



**The Availability, Use and Evaluation of the Provision of
Crèche Facilities in Association with Drug Treatment**

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The Availability, Use and Evaluation of the Provision of Crèche Facilities in Association with Drug Treatment

**Summary of a Study Carried out by the
Drug Misuse Research Division of the Health Research Board¹**

for

**The Policy Planning Research Unit
Department of Justice, Equality and Law Reform**

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Introduction

Crèche facilities are provided in association with drug treatment services on a limited basis only, at present. In the course of fieldwork carried out by the Drug Misuse Research Division of the Health Research Board a number of important advantages emerged to the provision of such crèche facilities for parents who were trying to access treatment for their drug dependence. These had implications for equality of access to treatment for parents (- mostly women), quality of treatment, quality of working life for staff in the treatment centres and emotional and educational development of children of drug misusers. Very little research existed which could inform policy and planning in this area.

Accordingly a proposal was submitted to the The Policy Planning Research Unit of Department of Justice, Equality and Law Reform to explore the provision, usage, advantages and disadvantages of crèches in the context of drug treatment in Dublin. In addition to documenting the status quo in relation to the provision and usage of crèches in this context, the study aimed to draw up recommendations which could inform discussions regarding the future planning and development of such crèche facilities. The proposal was successful and financial support was forthcoming, which part-funded the present pilot study. The study began in May 1998 and was completed in December 1998.

Methodology : A list of all drug treatment centres in Dublin was consulted. Of the 45 centres active at the time of the research, 9 provided crèche facilities. All of the crèches studied operated from a premises on or near² the drug treatment service. Crèche Leaders and workers, Treatment Staff, Parents/Guardians and Children from 6 of the 9 centres³. as shown in Table 1 below, were interviewed using a semi-structured questionnaire Interviews were conducted 'on-site' thus the researchers had an opportunity to observe the crèches in use.

² Jobstown crèche operated from a premises next door but connected to the drug treatment service; CARP operated from a mobile bus parked outside the treatment service.

³ Drug treatment centres with crèches not included in the study are - Patrick St., Dun Laoghaire; Merchant's Quay Project [places in Focus Point crèche]; Fassaroe, Little Bray [integrated crèche].

Table 1. Number of Interviews Conducted in the Treatment Centres

Treatment Centre	Crèche Staff	Treatment Staff	Parents/ Guardian	Children
Aisling Clinic Ballyfermot	1	2	2	2
CARP⁴ Tallaght	2	1	0	0
City Clinic Amien St.	1	2	2	1
Drug Treatment Centre TrinityCourt	1	0	0	0
Saol Women's Project, City Centre	1	2	0	0
Jobstown Clinic Tallaght	1	0	2	2
TOTAL	7	7	6	5

Results

Crèche Provision : Of the 45 centres providing treatment to drug misusers in Dublin, at the time of the study, only 9 or 20% provided access to a crèche for use by clients. Interviews were conducted in 6 of these centres. In all centres studied, clients could avail of crèche facilities *only* while they were receiving treatment or engaging in rehabilitation related activities. Children could not be left there outside of this context.

Thus in 5 of the 6 centres, crèche facilities provided are of a 'drop in' nature with children using the crèche from a few minutes to a few hours while their parent or guardian received treatment/engaged in rehabilitation related activities. The sixth centre provided an all day crèche in association with a reintegration/rehabilitation programme. Without access to these crèche many clients could not have availed of the treatment and rehabilitation programmes provided.

The study found that drug misusing parents [mostly women] frequently found themselves in a situation where they wanted to take more active steps to tackle their drug dependence but were unable to do so as they did not have access to regular childminding arrangements. The lack of childcare also inhibited or made it impossible for clients to avail of the educational, training and employment opportunities which could break the cycle of deprivation of which many were part.

Thus need for two types of crèche facilities was identified - *drop-in crèches* to allow parents avail of treatment and *full-day crèches* which would allow participation in a more intensive treatment / rehabilitation [on a residential or non-residential basis] programme

⁴ Community Addiction Response Programme - CARP

and / or could facilitate access to training or participation in the paid workforce. The latter need might be met through priority provision of places for children from disadvantaged backgrounds in the context of a more general response to the need for childcare nationally or through the provision of full-day crèche facilities in association with drug treatment.

