Barriers or Bridges?

Drugs Rehabilitation Projects – the Road to Recovery

A CityWide Consultation Report

CityWide
Drugs Crisis Campaign

Barriers or Bridges?

Drugs Rehabilitation Projects –

the Road to Recovery

CityWide Consultation Report

2014

CityWide Drugs Crisis Campaign is a national network of community activists and community organisations that are involved in responding to Ireland's drugs crisis. CityWide was set up in 1995 to bring together Dublin communities that were struggling with the heroin crisis. We now work nationally linking communities across the country dealing with a range of substance issues.

CityWide works to promote and support a community development approach to the drugs problem - this means involving the people who are most affected by the problem in dealing with the problem - drug users, their families and communities.

Print and design by Printwell Design, 17 Church Street East, North Wall, D3 www.printwell.ie

Table of Contents

1. Introduction to DRPs & to the Consultation Report 5

Objectives of consultation
List of those consulted
Index of tables
Acknowledgements

2. About the Drug Rehabilitation Projects (DRPs) 9

Background to their set-up
Role of DRPs
Structure
Referrals
Eligibility

3. Benefits of Drug Rehabilitation Projects 13

Context for DRPs
Benefits experienced by participants
Stability & structure
Support
Confidence building
Education
Impact on families
Views of agencies
Wider community impacts

4. Budget & Policy Changes to CE 18

Changes specific to CE
Social Welfare Act 2012
Changes in budget 2013
Secondary benefits

5. Impacts of these Changes 21

Overall take-up of DRP places
Reduction in applicationsSection 1
Participation rates based on payment type
Participant profile changes
New barriers to participation
Other impacts from changes in SW 2012
DRPs responding to changes

6. Conclusions and Recommendations 30

Appendix 34

Section
1

Section 1

Introduction

The Drugs Rehabilitation Projects (DRPs), formerly known as Special Community Employment Drugs Projects, have been a core element of the National Drugs Strategy (NDS) since the late 1990s, delivered by FAS and now by the Dept. 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. While mainstream Community Employment operates as part of the state's labour market strategy, by providing community-based work experience and training to long-term unemployed people, the setting up and development of DRPs as part of the NDS has allowed the CE model to be used to deliver a rehabilitation programme for recovering drug users that does not have a specific labour market focus.

The role of DRPs within the NDS is to provide community-based support systems to reintegrate recovering drug users back into their communities and into broader society. This role of DRPs, as distinct from mainstream CE, has also been recognised 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."

This "special" status has been formalised and operationalized through the agreement of the 9 points of adjustment and 1,000 CE places are ring-fenced for use by DRPs under the conditions outlined in the 9 points (see appendix 1 for full conditions).

Rationale for consultation

In the budget of 2012, the government announced that it was beginning a process of increasing the labour market focus of mainstream CE. As part of this process it introduced a series of budget changes in the Social Welfare Act 2012 that resulted in reduced payments to particular categories of CE participants, reduced budgets for participants training and reduced running costs for sponsor projects. There was a strong reaction from CE projects to the budget changes, both in relation to the impact on participants and potential participants, but also to the lack of consideration within the labour market focus for the impact on the ongoing delivery of many vital community services provided by CE projects. A review of the CE scheme was announced by government but the key changes announced in the budget were implemented in advance of the review.

Particular concerns were expressed by DRPs that the distinct role of the CE Drug Rehabilitation Projects as part of the NDS had not been specifically considered by government as part of these changes to CE and that in the application of these changes, DRPs were now being viewed as part of a labour market strategy in the same way as mainstream CE, despite their clearly defined rehabilitative role in the

NDS. There was also concern that other changes included in the Social Welfare Act 2012 that were not specific to CE could have a negative impact on participants' recovery. These concerns were expressed to Citywide through the DRP Network and it was decided to carry out consultation with DRPs, project participants and partner agencies to establish exactly how the changes in policy and practice in relation to Community Employment, as well as more general changes in the Social Welfare Act 2012, are impacting on the work of the DRPs and to look at how any challenges arising as a result could be addressed.

