.1998).

To efficiently manage the administration of the Project, a sub committee has been set up. This frees up the main monthly meeting for discussion on other issues, rather than financial/organisational issues. Serious attempts are being made to increase the local voice in the discussion. Once again, some members are participants in a community development course, and have recently completed further modules for NCVA Level 2. They were instrumental in a decision to meet a request from the Local Drugs Task Force, to act as project promoter for a new pre treatment programme in the area.

In such a busy agency, with a growing staff and the demands for efficient daily functioning, the danger is that the direction and the future action is driven by staff, and the committee play "catch up all the way through" (int8/12 p2).

The Committee provide leadership and security for the staff (int5/14 p2), and staff like to see them involved (int2).

The staff welcome an active committee:

> "I believe if there's a good strong committee well then...it's comforting as well, it takes the heat off, you know it takes a lot of (yeah, it provides a bit of security, for everybody, when they know that there's a structure in place, people looking after certain things) yeah, that's right" (int9/12 p1).

Among things appreciated by the staff about the committee in 1991 were that it kept in touch with the Project, that it acted as employers, not dictators, that it allowed the staff to do their work, it was sensitive to the needs of the staff with regard to training, it maintained contact during the week, people were friendly, there was no conflict of interest as there was a sense that people were working towards the same goals (YAP 1991a).

The group recognised that power struggles threatened the group, and has been fortunate to have people "working towards the same goals" (ibid.). Members identified power issues in community leadership, and asked questions about dealing with "people who are preoccupied with power; and how to promote new leaders"; (cm5.2.1991). It would seem likely that a formative influence in the organisational functioning was the understanding of the 12 step programmes, particularly the 12 principles. Combining this with a commitment to collective

responsibility which came from the influence of social work (seeing community work as an effective intervention; see Chapter 7), most probably sustained the smooth functioning of the group, and the ability to make decisions on principles and goals, rather than other considerations. However, the need to actively promote participation and ensure continued local credibility and cultural appropriateness as the organisation develops, has necessitated more strategic thinking around organisational development and community development principles.

Staff and committee have worked together on various sub committees, e.g. setting guidelines for training; organising the tenth birthday conference; the administration sub committee; the mini bus sub committee. Management has been strengthened through the participation on a course in Voluntary Sector Management by the Administrator.

The particular strengths and contributions of local people, in a large organisation with a large budget, is being debated. A central question is *"How can local people continue to have significant say in the organisation when the business needs are so great, and demand extensive expertise?"* Pressure on local members to accept these responsibilities has been attributed to blocking participation, and efforts are being made to correct this. However, there is no blueprint available to the organisation to assist in this, and various ways of ensuring that administration recommendations are accountable to local needs identification and priority setting are being actively considered.

Well functioning internal structures are a prerequisite for effective participation in external structures. For example, the Project in its review of its involvement in the CDT, named management styles as one of the reasons for lack of progress. Workers did not feel represented. There was confused line management. Linkages between parts of the system were poor "happening through the co-ordinator (CDT co-ordinator) rather than being facilitated to happen directly among all those concerned in a collective manner" (6.3.1995).

A major activity now is linking in to new external local and national structures, (LDTF and NDST) ensuring community involvement:

> " I think obviously the new task force. This has got to be the big one, and just sort of being involved in the negotiations around that, and watching the developments and sort of doing critiques on it and feedback, and ensuring that that local task force builds in a local framework for consultation; that it doesn't run away with itself" (int8/16 p3).

Community representation has been promoted at regional and national level. Attention has been drawn to the necessity to integrate community development principles, and the changes this would mean in "structures, manpower training and job descriptions" (McCann 1997).

The challenge for YAP is to consolidate structures within its own organisation which ensure continued local accountability and participation.[40]

THE FUNDING

As is the case with many community groups, funding issues have taken a lot of energy. In spite of the major difficulties, the Project has sustained itself and grown steadily over the years.

Records show early attempts to raise money, for example one of the local founders stood for "Taoiseach of Ballymun" in 1982, raising £400. The Report of 1985/86 activities contains photographs of the group involved in a twenty mile bed push to raise funds. Elsewhere are reports of raffles, fund raising nights, etc., as the group tried to survive.

Every avenue was explored for funding, and once off grants were received from The Ireland Fund, Comhairle le Leas Óige (to paint the flat), etc.

In 1984, following the Ministerial Task Force on Drug Misuse, to which the Project submitted, a recommendation was made to the Youth Affairs Section of the Department of Labour, and a sum of £12,000 was allocated from discretionary funding. Issues of control described earlier held up this money,

[40] Committee minutes for January 1999, which included reflection on 1998, record significant growth in confidence and feeling of involvement, following the activities of EDPW in November 1998, and the success of the conference in Dublin Castle. Committee members felt very involved in these actions, leading to a decision to have events happening throughout 1999 which can encourage participation. The first of these, a Mini Marathon Walking Group, with a health promotion programme built in, has since begun.

and it was 1985 before it was finally released. This was to be the first government allocation to the group. It was four years old.

In 1986, the group called for an interdepartmental approach to its funding (YAP1986 p14). While reports show the Department of Education involved through the Youth Affairs Section, this is by structural reorganisation, through the relocation of Youth Affairs from another department, rather than commitment from the Department. This section operates as a unit within the department, and is not considered mainstream education. The Department of Health were sporadically contributing, in small amounts, until the regional health authority (EHB) were given the responsibility for the development of drugs services, in 1991 (Government Strategy for the Prevention of Drug Misuse 1991). Since then, a new programme for drugs work has been established, and funding has increased.

However, in spite of interdepartmental structures being established, and a Strategic Management Initiative to encourage all departments towards a strategic approach to planning and management,[41] the necessary horizontal linkages for agreeing issues such as shared responsibility for funding have not been established, as has been witnessed by YAP in attempts to have the training centre, (URRÚS) funded when the European funding ran out.

An early source of funding for staff, and training, was the Team Work Scheme, a government employment scheme referred to earlier in this work. The decision to discontinue use of the scheme when the first group was finished meant that the group avoided becoming involved in administering state funded training schemes, at the expense of good quality, sustainable development. The concerns of the National Economic and Social Forum (NESF) have been avoided by YAP.

> "The turnover of staff on schemes may also have negative effects on the service and its users. Schemes may be used to provide cheap labour and the sector as a whole is at risk of being used as a limited safety net for the long-term unemployed. The process potentially erodes the sector's independent voice, a concern which is also endorsed in the EU White Paper on Social Policy (1994)" (The National Economic and Social Forum 1995 p103).

[41] See *Administration* Vol43No2pp46-49 for a summary of History and Management of Change in Ireland.

Participation in YAP is not limited by criteria for qualification on state schemes, as has happened in other community groups (McCashin 1990).

Community development work is often not recognised for funding purposes. The service provision focus is more understood by funders. The Minister for Social Welfare, the Department which has responsibility for Community Development funding, sees the community drugs work of YAP as "not an issue for my dept" (Minister's letter to YAP 17.10.1996). While three main departments are involved in funding the group (Education, Health, and Justice), there is no core funding for community development work. Attempts to develop understanding among all departments for this core aspect of the work continue constantly. Development work is named in applications to all departments as part of the role of the Project. However, development actions often depend on once off grants (for example, applying for specific funding from the Combat Poverty Agency).

The group has, in common with other voluntary and community groups in Dublin, had considerable success at accessing funds for drug prevention work which would not otherwise be available to the field (EU funding - Petra & Horizon; Ireland Fund; British Embassy, etc).

Funding can be a fear, but the mood remains optimistic:

> "Q. Have you any fears for YAP in the future?
> A. .....no. I don't really think of YAP as.... I always think of funding maybe as being a fear, but I don't even see that as a fear, you know. I believe that the funding will happen, and that if it doesn't, something else will happen. Maybe that's being too optimistic!! But, you know" (int9/11 p4).

In 1987, financial analysis concluded the Project could be kept running for the same cost as keeping three young people in custodial care for one year (£93,000). The Project had contact with 120 people in that year, many of them under 15 years of age, and had an income of £46,200.39 (AR87 p9).

In 1997 the income had risen to £355,289.00, in part due to European funding for the development of the Training Centre. Individual contact had risen to 291

people, 300 children were taking part in schools programmes, while over 200 people were involved in the programmes of the training centre.

Getting funding can seem demeaning:

> "I think there will be frustration, as far as getting mainstreamed[42], getting the budget we want, and all the things that come with kind've begging to be funded" (int6/11 p1).

Growth is part of natural development:

> "Q. So what would be your hopes for the future?
> A. That we get the property; that we can get enough money to build .....and I suppose that the Project be allowed to expand whatever way it is going to.....cos, if you imagine when I came it was five years old, then when we had our ten years, now its fifteen years, I imagine in another five years its going to grow again. And I feel that it has to.....it's like there's another strand coming ..(there's a bit to go yet)...yeah, there's another bit to go...we've kind've got five areas now, there's a sixth which has to be developed. And I think then the Project will almost have arrived. Whether that will be allowed happen, if there will be money available, staff and committee wanting it, getting the support that we need" (int2/17 p2).

Accessing money is a major part of the work, and has become a large part of the role of administrator:

> "The other thing I've taken on is the whole funding thing, but it's something I really, really enjoy, I have to say. Looking for funding, checking it out, working on proposals" (int2/15 p1).

Because of the scale of it, there is a danger that the committee would become disengaged from the process, relying heavily on one person.

> "I don't think any one person in any agency should have that responsibility. You need a couple of people to back you up on..... you need a couple of people working on that. They have ideas, you can share ideas" (ibid.).

The administration sub committee has been established to ensure this co-operation and shared responsibility.

[42] The term "mainstreamed" is used in connection with the continued resourcing of actions by the member state, following the cessation of particular European funding.

YAP has in the past been involved in joint campaigning about funding, as illustrated in this excerpt:

> "... from the leadership course, a few of us went on to develop the Suss Centre, a local resource centre and in 1986/87 we joined with YAP and another group in actual campaigning for funding. A sort of amalgam of groups called Ballymun Together, campaigning about a funding issue around some of the schemes that was in place at the time. So we were part of the same campaign at the time.
> Q. Yeah, and that was fairly close involvement at that time, working around that activity.
> A. Absolutely, yeah. Well, it was three organisations that were having funding removed at the same time. And so there was a lot of planning and campaigning and stuff like that done then. Letters to ministers....." (int8/1 p2).

While largely resourced by government funds, still there is a need to keep a challenging voice:

> "I know we have issues, and have crossed swords with health boards and that sort of thing, but at the end of the day, I mean, I don't think we can just sit back and sort of play fiddle to them either. And I think if I felt we were doing that, I think we would be in more danger than what we are doing now..... I don't think we should sit back and take everything" (int5/14 p2).

This was an issue in some of the work described earlier, when YAP was involved in negotiations about a local say in treatment developments:

> "It was very complicated. Some people were saying what's the problem with it, some people were saying well there is a need for a centre, and YAP is a drug centre and it's supposed to be a friend of addicts, and YAP's funding being involved" (int8/10 p1).

Attempts exist to curtail the group's voice through threats to funding:

> "Q., what was hard about that time.... can you remember some of the difficulties?
> A. Funding would've been the main one.....C trying to take over...." (int2/9 p2).

> "Turnover in the CLLO Liaison Officers has interrupted relations between CLLO and YAP. YAP welcomes the support given by the present Liaison Officer but has been concerned about CLLO's expectations of involvement in key decisions relating to management and staffing of the project" (YAP 1991/8).

Funding can be a block to change, not only because of the lack of it, but because of the relationship between funder and funded. Attempts to have a

voice using state funds can be interpreted as "biting the hand that feeds you". However, it could also be argued that the communities are entitled to investment in their future, and given the sociology of health and education, are actually grossly underfunded in their development. Accessing regular investment from outside the state system is not a reality for most local groups. The group would be in danger of losing its voice if funding came from one major source, as expressed in one of the interviews where funding was seen as being used as "a carrot", which could be withdrawn or used as "a threat". In spite of this, this interviewee saw it as important that "we still stand up and say what we believe in" (int2/17 p3).

It is interesting to note that, despite the conflicts there have been between the Project and two of its major funders, funding was not cut. There is evidence that the early conflict blocked applications to other bodies when the group were advised to "heal the rift between us and the H.B" (cm11.4.1986). Subsequent strategy with the health board, who were not funding the group at the time but who were being lobbied heavily to do so, requested that if monies were not available, that the health board could support applications for funding to other sources. This was agreed.

The main statutory funders of the voluntary and community sectors in Ireland have been the Department of Health and the Health Boards, FÁS, the Department of Education, the Department of Social Welfare, the Department of the Environment and the Local Authorities (NESF 1995). The Forum recommended criteria on which the funding should be based, including

> "provision of core funding for voluntary and community development, including advocacy-related activities;"

and

> "acknowledgement by the statutory sector of the job creation potential of the sector; and the creation of real jobs with equitable working conditions" (ibid. p104).

The job creation potential is well displayed through a group like YAP, which has gone from no jobs in 1981, to one part time in 1984, to seven full time jobs in 1991, to 14 full time jobs in 1995, increased to 19 through actions of the LDTF. This number includes 10 local people, working in different areas of the work, from administration, to community work, to individual interventions. All are

equitable, i.e. conditions are on a par with similar work elsewhere. The potential for future positions being filled by local people is greatly increased through the training activities, and the efforts to develop appropriate accreditation structures. The confidence of local people is increased through this participation, and many of the CASC graduates apply for positions as they arise locally. Completion of the CASC was considered an important factor in success in obtaining employment (YAP 1997a).

In addition, staff who came with no formal certificates, and have received their professional training in YAP, have moved on to work in other agencies, taking their understanding of community responses and drugs issues with them. This is also reflected in the number of students who have spent time on placement.

> "a helluva lot of drug workers out there now went through the Project, they were students, and they would know the Project and the way it works....." (int3/15p2).

