Oversight or Overkill?

Report on a survey of Community Drug Projects about how multiple monitoring and oversight requirements across different funders are impacting on their work

April 2016

CityWide 2
CityWide Drugs Crisis Campaign

Acknowledgements

Contents

Acronyms

CDETB/ETB	City of Dublin Education and Training Board/ Education Training Board
CE	Community Employment
DOC	Department of Children
DOE	Department of Environment, Community and Local Government
DRP	Drugs Rehabilitation Project
DSP	Department of Social Protection
ECASS	Electronic Consolidated Automated Support System
HSE	Health Service Executive
LDTF/TF	Drugs Task Force (s)
ILP	Individual Learning Plans
NDS	National Drug Strategy
NOSP	National Office of Suicide Prevention
P&W	Probation and Welfare
NDRIC	National Drug Rehabilitation Implementation Committee
NDRF	National Drug Rehabilitation Framework
QUADS	Quality in Alcohol and Drug Services

Introduction

Community drug projects play an essential role in the implementation of the National Drugs Strategy (NDS) through delivering an integrated holistic service to their communities. The projects are in a unique position to do this because:

- They work across multiple areas of statutory function, dealing with issues relating to health, justice, education, children, accommodation, social welfare and advocacy.
- As well as providing a service for drug users, the projects have the capacity to work with families and with the wider community.
- They can adapt and respond to the changing nature of drug use and the changing needs of service users, their families and the wider community in addressing the drugs problem through programme development and in piloting new initiatives.
- They can support and promote the reintegration of people back into the community and support a positive community response to the drugs issue. [1]

As Community Drug Projects are delivering a holistic interagency approach, they are generally in receipt of multi-agency funding. Recent years have seen a significant increase in the volume of reporting and monitoring requirements with all funders and this has happened at a time when resources to community drug projects have decreased. Despite the fact that the need to develop a more streamlined approach to multi-agency funding has been recognised at national level within the NDS for many years, the current requirements are being put in place without any co-ordination or streamlining across the funders, thus leading to replication and multiplication of the demands on projects.

Citywide commissioned a small piece of research to consult with community drug projects, to examine how the multiple monitoring and oversight requirements across different funders is impacting on their work and to make recommendations based on the findings.

---

[1] *Community Drugs Projects Challenges to delivering an integrated holistic service in the community* Citywide Paper September 2015

Background

Community Drug Projects

The model of Community Drug Projects grew out of a community response to the growing drugs crisis in the 1980s and 90s. Some date as far back as the 1970s when the first serious drug problems began to emerge in Dublin. Many projects grew from an absence of a state or official response to a crisis which was crippling some of the most disadvantaged communities in the state and projects often started working on the ground with minimal or no money. The setting up of the Local Drugs Task Forces in 1996 was a crucial development in recognising the need for local drug projects to respond to local needs and making resources available to these projects to carry out their work. The idea behind the Drugs Task Force funding was to enable services to be piloted on an interim basis as part of an overall DTF action plan and if proved successful to be mainstreamed.

Interim funding was provided through the DTFs, with appropriate statutory agencies acting as a channel of funding e.g. HSE acted as channel of funding for treatment services, VECs for education services, Dept of Justice for policing forums, local authorities for community amenities etc. While some projects were mainstreamed relatively quickly, many more were left on interim funding for an extended period. The current situation is that all projects where the HSE was the channel of funding have been mainstreamed since 1st January 2015 while many projects with other channels of funding remain on interim funding.

The work of Community Drugs Projects has been evaluated on an ongoing basis both at a local level through the DTFs and at a national level through independent evaluations commissioned by the then NDST. These evaluations have consistently recognised the value of the work of the projects and attested to the effectiveness and quality of the services they deliver.