Crèches were usually funded from the treatment centres' budgets, thus the main source of funding for most of the crèches was the Eastern Health Board. In one case the crèche was funded through an agency grant. Such funding was considered to be precarious however and created undesirable uncertainty regarding the continuity of the crèche service. In some cases the decision to provide a crèche was part of the service plan developed for a particular centre, in other cases the crèche followed the establishment of treatment service.

Most of the crèches were not purpose built, rather space was allocated in the building where treatment was provided. This resulted in some serious adjacency problems in some instances. For example in one of the crèches studied, access to the crèche required users to pass by the toilets where visual access to clients as they provided urine samples could not be avoided; another is located in a basement with limited access to daylight and poor access to toilet facilities; and a third is located to the rear of the building requiring children to walk through the waiting area to get to it. These internal adjacency problems need to be avoided in the future provision of crèche facilities in association with drug treatment.

None of the crèches studied had an outdoor play area. Crèche leaders felt that an outdoor play area was particularly important for their clients as many lived in flat complexes, where drug misuse was visible in the surrounding stairwells and public spaces. As a result parents were reluctant to let their children out to play. Consequently many children were 'cooped up' for long stretches of the day and needed access to outdoor play areas in which more active play could be carried out and 'steam let off', if required. Provision of an outdoor play area should be given consideration in the planning and design of new crèche facilities in association with treatment.

Half the crèche leaders were very happy with the amount and type of toys available for the children in the crèche, but half were very dissatisfied and had to invest considerable personal effort in stocking the crèche.

Programmes Provided: None of the crèche leaders provided special programmes or services for their clients as children of drug users, however, they paid particular attention to the children's emotional, psychological and educational development within the confines of the numbers attending, space and time available. Children were provided with opportunities for individual and social play and had access to a variety of toys. They engaged in a wide range of activities at the crèche, including sand play, water play, drawing, painting, jigsaws, play-dough and reading. A story time was provided in most crèches. Crèche leaders and workers were accessible to deal with individual problems or to provide advice and help, as requested.

In general, the crèche leaders felt it was important to build up the children's confidence before they started school through pre-reading and pre-writing games and exercises and they helped older children with their school homework. These early interventions

are particularly important as the family backgrounds of many of the children would not be conducive to the provision of educational support. Moran et al (1997)⁵ found that the educational attainment of treated drug misusers is low, with 58% of misusers leaving school on or before the age of 15 years. Intervention at an early age as described here can help lessen the burden of disadvantage experienced by many of the children and provides an opportunity to help break the cycle of poverty, deprivation and disadvantage which can characterise the lives of some of these children.

Crèche Use : There are no data available on the number of drug misusers who have children. It was estimated by treatment staff interviewed that at least half of their clients were parents, most of whom use the crèche facilities provided, while availing of treatment. The mothers interviewed stressed the difficulties they would have in attending for treatment if there were no crèche available. In most cases they would have no choice but to have their children accompany them while they availed of treatment, but this was not a desirable option for most parents. Alternatively they would have to rely on family members and friends to mind their children. This would not be feasible for most clients on a long term basis, which is likely to be the situation when attending treatment for drug misuse.

In general the crèche facilities were not restricted to children of particular ages, rather most of the crèches accepted children of all ages from infants to school going children (up to 14 years old in some cases). There were peaks in usage of the crèches at particular times of the day, week and year. For example school holiday time resulted in more children attending the crèches. It was indicated by 5 of the 6 crèche leaders interviewed that the demand for places was greater than the facilities available could accommodate and that overuse at peak times occurred. In some crèches a need for more crèche workers was identified.

Crèche Leaders and their Views : Seven crèche leaders from the 6 centres studied were interviewed. All were women, with ages ranging from 24 to 53 years. All had qualifications in childcare and had been working in childcare from 3 years to 12 years. In three crèches, the crèche leader worked on her own, 1 crèche had 2 workers and 2 crèches had over four people employed. Crèche leaders in some contexts are assisted by non-qualified helpers.

Crèche leaders found the work demanding but very rewarding. In general they felt that some children of drug users had particular emotional and in some cases educational needs arising from their living environments. Crèche leaders tried to address these needs while the children were in the crèche.

They provided advice and reassurance to parents in relation to parenting in a non-threatening manner and this was much valued by parents. Crèche leaders were sometimes in a position to detect possible signs of abuse or neglect and would discuss such cases with treatment staff where relevant. There was no formal mechanism to convey such information at the time of the study but informal interactions took place.