Objectives of the consultation

- Examine and document the benefits of the Drug Rehabilitation Projects (DRPs) on communities, participants and families most affected by drug problems.
- Consult with recovering drug users, community drug projects and a range of stakeholders to ascertain how changes in legislation and policy are impacting on delivery of services.
- Engage with potential participants to ascertain what the barriers are to taking up these programmes
- Identify the measures needed to address the issues arising from these changes.
- Make recommendations based on the role of the DRPS as a core element of the National Drugs Strategy.

List of those consulted

Consultations were undertaken with the following groups:

- Online surveys of DRP Managers (24 respondents) with follow up focus group meetings of project managers
- Individual interviews with 11 people currently participating on DRPs
- Individual interviews with 11 people who have declined to take up a position on a DRP.
- Seven Community Drug Projects
- Four Local Drugs Task Forces
- Referring organisations and policy-makers as follows:
  - National Drug Rehabilitation Implementation Committee (NDRIC)
  - Social Inclusion Division, HSE
  - Department of Social Protection
  - Probation Services
  - Rehabilitation Integration Service, HSE
  - Ballymun Job Centre

Index of Tables:

Table 1: DRP survey response to question 'where do you get referrals from'? 10

Table 2: Impact of participation in CE on secondary benefits for recipients of certain social welfare payments 19

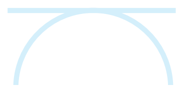
Table 3: Overall take-up of DRP places by T. Code/Referred Participants 21

Table 4: Comparative CE participation numbers for those in receipt of One Parent Family payment (OPF), disability, and illness benefits between 2012 and 2011 23

Table 5: Comparative T-code participation numbers for those in receipt of concurrent disability or OPF payment between Dec 2011 and November 2013 23

Acknowledgements

Citywide would like to thank all of those who participated in this consultation. In particular we would like to thank the CE participants (and those eligible for CE) for sharing their direct experiences and for their frank contributions. We also want to express our gratitude to the DRPs, Community Drug Projects, and partner and referring agencies. Our thanks also go to TSA consultancy for conducting individual interviews and leading focus groups. Finally we wish to acknowledge the considerable efforts of the members of the advisory group who provided valuable critical advice, support and commentary.



Section
2

Section 2

About the Drug Rehabilitation Projects (DRPs)

Background

The National Drug Strategy Team (NDST) was established in 1996 as the national co-ordinating structure for the government's drugs strategy and, through its membership of the NDST, FAS identified the Community Employment Scheme as a potential source of support for recovering drug users. An interagency sub-committee was set up by the NDST to develop the framework for CE Special Drug Projects and to set the criteria for its operation. The framework document was approved by government and CE Special Drug Projects (now DRPs), became a core element of the National Drugs Strategy. In recognition of the role of DRPs as rehabilitation programmes nine key operational and eligibility adjustments were made (see Appendix 1). On January 1st, 2012 responsibility for Community Employment transferred from FÁS to the Department of Social Protection (DSP).

There are 1,000 ring-fenced CE places that are set aside for drug rehabilitation only and allocated to support the area plans of Drug Task Forces. The majority of these places are located in dedicated Drug Rehabilitation Projects (DRPs) that were set up specifically for the purpose of responding to community drug problems. Other individual places are located within mainstream CE schemes that have allocated one or more places for people in recovery from drug use. There are 47 dedicated schemes in Ireland [1], and the majority of these (35 schemes, or 74%) are located in Dublin.

The role of DRPs

The DRPs provide recovering drug users with an opportunity to participate on a rehabilitation programme in a local community drugs project for 19.5 hours per week. The programmes provide elements of personal development, group work, education and training and aim to provide participants with stability in their lives so that they can address their drug use and reintegrate into the lives of their families and communities.

DRP participants do not have a traditional job function or job description as in mainstream CE. They do, however, engage in a range of rehabilitation activities which ultimately prepare them for a return to better health, education and/or employment. Each participant has an ILP (Individual Learning Plan) which sets out their goals and objectives and identifies the supports available to them to achieve these objectives. The ILP is developed with the participant as part of a process of individual case management and care planning, which is part of an overall continuum of care. Key supports to participants include counselling, key-working, addiction work, complementary therapies and practices, etc.

DRPs also carry out a significant level of advocacy work for participants with a range of state agencies, reflecting the interagency approach that is integral to drugs rehabilitation.