Drug Rehabilitation Projects (DRP)

A significant number of Community Drugs Projects who are involved in providing drugs rehabilitation services also receive funding for this work through the mechanism of the Community Employment Programme and for this purpose are referred to as Drugs Rehabilitation Projects (DRPs). DRPs have been a core element of the National Drugs Strategy (NDS) since the late 1990s, originally funded through FÁS and now by the Department of Social Protection (DSP). The DRPs have provided the main vehicle for the delivery of drugs rehabilitation services since rehabilitation was recognised as a distinct pillar of the NDS in 2005.[2] This role was outlined in the 2007 Rehabilitation Strategy, which states that:

> *CE Drug Projects have been 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.*[3]

As a result of changes to CE introduced in 2012, DRPs identified a range of concerns in relation to the impact on their work and the challenge of operating within the CE structure. These issues were addressed in a previous report *Barriers or Bridges: Drugs Rehabilitation Projects, the Road to Recovery*. In an effort to address the issues, a sub group of the DSP Stakeholder Committee was established to look at the development of a Social Inclusion Strand specifically for DRPs which would look at *"assisting the DSP in identifying improvements to the current CE programme with regard to furthering the progression of participants in terms of their personal, social and labour market integration".* [4]   As a result of the work of this group, a *Social Inclusion Framework Document for*

[2] *Barriers or Bridges*: Drugs rehabilitation projects, the Road to Recovery. Citywide Consultation Report 2014
[3] 2007 Rehabilitation Strategy
[4] Briefing DRP Document presented by Citywide for Minister Aodhain O'Riordan, Gresham Hotel, 25th June 2015

Drug Rehabilitation has been agreed and has been rolled out since January 2016. This was agreed as the final stage of this consultation was underway.

Methodology

The aim of the research is to examine how the multiple monitoring and oversight requirements across different funders is impacting on the work of Community Drug Projects and to make recommendations based on the findings.

The research was carried out through a survey, which was designed using *Survey Monkey*, and distributed by Citywide in October 2015. This survey was sent to all community drug projects on the Citywide contact list. Thirty-eight projects responded to the survey. More in-depth interviews with also carried out nine projects to provide further context for the survey data

Key Findings from the survey

There were a total of 38 respondents to the survey and nine projects were interviewed to provide further context for the survey data.

_____

Q.2: Who are the core funders of the organisation?
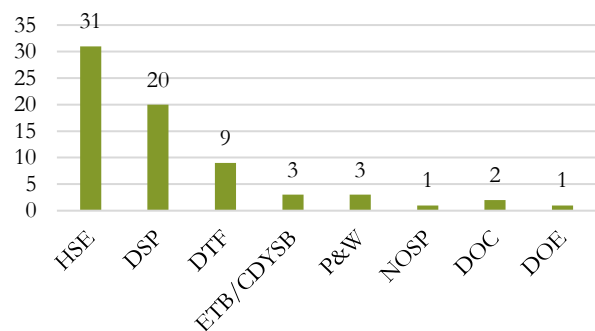
The HSE and DSP are the main funders of community drug projects. All projects where the HSE was the channel of funding have been mainstreamed since 1st January 2015 and therefore the DTF column is primarily HSE monies.

_____

Q.3: How many funders does the organisation have (excluding one off funding /grants)?

Answer	Percent	Count
One	26%	10
Two	32%	12
Three	21%	9
Four	11%	4
Five	3%	1
Six	3%	1
More than six	3%	1
answered question		**38**
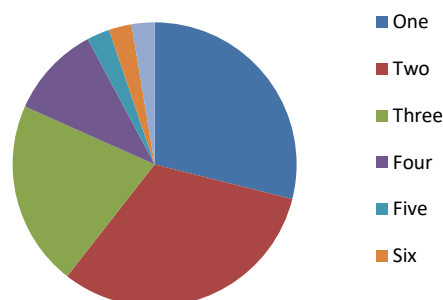
One quarter of the respondents had one primary funder; the other 75% had two or more funders. Of those projects with more than one funding source the average was three funders per organisation.

