

Childcare Needs of Drug Using Parents in Clondalkin

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Introduction

The Clondalkin Drugs Task Force formed a sub group to address issues of childcare amongst drug using parents in the Clondalkin area. The sub group consists of representatives from various agencies and groups providing services to drug users in Clondalkin. As time went on the sub group dwindled to the first four groups but the latter groups had input in the early stages.

- Cumas
- Clondalkin Partnership
- CASP
- Eastern Health Board Public Health Nurses
- Eastern Health Board Community Drugs Team
- Ronanstown Community Childcare Centre
- Bawnogue Youth & Families Support Group

The sub group instigated the research and the researchers were given the following terms of reference as a means of tackling the problem of childcare needs for drug using parents:

1. Assess the practical childcare needs of drug users.
2. Clarify what are the existing childcare facilities in Clondalkin that can be availed of by drug using parents.
3. Match the specific needs of drug users to the existing childcare facilities.
4. Identify gaps that may exist between need and availability.

Methodology

A qualitative approach was considered the most appropriate means of completing the terms of reference. Interviews were used as a means of identifying facilities available, the gaps in services, and lastly to outline the best way forward. Key informants in services such as childcare facilities and drug treatment/addiction services were accessed. Parents who use these services were also consulted. A list of respondents follows:

Childcare Facilities

Representatives from:

- First Steps
- Ronanstown Community Childcare Centre
- Ronanstown Women’s Group
- Rowlagh Women’s Group
- Bush Creche
- Aisling Clinic Creche
- Happy Days
- Rowlagh Community Centre Play Group
- Rowlagh Parish Play Group
- Early Start pre school, Neilstown
- Early Start pre school, Quarryvale
- Early Start pre school, Bawnogue

Drug Treatment and Addiction Services

Representatives from:

- CASP
- CUMAS
- Bawnogue Youth & Family Support Group
- Eastern Health Board Community Drugs Team
- Aisling Clinic
- Fortune House

Other Support and Rehabilitation Services

- Community Probation and Welfare Service
- Tower Programme
- Eastern Health Board Public Health Nurses

Parents

Seven parents were interviewed. Five of them were from the North Clondalk area, while two were from the Bawnogue/Deansrath area.

Access difficulties

Gaining access to parents proved to be a difficult task. We approached individuals in the drug treatment/addiction services to find parents willing to participate in the study. We were successful in obtaining a representative proportion of parents in the North Clondalk area bearing in mind the time constraints of the project. However, we encountered difficulties with obtaining a sufficient sample from the Bawnogue/Deansrath area due to insufficient numbers of parents accessing treatment/addiction services.

Drug using parents not accessing any services have specific childcare problems, but unfortunately trying to approach parents in this group proved especially difficult. These parents are not in a service for several reasons, due to either active drug using or the desire to remain anonymous as a result of the lifestyle; therefore, they are a hidden population. A number of angles were approached to meet with such parents, such as public health nurses, liaison midwives and parents already interviewed. One parent not connected with any service was accessed through a public health nurse, but her needs were not obvious as her mother cared for her child and issues of childcare were not considered a problem.

Report Outline

The report begins with a short review of literature that has addressed the topic of childcare particularly in the context of drug misuse, (including research conducted in the area), to set the project in context. The second part of the report outlines the existing childcare facilities available to drug using parents in the Clondalkin area. An analysis of the research findings follows. This addresses the two final terms of reference. The first part of the analysis focuses on matching the needs of drug using parents to the existing childcare facilities, while the second part focuses on identifying the gaps that exist between need and availability. The report finishes with conclusions drawn from findings and recommendations on how services may be developed in order to meet the childcare needs of drug using parents.

Background/Literature review

The National Childcare Strategy has pointed out that nationally there has been increasing pressure on the government over the last two decades to address the issue of childcare generally. “Demographic, social and economic changes in Ireland have resulted in increased demand for childcare services” (National Childcare Strategy, 1999: 7). The Strategy also discusses childcare in the urban disadvantaged context, which is associated with increasing levels of drug abuse, and within which context this research falls. It acknowledged that in these areas the childcare facilities are run by health boards or voluntary groups, which are usually to facilitate children at risk, making access difficult. The document discusses the need for childcare services to be flexible, to be local with ease of physical access, and to be adaptable to community needs. The Strategy also points out that childcare facilities should be: (a) multifunctional to meet the varied needs of families and (b) have well trained staff.