[1] Source: Department of Social Protection

Structure

Each DRP is an independently managed community project with its own Board of Management and legal status. As well as CE funding, projects may receive funding from the HSE and Drugs Task Forces, the ETB (previously VEC), Probation Services and the Department of Social Protection (other than CE).

A small number of DRPs were set up specifically for women and while most DRPs would have a defined geographical area, in practice this is operated flexibly and potential participants are assessed on basis of need.

Referrals

As would be expected in an interagency approach, DRPs receive referrals from multiple sources, with drug treatment centres (including methadone clinics) being the main source. Another significant source of referrals are community and voluntary drug services. Social work services and the Department of Social Protection (DSP)/other government departments also provide some referrals.

A survey of DRPs established the following referral patterns:

TABLE 1: DRP SURVEY RESPONSE TO THE QUESTION 'WHERE DO YOU GET REFERRALS FROM?'

	% of respondents
Drug treatment centre/ clinic	75%
Community/ voluntary drug services	71%
Self-referral	67%
Probation and prison services	46%
Other community services	46%
Homeless services/ organisations	38%
GPs	33%
Social work services	21%
Other	13%

Eligibility for participation on DRPs

Rehabilitation places

To be eligible for one of the 1,000 ring-fenced CE drug rehabilitation places on a DRP, a person must be over 18 years and in receipt of a Social Welfare payment, they should be referred from a drug treatment/support service and undergo assessment of suitability for participation on the programme [2].

[2] The National Drug Rehabilitation Framework has established protocols for referrals to DRPs

Support workers

One of the 9 special conditions for DRPs (see appendix 1) is that up to 25% of approved project places may be used to recruit support workers for the project. Support workers are not referred through addiction services and are not counted in the 1,000 ring fenced places. They must meet the standard eligibility criteria for CE in relation to SW payments. They work to support the projects and rehabilitation participants by engaging in a range of activities from administration and house-keeping to advocacy, educational supports, co–facilitation and (following appropriate training and supervision) build professional supportive relationships.

CE payments

Payment on CE is linked to Social Welfare rates but is treated as a wage and is liable for tax. Up until 2012, people on Disability and One Parent Family payment received these allowances in addition to their Social Welfare payment.

Section 3

Section 3

Benefits of Drug Rehabilitation Projects

Context for DRPs

It is essential in looking at the benefits of DRPs to place their work in the context of the lives of their participants. DRPs emphasise how crucial it is to the effectiveness of their work to have an adequate understanding of the barriers to participation that are part of the life experience of many recovering drug users. These existing barriers to participation are primarily linked to disadvantage and drug use and include low self-esteem, low levels of literacy or modest educational achievements, poor health, insecure housing, weak social networks, poor family relationships and limited access to childcare.

While the motivation to address their drug use and improve their lives can be high for many drug users, the ability and capacity to engage in the practical day-to-day steps that are required to engage in a structured programme can initially be very low. This capacity is negatively affected by concern about participation costs, uncertainty about future status on Social Welfare, uncertainty about entitlements while on CE, as well as practical issues such as organising childcare, being well presented in appearance, keeping to a timetable etc. It is in this challenging context that DRPs carry out their work.

Consultation was carried out with DRPs and project participants, as well as some partner agencies to describe the main benefits that they identify from participation in DRPs.

Benefits experienced by participants

Interviews were undertaken with individuals who were currently participating in a DRP, in which they discussed the benefits and impacts of their participation. Broadly speaking the benefits and impacts fall into four different areas: Stability & Structure, Support, Confidence Building & Education.

All names of interviewees have been changed to protect their anonymity.

Stability & Structure

The most important benefit as identified by participants is the stability, structure and routine that these projects provide. This was identified as a principal reason for taking up positions on DRPs:

> I just needed some stability, and the routine as well and I heard it was a very good programme. **Tina**

> Most of us in here now that are in recovery, need to be doing something constantly, because in the blink of an eye you could just slip back into your old ways. **Brian**

Some believed that without the structure and support offered in the CE programme, they would have reverted to crime or drug use. Indeed one interviewee believed that were it not for the DRP she would "probably be dead" and credited the project with changing her life:

> It has given me structure in my life and kept me out of trouble as well ... if I hadn't got this I'd be in trouble with the Guards. Carol

> Being on the programme has given me a chance to give my kids a better life as well. Carol

Support

According to participants, the supports provided in these projects are essential. The supports primarily identified included key worker and peer support. These support mechanisms helped to increase coping skills and develop team-working abilities. Many people become isolated through their drug use, and team-building activities help to rebuild trust and relationships with people.