This jobs creation potential has not yet had any impact on the new plans for the area, as the Project has been given no commitment to be rehoused when the flats are demolished. Plans for a new building have been drawn up by the group, and efforts have begun to start a fund to pay for it. While it seems unrealistic to expect a local group to raise the kind of money involved in this, no money has been allocated in the new plans for the relocation of any of the many local groups providing essential services and supports to the population.

THE TRAINING

Scarce resources were put into training in 1982/83 for the committee, local youth leaders, and teachers:

> "They set about learning about the existing addiction which was in their community, and finding out how to respond to that. They wanted to make recovery more possible in their area" (McCann 1991, p11).

The training was appropriate to the needs of the recipients:

> "The group were to say, after that programme, that it had brought them together, and given them a structure to work with" (ibid.).

Study of the records of the Project show a major investment in training. The founding committee planned their own training, responded to the needs of other workers (course for youth leaders, and school guidance counsellors 1983), and local parents (McCann 1984 p12). An "outlined structure of in-service training" was devised for the first employment scheme in 1985 (YAP 1986), which has been refined and developed over the years, most recently from 1996-1998, when two local people successfully completed modules for training as "community addiction counsellors".

Skills came from outside the community, through the student community worker who facilitated the initial process of founding the Project, and through the addiction counsellor/community educator who became the first employee. They also came from the Home Help Organiser for the area (a nun who was on the committee), from a probation officer, and from an EHB community worker who worked with the group. Many skills in community work, planning, writing proposals, analysis, were passed on to local people even before anyone was employed. Ensuring cultural appropriateness, building trust and credibility, and sharing the lived reality of the area were reciprocated by the residents of the estate.

This commitment was reaffirmed in 1991:

> "Our future depends on being able to continue to recruit and train local people in our full time work, and in being able to play their part in the management of our work" (AR91 p12).

The philosophy of this is written in the training statement (AR93 p16). This statement, recognising local expertise, goes further. It recognises the structural flaws which mitigate against people from communities like Ballymun participating fully in education. These flaws mean that few people make it to the level of education required for professional qualifications in fields such as social work and health care (less than 1% in education beyond age 20, according to Ballymun Partnership). Therefore the service deliverers predominantly come from a different life experience than the receivers.

> "....sending even more professional workers into areas already groaning under the weight of cultural invasion can scarcely be the answer" (Hunt 1990).

Training is directly linked to the provision of culturally appropriate services:

> "We owe it to ourselves and the community to break the negative cycle of receiving and accepting inferior, self negating services" (AR93 p16).

Training is recorded for the management committee, staff, other agents and local people. Staff training programmes take account of different perspectives for understanding problem drug use, issues for education and prevention, harm minimisation and treatment. This is complimented by study of community models, national policy documents, systems theory, education theory, and personal and professional development.

The data gathered through studying this community agency reveals some of the complexities of working in this way, and perhaps guides us to identify training needs for those involved, whether they be local people, or external workers.
As mentioned previously, boundaries were frequently mentioned in the interviews. Working with people in a non-formal setting, on their own ground, sometimes "moved over the line of working relationship, on to the lines of friendship relationships as well" (int3/4 p1).

This interviewee identified this as an important issue for training:

> "I moved into it unaware of what those difficulties would be, until I took time to sit back and look at it. I think it was all part of the learning process. It took checking out on myself in different situations..." (int3/4 p1).

These staff need to work in this "friendly" way, while still being able, often in their own community, to detach from problems when they go home.

> "It's the whole thing about detachment, and not taking on board other people's problems. Cos you would be going home at night, worrying about every person you came in contact with. You wouldn't have a life. Know what I mean? You'd make yourself quite ill, I think" (int2/5 p2).

An outside member of staff identified gaps in his knowledge and understanding, and saw his participation on CASC as crucial in-service training:

> "I think the CASC course, being part of that, was very, very important. Probably even more so, cos it was early on. I think without that maybe I would've felt even more ungrounded, not knowing where to go, or addiction, not knowing the community; maybe not seeing, not understanding what you were trying to

accomplish by doing this plan, or trying to get it going. It wouldn't have been grounded in reality. I think it was very, very important, that learning that took place for me" (int6/6 p2).

As a participant on the course, he

> "learned tons. Just on a personal level, it was just nice, I felt connected to the Project, the people" (ibid.).

Another outside staff member put it this way:

> "in a Project like this, where it's is a community Project, and people are sort of using it in a different way.. It is very different, I think, working here than working elsewhere. I would've found it totally different, and a difference I preferred, actually" (int5/4 p2).

The community worker also identified gaps:

> "Q. So you found that your community work skills and your community knowledge when you came to work in a drugs project wasn't enough, that you needed to learn....
> A. No, and I had a lot of personal knowledge from friends and that using, but again it was sort of street knowledge, I did need to learn a lot more" (int8/10 p5).

Working in the office requires good interpersonal relations, good understanding of people, to be able to interact with people, to be able to listen, and to have a knowledge of the systems in the community:

> "That sometimes is all that somebody needs, just somebody to listen to them. You don't have to have all the answers, you know" (int9/8 p5).

Another gap for working in the office was identified:

> "some basic sort of crisis counselling, just crisis work, that I would be able to be more effective, d'you know? Cos sometimes I feel, well maybe if I had known what angle to take that, or maybe to hone in on something....." (int9/8 p5).

A wide range of skills is needed. People become generalists with a broad base on which to draw, rather than specialists with a narrow range of expertise:

> "I think it does need a wide range of skills.....I think I had some of them naturally in there, and others I had to learn or develop as time went on.....and different people work in different ways too..." (int3/8 p4).

Training builds on natural abilities, and happens on site:

> "I felt that it was something that was almost natural. How can I explain this? Not that you don't need training, but that it was happening anyway. And that it was just using the right kind of supports at the right times and places; I suppose too supervision, but that would've happened here anyway, without having done Trinity, or the other stuff" (int1/8 p4).

However, there is a need for external training as well:

> "Q. You feel that you would have reached the same standards, done the same quality work, learned as much, been as effective, coming through with proper learning structures within?
> A. To a certain point....building relationships, contact, referral. But it was good to get the chance to do something formal, as well - you need both. But I'm actually glad, in some ways, that I came into it the way I did, rather than the other way round (rather than something formal, then working; you feel that suits you better) Oh, yeah, you were doing stuff you already knew then...(did you find it easier to learn then?) yeah, I would learn quicker through experiential....." (int1/8 p4).

Part of this need for formal education is the recognition it brings:

> "Yet, I still feel that at the end of the day, that's what people judge you on, more so when you are local... There are standards there for local people too" (ibid.).

The need for accreditation systems, and the reluctance of established educational institutions to recognise adult education experience has been noted (Drudy & Lynch 1993 p268). The Youth Action Project is like other community groups in its attempts to access recognised training and credentials for its staff, which often means participating in courses which do not cover the breadth of expertise needed. In considering the opportunities which were availed of, it is necessary to remember that these constitute only part of the learning experience.

By 1987, three young staff members had been supported to participate in external training in an adolescent unit in Minneapolis (AR86p18); (AR88p12). This training used the Minnesota Model. A field trip had been undertaken to Scotland, to visit facilities there and discuss approaches (AR86p17). The co-ordinator had visited Cambridge, attending a conference on Community Alcohol Teams (AR86p20).

By 1991, two of the workers from the original employment scheme in 1985, were accredited as full members by the new Irish Association of Alcohol and Addiction Counsellors (AR91 p4).

The commitment to on-going learning is shown to be continuing. Examples in 97/98 show staff have attended sessions on Supervision, Motivational Interviewing, training for trainers in Motivational Interviewing, Brief Solution Focused Therapy, Reality Therapy, Group Work Skills, Training for Transformation, Social Analysis and Media Skills (included committee members), Adult Education, and Community Education and Training.
In 1996, two full time trainees were employed, and this development challenged people to "move, change, to learn more" (int1/10 p4).

This opportunity was seen to be possible because of the way the Project had developed.

> "otherwise it would've been employing professionals already trained .... this way it will be local people, also training local people ..." (int1/10 p4).

The emphasis on community has meant that the work demands that everyone be educators. This is true of the paid staff, the management committee, and those who participate on the CASC.

Essential skills include passing on accurate information on drugs and their effects, intervening effectively, knowing resources and how to use them, identifying patterns of behaviour, analysing community factors, social analysis, listening effectively, presentation skills, facilitation skills, needs assessment, teamwork, working collaboratively. Individual helping skills include establishing and maintaining positive relationships, motivating change, assisting preliminary assessment, goal setting, identifying support structures.

Gaps in expertise have been identified, such as recording:

> "the actual knowledge and expertise there is here, that we sometimes don't give credit to sometimes; a lot of the work we do we don't give credit sometimes. We justify it by using words, I think now that we have started to record more, it's shown up that our lack is in actually writing stuff down; well, I am. I was unaware of the structure to write it down properly. It's shown that our lack is in

> actually writing stuff down properly. I was actually doing a lot of the work, but I didn't know the words to describe it, or the theory base behind it, to write it down. I knew a lot of the stuff, but the lay out and format of how to structure things down on paper, but practically I was doing it" (int3/12 p2).

This quote is also a good example of the necessity of external education to compliment the internal learning.

External training:

Various professional courses have been pursued by staff members over the years, with the assistance of the organisation. For example, another of the original workers, who began work as receptionist, is now the Administrator, and has just completed a certificate course in Voluntary Sector Management in a Dublin City University. Another is studying Reality Therapy. Two others are participants on education and training courses, including adult and community education. Records show support for employees in third level studies, (Trinity College Addiction Studies Course), and on professional training programmes in counselling and psychotherapy.

Experience of subsequent use of the skills learned on these courses were part of the discussion, which eventually arose around the role of counselling in the group. There was a general consensus that what was happening was that the Project was, on occasion, supporting training for people to leave, because it was difficult to practise their new skills in the agency. The conflict between developing vertical specialisation on the one hand, and horizontal broad skills on the other, has been described earlier.

The immediate needs to develop skills and professional practice around working with the individuals who needed services in the community took priority on the training agenda for the first few years. However, recognition of other skills requirements, coupled with the need to ensure relevant investment and equity, led to the setting up of a training sub committee, made up of committee representation, staff representation, and external members. This committee identifies priorities for training, promotes participation in relevant training, and sets conditions for support.

Through consideration of the mixed skills base needed, the group identified community addiction work as a "new discipline", saying

> "Preparation and training for this new discipline is non-existent in Ireland."

and

> "We have sought to have an input to the development of this discipline by facilitating student placements from third level colleges" (AR94 p2).

These students have included community workers, and drugs workers, in addition to generic workers such as public health nurses, probation officers, child care workers.

This training recognises that individual helping skills are not enough to work effectively using a community approach (AR94 p2). Other skills identified are training/education skills, facilitation skills, negotiating skills, organisation skills and skills in working in a multifaceted, multidisciplinary way (AR94 p2).

Training changes things

> "The training seemed to be changing people's perception of what their roles were, and that sort of thing" (int5/7 p1).

The career cone of Lewis and Lewis (1983 p245) was useful. Effort now is going into a common core of skills which crosses boundaries of traditional professions and job titles, which are applied in a number of settings. The career cone allows for an ever-broadening focus, instead of for a narrowing focus (see Appendix B).

The development of a highly specialised, single disciplined focus, runs the risk of developing elitist attitudes, with even members within the team feeling inadequate, as was already expressed. This has serious implications for the core philosophy of involving local people, and for the practice of increasing and supporting the work of the natural systems in the community.

Developing a training centre.

Ensuring the continued passing on of skills, and building a pool of expertise for vacancies, led to the development of community courses, where local people

could come and learn more about drugs, addiction, and identify how they could participate in the community response. Appropriately named *Urrús*, which translated means "*strength*; *confidence*", the centre has used the same methods as before, adult education techniques, with the participants and facilitators forming communities of learning.

> "... as the course progressed a sense of team building ensued. workers - leaders - youth members - student - all working, sharing and enjoying the course and what it had to offer" (Peer Training Education Programme Process Recording November 1994).

Professionals and local people learn together:

> "And they were all willing to share what they didn't know. Like to find someone from a good high professional job coming to me and asking me something. It boosts your esteem and it does make you realise that we're all only ...we only know so much anyway not matter what area you come form. The friendliness really, I felt sad when the group broke up" (CASC 2/6 p3).

Within a very short time, this practice has been replicated in other communities in Dublin, with local structures and facilitators, and a network of communities is now evident out of this work. Skill and knowledge is being passed on to other areas.

Effort is now going into ensuring the development role is not neglected, in efforts to meet the needs for such training throughout the country. Running courses would not equate to community development.

This work aims to make people more effective in their responses to drugs issues in their daily community life, be it in jobs, in community groups, as neighbours, or family members. Another dimension of it is in the area of those who want to develop the expertise to work directly in drugs groups, and go on to full paid employment in the area. YAP's practice in the latter has been to employ trainees full time, and educate and supervise them on site. As part of the establishment of the training centre in 1996, two local people were employed full time as trainees, to continue the build up of local expertise.

The now more experienced staff were involved in passing on their skills to those trainees, which was exciting and demanding. This development would not have been possible

> " if it hadn't've been for the way the whole Project has gone...cos otherwise it would've been employing professionals already trained....this way it will be local people, also training local people..." (int1/10 p5).

The value and necessity for passing on skills was well described in this interview:

> "I'd like to have more time around some of the training issues, both with staff and with trainees.
> Q. You like the training, don't you?
> A. I do, yeah. Well, I think I like it cos again it's a challenge to me, and makes me continually look at what I'm doing, and how I'm doing it. All the time going back...and I think that's the only way ..otherwise you can get very stale, just plodding along. The training stuff keeps you on your toes, and I like that. And I like to see people working. And I hope it will keep going, even the in-service training of the staff here. That's very valuable. Those sort of things I like, and I like to see them happening. Because I really do believe that there's so many skills that people have here, that we need to be passing on to each other, that we need to be passing around, and that sort of thing" (int5/13 p3).