_____

Q.5: Who completes the monitoring requirements within the organisation?
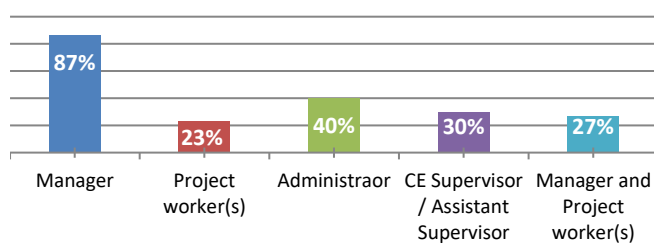
Answer Options	Percent	Count*
Manager	87%	26
Project worker(s)	23%	7
Administrator	40%	12
CE Supervisor / Assistant Supervisor	30%	9
Manager and Project worker(s)	27%	8
answered question		**30**

A range of staff are involved in meeting the monitoring requirements; in most cases the responsibility for monitoring lies with the project manager, but with significant inputs from other staff, including administrators and project workers. *Some projects gave more than one answer which is way the number is greater than 30

Q.7: Do you feel on top of the requirements?
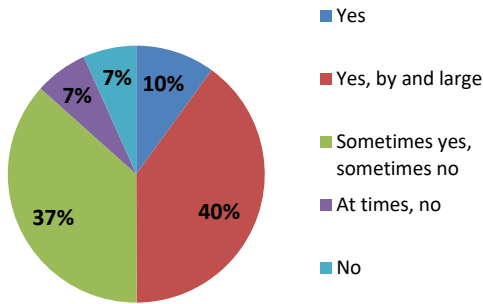
Answer	Percent	Count
Yes	10%	3
Yes, by and large	40%	12
Sometimes yes, sometimes no	37%	11
At times, no	7%	2
No	7%	2
answered question		**30**

Half of the organisations felt that, by and large, they were on top of the requirements, but half felt that at least some of the time they were not.

_____

Q.8: Do you see the value of the funding/monitoring requirements?

| Answer Options	Percent	Count
Yes, all funding/monitoring requirements	30%	9
Some funding/monitoring requirements yes, some no	67%	20
No, none of the funding/monitoring requirements are fit for purpose	3%	1
answered question		**30**
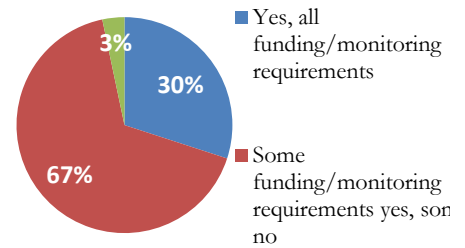
Nearly a third of projects see the value of all funding and monitoring requirements while two thirds see the value in some but not all of the requirements.

_____

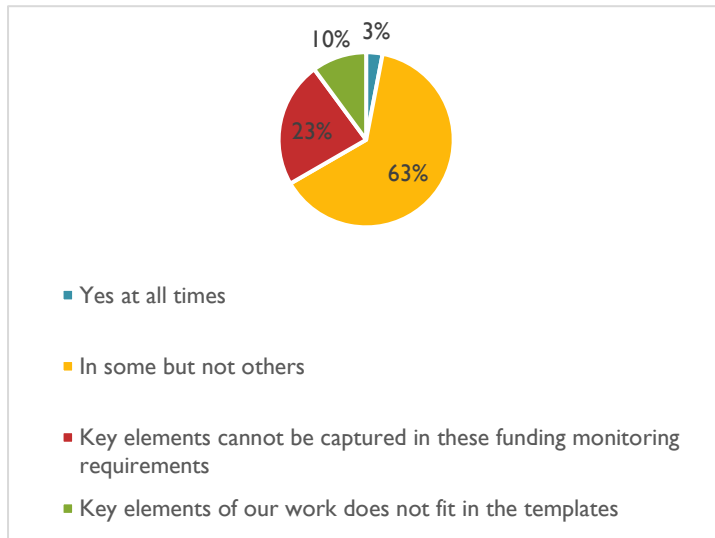## Q.9: Do you have any issues with the funding/monitoring requirements?