The Drug Misuse Research Division of the Health Research Board carried out research into the issue of childcare for drug using parents. This was to inform policy makers on “The Availability, Use and Evaluation of the Provision of Creche Facilities in Association with Drug Treatment”. (1999). The project studied the following childcare facilities within drug treatment centres: Aisling Clinic (Ballyfermot), Community Addiction Response Program - CARP (Tallaght), City Clinic (Amiens St.), Trinity Court Drug Treatment Centre, Saol Women’s Project (City Centre), Jobstown Clinic (Tallaght). The study identified the advantages of the type of drop-in creche facility these centres provided which allowed children to be looked after while parents accessed their treatment. It also identified the lack of day childcare facilities to cater for those in full daytime treatment programmes, and acknowledged that the lack of such a facility was a hindrance to entering such programmes.

Furthermore, at a local level, the Clondalkin Drugs Task Force has in its Local Development Plan (May 1997- 1999), outlined childcare as two of its major strategies, i.e. supporting children of drug using parents, and supporting parents who are heroin users.

A study carried out by The Council of Europe in 1997 addressed the “Special Needs of Children of Drug Misusers”. The report states that parental drug use has a negative psychological effect on

children. As a consequence, their psychological and physical needs are neglected and their lives marked by inconsistent child minding in an unstable environment. However, an Irish study conducted by Hogan (1,997) found that while their emotional and physical needs were neglected in some cases, there were very few cases where it resulted in behavioural and psychological problems. However, the effects of such an environment were manifested in poor academic attendance and performance.

These studies show that children of drug using parents have specific care requirements and Hogan in her report recommended a need' for further inquiry into the consistency and adequacy of care provision of children of drug users.

Childcare Facilities

Before outlining the childcare facilities in Clondalkin, a description of the population of children of drug using parents determined from the data, follows. It must be noted that this is not the entire population of children who have drug-using parents in Clondalkin. To obtain comprehensive data of this nature would require a full-scale quantitative survey. Please see note below.

Service	No. of children
First Steps	7
Ronanstown Community Child Care Centre	2
Happy Days	5
CASP	10
Bawnogue Youth & Family Support Group	4
Community Drugs Team	12
Fortune House	9
Tower Project	6
Aisling Clinic	98
Total	153

Note

- As regards the childcare services, it is probable that children in the facilities mentioned have siblings, too young or old to use the same service, or are on a waiting list or enrolled with another facility.
- Many of the children and parents may be involved in one or more of the above services;
- therefore, these figures may overlap and are inaccurate.
- The number of children receiving care in the Aisling Clinic creche are not all from the Clondalkin area as the service is based in Ballyfermot. It was difficult to determine how many of the clients were from the project's catchment area.

The following constitutes a description of the existing childcare facilities in the Clondalkin area that are available to drug using parents. The term ‘available* is used in the sense that these parents generally cannot afford private facilities and therefore must try to access subsidised, affordable or free facilities. It must be noted that during fieldwork, the number of childcare facilities that became known snowballed through consultation with different agencies. It is hoped therefore that all services are included in the following account and that no facilities are omitted.

North Clondalkin

The childcare facilities in the North Clondalkin area differ considerably in type and range. The most unique service is the creche in Aisling Clinic (Ballyfermot), a drug treatment centre used by the Clondalkin population. This is a childcare facility available to clients of the centre from 9a.m. to 5p.m., Monday to Friday. There are three general childcare centres that are open to the public. The ‘Bush’ creche is a free service, however places are restricted to two hours per day. ‘First Steps’ is a Health Board service at a relatively affordable price, while the Health Board and Clondalkin Partnership will subsidise referrals made to the Ronanstown Community Childcare Centre. The opening hours also vary with only the latter opening all day until 6p.m.

The two Women’s Groups’ facilities are normally restricted to the mothers attending the Group. However, the Ronanstown Women’s Group stated in conversation that they would consider accepting referrals from groups such as CUMAS or CASP and have just set up a drop-in service on Friday mornings free of charge to anyone that wishes to avail of it. The same restrictions apply to the Rowlagh Women’s Group, but they stated that they might consider taking the children of drug using parents should a situation arise.