However, the practice of taking on a couple of people at a time does not allow any consistent training of significant numbers, and ways are being considered of making this opportunity available to more people. For example, perhaps the need for a structured volunteer programme could be designed to be part of a training structure, with clear career paths.

The training centre has become "the sort of Frankenstein we created!" (int8/8 p4), contributing to the work exploding, with requests coming thick and fast from all over the country.

On the occasion of the formal opening of the Training Centre, attention was drawn to the importance of the work being carried out by a team which included eight people from Ballymun:

> "This is not accidental. This is the result of deliberate policy in YAP to train and develop skills locally in community drugs work" (YAP 10th March 1997).

The task of passing on skills was one which was clearly laid down by the management committee, and by employing this strategy, the committee

> "were ensuring that there would continue to be significant community participation in the work of the Project, that

programmes would be appropriate for Ballymun, and that the powerlessness experienced by this young community would not be perpetuated through its response to drug misuse" (Opening of Training Centre, 10th Mar 1997).

The direction of being trainers has meant that staff have to be willing to take on the development of their roles, to become trainers and supervisors, as well as the roles they originally contracted into.

CASC graduates from all over Dublin come together at a conference in Dublin Castle. They were joined by activists from Northern Ireland and England.

DEVELOPING LOCAL LEADERSHIP

In 1993, local involvement was identified as "The very essence of the Project's unique ability to flourish and thrive.."

> "recruitment, education and training of local people has become and is, fundamental to Youth Action Project policy and philosophy. Using the inherent wisdom and knowledge of the community (which often lies dormant) and the expertise of other professionals from other sources, we see it as crucial that ongoing training be made available" (AR93 p16).

This commitment has meant that

> "people were able to process through here as well, as professionals as well" (int5/7 p3).

Initially, this was achieved by making use of government employment schemes.

> "A training programme was started to equip the workers with the skills to deal with clients in the drop-in centre, provide a system for them, man the phone, handle enquiries about the project and perform general administration duties" (YAP 1986 p9).

One of those people recalls significant learning in situations for her, where she accompanied a staff member working with someone individually, and on talks he was doing:

> "that was great learning...it was a great way of learning.....those two stand out from then....." (int1/5 p2).

She spoke of building on the relationships she had, and the development of her career:

> "Q. Yeah, maybe like you said, before you came to work here, there was lots of informal contact, then working, enjoying it, seeing the kids, wanting to help, trying things out, but then making a career out of it.
> A. Right, and I felt that it was something that was almost natural. How can I explain this? Not that you don't need training, but that it was happening anyway. And that it was just using the right kind of supports at the right times and places; I suppose too supervision .....
> it was good to get the chance to do something formal, as well - you need both. But I'm actually glad, in some ways, that I came into it the way I did, rather than the other way round (rather than something formal, then working; you feel that suits you better) Oh, yeah, you were doing stuff you already knew then...(did you find it easier to learn then?) yeah, I would learn quicker through experiential....." (int1/8 p1).

From this, and other interviews, (e.g.int4/15 p2), it is clear that being local is not enough.

The Youth Action Project realises the significance of a community which has suffered so much isolation and marginalisation, pioneering the establishment of such a training centre, and had the confidence to describe it as "Ireland's Community Addiction Studies Training Centre".

This chapter has described Ballymun Youth Action Project, through the words of those involved, and through documentary evidence. Six categories were used to tell the story of this community response to drug abuse. The major actions, developments and influences are summarised in the summary chart.

Some of the dominant issues, which emerge from this and from the literature, are discussed in more detail in chapter 7.

SUMMARY CHART

1981 –1984	1985 – 1990	1991 – 1994	1995 - 1999
ACTION Public meetings; Formation of committee; Opening bank accounts; Organising; Constitution; Fund raising; Funding applications; Acquiring premises; Advice and information service; Links for referral; Committee training; Youth Workers' training; Parent effectiveness training; Submissions; Becoming employers.	**ACTION** Raising community awareness; Staff recruitment; State employment schemes; Community education; Schools programme; Support for drug users and families; Opening drop-in; Focus on younger group; Campaign for funding; Campaign for a say in local development; Development of training for local people; Development of local leadership; Submissions; Student placements; Supported community development; Recovery Day; Video - Around The Table;	**ACTION** Project Development Programme; Internal and external training; (Trinity College, Dublin Counselling and Therapy Centre); Establishment of salary scales; 10th Birthday Conference; Publishing of History to Date; Partnership with EHB for CDT; Pilot CASC; Peer Leader Course; Participate in Voluntary Drug Treatment Agencies; Memorial Service; EDPW flagship conference; Produced leaflets with young people;	**ACTION** Application to EU (Horizon) Funding; Establishment of Training Centre (Urrús); Accreditation for CASC; Replicate CASC throughout Dublin; Establish Network of CASC graduates; Build relationships in Europe and Northern Ireland; Publish papers; Pilot new programmes; Train more local people full time; Participate in establishing CityWide Campaign; Participate in LDTF; Balance formal/informal activity; Video - Ballymun Our Home Our Story;
WHO Volunteers; Mixed local and professional; Community workers. First student placement; Part-time Co-ordinator.	**WHO** Paid staff – Co-ordinator, Project worker; Employment schemes for 1 year; Voluntary work; 1988 – Full time co-ordinator, 2 Youth Workers, Admin Sec; (I external staff, 3 local);	**WHO** Co-ordinator; Assistant Co-ordinator; Community Addiction Counsellors; Outreach worker; Administrator; Clerical Assistant. 1994 – Discussion on role of volunteers; Recruited new Community Worker. (9 workers - 5 local).	**WHO** 9 paid workers; 1997 – facilitators throughout Dublin; Some CASC grads involved in formal awareness raising programmes and schools programmes; Further training in drugs work for CASC grads; 1999 – 15 paid workers - 8 local.
STRUCTURES Voluntary Committee, involved in various community activities; Weekly meetings; Co-ordinator responsible to, and supported by, committee.	**STRUCTURES** Management Committee; Co-ordinator; Project worker; Scheme workers. 1987 – Company Limited by Guarantee; Company members structure.	**STRUCTURES** Management Committee; Co-ordinator; Outreach Co-ordinator; Client Programmes Co-ordinator; Administrator; Community Addiction Counsellors.	**STRUCTURES** Management Committee; Co-ordinator, etc as before; Training Centre Co-ordinator; Senior Counsellors; Co-ordinator becomes Director; Co-ordinating structure. Return to Project Worker title; Development of CASC grad involvement.
INFLUENCES Community Action; Community Campaigning; Social Work; Community Work as a method of social work; Person-in-the-environment approach.	**INFLUENCES** All before plus- Minnesota Model; 12 step programmes; Community Alcohol Teams; Adult Education; Youth Work; Strengths approach; Community development as a process; Systems theory; Harm Reduction.	**INFLUENCES** All before plus - Motivational Interviewing; Transtheoretical approach; Wheel of Change; Psychotherapy; Community Counselling.	**INFLUENCES** All before plus - Reality Therapy; Sand Play Therapy; Social Network Mapping; Management Theory; Organisational Development Theory.

CHAPTER 7

ISSUES EMERGING FROM THE STUDY

This picture of one of the oldest, longest lasting community responses to drug abuse in Ireland, compiled by the first employee of the group through a case study, is evidence of the vibrancy and creativity which comes to the fore when people struggle to promote change in their own environment. Some of the complexities, which have arisen over years as the author attempted to put aspirations of community involvement into practice, are identified.

Through indwelling, discussed in Chapter 1, a picture is provided which illustrates relationships, and identifies various interactive processes and patterns of influence in the development of this community response to drugs. Some previously hidden parts are revealed to the researcher and the group, and implicit knowledge has the opportunity to become more explicit.

It is clear that this group has never seen its community either as a site for central strategy, or as a resource to support the central services only.

Whilst having elements of both of these approaches in its work, it goes further, interpreting its role as being more in line with that laid down by WHO in 1978, (see Chapter 5; also McCann 1998). Through appropriate education the ability of the community to participate has been developed. It has consistently questioned what it perceives to be a "we know best" assumption of central government responses.

The group has claimed the right to have a say in matters which affect its community. Significantly, it has claimed this right in professional areas and government departments, which do not have a history of thinking in a Community Development way, for example the Departments of Health and Education (Tobin 1995). As it refused to be boxed into being a treatment centre, it also refused to be boxed into a community development corner. Community development has focussed on the structural nature of poverty and

disadvantage, leaving the development of policy and strategies in health and education to external "experts".[43]

What could be called a healthy tension is created between extremes at either end of a spectrum going from service provision, to community action. Local involvement has prevented mere replication of any one model of drug treatment, and has led to questioning of traditional power relationships. Awareness of the environmental issues, and commitment to the development of local leadership, challenges those working on individual interventions to make their practice congruent with political realities. This challenge was presented to the author early in her role as co-ordinator of the group.

On the other hand, concern for people in distress alerts those working from a radical philosophy to be aware of the needs of individuals, and to work towards developing practice for their assistance. The issues in these challenges are discussed in this chapter.

AMBIGUITIES:

Examination of the dual focus reveals a few important ambiguities.

Formal/Informal:

It is clear that much of what appears to be informal, unstructured activity, is culturally appropriate in this environment, and has been effective in building contact and relationships. People like welcoming people, like having time to spend with people, like being themselves and being flexible. An atmosphere of informality and friendliness is obviously valued, and was one of the most commented on features of the Project.

However, a need for formality was recognised, to organise decisions and resources in an efficient manner. A certain amount of formality was needed to practice professional, ethical standards, e.g. to ensure privacy and confidentiality. An appointment system is part of this formality.

[43] For a discussion of some of the difficulties experienced by the Community Development Projects in responding to the drugs issue, see Drugs, Poverty & Community Development, conference report, Combat Poverty Agency 1997.

This became problematic when staff realised that there was no longer the space for people to call in, that everyone was too busy, and that in fact a specific reason was required to call in.

Awareness of cultural issues, and the involvement of so many local people, ensured that this became a topic for discussion within the Project. Holding standards while working in an ambience of informality can be difficult and frustrating. Constructive use of structures assists staff to identify goals for this work. Therapeutic techniques are used which are empowering and promote choice, e.g. Motivational Interviewing (Miller & Rollnick 1991), Sand Therapy[44], Social Network Map (Tracy & Whittaker 1990).

Structured/Collective Responsibility:

The need for efficiency and accountability, and the growth of the team, meant that certain structures needed to be in place, with identified areas of responsibility. This could conflict with the principle of collective responsibility, with its horizontal structures. Hierarchical structures were looked for during periods of difficulty. In this way, this team of people risked falling into traditional, closed system structures where the primary management issue was to run things efficiently (Daft 1995). However, in this case the responsibility was seen to belong to the organisation, and staff and committee were involved in resolving difficult issues. During the CDT conflict with the EHB, records show consistent joint meetings, with directions being jointly decided, and action then being followed up by the staff team. This kind of practice runs through the organisation from the beginning. Retaining management of their own service has been a major struggle for local people. While being successful in retaining significant autonomy from funders, building relationships and structures which met the concerns of accountability, they tended in turn to hand over a lot of power to the staff, in particular to their co-ordinator. This ran the risk of recreating these power relationships within their own organisation. The style of leadership was important. The co-ordinator worked to achieve local participation in management, having this as a major yardstick for evaluation and

[44] See Kavanagh Mairead, Sand Therapy: The Windows of Wonder, *Inside Out* - Winter 1998, for a description of how this is used in the individual work in the Project.

planning. This seems now, on reflection, to be similar to the "Mindful leadership" discussed by Daft (1995).

There is important learning here, which has become more explicit through this research, for this community group, and others, as they develop and grow. Organisational development, which happens more informally when the team is small, requires strategic management as the group grows. It tends to have less emphasis in groups than the service development.[45] In YAP, commitment to participation has led to the development of an organisation, which appears similar to that of a Learning Organisation, outlined in Daft. While not explicitly planned, the researcher has experienced this type of organisation, with its focus on problem solving rather than efficiency, as being an effective way for developing the capacity of local people to participate, and avoiding the growth of power elites. The role of the leaders is crucial in determining whether or not significant participation continues beyond the initial set up stage. Dedicated planning, working on organisational development, will protect community participation for the future.

Service Development/Community Development:

There are important learnings about setting standards, and building local participation. The experience of this Project points to the dangers of pursuing any specialised discipline to the extent that it excludes others from participation. The promotion of training in individual helping skills, with the desire to value the skills base of the staff, which in turn would provide career paths for them, led to a narrowing of participation and the danger of creating a hierarchy of skills. It is probably true to say that the extent of local participation, and the effect of the collective responsibility which had been promoted by the founding members and practised subsequently by the researcher, counterbalanced for what could have become a very specialist direction.

Both service development and community development are important to this Project. However, the immediacy of the service needs can take priority, to the neglect of the community action. There is evidence in this case study of the struggle to make service development congruent with community development

[45] See for example Bowden 1997 CARP Killinarden Evaluation Report.

as a process. For example, through the training of local people, people who have had "little access to therapeutic resources see members of their community respected and trained in therapy" (Dulwich Centre 1990 p33). This mixed staff team has, in turn, been successful in assisting generic agents to work with people with drug problems in their case load.

The success in recruiting and training people in the delivery of services to individuals in their own community, and in integrating internal and external skills, has avoided the "cultural invasion" which communities like this often experience in service provision (Hunt 1990). Obviously, part of the role of the community in this Project has been to identify needs, prioritise actions, and secure resources. In addition, activities have been developed which provide another experience of their community for service users. Pursuit of excellence and effectiveness in individual interventions has involved selection of appropriate therapies. Local people have had the opportunity to develop professional careers. The learning for external members of staff from this work experience is adequately portrayed in the excerpts from the interviews.

