



Citywide Drugs Crisis Campaign

Pre Budget 2013 Submission

To: Department of Social Protection

**Specifically referring to the impact of Social Welfare Bill 2012
on Community Employment Drug Rehabilitation Projects
(DRP's)**

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Introduction

Citywide makes this submission to the Department of Social Protection (DSP) for consideration as part of the forthcoming Budget 2013. We ask that the Minister use this Budget to protect the interests of those who are engaged in a path to recovery from drug addiction by specifically addressing the negative impacts on Community Employment Drug Rehabilitation Projects and places (DRP's) brought about by Budget 2012 and the Social Welfare Bill 2012.

In this regard we ask the Minister to:

1. Redress the disincentive mechanisms to take up of special DRP's built into the Social Welfare Bill 2012 – specifically:
 - a. the requirement that those on Disability and One Parent Family payments must sign off these payments before taking up a place on DRP's
 - b. The impact of the loss of a concurrent payment to those on Disability and One Parent Family Payment which affects equality of access to CE for those who have disability costs or childcare costs attached to attending a programme
2. Reconsider the impact that the cuts in the training budgets will have on the rehabilitation opportunities of participants
3. Give assurances to DRP's that DSP will make no adjustments or change of use in respect of using materials budget towards operational project costs

What are DRP's?

The CE Drug Rehab projects are a specific intervention of the National Drugs Strategy and provide 1000 day places for those recovering from drug use. As such they are different from mainstream CE. As the **Report of the Working Group on Drugs Rehabilitation 2007** states:

“The special CE Drug Rehab Projects are designated as ‘special’ projects in recognition of the fact that they are not operating as a labour market mechanism in the same way as mainstream CE, but rather as a support mechanism through which drug rehabilitation programmes can be delivered. Nine key adjustments have been made which differentiate CE Drug Projects from mainstream CE and these adjustments are based on the needs of the target group of recovering drug users.”

Background

A key priority of the programme for government is to assist drug users into rehabilitation community employment schemes. The DRP's underpin the Government's drug rehabilitation strategy and Citywide are extremely alarmed at the speed with which the take-up and waiting lists have declined as a result of the changes in the Social Welfare Bill 2012. Citywide have carried out a series of surveys covering the period from January to October 2012 and this submission tracks the cumulative impact of the changes in the Social Welfare Bill 2012 on Community Employment take-up.

1. Disincentives to Take-up

This submission asks that Budget 2013 redresses the disincentive mechanisms to take-up of special DRP's – specifically:

- The requirement that those on Disability and One Parent Family payments must sign off these payments before taking up a place on DRP's
- The impact of the loss of a concurrent payment to those on Disability and One Parent Family Payment which affects equality of access to CE for those who have disability costs or childcare costs attached to attending a programme

The Social Welfare Bill 2012 disqualified people from claiming Disability or One Payment Family payments while participating on CE. In addition CE participants are no longer entitled to retain a link to their original claim. This results in the closure of the original claim and the person is obliged to re-apply for their claim when their time on CE has finished if they have not gained employment. As CE participants can no longer retain their claim, they therefore have lost valuable resources to enable them pay for the costs of childcare and disability supports to equalise their access to CE programmes.

The impact of these changes in the Social Welfare Bill 2012 has resulted in a disincentive to those taking up CE as a rehabilitation option. Citywide are extremely concerned with the reducing numbers, particularly those most vulnerable such as people with disabilities and people parent alone, presenting for DRP's and would like to draw the Ministers attention to the extreme urgency of this situation. Citywide have been monitoring the impact of these changes and have surveyed at regular intervals 37 Drug Rehab Community Employment Projects. The survey concentrated on three primary areas:

1. Profile of participants
2. Approved places and actual Take-Up
3. Waiting Lists

1. The initial survey in March 2012 established a social welfare profile of Drug Rehab Projects CE participants showing that the vast majority (78%) were in receipt of either a Disability Payment (51%) or One Parent Family Allowance (27%). The survey also clearly indicated an almost immediate negative impact on take-up of CE for those on disability payment following changes in the Social Welfare Bill.

Figure 1 Profile of Participants

T. Code participants (percentage in receipt of either Disability or One Parent Family Payments)

Welfare Claim	December 2011	March 2012	October 2012
Disability Payment	51%	45%	39%
OPFP	27%	24%	26%

2. We asked projects to indicate the number of T. Code participants they were approved for and to supply the actual take-up numbers. As can be seen in Figure 2, the number of places filled has dropped from 93% to 79%

Figure 2 Take Up

Dec 2011 (22 Respondent Projects)	October 2012 (20 Projects)
Approved T Code places: 493 Actual Take-Up: 457	Approved T Code places: 387 Actual Take- Up: 305
93% of allocated places were filled	79% of allocated places were filled

3. We asked projects for comparative numbers of people on waiting lists on 31st December 2011, on 31st March 2012 and again at the end of October 2012.