(See Table 1 for further details)

There are two playgroups in the area that can provide two hours of care a day at an affordable price. One is in the grounds of St. Mary’s Junior School and the other is in Rowlagh Community Centre. However, their service operates up until 1.30p.m. only.

There are two ‘Early Start’ pre schools in North Clondalkin where the focus is for preparing children for primary level schooling. Parents can avail of this service free of charge for two and a half-hours a day up until 2.30p.m. There is a waiting list for these pre schools and a child must be registered six months prior to entry date. See Table 1 below for further details of the childcare facilities in the North Clondalkin area.

Table 1

Name	Type of facility	Opening hours	Ages	Cost
Aisling Clinic	Creche attached to drug treatment centre	9-5p.m. Monday to Friday	All ages	Free
Ronanstown Community Childcare Centre	General child care facility for the community	8-6p.m. Full & half day care available	3 months to 12 years	Referrals will be subsidised
First Steps, Rowlagh	General child care facility for the community	9-3p.m. Full & half day care available	2½-5 years old	£6 full day £5 half day
Bush creche, Balgaddy	Creche/Pre-school	9-1p.m.for2 hours at a time	0-4 year olds	Free
Ronanstown Women’s Group, Neilstown	-May accept referrals from groups such as *CUMAS & CASP -Drop-in service; Fridays from 9.30-1.15p.m.	9.30-1p.m.	3 months to 5 years	Free
Rowlagh Women’s Group, Rowlagh	Would consider accepting referrals should the situation arise	10-12.30p.m.	3 months to 6 years	Free

Table 1 (continued)

Name of facility	Type of facility	Opening hours	Ages	Cost
Rowlagh Community Centre Play Group, Rowlagh	Play group for children	9-11a.m. & 11.30-1.30p.m.	3-4 years olds	£6.50 per week
Rowlagh Parish Play Group, Rowlagh	Play group for children	9-11a.m. & 11.30-1.30p.m.	3-4 years olds	£6.50 per week
Early Start pre school, Neilstown	Pre school	9-2.40p.m.	3-4 year olds	Free
Early Start pre school, Quarryvale	Pre school	8.50-11.20a.m. & 11.50-2.20p.m.	3-4 year olds	Free

* CUMAS: Project funded by Clondalkin Drugs Task Force aiming to support Clondalkin families by focusing on their strengths and abilities, with a particular emphasis on families whose children are using or are at risk of drug misuse.

* CASP: Clondalkin Addiction Support Programme. A community based drug treatment service providing individual counselling, group work, outreach programmes, health care and family support.

Note

CASP provide childcare for their clients' children on Monday and Thursday afternoons from 2p.m. to 4.30p.m.. They use the creche facilities of the Rowlagh Women's Group in Aras Rualach (Community Development Centre) on the Neilstown Road.

South West Clondalkin

Drug using parents can avail of very few childcare facilities in the south-west area of Clondalkin, There is only one general childcare centre. Happy Days, that is affordable and opens until 4p.m. There is also an 'Early Start' pre school facility in Scoil Nano Nagle that can cater for children

free of charge for one of two sessions of two and a half hours a day, but the same restrictions apply to this as the other pre schools.

Note

There are plans to build a new enterprise in the Bawnogue area within the next two years. There will be a community creche incorporated into the enterprise building that can be used by the general public.

See **Table 2** below for further details of the childcare facilities in the south-west Clondalkin area.

Table 2

Name	Type of facility	Opening hours	Age	Cost
Happy Days, Bawnogue	Eastern Health Board Day Nursery.	9-4p.m. Full & half day care available. Next year will provide an after school service for two days a week from 1.30-4p.m.	3-5 year olds	£8 per month for mornings & £6 per month for afternoons
Early Start, Bawnogue	Pre-school	9-11.30p.m. & 12- 2.30p.m.	3-4½ year olds	Free

Family Carers Project

This is a new concept currently being piloted by the social workers of the Clondalkin Drugs Task Force. Six local families within the community have been recruited and trained to provide care for children whose parents need either in-patient or outpatient treatment. The children can be

looked after for various lengths of time, e.g. day care, a few evenings a week, overnight care or 'block care' where the child is in full-time care for periods of up to a few years. It is a voluntary, private agreement between the health board and both families involved, but the cases must come by referral, including self-referral and through the social worker.