The support most often referred to was the individual attention provided by the key worker:

> You have a key worker and they check in with you every so often to see how you are doing ... it keeps you on your toes... keeps you focused on your recovery... you're staying on track. Thomas

> Since starting here I think I'm achieving a lot...I have a key worker that looks out for me, I never had that before and it's changed my life. Carol

> It's given me a bit of confidence back, it's given me a boost in my confidence you know, having a key worker there, someone to speak to where before I'd be sitting with thoughts in my head. Peter

Being in a group with other drug users addressing their addiction issues was identified as being important in providing support and role modelling:

> There's another lad I know that's on the course here...he's clean now off everything, he's an inspiration on the group, it shows there is light at the end of it, you know, how you can come out. Peter

Confidence Building

Participants interviewed felt that their self-esteem and confidence had been enhanced as a result of taking part in the DRP.

> ...when I went on drugs I lost a lot of my confidence and my self-esteem and I just think this course has brought it back to me again.....I'm learning every day, my brain is active, I can see my problems now, I can see what I'm good at. Rosie

> I'm finding my voice again.... Sabrina

> It's definitely helped; it has turned my life around. Peter

Education

A key confidence building measure was the availability of education for participants. The transformative and empowering effect of education was noted both by participants and by referral and state agencies. DRPs enabled participants to gain formal qualifications and develop new skills as many participants had little formal education.

> We do English, maths, computers and every second week we do drama which I love ... it's brilliant... I'd be lost without it. Carol

Participation in a DRP has resulted in providing the foundation for many people to continue with education. For many of the participants, their involvement in DRPs enabled them to set goals for the first time in many years. Most of these goals involved further education, accessing employment, or working with young people. Thomas expressed an interest in working with others affected by addiction, in particular young people:

> I'd just like to be able to have an impact on some of the youth growing up in the areas where I grew up so that they wouldn't end up going down some of the routes that I went down which lead to drug addiction. Thomas

> Being on the programme has given me a chance to give my kids a better life as well. Carol

Views of agencies

All of these impacts were mutually reinforcing and are believed by participants to have had a life-changing impact. These views were reflected by state and referring agencies which attested to the transformative impact of DRPs on all aspects of participants' lives, and the lives of their families. These agencies spoke about the positive impacts that DRPs have had on families and the wider community, and made the point that they occupy a unique space in this regard as there are no other similar rehabilitation services in the State.

Community Drug Projects [3] confirmed the key role of DRPs in providing drug users in recovery with a structure to their lives; this was seen as crucial in minimising the risk of relapse. It was also seen that, as participation continued, this stability and structure formed a basis for other benefits to accrue. For example, participation in education enhanced the confidence of participants who could then take a greater role in their own children's education, for example, by supporting them with their school work.

According to one community drugs project manager:

> .... providing service users with an opportunity for constructive activity, has a stabilising influence on families and kids. The participants get into the habit of bringing their children to school. It gives them a sense of wellbeing and the hope that they can change their lives around – so the impact is very positive.

[3] Community Drug Projects are set up in Drugs Task Force Areas. They are independent, locally run projects that provide a range of services and supports to drug users, their families and to the wider community.

Wider community impacts

Referring agencies believed that having DRPs located in the communities most affected by serious drug problems was important because, not only do they provide local access to services, but in so doing they make visible the tangible and positive outcomes of rehabilitation, giving hope of recovery from drug use. This can help to re-establish fractured relationships within the community.

> **You can see people who were once addicted and are now clean and working. It can give hope to parents and siblings of recovering drug-users; their sons and daughters can change their lives around.**
> **It is very positive for the community to see residents going on to third level. It raises people's expectations in their community... This is very important as there are extremely low levels of participation in third level.**

Other community projects also noted that many DRPs have made significant contributions to their local communities by initiating and participating in local activities and events. For example, in one area a DRP in partnership with the local community developed a very successful community garden.

State and referring agencies concurred with this perspective. They referred to events that have been held to mark participants' graduation from education programmes, and it was believed that such events have had a positive impact on the community in that they can mitigate the negative attitudes towards drug users. Moreover, they highlight that recovery, change and rehabilitation is possible.