Crèche leaders felt that access to full-day crèche facilities should be available for those parents who wished to avail of them. Opinions were divided on the desirability of

⁵ Moran, R.; M.O'Brien and P. Duff 1997. Treated Drug Misuse in Ireland. National Report 1996. Health Research Board, Dublin.

providing integrated crèche facilities where children of drug misusers would attend along with children of non drug using parents. Some felt that in an ideal world, integrated crèche facilities would be more desirable from an ideological standpoint, however others were of the view that the particular needs of such children might be best served in a context where their needs were understood and catered for.

Treatment Staff and their Views : Seven treatment staff were interviewed, six were female, 1 male. Staff at the treatment centre interviewed included nurses, doctors, administrators, orderlies. The length of time they had worked in drug treatment ranged from two weeks to eight years. Most had experience in working in drug treatment contexts.

Clinical staff noted the difficulties involved in treating drug misusers while children were present and would prefer to conduct treatment with clients on their own. Staff noted that the type of treatment given had to be tailored to the context - for example counselling sessions might have to be abandoned or kept brief and the topics covered curtailed if children were present. This type of situation is not conducive to therapeutic interventions. Similar issues of privacy in the context of the nurse-patient relationship were reported.

Administrative staff noted that access to crèche facilities in the treatment context meant that children were separated from the often crowded waiting areas where they could be exposed to undesirable behaviour such as rows, aggressive language etc. They felt that children, particularly very small children, were safer outside of such an environment.

Parents/Guardians and their Views : All 6 parents/guardians interviewed from the 6 centres studied, were female. They were aged between 22 and 30 years old and had one to three children each. Of those 5 with more than one child, two had a child being cared for by a grandmother. Their children's ages ranged from one year to eleven years.

Access to crèche facilities allowed women to attend treatment on a regular basis in the knowledge that their children were safe nearby. This made them feel more relaxed and therefore more open to treatment. Thus having access to a crèche influenced their willingness to attend treatment and their psychological approach to the treatment provided. It also provided the opportunity for those in treatment to have a break and take a little time for themselves.

Parents in the study often came to the crèche leader for advice and help in relation to their parenting and with difficulties they were experiencing with their children. Parents often availed of the expertise of crèche workers on childcare and parenting skills.

All parents reported that their children enjoyed attending the crèche and most felt that their children had benefited in a number of ways - emotionally, socially and developmentally. They particularly appreciated the help with homework provided to older children.

Children and their Views: Five children were interviewed, four girls and one boy with ages ranging from 2 to 12 years. The children engaged in a variety of activities in the crèche - including sand play, water play, drawing, painting, jigsaws, play dough and reading. Story telling sessions were included in most crèches.

All of the children liked coming to the crèche and enjoyed the attention provided by the crèche workers. They enjoyed the company of other children in the crèche and the opportunity to play with the variety of toys provided. Older children appreciated the help with homework provided.

Thus an important list of advantages to the provision of crèche facilities in association with drug treatment were identified by the different user groups. All interviewees were strongly supportive of such provision. None of the interviewees could identify any disadvantages to the provision of crèche facilities in association with drug treatment.

Conclusions and Recommendations

The issue of access to childcare is a major political issue at the moment. The *National Women's Council of Ireland* has advocated that the Government take a strategic role in providing a policy framework for the provision of childcare and provides recommendations which address inter alia the tax and social welfare supports required⁶. In addition to their recommendation that grants for capital costs for community-based child-care facilities in disadvantaged areas be provided, priority in allocation of places for children from disadvantaged groups might also be considered particularly in a context of developing widespread access to crèche facilities.

The present study showed that the provision of crèche facilities in association with drug treatment were inadequate and needed to be expanded. The study identified a need for two types of crèche facilities for clients availing of drug treatment and rehabilitation programmes - *drop-in crèches* to allow parents avail of day to day treatment and *full-day crèches* which would allow participation in more intensive treatment programmes and / or could facilitate access to training or participation in the paid workforce. Breaking the cycle of drug dependence is very difficult, but once a user has decided to enter treatment, hindrances to access should not be present. This research identified that lack of access to childminding was one such hindrance - particularly for women.