Matching Childcare Needs with Facilities

Childcare facilities such as Ronanstown Community Childcare Centre, Happy Days and First Steps provide a convenient opportunity to parents, allowing them to access day treatment and addiction programmes- Many of the parents spoken with conveyed satisfaction with these services and their prices.

Other facilities such as the Bush creche and the two Women's Groups (should they provide places to the children of drug using parents) would cater for parents who receive treatment and therapy in the mornings only. The two playgroups and Early Start programmes run in schools, would facilitate parents in a similar manner. Nevertheless, the advantages are limited in that they only cater for children between the ages of 3 and 4 and they are not an occasional/drop-in service. There was no take up of these facilities among the parents interviewed. This was due to some of the following reasons:

1. Their child was already in a service
2. Lack of knowledge of the centre
3. Waiting lists

According to parental accounts, the creche facility in the Aisling Centre works quite well. Parents who used the service considered it ideal as a child can be left there for up to two hours while they access treatment and counselling services in the clinic. They do not have to consider issues of childcare when attending and find its convenience encourage them to attend, as the lack of a childminder is no longer a hindrance. These findings were also reciprocated by a study carried out by the Drug Misuse Research Division of the Health Research Board (1999). The parents that participated in the study also conveyed that the treatment experience was more positive knowing that their children were safe, and they considered the facility socially and educationally beneficial to their children.

The twice-weekly childcare service offered by CASP in Aras Rualach is utilised by some parents. It only operates twice a week due to a lack of funds to extend the service. However, its usage

fluctuates as the need arises. Parents who do not use the service say they do not have a need for a childminder at those particular times, i.e. Mondays and Thursdays 2p.m. to 4.30p.m.

Family Carers Project

This is a new initiative and to date has not been utilised. It's potential though is recognised by the social workers for a number of reasons. It provides both temporary occasional care that can facilitate parents while receiving daytime or evening treatment/therapy, as well as long term care, which can accommodate a parent entering a residential programme. The fact that it is a voluntary, private and an impermanent agreement between the two families makes it a flexible arrangement for a drug using parent.

Gaps

The above account of how existing childcare facilities meet the needs of drug using parents illustrates some positive points, however the data, as well as previous research, also highlights many gaps in childcare services. The age groups catered for opening hours of facilities and long waiting lists in services are some of the apparent gaps in childcare services meeting the needs of drug using parents in the Clondalkin area. Other shortfalls identified include an ad hoc and inflexible approach to service provision as well as a lack of collaboration between drug treatment and childcare services. The details of the gaps are discussed below.

Age profile

There are very limited facilities to cater for children up to the age of three years old. Two of the major childcare facilities, Happy Days and First Steps, only cater for children over three and two and a half years respectively. The playgroups and Early Start pre schools only provide for children between three and four years old already enrolled. When all of the aforementioned are eliminated from the picture, it leaves very little childcare options for drug using parents with children between 0 and 3 years old.

Ronanstown Community Childcare Centre and the Bush creche facilitate children of all pre school ages. The two Women's Groups (Ronanstown and Rowlagh) do cater for children of that age also, but their status with reference to people outside of the group using the facility is undecided.

It must be noted that the facilities provided by CASP in Aras Rualach and the creche in Aisling Clinic have no age restrictions.

Opening hours

Time restrictions on some childcare facilities have obvious repercussions for parents trying to access their drug treatment and therapy service. A gap exists due to opening hours of childcare services not complimenting drug treatment/therapy schedules. The Play groups and the Bush creche only provide care for up to two hours a day up until 1 p.m., while the Early Start pre schools are open for one of two sessions of two and a half hours a day. The two Women's Group

(should they provide places to children of drug using parents) can provide two and a half-hours care up until 12.30 and 1p.m respectively. These facilities can only cater for parents accessing services in the mornings. Therefore, parents using these childcare facilities may miss sessions or programmes, classes or counselling provided in the afternoons if there is nobody available to mind their child.

The rest of the facilities, Ronanstown Community Childcare Centre, First Steps, Happy Days and the Aisling Clinic (Ballyfermot) creche are open until 6p.m., 3p.m., 4p.m., and 5p.m. respectively. In situations for example, when a parent is collecting and consuming methadone as an outpatient between 5 and 6p.m. in Fortune House, they have little or no childcare facilities available to them. Parents spoken to expressed the time of this particular outpatient service posed problems. In many cases a child will be left with extended family; however not all parents have extended family available on call and the child must simply be taken along while methadone is consumed.