The point was made that DRPs are supporting participants to become active in their community – to become 'community supporters rather than community supported'.

Section
4

Section 4

Budget & Policy Changes to CE

Changes specific to CE

A number of significant legislative and budgetary changes to how CE operates were announced in Budget 2012.

The first set of changes referred to the operation of the scheme. The Budget provided for a reduction in the training and materials budget for CE schemes by 66 percent, with a reduction from €1,500 per participant to €500 per participant. Following significant lobbying from CE scheme sponsors, staff and participants, it was announced in February 2012 that CE projects could avail of up to €1,000 training and materials grant per participant; however, this payment was discretionary and projects needed to provide a clear and transparent demonstration of need for the level of funding.

A financial review of CE schemes was carried out by the Dept. of Social Protection, with the following outcomes:

- Implementation of cost savings through restructuring of materials grant.
- Reduction in supervisory costs by implementing new supervisory ratios specified (1 Supervisor to 25 Participants[4]).
- The overall participant training budget is to be held by DSP community services in each region, rather than a fixed allocation held by each project on the basis of number of participants.

The overall impact of these changes on DRPs has been a reduction both in the training budget available for participants and the resources available to the project to meet basic running costs of their programmes.

Social welfare act 2012

Budget 2012 also announced changes to entitlements of new CE participants, which were provided for in the Social Welfare Act 2012. As previously outlined, eligibility for CE is based on being in receipt of state payments – generally Jobseeker's Benefit/Allowance (formerly Unemployment Benefit/Assistance), Disability Allowance or One Parent Family Payment (OPFP). Up until 2012, people on Disability and OPFP received the CE payment in addition to their Social Welfare payment; however, the 2012 legislation provides that new entrants to the CE scheme (those recruited from January 2012) are no longer entitled to receive a weekly Social Welfare payment while participating on CE. This change affects all new entrants to CE in receipt of Disability Allowance, Illness Benefit and OPF payments.

The weekly CE payment is a minimum of €208 per week, or a payment equivalent of an increase of €20 on weekly Social Welfare payments. With the loss of the concurrent payment, the weekly financial gain from participation on CE has gone from approximately €208 (the rate of CE participation) to €20, for those who were in receipt of the concurrent payment.

[4] This does not apply to DRPs as the ratio of supervisor to participant is 1:7 (as per the 9 points of adjustment agreement – see appendix 1)

Social welfare changes in Budget 2013

In addition to these changes, there have been budgetary provisions which have reduced Social Welfare payments for OPF Payment, Illness Benefit and Disability Allowance and age related reductions in the rates for Jobseeker's Allowance. Further changes were introduced with respect to the OPF payment, concerning the age limits for children in respect of whom an OPF payment is made. With regard to the Household Package (payable to those in receipt of Disability Allowance amongst other Social Welfare payments), the Telephone Allowance was reduced as was the number of weeks that the Fuel Allowance is payable. There was a general reduction in the rates of Child Benefit.

Secondary benefits

When people come on to a CE Scheme they retain their entitlement to secondary benefits that they received before starting on the scheme. This situation has not changed but significant confusion has been caused by the fact that changes have been made to the underlying entitlements to secondary benefits, depending on the type of payment received. The timing of these changes has meant that they are being seen by CE participants as part of overall changes to payments on CE.

For individuals on Disability Allowance, Invalidity Pension, Blind Pension and Illness Benefit participating on CE, they retain their medical card and retain an entitlement to the secondary benefits that they were receiving immediately before going onto Community Employment (provided the participants continue to satisfy the conditions for these benefits). These are summarised below:

Table 2: **Impact of participation on CE on secondary benefits for recipients of certain social welfare payments**

Secondary Benefit	Disability Allowance	Blind Pension	Invalidity Pension	Illness Benefit
Fuel Allowance	May be Affected			
Free Travel	Retain	Retain	Retain	
Household Benefits Package	Retain	Retain	Retain	Retain
Medical Card	Retain	Retain	Retain	Retain
Mobility Allowance	Retain	Retain	Retain	Retain
Blind Welfare Allowance	Retain	Retain	Retain	Retain