The success of this work spreads to effectiveness in promoting intersectoral collaboration at ground level. Understanding of community ownership helped prevent the appropriation of the services to traditional specialist paradigms. Particularly, this is seen internally through the debate on the role of counselling and externally through the partnership experience in the CDT.

The practice of techniques which emphasise positives and build self esteem are displayed collectively, for example through hosting conferences in prestigious venues in the city. A participant at one of these conferences, a social worker and addiction counsellor, commented on this to the researcher recently, saying:

> "One of the best things you did was that conference in the Shelbourne ... it was great to see a community group in that venue ... "

A major contribution of this Project has probably been its insistence on the democratising of structures. Therefore the services are developed in a culturally appropriate way. However, there is evidence that as service needs continue to grow, the tendency is for staff involved in individual interventions to

become more and more divorced from community work. This can be combated by planning joint actions, and by working together on community education. The learning from this study has assisted the researcher to lead the staff team to an understanding of how their skills and roles interact. It is not unusual now, for example, to find a "counsellor" co-facilitating a community education course with a local graduate of CASC, or with the community worker, or the training centre co-ordinator. Similarly, other community activities can involve any combination of staff and/or committee members.

Therapy/Social Networks:

Some degree of success in not isolating the people with problems from the community, as pledged by the founders of the Project, is to be seen in actions like the "Friends Remembering Friends" memorial service. This is a service for all those who have died, and has become an annual event, which has been taken up by the community at large. Other examples are seen in young people, playing in a band, taking part in an arts festival, and performing in the shopping centre. The shopping centre manager subsequently wrote to the Project, to thank them and congratulate the young people. They had previously been banned from the centre.

Yet another example was seen through sport, in the evolution of a new football club, which began with an informal "kick about" in a car park. Many of those who were barred from formal activities locally could participate. Members of the Project, including staff, were instrumental in developing this into a successful club, the process of which facilitated personal change for some of the players.

A recent example comes from the prison work, where members of staff visit people on an individual basis. The development of a newsletter for distribution among these individuals is promoting discussion of joint experiences, including that of being separated from their community. It is providing a vehicle for keeping them informed of the major new plans for the regeneration of the area. Involvement in such activity provides a positive base on which to build effective intervention, rather than a negative one.

Awareness of the potential of simply reinforcing alienation and powerlessness has led to seeking out ways of integrating the services into the networks in the community. Techniques which have been sought and are being tried include the use of the Social Network Map, which practitioners found to be an empowering process (Tracy & Whittaker 1990). Intersectoral partnerships in actions (e.g. multi-agency teams working in the Project) also contribute to the integration of people with drug problems. Exploration of the ways in which the skills of all the local people who have completed the CASCs, and the building of structures to support them in their attempts to provide care for those around them, will further combat isolation and narrow specialisation.

Individual Staff Development/Project Development:

A major conflict between individual staff development, professional development, and project development occurred in this case during the debate on the role of counselling. An account of the discussion is given earlier. However, learning from this showed that a balance needs to be struck between individual development, and that which is necessary to develop a community response to drug abuse. In the case here, people left the Project to follow their chosen paths. This is not to be seen as a failure, as this expertise is now available in other forms. People who would not otherwise have been trained are now respected professionals.[46] However, to continue this line would have been adopting a liberal agenda, which contributes to some personal transformation and mobility, while the most marginalised are still left behind (Drudy & Lynch 1993). While personal transformation is important, to effect change at community level and avoid the reinforcement of disadvantage, decisions have to be made about who is benefiting from resources. The purpose of education initiatives needs to be questioned. Are they to provide accredited routes, or to assist people to critically analyse their environment and contribute to effective development of their area? The focus of YAP's community education work is described as the latter, particularly as it relates to the prevalence and consequences of drug use (YAP 1998a). The search for

[46] One of these members, a local resident, has since leaving become involved in contributing to sub committees of the Project, playing a part in the development of local leadership at the heart of the work.

appropriate accreditation systems is not an end in itself, but is recognised as part of valuing the work being done.[47]

Action/Process:

Fundamental to community work practice in this agency is process. How things are done, and who does them, have been markers of the work. Often this means that things take time. This was another difficulty during the CDT process, when there was an urgency to have services implemented.

YAP experienced its own urgency, particularly when the training centre became established, and requests exceeded resources. Some quotes in the interviews point to the "philosophical discussions" getting less. The team had to become "more professional" about how it did things, and did not have the time to go through the process as before. However, actions at the end of 1998, into 1999 show the organisation in a period of considered reflection. Account is being taken of its success. The leadership position it has brings new responsibilities, not only in its own community, but regionally and nationally. The changes in structures and service availability locally (through the LDTF) mean a new set of circumstances to relate to. In addition, the major changes which are planned for the regeneration of the area require long term strategic thinking.

RESOLUTION OF THE AMBIGUITIES:

It is relevant to ask how these ambiguities are resolved. Are the complexities simply ignored? This research has contributed significantly towards reflection on this in the organisation. The discussion has pointed to the crucial part played by the Implementation of an inclusive process. Much of the resolution happens through flexibility and sheer pragmatism. Parker, Bakx and Newcombe (1988) noted that these were not signs of weakness, but lay at the heart of intersectoral collaboration. The researcher can see now, having reflected, that the development of a Learning Organisation has also contributed significantly to the ability to hold such ambiguities together, working with the forces creatively.

[47] The key issues in relation to accreditation in the community and voluntary sector are outlined in Can You Credit It? Mary Brigid Kelly, available from the Combat Poverty Agency.

Two obvious blocks emerge from the case study, which hinder the capacity for further resolution of the ambiguities. One lies in the issues of power and control imbedded in the context of the relationships with the state agencies and local communities (see chapters 3 & 4). While documents are full of the relevant rhetoric, implementation mechanisms for worthy initiatives are poorly understood in Ireland (Harvey 1996). However, another major block emerges through the lack of coherence in the various conceptual and theoretical fields involved in this work.

DEVELOPING A COHERENT THEORETICAL FRAMEWORK.

An examination of the theoretical concepts involved in attempting the dual focus will assist strategic thinking for the future, and contribute to clear articulation of the concepts in intersectoral collaboration.

Attempting to develop a community response to drug problems draws from a wide range of expertise. Community drugs work requires knowledge from various fields: Medicine, Psychology, Pharmacy, Sociology, Adult Education, Economics and Political Science are among the foremost.

Various professional workers are involved: Doctors, Nurses, Psychologists, Psychotherapists, Addiction Counsellors, Social Workers, Probation Officers, Community Workers. Different professional perspectives imply different interventions, and consequently different policy emphases. Adherents from different disciplines rigorously defend the perception of the profession they belong to.

If the potential of communities is to be fully utilised, some consistency across approaches needs to be sought. It is not within the scope of this case study to explore this fully. However, some discussion is necessary to deepen understanding of the context of the action.

Community Intervention:

For the Youth Action Project, the earliest influences came from the field of social work, and from local community activism. This was a community, after

all, which had a history of campaigning for facilities and resources. Community work as a method of social work, and the community as the focus of the intervention, were foremost, as the founders set about tapping the strengths of a community which was commonly seen as "a failure". Drug abuse was analysed as directly related to the unemployment level and social alienation of the community. The founders pledged not to isolate the people with problems from the community. The first aim the founders set down was "to develop the community response to drug abuse."

Community work is regarded as a third aspect of social work in many countries, but it is generally less strong than case work (Payne 1997). While a rift has grown in the US, between social work and community organising, the hope is that the two models can be complimentary rather than hostile (Rubin & Rubin 1992).

Promoting change in the community has much to gain from the sociological tradition. The literature in Britain was found to be deficient for assisting in the response to the sudden rise in heroin use in a working class community in the North-West on England (Parker, Bakx & Newcombe 1988). Based on clinical populations, there was very little in the literature which a community based case study could recognise and embrace. Commenting that the community's heroin problem could not be regarded simply as the product of a moral panic, the authors went on to say:

> "If the sociological literature needs some nursing, the medical literature needs intensive care" (Parker, Bakx and Newcombe 1988 introduction).

Community work has been split into two traditions (see Chapter 4). One approach, influenced by sociology, often does not involve itself directly in the work with individuals, concerned more with analysis of economic and political systems. Others, working at community level, concerned with individuals and the building of caring communities, and coming from various backgrounds, have not engaged with the wider analysis. Particularly in the drugs field, which has such local and global factors, this leaves both approaches weakened. A study of primary health care in the Inuit Indians in Canada found that traditional ways have given way to a dependency upon external care providers. Therefore

health care is not equated with community development, which is seen as being associated with solving economic problems. This divorcing of health care from fundamental community development issues leaves the epidemiological realities of the Inuit unchanged (O'Neill M 1992).

Community workers sometimes display a lack of confidence in handling health issues (Black 1985). This has been shown in the response of community workers to the drugs issues in Dublin. For example, the Community Workers Co-op, which articulates the connection between community development and social change, expressed enthusiasm for the establishment of community drug teams, describing them as "a welcome break from centralised services for drug users" (Community Workers' Co-op Nov/Dec 94). The power relationships in these structures were not analysed. The analysis which was contained in the edition, well articulated and valid, came from the economic and political view. The experience of the Youth Action Project, attempting to work a partnership model with local participation in needs analysis, priority setting, and resource allocation, was not included in the analysis. Similarly, the Community Development Projects, set up and funded through the Department of Social Welfare since 1990, only collectively considered their role in February, 1997. The Minister for Social Welfare, with responsibility for community development funding, while supportive of the work of YAP, described drugs work as outside his brief (Letter to YAP 17.10.'96; Community Development Programme 1997). Meanwhile, other departments, for example health and education, do not have a reputation for employing community development techniques (Tobin 1995).

Community development, both as an idea and an area of work, is more vigorous now in Ireland than ever, but is also much more complex. Unresolved issues emerged in a hitherto unrefined area of work (Ó'Cinnéide and Walsh 1990). Some divisions result from disagreement among adherents and practitioners as to the objectives of community development. Others result from the diversity of organisations within what is being called the "community sector".[48]

[48] See CWC Strategic Plan 97-99 pp11-15 for a discussion on the context and challenges for the future.

YAP documents show the group thinking of community development as a process (Cary 1970). Important elements are: community as the unit of action, community initiative and leadership as resources, use of both internal and external resources, concern about process as well as services (YAP AR 92 p3). Following this process, it has been successful in recruiting and training local people for this work. Passing on of skills is seen as crucial to the community concept practised here. This concept was one area which led it into trouble with the EHB when in the CDT. YAP emphasised the "how" of service delivery, which questioned the traditional power relationships.

Community development, as Cary foresaw (1970 p28), has drawn from all related professions. Its spread has spawned new training, with separate, dedicated courses, as community work was recognised as requiring skilled people. It was also seen as a means of giving life to local democracy (Younghusband 1968).

In England, community work developed in a very piecemeal fashion, and was "as much influenced by aggrandisement and reform in professions like social work as by an overt consciousness about the fragile nature of state-class relationships" (Thomas 1983 p24).

In the US, community organising involved collective protest. However, the focus shifted to be more on participation with government rather than demonstrating against it (Rubin & Rubin 1992).

Thomas reminds us that community work was created in England as part of the apparatus of the welfare state, and not born out of grass roots rebellion. Two disciplines were involved in its development, social work and adult education. Adult education, however, despite its history, did not contribute to the debate about its purpose and future in any constructive fashion. It was social work, therefore, which took the initiative in shaping community work.

A strength of community work can be that it calls attention to the wider economic, social and political context, encouraging values clarification and social analysis. However, its weakness is that it promises more than it can

deliver. Realisable objectives of enhancing local democracy, encouraging collective action, building community identity and structures, keep open the wider political options, and relieve the occupation of several self-inflicted burdens and expectations (Ó'Cinnéide & Walsh 1990).

Theorists were criticised for their lack of concern for fieldworkers, in particular the absence of any attempt to spell out a radical practice that flows from the radical analysis and the scarcity of discussion of method (Thomas 1983).

In combination with other interventions, community work can make a crucial contribution, and has the potential to be the most salient of all the interventions needed as part of a programme of social and political reconstruction.

Community work can influence other occupations to carry out their remits in ways which support political responsibility and communal coherence, and is able to formulate how all these contributions cohere within a purposeful programme of development. Community work contributes to all of the approaches.

Local government is crucial for developing an effective role for local areas (MacGregor 1995). The CWC has been to the fore in campaigning for effective local government in Ireland. However, very few drugs workers are members of this organisation; certainly, no "counsellors" are. They have built their own organisation (IAAAC),[49] and neither seem to have made attempts to interact with the other around working effectively to promote change.

Community work does not necessarily practice an 'either/or' situation. Many community groups perform dual roles (Duggan & Ronayne 1991). Being involved in interventions that can help with specific problems, and, at the same time, contributing to collective action is a big challenge (Thomas 1983).

Anti-discriminatory and anti-oppressive theories strengthen the sociological basis of social work. Raising awareness of the range of inequalities and divisions in society, they have drawn attention to the weakness of casework

[49] The Irish Association of Alcohol and Addiction Counsellors.

based on psychological, individualistic theories. From their perspective, medical, psychological and psychosocial models of addiction, would promote increased dependency, lessen choice, and reinforce messages of oppression. They, therefore, provide a very effective account for the issues which must be faced.

However, they have been criticised for neglecting a knowledge base for individual practice, stifling optimism in individual work by placing action at the societal level, and equating power with control of oppressed people and neglecting the possibility of their empowerment (Payne 1997).

INDIVIDUAL CHANGE:

Facilitating change in individual drug use has occupied the minds of those in the medical profession, in psychology, in psychotherapy, in counselling, and to a large extent those in social work. An enduring lack of consensus has led to confusion (Keene 1997).