Attending later evening classes such as those provided by the Tower Programme (vocational and social training run by the area Probation and Welfare Service) pose a different problem for parents. The evening training programmes are a means of accessing the Tower Day Programme and attendance is important, thus limiting parents in the childcare available. Parents who are accessing the Tower evening classes say they rely on the availability of extended family to mind their children. Parents who attend the Tower Day Programme (Monday to Friday 9a.m to 5p.m) also have child care difficulties, especially after school hours.

Waiting Lists

Many of the childcare services facilitating drug using parents have waiting lists. Regardless of restrictions caused by opening hours and age, if a service is not readily available when a child reaches the right age or a parent enters a drug treatment programme, it's existence isn't sufficient. If there are waiting lists, there is a shortage of services, a gap in itself.

Extended Family Support

An overview of the findings from both parents and service providers suggests childcare facilities are ad hoc, where some parents are quite content with the service available and others find childcare a hindrance to their drug treatment. Childcare support from extended family members has a significant bearing on whether drug-using parents are hindered by the lack of a facility for their child. This support also varies where the extent of support from extended family differs, some with care available at all times and other occasionally. The issue of extended family caring for children of drug using parents was approached in the fieldwork by consulting with some of these family members who do care for the children of a drug user in the family. The mothers of two drug-using parents were asked about their situations.

Both grandparents considered the welfare of the child their reasons for looking after them. One grandparent did receive financial support while she cared for her daughter's children i.e. social welfare payments to her daughter were transferred to her. It is quite likely that in cases where extended family cares for a drug using family member's children, a grandparent or other family member will have to cease employment to care for the children. This was so with one grandparent.

One grandparent considered the lack of a childcare facility in the Bawnogue area the reason for her having to mind her daughter's children. Grandparents expressed that the financial support available to them while caring for the children was insufficient. In other cases, extended family members do not look for any assistance because they do not know of any available to them.

Conclusions

Consultation with parents illustrated a number of issues:

- All parents stressed the importance of a creche attached to the service they are utilising. However, exposing a child to the environment of a drug treatment situation does concern parents.
- All parents emphasised that they would like to be consulted with and advised on their child's care and progress.
- The lengthy time demands of drug treatment programmes, counselling, therapy and other related rehabilitation, vocational and training classes, was an issue that parents repeatedly referred to as a reason for needing a flexible childcare service. Five parents said that they do not attend some classes and group sessions that they would like to, due to lack of childcare while these activities occur. The process of drug rehabilitation needs a lot of time and effort and having inadequate childcare is a hindrance to attending all programmes,
- A drop-in childcare service would be ideal, according to six parents; a facility that would allow them somewhere to leave the child for a few hours during class times, for example.
- Flexibility was stressed repeatedly as the single most important aspect of a childcare facility.

This is particularly necessary up to late evening, according to all parents.

Specific suggestions from parents include:

- A request for a creche facility in Fortune House that would operate on a similar basis to that in the Aisling Clinic. Five parents spoken to only access Fortune for methadone maintenance for short times daily. A place to leave the child for that short period instead of bringing the him/her into the clinic would be ideal.
- Clients who participate in CASP programmes suggested a childcare facility attached to the centre essential. However, space is a restriction at present, but parents do often have to bring

children along while accessing classes and groups, although there is no adequate facility. Parents overall seemed to prefer the idea of a facility attached to whichever service they use, both direct drug treatment and training services, as opposed to a facility unattached.

Concerns

- Parents spoken to have a considerable fear of any long-term care for their child, such as the fostering programme. This would entail them being excluded from caring for the child as well as a fear of the child being taken away from them.
- The lack of any childcare facilities during school holidays, mid term breaks etc., is a concern to all parents.
- The service providers noted the importance of having qualified care staff in every facility.
- They also expressed concern for the quality of care provided through occasional/drop-in childcare. This type of care provides an unsettled environment for the child, as they do not settle into a routine of socialising with the same children everyday.

Recommendations

1. Co-ordination and co-operation between agencies providing services to drug using parents is vital. This is especially necessary between agencies providing drug treatment/addiction services and agencies providing childcare. This will ensure a childcare service that will match parent's schedules as well as the opportunity for drug treatment/addiction services to refer clients to childcare services.