Figure 3 Waiting Lists

Total number on waiting lists at December 2011	Total number on waiting Lists at March 2012	Total number on waiting lists at October 2012
208	93 = -55% reduction on Dec figure	74 = -64% reduction on Dec figure

Evidence

Rehabilitation options are a crucial component of all drug treatment. The rehabilitation strategy recognises the contribution of Community Employment to the drugs rehabilitation effort and encourages that the impact of CE be built upon to ensure that the health and educational needs of participants are being properly addressed.¹ In the 16 years that the CE Drug Rehab Projects have existed there has always been a demand for places. There can be no doubt but that the changes in the Social Welfare Bill 2012 are acting as a disincentive for take up of Drug Rehab Community Employment places. It should be borne in mind that we expect these figures to dramatically reduce even further over the coming year. This is because there are still a substantial number of participants on CE who commenced before the social welfare bill changes impacted on them.

¹ Report of the Working Group on Drug Rehabilitation 2007

Citywide surveys show that:

- Since the introduction of the Social Welfare Bill 2012, the take up of places has already reduced considerably. In Dec 2011, 93% of the allocated places were taken up. By October 2012, this figure had reduced to 79%.
- The profile of participants In December 2011 showed that 51% were those with a disability. By Oct 2012 that profile had reduced to 39%.
- Since the introduction of the changes in the Social Welfare Bill 2012, waiting lists for places on drug rehab projects has fallen by 64%.
- Projects are reporting that people are afraid to forego their DSP claim because they fear they may have their claim rejected when they reapply. As a result they are not taking up offers of a CE place. Recent figures released showing an alarming surge in the rejection rate of those applying for a disability payment would seem to legitimise these fears.
- The decline in waiting lists is now being interpreted by DSP, in some areas, as a failure by DRP's to attract new applicants and, as a result, DRP's are being put under extreme pressure to bring their numbers back up or risk losing their allocated places.

2. Cuts to training budgets

Reconsider the impact that the cuts in the training budgets will have on the rehabilitation opportunities of participants

The recent CE Financial Review acknowledges that the average training cost for DRP's was almost twice that of ordinary CE. The average training cost per place was €446. Despite this report clearly saying that "training is seen as an essential component of drugs schemes many participants have very low educational attainments on entering rehabilitation and require intensive supports in order to progress and gain a foothold in the job market". Yet despite that, the projects were only granted 50% of their training needs costs.

The DRP's differ from ordinary CE in that they are almost exclusively about providing training and other supports in a rehabilitation context during the participant's time on CE. The number of training hours therefore is greater than in the ordinary CE scheme. Simple mathematics dictates therefore that it is more costly to provide, which explains the request for the level of training grant money mentioned in the CE review document. In addition, training in the DRP's is specialised with trainers needing specific competences around working with addiction. If participants on DRP's are to have the opportunity to get to an equal footing with others on general CE, then this budget needs to be increased and brought as near as possible back to the original amount of €500 per person.

3. Future use of materials grants

Give assurances to DRP's that DSP will make no adjustments or change of use in respect of using materials budget towards operational project costs

Projects are reporting to us that they have been told that changes are pending with regard to what can and cannot be offset against materials grants costs in 2013 and beyond, specifically rent on premises. This is causing anxiety amongst projects that have long standing agreements with FAS/DSP on use of materials grant monies. We would ask the Minister to ensure that no changes be implemented without taking full account of the impact of these changes and making provision for alternative sources of funding where necessary.

Recommendations

DRP's are one of the key components of the delivery of the national rehabilitation strategy. In the absence of an alternative day programme model of rehabilitation, it makes no sense to disincentivise this programme. The potential collapse of these programmes will have far reaching consequences across communities and society. They provide education, training, stability, structure, personal and family support, care plan management, childcare, addiction and relapse programmes, progression opportunities, health supports, etc and as a result provide a hope and a focus for addicted individuals and their communities. The undermining of these programmes will have serious consequences for the provision of rehabilitation in this country. Citywide recommend that:

1. A 'live' link be maintained by the CE participant to their original DSP Claim during their time on CE programme. This would be a **cost neutral** measure that would allow the CE participant to effortlessly transition back to their previous payment (if necessary) on the termination of their CE programme time.
2. Reinstate a concurrent, means tested payment (or other incentive mechanism), through the original DSP claim, which would allow participants to offset the costs of childcare or towards equalising the living standards of those with a disability².
3. The training budget be increased for DRP's to €450 pp, in order for DRP's to continue to provide specialist inputs to a very marginalised group of people. Training is the main component of the participants experience on DRP's - this is in contrast to mainstream CE (as cited in the DSP Review of CE Schemes, Oct 2012).
4. Give assurances that there will be no change in the type of overhead costs that are currently being accepted as legitimate Materials Grant claims for DRP's.

² A Social Portrait of People with Disabilities (2011) ESRI and Department of Social Protection