Disease models:

Disease, biomedical, models have been a major influence in the alcohol field, and subsequently in the drug field. While bringing some benefits and being humane in their attempts to remove serious and problematic drinking from the realms of morality and the law, they are seen now to be retarding the development of understanding of the phenomenon, contributing to the fragmentation of knowledge and theory.

Over promotion of the disease concept has elevated the role of expert, particularly medical, help out of all proportion to its real significance. Over emphasis on the physical addiction neglects the psychological mechanisms involved (Orford 1985).

Methadone maintenance is the epitome of the medical approach to heroin addiction (Gossop 1996). Methadone maintenance can play a role in the management of drug problems, when provided as part of a comprehensive programme including psycho-social counselling, and emphasising rehabilitation (Ball and Ross 1991). Reduction in injecting practices makes this intervention

especially important in preventing the transmission of HIV and Hepatitis among IV drug users. However, generating a multi-million-dollar industry to back it up, it feeds into the search for a drug to cure drug addiction. Gossop reminds us that heroin itself was once this "cure", for morphine addiction, which had in its time been used to treat cocaine addiction.

Another interpretation of "disease" model is practised in the self-help programmes of Alcoholics Anonymous and Narcotics Anonymous. This view sees the disease as one of the "whole person" physical, mental, emotional and spiritual (AA Big Book; NA Recovery Text). It is seen essentially as a spiritual disease.

The Minnesota Model, very prevalent in the treatment of alcoholism in Ireland, also follows this definition of disease. The term "chemical dependency" is used by this model, removing any distinction by drug of choice for assignment to programmes. Insisting on abstinence as the only way to success, it does not depend heavily on the medical profession. It has promoted the practice and training of "chemical dependency counsellors", many of whom have themselves come through this particular treatment modality. Claims have been made that this model "represents a blending of behavioural science and AA" (Laundergan 1993).

This perspective is poorly represented in British journals or edited collections. However, Twelve Step advocates are themselves equally dogmatic in their criticism and dismissal of alternative approaches, particularly behavioural psychology (Keene 1997).

Narcotics Anonymous established a meeting in Ballymun in 1983, when a member who lived in the area requested a meeting place from the Youth Action Project. This person had presented at the Project in its very early days looking for help. This meeting continues, and in the tradition of the self help programme, has no involvement from the Project, apart from the use of the room. The Minnesota Model became an influence shortly after this, following the employment of the co-ordinator who was trained in this model.

Subsequently members of staff travelled to Minnesota to complete internships there.

The disease concept was roundly rejected in some quarters as having any validity (Szasz 1972) and its extension to cover many other human problems in America has been denounced as attacks on "our self- and societal regard and our individual and collective competencies..." (Peele 1995 p286).

However, in the community response described in this case study, some elements of these models were found to be helpful. For example, the use of the Feelings Chart in *I'll Quit Tomorrow*, (Johnson 1980 pp9-34) has given a framework for describing individual experience, and has facilitated the telling of individual stories. Collectively, it has assisted in placing "addiction" within a continuum of drinking and drug use patterns, rather than being perceived in isolation. The net effect has been the humanising of people seen as "addicts", and a shift to an attitude of care, rather than punishment (YAP 1997a). It seems that people identify with the processes described, enabling them to develop an understanding of the sociological analysis as their participation grows.

Similarly, the emphasis on the family systems in the Minnesota model, has been a tool for recognising and describing patterns of behaviour (Wegscheider Cruse 1989). The study of these patterns has encouraged discussion and reflection on the interaction of other systems when drug use is a problem (McCann 1991).

However, it would not be a true reflection to say that this case study has replicated the disease model at community level. The prevalence is understood and regularly related to the socio-economic structures in the society. Just as some aspects of the Minnesota Model were found useful, others were rejected. For example, the coercion involved in the intervention process in this model was not acceptable to this community. Working on the strengths of individuals, indeed knowledge of these strengths which came from local relationships, combined with person centred practice and adult education principles, prevented inappropriate application of any one model. The concept of enabling

is discussed very much in line with what choices are actually available to people, which requires knowledge of the sociology of health and education. Also, working at community level meant insistence on abstinence as the sole outcome was not realistic. Reducing harm, in a community which was experiencing regular drug related deaths, was a practical reality.

Psychological Models:

Work on developing coherence in the psychology field has produced other ways of understanding addiction, applicable to a wide range of seemingly exclusive and diverse behaviours (Orford 1985). Addictive habits are seen as challenges, learned habits which can be changed, so the person can move on leaving the addiction behind (Marlatt 1990). The great difficulty people obviously experience in trying to change addictive behaviours, has been referred to as the problem of relapse (Gossop 1989). A wide range of strategies to prevent relapse developed (Wanigaratne et al 1990). It is interesting to note in this discussion on developing coherence, that while these authors reject the disease concept as too black and white (ibid p9), they claim that all the techniques aimed at reducing the chances of a slip are compatible between the theories (ibid p173). When working with clients, the aim is to find common denominators on which to work, rather than conversion to a psychological model of addiction.

The development of transtheoretical approaches (Prochaska and DiClemente 1982), contributed a framework to part of the practice in YAP. The Wheel of Change is used at different levels, with individuals, with groups, and has also been useful in the community education and training work. Its use on the CASC, for example, and on other professional training courses, helps discussion on role legitimacy and efficacy, promoting a more generic response. Again, it has become a useful tool.

Social Work Models:

The contribution Social Work has to offer to Irish society in its attempt to come to terms with substance misuse has been summarised by Butler (1996). Exploring the value and relevance of contemporary social work theory and practice, the author posits that, rather than modalities and methodologies which

other disciplines may have, social work has an ethos. The preoccupation of social work internationally with value systems, with ethical issues and with the wider policy environment, differentiates this profession, Butler claims, from the more technical curative professions. However, social workers as much as any other worker can use their professional training as a route into selective, privatised, case work, e.g. private psychotherapy. (It is interesting to note that, while Butler acknowledges that social work has not had a major involvement in responses to substance misuse in Ireland, the National Drug Treatment Centre did have, and still has, the only social work team involved in the field in the country. The practice of this team has been in traditional casework, working within a medical model.)

Social work is concerned more with the understanding of social factors involved in people's problems, and has used general systems theory to place those with drug problems in social systems (Barber 1995; Hunt & Harwin 1979). While a sensible strategy for making use of all resources, and creating some coherence for the individual, general systems theory has been criticised as being weak on the incorporation of social, economic and cultural systems into the model (Tucker 1997).

Burke (1994) explored the relevance of three major social work theories to the practice of community addiction counselling, within the Eastern Health Board. Using examples from practice, she showed how traditional case work is a paradigm which could bridge the "abstinence/harm minimisation" difference, while the Unitary Approach, grounded in systems theory, is a necessary base to analyse problems as complex as those which need addressing by community addiction counsellors. Referring to Radical Social Work, emphasising the political dimension of clients' problems, she argues that the translation of radical theories into practice is essential if 'unrealistic targets' is not to equate with an acceptable level of deaths in inner-city communities.

Radical social work has been a controversial development. It has criticised traditional case work, and group work, as strategies which, while paying fuller attention to the importance of social and other issues in individual's lives, ultimately preserve the status quo. They ignore, it is argued, the political

dimensions of people's problems. In turn, radical social work has been criticised for neglecting the immediate personal needs of clients. It is seen as being weak on handling emotions, and offers analysis rather than solutions.[50]

Theoretical approaches to counselling which are currently most popular with Irish social workers are motivational interviewing and brief solution-focused therapy, therapies which play to the strengths of the client (Butler 1996). The relevance of these approaches to a community response is evident in this case study.

Whether we take the medical, psychological, or psychosocial view of addiction, these are still essentially seen as clinical concepts. They are individual interventions, designed to correct behaviour. They don't address the wider socio-economic relationships. Indeed, it has been claimed that much of the debate about what addiction is "comes down to a struggle between medicine and psychology for dominance in the field" (Barber 1995).

The self help programmes, which have been described as transtheoretical (Brown 1993), do provide mechanisms for the individual to cope with emotions, relationships and social norms, and provide alternative social groups from the drinking and drug using ones. However, they are not social movements in the traditional sense, seeking only personal change among their members and specifically renouncing any ambition to change the surrounding society in which they operate (Room 1993).

There are limitations to Individually focussed strategies, which assume the existence of free choice. These strategies pay insufficient attention to the ways in which health and education are socially structured (Gabe 1994).

Promoting holism:

Tucker (1997) has elicited how two clear approaches promoting holism are practised in health. Both have tended to function somewhat separately from each other. One focuses primarily on the individual organism, which is the

[50] For a full account of this discussion, see Payne 1997.

tendency of most holistic health practice. Its diagnostic techniques and therapies take into account a broader range of systems, and it is more cognisant of the social and environmental factors which impact on the health of the individual. While it takes these into account in its diagnosis, it does not provide ways of analysing or intervening in these macro systems. This could be said to equate to the psychosocial model in drugs work, and to general systems theory in social work, which deals with the interpersonal in a more comprehensive manner. It is as part of this that Keene (1997) sees AA making a contribution, particularly in the areas identified as related to relapse, i.e. social, relationships, support, etc.

The second version encompasses economic and political systems as well as biological and environmental systems and is based on the notion that health and illness are not simply biological phenomena but are socially produced.
These two approaches to holism, functioning somewhat separately from each other, leave each with its own particular weaknesses.

The sociological tradition, with its insight and methodological approaches for the study of the social, political and environmental factors which produce health and illness, adds a critical edge often missing in holistic health practice. However, holistic therapies provide various means of understanding, exploring and expanding the individual and personal dimensions of human potential, usually disregarded by both biomedical and sociological approaches.
Tucker goes on to claim that

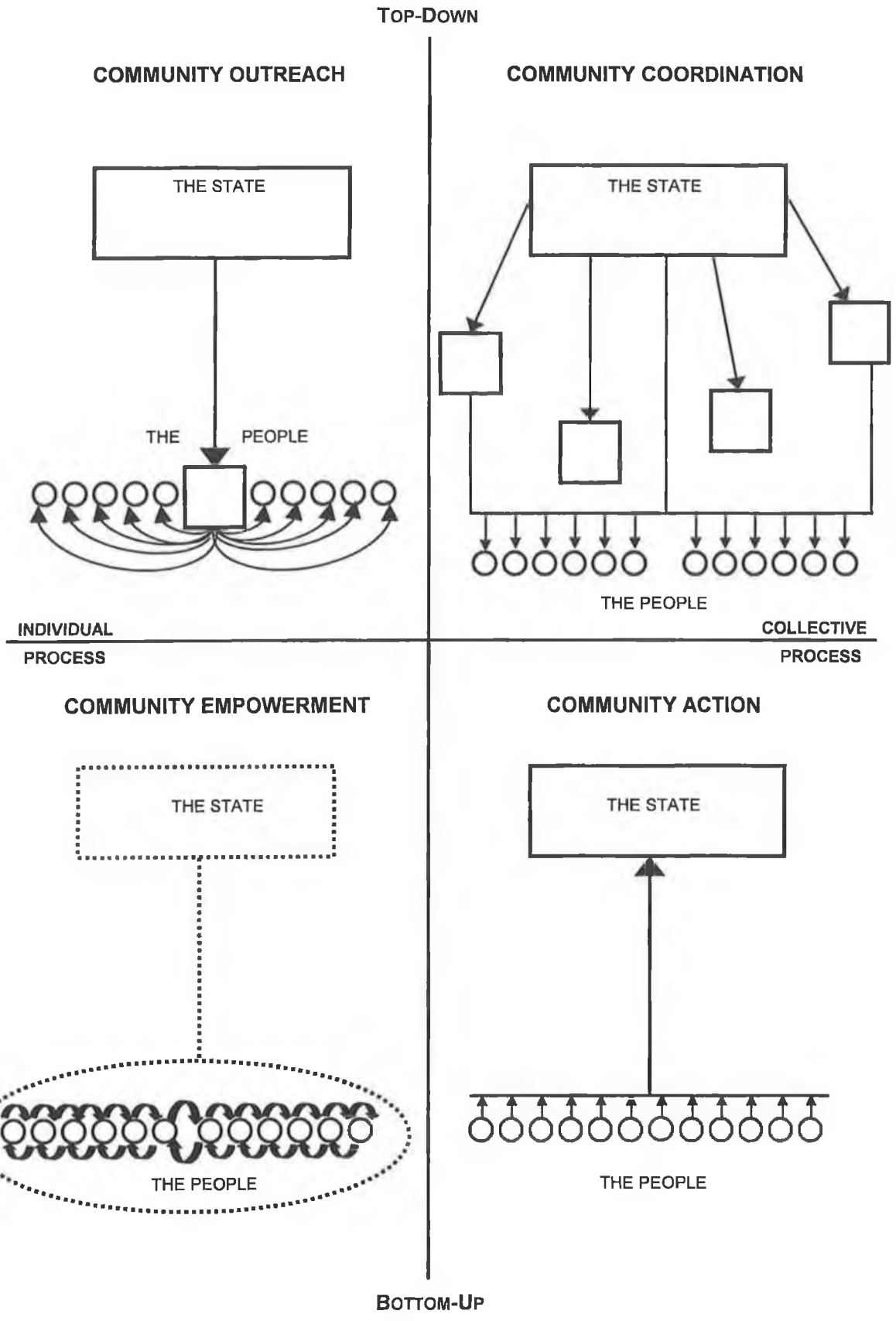
> "The critical combination of these two perspectives, which forms the basis of an expanded and more critical notion of holism, can provide a comprehensive alternative to the biomedical model" (Tucker 1997 p43).

Medical, economic, psychological, sociological approaches can all, in their own fields, be reductionist. They can ignore the factors from outside their own disciplines in shaping individual behaviour and social organisations. Practising in a reductionist way produces a 'doctor/patient' relationship, an 'expert/victim' interaction. However, adopting a holistic approach, no one group of practitioners or profession enjoys the exclusive right to treat illness, (Tucker 1997), or in this case, to respond to community issues like problem drug use.