Suggestions for Implementation

Co-ordination may be facilitated in two ways:

- a) An individual in each drug treatment/addiction service could be allocated the task of basing with individuals in each childcare service with the remit of ensuring their clients have adequate childcare available to them.
 - b) An independent party (for example from the Clondalkin Partnership) could be assigned as a liaison to approach all groups concerned. This will ensure overall unbiased co-ordination between all services.
2. A client centred approach needs to be adopted by all childcare service providers in order to ensure that the needs of drug users are met.

Suggestions for Implementation

- a) Organise group meetings with parents to establish their specific needs and allow them to voice their concerns. Service plans should consider the comments from these sessions.
- b) Staff training needs to be addressed to meet specific social and psychological needs of this client group.

3. A multidimensional approach must be taken to childcare, i.e. in the context of all aspects of treatment and support for drug using parents. This will address issues of addiction, childcare, health, housing, and employment.

Suggestions for Implementation

- a) Representatives from each agency providing a service to drug using parents need to bring their expertise to childcare providers and vice versa to make them aware of issues pertinent to drug users. For example the Probation and Welfare service, groups working with the homeless and vocational training services, can work together with local childcare services to ensure needs are adequately met.
4. Guidance is an intricate part of any childcare facility to drug using parents. This should be on an equal level, ensuring non-intrusive assistance when needed. The parents spoken to in the research carried out by the Drug Misuse Research Division of the Health Research Board, as discussed previously, also identified this as an important aspect.

**Suggestions for Implementation **

- a) Programmes and group sessions, as well as individual consultation, should be provided in each child care facility to enhance and develop parental roles and responsibilities, encouraging parents to become more active in the child's life.
- b) Drug treatment/addiction services should consider running similar parental guidance courses.

5. A comprehensive information service on entitlements and facilities available to drug using parents should have an outreach aspect, i.e. bringing information to the client so that a lack of knowledge about services is not an obstacle to services.

Suggestions for Implementation

- a) A person in the Eastern Health Board or the local Drugs Task Force should be responsible for gathering and updating a comprehensive database of information (using various media) on the entitlements and facilities available to drug using parents, particularly childcare. This could be compiled in an easy to read leaflet, posters, etc.
- b) These information leaflets, etc. could be disseminated to:
 - Health Centres
 - Community Centres
 - GP Surgeries
 - Libraries
 - Drug treatment/addiction centres
 - Childcare Facilities

6. Childcare services need to consider that parents actively using drugs may not be the primary carers for their child; grandparents often take over the parental role. Nevertheless, a child needs care outside the home setting, and grandparents may need respite as well as guidance, on how best to protect and care for their grandchild.

Suggestions for Implementation

- a) The information service as suggested in no. 5 above should be extended to family members caring for children with drug using parents. This is especially important to inform them of available assistance, particularly financial.
 - b) Drug treatment/addiction services should provide support groups targeted at family members ^ to help them cope. This should have an outreach approach to ensure all those needing the service are aware of it.
7. Create a childcare centre within the community open to all, with subsidisation.

Problems:

- a) Issues of marginalisation and congregation; if used by disadvantaged or only drug using parents, the children are only socialising with other children with the same social and psychological problems. They ^ may be labelled, stigmatised and identified within the community.
 - b) Where should the centre be built? Clondalkin is such a large area and there will be conflict over where it should be. The centre could possibly be assigned to a location central to the area with most need.
8. Allocate a number of places within each existing centre for parents from disadvantaged backgrounds, including drug users, with subsidisation.

Problems:

- a) Waiting lists are already long and space is limited. If the places are not availed of, should they be allowed to go to waste?

9. Allocate more funds to each existing facility to take on more staff and therefore more clients (with subsidisation).

Problems:

- a) Even if they have more staff, there may be no physical space to take on extra clients. Physical space is a pre-requisite for an adequate childcare facility.
- b) The shortage of childcare staff at present will be a problem regardless of funding.

10. Create/use existing rooms within drug treatment/addiction programme centres to be used for childcare when parents attend the service.

Problems:

- a) Issues of marginalisation and congregation and children are only socialising with other children with the similar social and psychological problems. They will be labelled, stigmatised, and identified within the community.
- b) The children will, be exposed to the environment of a treatment centre.
- c) Additional, trained childcare staff will have to be recruited by centres.