Section
5

Section 5

Impacts of these Changes

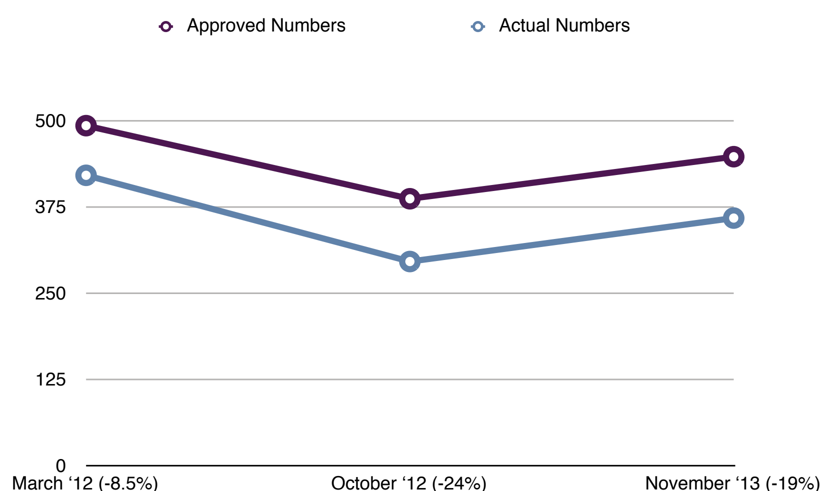
Consultation was carried out with DRPs and project participants, as well as some partner agencies to establish exactly how the changes in policy and practice in relation to Community Employment, as well as more general changes in the Social Welfare Act 2012, are impacting on participation.

Overall take-up of DRP places

Citywide surveyed 37 Community Employment Drug Rehabilitation Projects (DRPs) between March 2012 and November 2013 in relation to the impact that changes in the Social Welfare Act 2012 were having on uptake to their programmes.

We asked projects for comparative numbers of CE participants on 31st December 2011 (before SW 2012 came into force), on 31st March 2012, on October 26th 2012 and finally on November 1st 2013.

The survey in March 2012 showed that take up numbers for T. Code/Referred participants[5] had reduced by 8.5%. By October of that year the take up numbers had fallen by 24%. In the final survey (Nov 2013) take up figures for T. Code participants were down by 19% on approval numbers.



Reduction in applications

In consultation with DRPs, the most commonly cited impact of SW Act 2012 was a reduction in the number of applicants for vacancies.

It is more difficult to recruit participants who are on OPF Payment and those on Disability Payment. Many projects noted a dramatic reduction in applications from women. One DRP noted that since the implementation of the Social Welfare Act

[5] T. Code is the DSP/FAS term for clients referred to the 1000 ring fenced places for drug rehabilitation

2012 and the changes to CE, they have only received applications from men. The project was concerned about this as much work has been undertaken over the years to attract women into the service. Even more concerning was the impact on one women specific programme that had to make the decision to open its programme to men because of falling numbers of female applicants.

> **Clients on Disability and One Parent payments are reluctant to come forward for Community Employment. The cost of taking up Community Employment i.e. travel, childcare is a huge financial pressure.**
>
> **The people are still out there, but DRPs are limited in their ability to remove the newly created barriers.**
>
> **Our numbers have dropped significantly since the beginning of 2012, with up to one third of rehab places left unfilled.**
>
> **We have 7 vacancies advertised twice in the last three months with no uptake from participants – people on OPFP and Disability payments are not prepared to come off their SW payment in case they can't get it back at the end of the programme.**

It is also more difficult to recruit those on Disability Payment and DRPs are concerned that, as there are no other drugs rehabilitation services in place for this group, this will lead to significant unmet needs amongst drug users who require support in their recovery.

The difficulties experienced by DRPs in recruitment are also highlighted in the experience of the National Drug Rehabilitation Implementation Committee (NDRIC). NDRIC has gathered information on the impact of changes in the Social Welfare Act 2012 on communities within and outside Dublin and has analysed the lack of progression on to DRPs as the most prevalent issue coming to its attention. This information was gleaned from ten pilot rehabilitation sites that were set up in the summer of 2012 and NDRIC has also recorded a large increase in the numbers of cases in its 'gaps and blocks' process which have been attributed to the changes in the Social Welfare Act.