APPROACHES TO COMMUNITY DEVELOPMENT FOR HEALTH:

Beattie, attempting to contribute to the debate on fundamental issues of theory and policy "that have for too long been neglected or put aside under the pressure of practical action" suggested a structural map of four approaches to community development for health (Beattie 1986 P16). This map, useful in summarising the different approaches, can also draw attention to the way in which "fundamentally different relationships of power and control are embedded in (and therefore reproduced by) different approaches" (ibid p17).

Four Approaches to Community Development



The key feature of community outreach is that the authority of the state is brought to bear through local representatives, who are legitimated by a strong professional ethic.

> "Their authority, expertise and enthusiasm is deployed to secure the participation and assent of local people on policies that are determined elsewhere" (Beattie 1986 p14).

Strategies to site methadone maintenance clinics in local communities in Dublin could be said to be an example of this approach, as could the earlier intervention in 1983 of employing addiction counsellors to work at community level. Many liberal commentators welcomed these approaches, campaigning especially for methadone maintenance clinics. It is assumed the community will benefit from effective treatment of individuals in their own locality. However, YAP, in its consideration of both these actions, also asked questions about the role of local people and structures. It questioned the power relationships involved in communities being used as sites, without any say over needs assessment, priority setting, and resource allocation. In the case of the satellite clinics, contrary to the assumption of social benefit for the community (EHB 1996), YAP analysed the messages being conveyed about addicts in the community, the effects of separating services for drug users from the generic services, and considered the possible side effects. The group also drew attention to previous pharmacological solutions to social problems in their community. This response showed an awareness of global, political issues, e.g. the motivation of pharmaceutical industries (Tucker 1997), and issues of dependency. This sophistication was interpreted as a narrow "anti methadone", conservative approach, by medical and political authorities, who chose to ignore the issues pointed out.

The key feature of Community Co-ordination is a concern to link services to the people most in need by integration and co-ordination of the various separate agencies and service provision. While this approach ensures that there is proper statutory provision, it has been criticised for becoming too bureaucratic, with the areas of community work themselves becoming a focus for empire building (Beattie 1986 p15). Community agencies like YAP are limited to being involved as "just another agency".

Community Empowerment emphasises the improvement of social relations in a community with minimum "State" presence. It is seen as helping to reduce alienation and apathy, through self-help. Minorities are seen as inadequately integrated and social problems such as drug misuse are seen to stem from this (Johnson and Carroll 1995).

Education becomes an important player. Individuals are encouraged to take part in programmes, and reduce problems through linking with other like-minded people. The State provides expertise, e.g. on drugs awareness. This could be said to be the relationship envisaged in the *National Strategy for the Prevention of Drug Misuse, 1991,* when it was planned that the EHB would provide training for local groups involved in drugs prevention. However, on its own, it can be criticised for failing to address the structural nature of powerlessness, and may merely cloak the existing long-term inequalities.

Community Action, in contrast, has a long tradition of protest. The community worker takes a stand and mobilises against in-built bias within agencies and policies. Radical theories, for example of adult education, rather than enabling individuals to adjust to the course of social change, enable them to recognise inequities in their society, the ideologies that support these and how change can come about through collective action (Lovett 1989). Volunteer bodies which have their origins in self help can find themselves recruited into this style of work, involved in protest through the realities of their situation. However, they can then in turn become bureaucratised and recruited into the machinery of the state.

Education is obviously a major bridge in assisting people move through the various levels of participation from participating as a service user, to participating in policy making and management.[51] However, adult education can also be used to support the status quo, rather than contributing practice which implements important concepts in transformation (Lovett 1988). Paulo Freire enjoys "iconic status among educators and educationists alike" (Mayo 1997). The relationship involved in the practice of his approach is one of mutual learning. Freire worked both within, and outside, the system.

[51] See Arnstein 1969 for a ladder of participation.

Attempts to reach the workers with relevant education, forms part of the social history of the 'common people' and reaches across nations and back into the beginnings of the industrial revolution in the early 19th Century (Lovett 1989). Adult education initiatives were often linked to other activities, concerned with social change.

Community education links education work to development, avoiding the mere replication of "courses". It attempts to engage those not normally involved in education, those on the margins. It deals with issues which affect their daily lives. In Ireland, it is now being seen as:

> "an agent of social change and community advancement, which helps communities and individuals to develop strategies to take a more active role in decision-making on issues which affect their lives and those of their families and communities" (Department of Education and Science 1998 p89).

Drug problems have been a major issue in the daily lives of some of the more disadvantaged communities in Dublin. Concern about it has prompted people to become involved in learning. The profiles of the participants in CASCs throughout the city consistently show involvement of many adults with minimal education levels, and no previous involvement in any formal adult education. The potential for capacity building through community education, as recognised in the Irish Government's *Green Paper on Adult Education* (Department of Education and Science 1998 p89), is evident in the experience of this case study. A conference held in Dublin Castle in November 1998, proved a significant landmark in building new networks across the city, and in Northern Ireland and England. The bulk of participants on the CASCs are local people, with traditionally trained workers providing technical expertise and back up. Adult education practice, built on the reality of people's lives, can be an important component in capacity building and involvement in strategic planning. However, adult education practice can also ignore sociology, and be content with the empowerment of individuals within the structures. This supports the status quo, and individuals benefiting can be subsumed to lend credibility to the "Top down" modes of intervention, achieving validation rather than transformation.

Freire looked to the concept of transformation to assist in the changing of the environment by the people (Freire 1972). Social work has also looked to the concept of transformation in efforts to develop coherence between individual work, group work, and social change (Payne 1997).

> "To ask about coherence is to ask whether or not the various aspects of an occupation - its practitioners, institutions, ideas, and so on - function and develop in some kind of interactive relationship with each other, and with the 'outside world'" (Thomas 1983 p48)

Starhawk attempts coherence by developing a "Psychology of Liberation". In this psychology, the primary focus is the communities we come from, and create. Our collective history is seen as important as our individual history. It is not a model of health or sickness, but of personal power (Starhawk 1987). Action to help the telling of the individual story, while important, is not effective without action to tell the collective story. She makes a very relevant point about the power of language, and professional jargon. Much could be achieved for people who do not have long histories and traditional training in the medical, psychological, and sociology schools, for example, if attempts were made to engage in making the concepts understandable. Similarly, these theorists could benefit greatly from the "Organic Intellectual", who learns from situations, and from experience, as they move from the personal to the political (Rubin & Rubin 1992 p55).

Another area attempting to develop coherence, and avoid reproduction of oppressive relationships, is multicultural practice in counselling (Locke 1992). The effort is to develop coherence, while providing individual services. The approach recognises that any efforts directed at identifying, developing, or evaluating information related to the culturally diverse should involve individuals from the specific populations, preferably in leadership roles (Locke 1992). Moving beyond rhetoric involves counsellors becoming change agents who will challenge the system rather than modify the behaviour of culturally diverse people to fit the system. There seems to be some congruence with community work in this practice.

WORKING ACROSS THE SPECTRUM:

It is clear that theories and practice for promoting change in addiction behaviours straddle a wide spectrum of concepts and perspectives. The danger for groups like YAP is that any one of the perspectives could be taken in isolation, leading to a distortion of the picture. For example, YAP's use of individual and family dynamics, taken outside an adult education and community development framework, would create a completely different action, and one which may indeed contribute negatively to communities. It would put the action in the first quadrant of Beattie's map. Similarly, its adult education work, if it were drawn into the replication of courses and building of accreditation structures, would contribute to the reproduction of power and control already evident in the structures. Drugs education work is often practised from within the established structures, targeted at individual change, with little or no attention paid to sociology or political issues, or to promoting change in the environment (Butler 1994; ACMD 1998).

In YAP, the community development framework came first, with individual interventions, and adult education, coming into that. Education was seen as the way of strengthening relationships (McCann 1991). Seeing community development as a process, with the central component of the development of local leadership, has not led the group so much to large, protest type action. Rather the practice is one which challenges the power relationships inherent in the approaches by its insistence on the central involvement of the people in whatever is being decided and implemented.

People coming from single perspectives have welcomed YAP's community addiction studies courses. However, attention to another perspective warns of the dangers of imposing this on other communities. The replication of CASC was facilitated through the identification and central involvement of local structures, following requests from other areas for the course. Replication is not the major goal, but building solidarity and networking with other communities is important to YAP. The group is being requested now to replicate this course transnationally, both to Northern Ireland, and to England. It is a major challenge to do this in an appropriate way, avoiding the dangers of

"manualisation". Mechanisms and processes for achieving this are being explored.

Some consistency is evident through challenging dominant models, e.g. medicine, and education, and through challenging institutions to involve communities who are most affected by the strategies they adopt.

DEVELOPING APPROPRIATE TRAINING:

An important issue is that of professionalism (Whelan 1990). Professions are often seen as elitist, exclusive, and self-serving. Professional attitudes and behaviour and the bureaucratic structures of officialdom are major stumbling blocks in developing cohesion

> "....sending even more professional workers into areas already groaning under the weight of cultural invasion can scarcely be the answer." (Hunt 1990)

In Ballymun, the increase in jobs sparked off by the availability of funding through the new structure of the Local Drugs Task Force, and the filling of these vacancies by outsiders, has been criticised by local people (CASC minutes 2.2.99)

Rejection of this "cultural invasion" makes it difficult for community workers to recognise and make appropriate use of external expertise. However, expertise is required to do very demanding and skilled work. YAP identified Community Drugs Work as a 'new discipline', (AR 1994) explaining that the range of skills necessary for this work did not exist in any of the single tradition professions. The experience of this researcher is that she has had to draw on many areas, in addition to combining her original training in education and addiction counselling, to be able to work effectively in a community project. Planning training programmes for local people highlighted the eclecticism needed. To emphasise the broad base of expertise, with abilities in organising and education, YAP used the term "community addiction counsellors" to describe many of the trained staff. However, this title proved to be a barrier to participation, and to a narrowing of the recruitment base. Reflection has led to a decision to return to the term "Project Worker" to describe the position for recruitment. Staff discussion reveals some unease with this title as one which

adequately represents their roles (sm18.1.99). This is being addressed at the time of writing.

It would be wrong to assume a dropping of standards in this search for a more appropriate title. Rather, it is an acknowledgement of just how eclectic workers need to be. Traditionally trained addiction counsellors may pride themselves on being eclectic across individual theories, but few are prepared for the paradigm shift required to adapt their skills to be consistent with community theories and practice. Perhaps if, when involved in community drugs work, all professions became more eclectic, it might be easier to contribute to coherence. This is not to deny the necessity for specialist work, but adherence to the narrowness of one perspective often closes options rather than opens them. In its training activities, YAP moves between two fields at opposite ends of the spectrum. One questions the need for training at all (Community Work), and the other is in danger of developing an elitist view (Addiction Counselling).

Just as community work has to struggle with the notion of professionalism and come to terms with the fact that not everybody is equipped to do this work, so community drugs work needs to look at what is necessary to be effective, and what training is required for the work.

The question of what people are being trained for is still being explored. Many of those who have undertaken training are involved in their own communities in setting up facilities for families, in drug treatment facilities, and in developing rehabilitation programmes. Will their enthusiasm be used to provide more services, with perhaps no connection to the structural deficits? Actions where people are involved in organising their own people, analysing the effects of national policy and strategy on their areas, is harder to define. This work is perhaps not as immediately attractive to people who originally get involved because of concern about people they know, and who want to be able to help. In YAP, too, for much of its history, this work was harder to find. A comment by a community work student in 1994 brought this out: *"It's all here, but you have to look for it"*. Clearer identification of this work will make continued participation easier to develop. A new Community Development module, with

accreditation at NCVA Level 2 (the same level as CASC), will, it is hoped, assist in this clarification.

THEORY AND PRACTICE:

Paradigm changes do not occur overnight, or even in any planned and systematic way.

Academic literature and policy documents alike can be short on practical guidance or solutions to the wide range of everyday problems encountered by those working at community level. Many have ignored the media and literature, and taken a common sense approach by providing straightforward services such as education and a range of different kinds of social and health care support. Workers have to deal with everyday problems in the absence of cohesive guidelines.

Groups like YAP, which have gained respect and credibility for innovation and participation, can be co-opted into supporting a traditional "top down paradigm", with the capacity for transformation diminished. To avoid this, the theoretical base needs clarification, and cohesion. Thomas best sums up the risks:

> ".. nowhere was this source of incoherence more painfully experienced than in the realisation that community work as a liberating force sat side by side with community work as an instrument of state management and planning" (Thomas 1983 p53).

In practice most groups have a dual function and manage this well (Duggan & Ronayne 1991). Practice needs pragmatism, as people struggle to meet the needs of communities, before the intricacies of theories or ideologies. Theorists, however, find this difficult.

While many of the contradictions are survived through pragmatism, others could be resolved more effectively, and more strategically, through the application of well articulated, relevant theory. This research involved in compiling this case study has equipped both the researcher and the group to be in a better position to contribute effectively to the development of such theory.

Chapter 8 suggests a framework for this, and makes recommendations for further research.

CHAPTER 8

CONCLUSIONS AND RECOMMENDATIONS

PRAGMATISM AND FLEXIBILITY:

The Role of the Community in responding to drug related problems involves interventions which, while being able to help with specific problems, can at the same time contribute in a far broader capacity than the particular problem of drug use. Holding the resulting ambiguities together in a cohesive unit is a particular strength of community groups. Much of this is achieved through pragmatic, 'common sense' decisions on a day to day basis. As evident in the study presented here, groups survive what seem impossible contradictions through pragmatism.