Table 2: Main Advantages to Providing Crèches Noted by Different Users

Crèche Leaders / Workers

- Helped to foster the emotional and psychological development of children attending
- Helped educational development through prewriting and pre-reading exercises / games
- Provided support and companionship for older children
- Provided a safe environment where children received attention
- Provided access to individual and social play in a safe environment
- Provided advice on parenting and support
- Made possible or facilitated access to treatment by parents
- Separated children from the drug treatment environment and kept them out of the waiting area

Treatment Staff

⁶In relation to the 1999 Budget NWCI's position is as follows: Tax relief even where only one parent is in paid employment; An increase in child benefit to all mothers/families; A child-care subsidy of £65 per week for low-income families where the mother and father is accessing second-chance education or training opportunities;

- Made possible or facilitated access to treatment by parents
- Helped create 'space' and privacy needed to administer treatment
- Protected children from negative auditory and visual aspects of treatment
- Enhanced safety of children by keeping them away from the sometimes crowded waiting area where rows and other undesirable behaviour sometimes occurred

Parents / Guardians

- Made possible or facilitated access to treatment
- Provided opportunity to engage in treatment which required privacy, time etc.
- Made possible or facilitated certain types of treatment e.g. counselling and created the context where worries could be aired in privacy and advice on private issues sought
- Made the treatment experience more positive as parents knew children were safe and enjoying the experience of being in the crèche
- Provided a break from childminding and the opportunity to chat with friends in the waiting area without interruptions from children
- Felt children benefited socially and educationally
- Felt children were better able to cope with the experience of going to school
- Provided access to non-threatening help and advice on parenting from crèche workers

Children

- Enjoyed the opportunity to play, have access to different toys than they had at home
- Enjoyed care and attention of crèche workers
- Enjoyed company of other children
- Older children appreciated help with homework

Were general access to crèches freely available, it is likely that there would still be a demand for crèche facilities in association with drug treatment for a number of reasons

- Drug misusers undergoing treatment may wish to parent full time and only avail of crèche facilities while accessing treatment i.e. need for drop-in facilities;
- Drug misusing parents often prefer to keep a distance from mainstream state/semi-state services which cater for children as they fear that their children might be taken from them. Furthermore they tend to perceive such general services and indeed some voluntary services as having very negative attitudes towards drug misusers and fear this would be projected onto their children. For this reason some drug misusing parents may feel more comfortable using crèches in the drug treatment context.⁷
- Some interviewees were of the opinion that the needs of children of drug misusers might be better served in a crèche environment specifically set up to serve their needs.

The following more specific recommendations emerged from the study

- Drop-in crèche facilities should be provided in all treatment contexts where drug misusers access assessment, prescription, clinical or counselling services. Where this proves impossible access to appropriate crèche facilities at a location proximate to the treatment context should be provided
- There is an urgent need to provide full-day crèche facilities which would facilitate those drug misusing parents who wish to enter more intensive treatment / rehabilitation programmes or avail of educational, training or work opportunities
- At present the demand on crèches facilities exceeds the capacity of some of the crèches studied; provision and demand needs to be reviewed and adequate facilities provided; increased space and personnel should be allocated where needed
- Planning for the provision of crèche facilities should be an integral part of planning for service provision, thus crèche provision should be firmly on the service planning agenda
- Care should be taking to design the crèche facilities to meet the needs of users, inter alia provide adequate space to accommodate the needs of different ages of user; provide easy access to toilet facilities; avoid stairs; take particular care of internal adjacencies e.g. avoid children having access to waiting areas, urine testing; provide necessary equipment and toys; provide outdoor play area
- Develop a user requirements brief for architect / builder / facilities manager to feed into the design and planning of new crèches
- Provide training for crèche workers new to the drug treatment context regarding the needs of drug misusers and their children
- Provide opportunity for crèche workers who work in the drug treatment context to exchange experiences and avail of professional support e.g. establishment an association or group where crèche workers working in drug treatment could meet
- Consider formalising the feedback of diagnostic and therapeutic insights which crèche workers have access to as part of their work.

⁷ The present research found that there was reluctance on behalf of some parents initially to allow their children use the crèches provided in the treatment context; it took some time for some parents to build up trust and use the crèches.

Rear Cover

The Drug Misuse Research Division of the Health Research Board was established in 1989 to provide information on the growing problem of drug misuse in Ireland.

The Drug Misuse Research Division is involved in national and international research and information activities in relation to drugs and their misuse. The Division is funded by national, EU sources and contract research.

The activities of the Division include the maintenance and development of the National Drug Treatment Reporting System, drug misuse research and collection and dissemination of information on drug misuse.

The Drug Misuse Research Division is the designated Irish National Focal Point for the European Monitoring Centre for Drugs and Drug Addiction. The Division also participates in the Epidemiological Committee of the Pompidou Group in the Council of Europe.