Participation rates based on payment type

The following data provides us with a more detailed picture of CE participation rates based on payment type. First we look at the national data, then we compare participation rates on DRPs by payment type and finally we look at the changes in gender and age profiles of DRP participants:

All CE participation

The figures below show the changes in the national participation rate of those who were in receipt of a concurrent Social Welfare payment between the period September 2011 and September 2012. In all categories, a stark reduction in numbers is recorded.

Table 4: Comparative CE participation numbers for those in receipt of OPF payment, disability, and illness benefits between 2012 and 2011

Social Welfare Payment	Sept 2011	Sept 2012	% change
One Parent Family payment	4,508	3,060	-32%
Disability allowance	1,864	1,416	-24%
Illness benefit	675	567	-16%
Invalidity payment	1,390	1,039	-25%
Blind person's pension	13	7	-46%

Source: Dept of Social Protection

DRP participation rates

Citywide tracked changes in T. Code participation (drug rehabilitation places) by people in receipt of a concurrent payment from December 2011 to November 2013. In December 2011, 78% of T. Code CE participants in Drug Rehab Projects were in receipt of either a concurrent Disability Payment or One Parent Family Payment (OPFP). By October 2012 that percentage had reduced to 65% with a marked drop in those on a Disability payment. The final Citywide survey in November 2013, shows that only 19% of participants on DRPs maintain a Disability concurrent payment and only 6% are in receipt of OPFP (= 25% of T. Code participants).

Table 5: Comparative T-code participation numbers for those in receipt of concurrent disability or OPFP

	Dec 2011	March 2012	Oct 2012	Nov 2013
Disability	51%	45%	39%	19%
OPFP	27%	24%	26%	6%

Participants coming off concurrent payment to take up a DRP CE place

The November 2013 survey asked projects how many new participants (started since Jan 2012) have come off a concurrent payment to take up a place:

Came off Disability Payment: 27 (7.5% of actual numbers)

Came off OPFP: 23 (6.5% of actual numbers)

Comparison:

In December 2011, DRPs reported that 78% of DRP participants were either in receipt of disability or OPFP concurrent payment.

In November 2013, DRPs reported that the percentage of participants still in receipt of a concurrent payment is only 25% and the percentage of new participants who came off a concurrent payment to take up a place is 15%.

Participant profile changes

The Social Welfare Act 2012 changed the entitlement to concurrent OPF Payment & CE Allowance (the vast majority of people claiming these payments are women), and Budget 2013 reduced the rate of Job Seeker's Payment for those under 26 years. To assess if these changes were impacting on the participant profile in DRPs, in November 2013 we asked for information on gender and age profile changes.

Gender

Nineteen of the responding projects are open to both men & women and of those projects 69% (13) said that since the changes in SW 2012 there was an increase in the number of male participants in their programmes.

Age

While 8 projects saw no real change in the age profile of participants, the majority of projects (11) saw a marked increase in the numbers of young men coming forward, and 6 projects also reported an increase in the numbers of young women[6]. The new profile of participants shows an increase in younger people on the lower Jobseekers Allowance payment. For these, there is a financial benefit to participation on CE, as weekly payment can increase from €144 per week to €208 for those aged 25 to 26 years and from €100 to €208 for people under the age of 25 years.

New barriers to participation

In describing the benefits of DRPs in an earlier section of the report, it was emphasised how crucial it is to the effectiveness of DRPs to have an understanding of the underlying barriers to participation that are part of the life experience of recovering drug users. In the consultation DRPs highlighted the challenges already there in addressing these barriers and expressed serious concerns that additional barriers are resulting from the changes that have been introduced. These barriers are leading to needs not being met, rather than an elimination or reduction of demand. The people who need rehabilitation supports are still out there, but DRPs are limited in their ability to address the barriers. The views of DRPs on why places are not being taken up concurred with those of the participants.

Removal of financial incentives

The 2012 Social Welfare Act wiped out the financial incentive that had encouraged participation in DRPs from people on a disability payment and those parenting alone. The financial gain for participation has gone from €208 per week to €20 per week. All DRPs expressed concern that these changes have removed an effective incentive for recovering drug users to participate and are now placing financial barriers to participation for those that experience significant marginalisation.