This capacity is a unique contribution, and has the potential to push the synthesising of the various perspectives discussed, in their common pursuit of combating the consequences of problem drug use in local communities. Pragmatism and flexibility are not signs of weakness (Parker, Bakx and Newcombe 1988). The fellowship of Alcoholics Anonymous, whatever about debates of effectiveness as a model of change, has been described in the way it operates as "nothing if not pragmatic" (Nowinski 1993 p35). Its organisation has been recognised as worthy of the attention of sociologists, being a remarkable example of decentralisation and flexibility (Room 1993). Pragmatism, coupled with the power of suggestion and sharing of experience, allows for openness to different ways of doing things, and leads to innovation.

A QUESTION OF RELATIONSHIPS:

As discussed in chapter 5, and again in chapter 7, there are different understandings of "community approaches". Beattie (1986) points to the fundamental issues of relationships and power "lurking" in each understanding. Chapters 3 and 4 of this study discuss the development of relationships between the Irish State, and its citizens, particularly those in the communities most affected by heroin.

Clientalist relationships emphasise service delivery and see community groups as instruments of implementation of government policy. State structures depend on the personal attitudes of administrators for implementation, rather than modern implementation theory, which values organisation, communication and linkages (Craig 1989; Harvey 1996). The process of implementation as a stage of policy has been neglected in policy literature (Craig 1989). This neglect has contributed to structures engaging in tactics which appear to be resolutions of ambiguities, but which hasten the implementation of ready made plans, rather than the joint consideration of what is required for the 'common good'. The fundamental bedrock of the community being involved in needs identification, prioritisation, and resource allocation, is isolated. Its involvement runs the risk of replicating the traditional power structures, consolidating expediency, rather than promoting effective change. It runs the risk of the problems being individualised.

DISAFFECTION RATHER THAN PARTICIPATION:

Traditional paradigms militate against coherence, pulling the strengths of the underlying concepts away through efforts to enlist the support of the other disciplines in implementing the dominant model. Attention is not paid to what happens at the point of overlap.

Using Beattie's map as a guide, and locating the dominant paradigm in each approach, this can be represented like this:

TOP DOWN

1	2
PARADIGM **COMMUNITY OUTREACH** **Individual Interventions** Staffed usually by those from the "top down" traditions. Often medicine or psychology. Lack of consensus leads to confusion. Local "organic" knowledge not normally valued. Community is the site for action.	**PARADIGM** **COMMUNITY CO-ORDINATION** **General Systems Theory** Led usually by those from the "top down" traditions, with possible representation from voluntary and community groups. Theoretical, ideological and administrative conflicts played out. Local "organic knowledge acts as a resource to the "professionals".
3 **PARADIGM** **COMMUNITY EMPOWERMENT** **Adult Education** **Self help** Planned in response to identified needs. Often fragmented, with accreditation difficulties. Knowledge/skills gained regularly used in box 2, as extra pairs of hands. Not supported to develop collectively.	**4** **PARADIGM** **COMMUNITY ACTION** **Social and Political Analysis** Offers collective analysis of the effects of policies and actions. Involves local people with traditionally trained professionals. Struggles with career structures and criteria for qualification. Role legitimacy seen as not within the remit of health, and vice versa.

BOTTOM UP

It is at the local level that the lack of consensus, confusion and conflict become most apparent. At this level, if conflicts are not worked through, the ineffectiveness of the response produces yet more fragmentation and duplication, resulting in disaffection rather than increased participation.

A "top-down" focus sees implementation as an administrative "follow-on" from the policy making process. A "bottom-up" focus, on the other hand, is concentrated on the political processes by which policy is mediated and negotiated and therefore tends to neglect existent organisational structures (Craig 1989 p133).

LACK OF CONCEPTUAL CONGRUENCE:

Further limits are presented by the neglect of theorists in the two central areas, drugs work and community work, to engage in real, meaningful exploration of the consistencies across the concepts with those working at grass roots level. The converse of this is the need for practitioners to be interested in, and to contribute to, the development of new paradigms. Case studies, like the one in this thesis, have a crucial part to play in building theory from practice. Changes in practice are not quickly articulated as a coherent body of knowledge. In the words of an eminent Irish sociologist

> "Holism is a paradigm which shapes theory and practice and is not reducible to any particular set of therapies" (Tucker 1997 p32).

Therapies and disciplines that offer a direction for the future development of a coherent body of knowledge are identified in this case study. Particular fields which seem to offer core concepts and practice for this development are Social Work and Adult Education. The former offers this through its strengths perspective and training in social administration and social policy (Butler 1996), and the latter through its concern with individual development within the context of a broader collective movement for social change (Lovett 1989).

Both have an interest in the individual and collective focus. Both were involved in the early definition of Community Work. However, the lack of influence of the educationalists in the U.K. led to a practice which saw community work as a welfare and not as an educational practice (Thomas 1983). Community

workers as educators, who can contribute to the development of democratic practices, have more achievable goals than those who endeavour to bring about structural change in the economic and political systems.

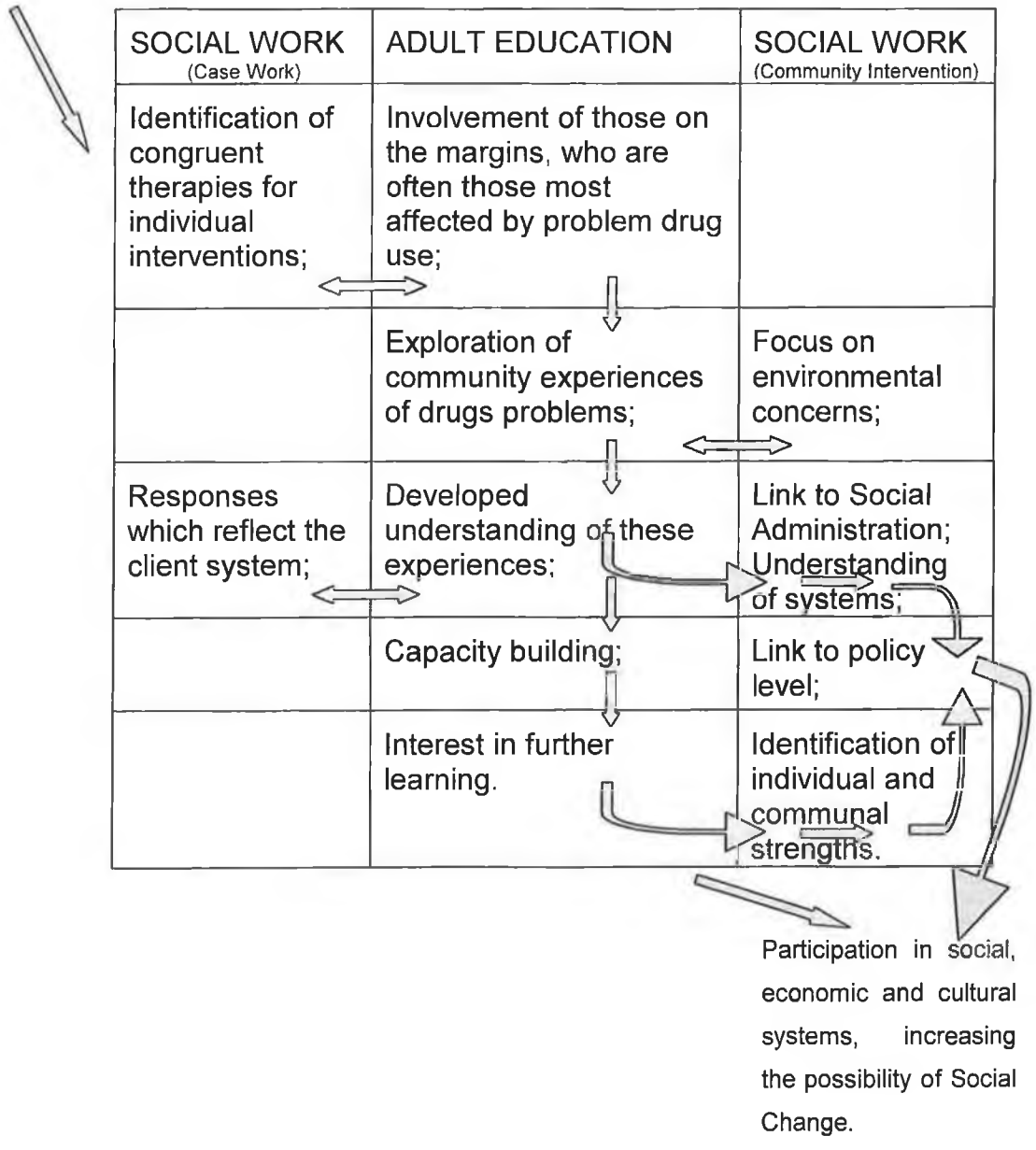
The critical combination of these two fields offers hope for the future development of community participation in responding to drug problems. Adult education, with its focus on the experience and involvement of adults in their own learning (Knowles 1980), has much to offer in the building of capacity and the involvement of those often excluded from education. This feature has the potential to influence mainstream practice, and while many community education initiatives such as YAP have received little attention from the traditional educational system, groups working in this way hold great promise in relation to social change (Department of Education and Science 1998). The role of adult education in establishing linkages between the personal experience of problem drug use, and the social and economic context from which such problems arise, remains to be explicitly defined in the drugs field in Ireland.[52]

Social work, coming from the strengths perspective, offers the possibility for the identification of appropriate, congruent therapies (for example, Motivational Interviewing). It also offers, through its understanding of social administration and social policy, the opportunity for the capacity building to be developed strategically, improving the possibility of community participation impacting on policy makers.

This thesis offers this representation, which may provide a focus for future clarification:

[52] An example of the use of an education model in reintegration of women heroin users into their families, community and broader society is available from O'Neill Cathleen, Second Chance & Community Education Local Models for Women's empowerment in Strategies to Address Educational Disadvantage CWC 1999 pp48-49.

Technical curative professions:



NEW PARADIGMS:

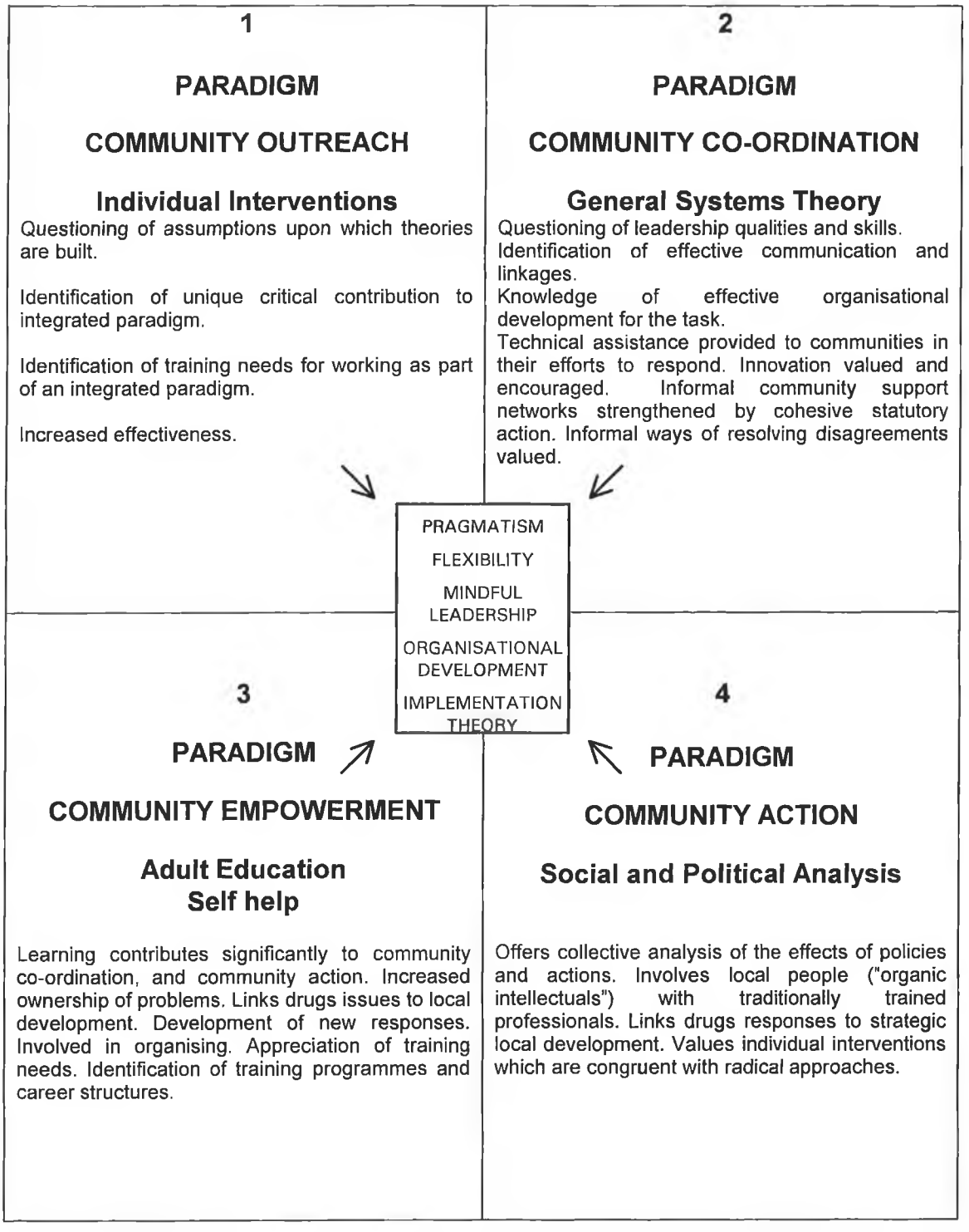
Effective implementation of national strategies for intersectoral collaboration including the central involvement of the communities most affected, needs to take account of organisational development and style of leadership.

A developmental, overarching paradigm is suggested through the study conducted here. It is one which pays attention to what happens at the meeting point, at the point of overlap.