Answer	Percent	Count
No issues with the funding/monitoring requirements	3%	1
Duplication of material required	60%	18
Implications for work load	80%	24
Implications for resource (staff/time/funding) allocation	67%	20
Ability for the organisation to plan	40%	12
answered question		**30**

Some projects gave more than one answer which is why the total is more than 30
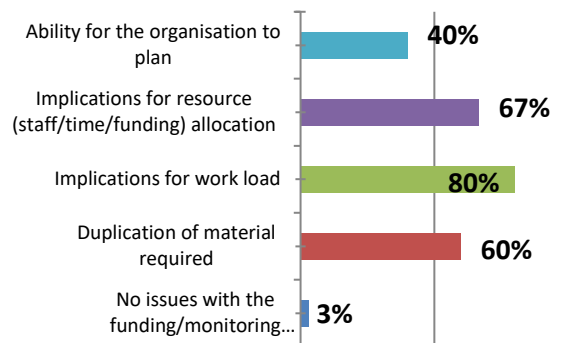
With more than 50% of respondents having difficulties with all of the above, four out of five projects feel that the requirements have implications for work load.

_____
_____

Q.10: Do you feel the value and nature of your work is captured in these funding/monitoring requirements?

- Yes at all times
- In some but not others
- Key elements cannot be captured in these funding monitoring requirements
- Key elements of our work does not fit in the templates

Only 3% of projects felt that at all times their work is captured in the requirements, two thirds felt that they are in some but not in others, but over a third feel that key elements of their work, either do not fit into the templates, cannot be captured in the templates or are not valued within the templates.

Q.11: Are there elements of your work that are not being recorded?

Answer	Percent	Count
Yes	87%	26
No	13%	4
Please give details		22
answered question		**30**
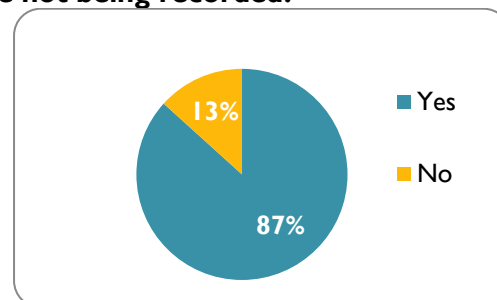
The vast majority of the providers feel that there are areas of their work that are not captured by the monitoring requirements, these areas include:
- Meetings and interagency work
- The developmental and pre-development work, such as establishing trust and relationships.
- Qualitative outcomes, and qualitative nature of the work
- The longitudinal impact of the support interventions to clients and their families.
- The complexity of the cases presenting in case management/counselling etc. is not reflected in any forms.

It was also noted by some projects that they cannot report the work that is being done by some staff as it is seen as outside their remit by the particular funder.

Q.12: Are the funding/monitoring requirements of value to your own organisation?

Answer	Percent	Count
Yes	27%	8
At times	70%	21
No	3%	1
answered question		30

The majority of the projects do find some value to their own organisation, at least at times, to the funding and monitoring requirements. These values centre on;

- Assisting projects to focus their own work
- Assisting projects in identifying the work they are doing
- Helping projects to highlight the amount of work that is actually being done

_____
_____

Q.13 Do the funding/monitoring requirements affect your ability to meet community needs?

Options	Percent	Count
Yes	20%	6
At times	57%	17
No	23%	7
Please provide details		13
answered question		**30**
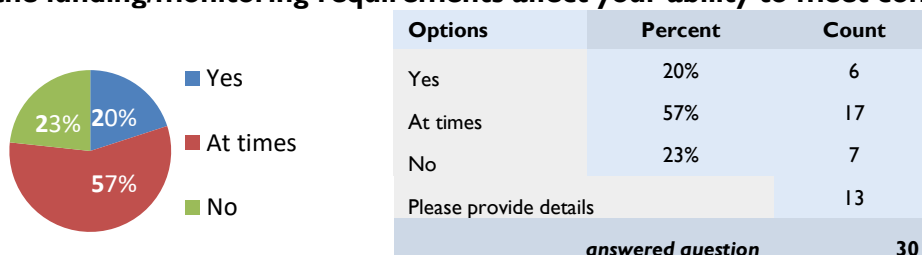
Over 75% of the projects or three quarters felt that, at least at times, that the requirements are affecting their ability to meet community needs. The issues raised include:

- The time spent dealing with the requirements.
- The requirements are not _fit for purpose_ and therefore work that needs to be done is not being captured and work that is not central/cannot be done (i.e. progression into employment) is being monitored.
- Restrictions in relation to what can and cannot be done by projects in terms of work load and how the money is spent.