The tensions described in this study can be held in a dynamic balance through mindful leadership, the development of learning organisations, attention to implementation theory and pragmatic responses to ambiguity. Community work, as well as analysis from social and economic standpoints, offers practical, salient skills. It promotes joint working and pulls disciplines together. It challenges traditional expertise to apply knowledge in a practical, effective way, while supporting other disciplines. Keeping the unit of action as the whole community, the skills enable specialist drug workers to work in diverse communities. Creativity and innovation is encouraged, with more possibility for reaching those on the margins. The practice challenges dominant models, making an integrated paradigm more possible.

AN INTEGRATED PARADIGM

TOP DOWN



BOTTOM UP

There is no evidence of the growth of statutory structures in Dublin reflecting any paradigm shifts in practice. The fear is that the new focus on community will become an attempt to shift all of the responsibility onto the same communities, with professionals and administrators remaining aloof but retaining overall power and control (Cullen 1997).

Organisational structures, based on hierarchical, efficiency-based thinking, clash with those which have a problem solving, participatory focus and have been found by YAP to be effective. This is achieved through the practice of "mindful leadership" resulting in the development of a "Learning Organisation" (Daft 1995). This offers an exciting prospect for the study of new models of systems development, where the resources and skills of all can be used to solve very complex problems.

In the Learning Organisation, everyone is engaged in identifying and solving problems, enabling the organisation to continuously experiment, improve, and increase its capability. The essential value is problem solving. Through participation of all parts of the organisation in this, learning capability is created. This is described as

> "enhancing the organisation's and each person's capacity to do things they were not able to do previously." (Daft 1995 p491)

Such organisation develops linkages that share information and create emerging strategies, according to needs as they are identified. There is a strong culture that reduces boundaries, concentrating on the whole rather than its parts, enabling the freeflow of people, ideas, and information. Belonging to a nurturing organisation provides the safety for experimentation, frequent mistakes, and failures that enable learning.

In the Learning Organisation, information sharing reaches extraordinary levels. To identify needs and solve problems, people have to be aware of what's going on. This is not the characteristic of bureaucratic organisations.

The Learning Organisation uses a high degree of empowerment. Cross-functional teams become the basic unit. Leaders know that people are born with curiosity and they experience joy in learning (ibid. p494). In this case, the

leader came with a background in education, and herself experienced great joy in witnessing the growth and learning taking place. It was gratifying to this researcher that all of the interviews, and evidence in other data, rated the learning within the Project so highly. A personal philosophy of education held by the researcher is that everyone has the potential to learn, and that by passing on skills, the learning is mutual. She herself has had this learning experience in her role as co-ordinator.

Leadership is a crucial component in effective implementation. Leadership emerged in this study as a critical component in its success in developing a community response. Drucker (1990) describes an effective leader as thinking "we", or "team", rather than "I". Effective leaders understand their job to be to make the team function, accepting and not side-stepping the responsibility, but 'we' gets the credit (Drucker 1990 p14). For this researcher, this was adopted as a pragmatic reality, as attempting to respond to the problems being faced was seen to be too awesome for one individual. The development of credibility truly belonged to a team of people.

The development of innovative organisation such as that required for implementing integrated responses requires leadership which understands, and can help people to succeed. Such leaders, "mindful leaders", have three roles. They design the social architecture, create a shared vision, and they give away power, ideas and information (described by Daft as "servant leadership"). Again, through the indwelling, this researcher has come to realise how much of an art leadership is in the Learning Organisation. Many pieces of a picture can be present, like a jigsaw. However, the picture is not made clear until the pieces are put together. Such is the way that this researcher has tried to practice leadership, and conduct this case study.

The paradigm presented here is a vision whose validity remains to be tested. Opportunities exist in Dublin for this testing. Many other community drugs groups are involved in a dual focus, challenging the local community and the health and social care hierarchies. Capacity is being built through the involvement in people learning about a very real, life threatening phenomenon in their communities.

The structures exist through the Drugs Initiative to carry out further research at the local and national level.

Ensuring strong community involvement in drug issues into the new millennium requires the removal of the ambivalence currently existing in policies and practice. The transformation of policies into concrete programmes and schemes is being attempted in Dublin through the Drugs Initiative.

The innovation shown by the Irish State in the area based partnership models and The Local Drugs Task Forces has not so far impacted on central policy.

This thesis invites the State to build on work to date, identify the necessary elements for new stable institutions which can embody and extend the dynamism of community participation in Dublin. Learning to move from the rhetoric of a community development approach to drug related problems, with its essentials of equity, participation, and intersectoral collaboration, to a practised reality, requires a multi level, participative action research project.

RECOMMENDATIONS:

The critical area which remains to be researched is the area of how local successes can be generalised, resulting in effective co-ordinating structures at the local, regional and national level.

Such research would employ quantitative and qualitative methods, and would address the necessary changes in the multi-level, and multi-linked approaches, through learning from existing effective actions, mechanisms, and structures. The manner in which drug use is being addressed in Dublin by the actions of various groups and organisations could be the basis for an examination that would consider how their different and unique contributions might be strengthened.

Local groups:

Cluster studies are possible. Thirteen areas of the city, and one area in Cork, are involved in the Drugs Initiative. While quantitative research will establish specific achievements around stated targets, qualitative data will provide insights into the nature of the interaction. Research could show what actions local people are involved in and what training and support needs are evident. Such examination could show if this action is contributing to:

- providing "extra pairs of hands" for the statutory agents;
- the formation of self help actions of the kind earlier discussed in Beattie's map;
- involvement in organising communities, analysing the effects of central policy on neighbourhoods, and participating in effective monitoring and feedback mechanisms.

This would offer the opportunity to identify the elements supporting these functions.[53] This would be a basis for policy making and resource decisions around building on those strengths for the future. It would also contribute to curriculum development, the establishment of accreditation structures, and

[53] One site for such research is identified in this thesis. The work of Urrús, YAP's training centre, offers an obvious data source for studying the spectrum of involvement of local people.

career structures for "organic professionals". Local groups should be encouraged to participate in such research, and be funded to undertake it.

Organisations providing services to these localities.

It has been recommended that statutory agencies with key roles to play in tackling the drugs issue at local level need to develop clear strategies setting out how they proposed to contribute to tackling the drug problem at a local level, the impact that this would have on the way they do their business, and the role of their representatives on the Task Forces (Department of Tourism, Sport and Recreation Evaluation of Drugs Initiative 1998).

The work carried out in this case study shows that a "root and branch" examination of these agencies is necessary for this to be achieved. Organisations need to revisit, on two levels, the assumptions upon which their services are based. The first of these levels is managerial.

The examination at managerial level would lead to:

- identifying the unique contribution each organisation has to make;
- the clarification of the particular policy context in which they are working, and highlighting of those parts of it which justify or encourage community involvement;
- identification of steps necessary for the reorganisation of services, changes in job descriptions, and the retraining of manpower.

The strategies drawn up, then, would be specific about actions to support community involvement. Resulting plans would show this, and be costed accordingly.

The second level requires professional disciplines and practitioners employed by the statutory bodies and influential in advising the government on policy and service development, to revisit the assumptions upon which their advice is based. These disciplines need to:

- clarify the particular policy context in which they are working;

- highlight how they can contribute to the development of coherence at local level;
- articulate the supports and training necessary for them to participate with communities in developing innovative responses.

Local Structures:

The existence of 14 Local Drugs Task Forces presents an opportunity in themselves to study their effectiveness in co-ordination through a case study approach. Their key role in ensuring that emerging drug issues are tackled in a strategic, co-ordinated way by local agencies in partnership with the local community has been recognised (Department of Tourism, Sport and Recreation 1998).

In-depth research, employing both quantitative and qualitative approaches, would:

- identify how effective co-ordination can be assured; implicit learning would be made explicit;
- examine ways of inter-agency working;
- demonstrate the potential for making community involvement a real part of development;
- identify effective leadership qualities;
- clearly state necessary communication structures and linkages;
- determine which decisions need to be devolved to the local level to support local involvement and service effectiveness, and which decisions need to be retained at the national level.

At the **Policy** level:

The implementation of the structures in the Drugs Initiative was described as "in many ways learning on the job" by the community representative (ISPA seminar 23rd April 1999).

This learning, in a designed study, would lead to:

- clear articulation of policies which support an integrated response and which support participation of the community sector as equal partners in an integrated framework;

- establishment of criteria for evaluation which include local participation as a yardstick, and highlight co-ordination in plans and actions;
- establishment of mechanisms through which community and service users can continue to be involved as active partners at local and national level;
- identification of how to strengthen and sustain the local community sector as a whole, with policies which look at how to build up the infrastructure of the sector;
- identify what the adoption of subsidiarity means in practice for various departments;
- identify the costs of implementing such a policy;
- identify significant resources for supporting increased community involvement, and re-training of agency staff and administrators.

Such research would essentially identify "what works". This would be done by examining organisations and linkages, rather than individual drug users.
The onus for the transformation of policies and aspirations of community involvement into concrete actions lies with the policy makers, administrators, and practitioners.

Moving from a medical 'micro' model, to an integrated 'macro' response to drug problems in our communities, where the role of the community can be maximised to its full potential, requires fundamental change. It is to the understanding of the structural change necessary in mainstream practice that this case study has attempted to make a contribution.

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APPENDIX A

GUIDE FOR INTERVIEWS:

1. Being employed in YAP initially.
   Reflect back to that time;
   What activities were we doing then?
   How did we decide what to do?
   How did we know what was needed?
   What work were you involved in at that time?
   What did you feel was your job then?
   What memories stand out for you from that time?

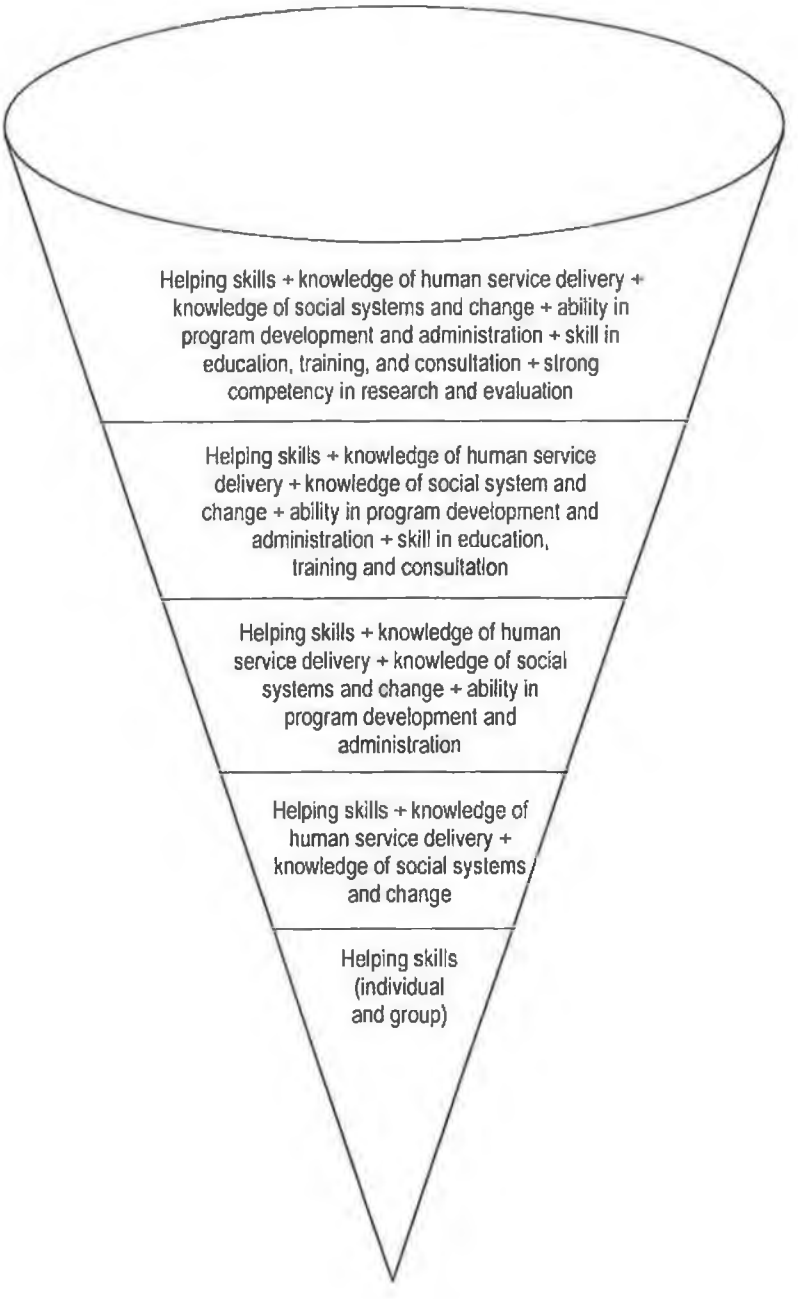
2. Deciding to develop your skills, and stay in the job.
   Some other people left - why did you stay?
   Why did you work for very little money?
   Did the work change - how?
   How did we make decisions?
   Did we stay in touch with the needs? How?
   Did the activities change?
   How did the team change?
   What activities do you remember being involved in?
   Why did you want to learn more?
   What were the difficulties for you then?
   What were the rewards?
   Did you ever feel like packing it in? If yes, why?

3. Operating as a Community Addiction Counsellor.*
   When did you begin to see yourself as a community addiction counsellor?
   Did this change how you related to people using the Project?
   Do you feel accepted as a professional?
   Do you do your job differently from other professionals you meet?
   Would your job be different if you worked for a different agency? How?
   What changes stand out for you, in your role, over the time you have worked in the Project?
   What changes stand out for you in how the team works?
   What changes stand out for you in how the Project operates?

4. The Future.
   What challenges do you see for the future in your role?
   What are your hopes for the future?
   Any fears?
   Any other reflections on how you got to where you are now?
   Anything you want to add?

* Not all interviews worked in this role. Two worked in administration and the guide was amended accordingly.

Appendix B



THE CAREER CONE
FROM: LEWIS & LEWIS (1983)