Q.14: Do the funding/monitoring requirements provide you with the space to report community needs?

Answer	Percent	Count
Yes	13%	4
At times	57%	17
No	30%	9
answered question		**30**
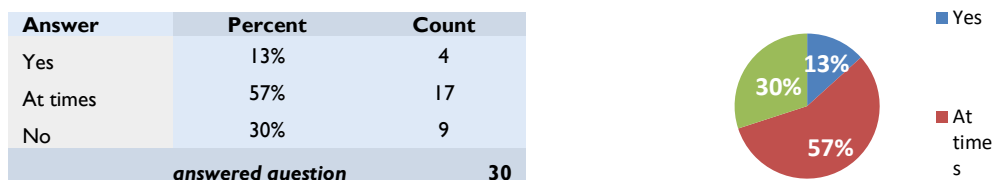
Only four projects or 13% felt that they had the space to report and raise community needs in current funding/monitoring requirements. The rest felt that this was only the case at times, or not at all. There were some hopes that the logic model, which is being rolled out, may provide more space to raise community needs.

Conclusions and recommendations

The key findings of the survey can be summarised as follows:

❖ 75% of projects have more than one funder, the average number of funders is three.

❖ There are some positive elements to the projects' experience of monitoring requirements, with almost all projects seeing value in some aspects of the current arrangements.

❖ The main positive elements identified by projects are the role of the requirements in assisting them to focus their work and in helping them to identify and highlight the work that they do.

❖ A number of negative elements are identified - 60% of projects reported duplication as an issue and four out of five projects have identified a problem with implications for workload and use of staff time and resources. 40% of projects feel their ability to plan is affected.

❖ Two thirds of projects feel that not all of the work they do is captured in the current requirements and one third feel that key elements of the work are not captured.

❖ Only 13% of projects feel that the current requirements provide them with space to report community needs and over 75% feel that, at least at times, the requirements are affecting their ability to meet community needs.

Conclusions

Arrangements for funding and governance should complement, support and contribute to the effective delivery of an interagency service on the ground, but the research clearly shows the shortcomings of current arrangements in this regard.

Valuable staff resources are wasted through duplication and multiplication of requirements, so while agencies are looking for value for money, the current arrangements imposed by these agencies runs counter to the need to make best use of the project resources.

Significant elements of the work that projects do are not being captured and therefore, by definition, are not being valued. This limits our ability to understand, evaluate and replicate the good practice models in community drug projects, as key elements of this good practice are not being recorded or acknowledged.

Community needs are not being adequately identified through the current monitoring arrangements and this has resulting implications for the ability to meet these needs. This is a crucial gap, as it is essential for our local services to be supported by their funders in a way that enables the services to adapt and respond to the needs arising from changing scenarios around drug use and its impact.

The value and importance of the interagency partnership approach has been recognised and restated in successive National Drug Strategies and continues to underpin the implementation of the Strategy. Community Drug Projects play an essential role in this by delivering an integrated holistic service to their

communities within the context of the overall partnership framework and the funding and monitoring arrangements under which they work need to better underpin and support this approach. Funders need to recognise that they are investing in an integrated interagency service and that they are joint investors with other statutory bodies and funders. The agencies need to come together at national level to reach agreement on a common approach to this investment, where the reporting and monitoring requirements of each funder can be met through one streamlined system.

Recommendation

The key recommendation arising from this research is the development of a streamlined interagency system for funding and monitoring Community Drug Projects which

1. adheres to all the governance and reporting needs in relation to good practice
2. takes account of multiple funders
3. both captures and supports the integrated and holistic nature of the work
4. is appropriate for implementation by small, under-resourced organisations.

As part of the development of the new NDS, a piece of work should be commissioned to design and develop a new funding and monitoring system that is efficient, effective, appropriate and supportive for the delivery of integrated interagency drug services on the ground.