Current CE participants and potential CE participants who did not take up places were asked for their views on why there has been a reduction in applications. All of them identified that the loss of concurrent payments for those on One Parent Family or Disability Payment has resulted in the loss of an effective financial incentive:

> **When I came on the programme I had my lone parent payment and I got the CE payment – it made a huge difference to me – I could afford to pay childcare. I love being on the programme but I don't think I would have taken up a CE place if I'd have lost my lone parents payment.** Carol

> **I'd love to have a place on a CE but I couldn't afford to take it up.** Lisa

Regaining disability payment at end of CE

DRPs and referring agencies also reported the fear amongst potential CE participants that they would not regain their Disability Payment once their time in a DRP came to an end. This fear was believed by all the agencies to be a major disincentive to participation on CE.

> **Potential candidates on D.A. will not give up payment to come on project. ...the risk involved in coming off a One Parent Family Payment or Disability Allowance is too much for this target group.**

The point was made by one community drugs project that security and certainty about the future was very important for people in recovery and that any uncertainty around these issues would undermine participation and ultimately undermine potential for recovery.

Interviewees who had declined a CE DRP place, identified concerns about not regaining Disability Payment on completion of CE as the key factor preventing their participation. These Interviewees said that if there was a guarantee that the Disability Payment would be restored at the end of CE, it would be an important assurance:

> **If I did not lose my entitlement to getting Disability Payment back once the CE programme ended, I would do it.** Stephen

> **I would be afraid that it would take a long time to get the Disability back. It would do my head in with the worry and I would be afraid that I would relapse as a result.** Thomas

Secondary benefits

The reductions in other benefits including the Household Package (namely, reductions in allowances for telephone, fuel allowance) have exacerbated the effects of financial difficulties, and in some cases, these changes are incorrectly perceived as being related to participation on DRPs. Participants reported a perception that taking part on CE will impact on the Household Package, and other secondary benefits amongst people on disability payments.

> **If they just let me keep everything in [the Household Package] I'd go without any extra payment. Carl**

> **If I lost the Household Package, I'd be down between €90 & €100 per month ... the bus pass is also very important to me. Stephen**

DRPs reported that there was a lack of clarity and inconsistency in information provided by DSP staff with regard to participation on CE and entitlements to secondary benefits. This inconsistency was believed to have created anxiety, creating a barrier to access for prospective DRP participants. For those who had declined CE participation, the fears around loss of the Household Package and other secondary benefits were major considerations

Additional costs of participation

The additional costs of participation, for example, transport, childcare cannot be sufficiently met by the additional €20 provided to participants. Interviewees who had not taken part in CE (but were eligible) spoke about the additional costs of CE participation as a disincentive. Participation on CE was perceived to lead to a cost for interviewees, and they would inevitably be worse off if they participated on CE.

> **I can barely survive now. Kevin**

> **I would have been out of pocket. The extra €20 would not have covered transport or buying your own lunch. Terry**

.

Other impacts since 2012

Application of labour market mechanism rules

Concern was expressed by DRPs about the increasing application of labour market mechanism rules that are inappropriate in a rehabilitation programme. DRPs are now expected to apply rules around sick pay and leave in a way that is not consistent with the delivery of a rehabilitation programme, where time off for medical appointments and treatment is often a core part of an individual's programme.

> **The current policy of sick pay and uncertified leave are not realistic to our target group needs in light of a single payment structure. The process of deducting from the participant's allowance is extremely counterproductive**

> to the therapeutic relationships between participants and the project.

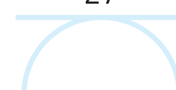
There was particular concern about indications from DSP staff that if a participant left a DRP before the completion of the scheduled programme that this could have a negative effect on the individual's Social Welfare Payment. Again this would be totally inconsistent with the role of a rehabilitation programme in addressing relapse, which is a normal part of recovery and which needs to be addressed therapeutically when it happens.

Support workers

DRPs have also reported difficulties in recruiting and maintaining support worker positions and unsurprisingly, the reasons for these difficulties are consistent with those in recruiting for rehabilitation places, with the loss of the concurrent payment as the major disincentive to participation. DRPs have expressed fears that the reduction in support worker applications will lead to projects losing their entitlement to these posts if they remain unfilled. One Manager of a DRP noted:

> Without maintaining their Social Welfare payment, CE has become a less attractive option for them: there may be costs associated with taking up the CE placements i.e. travel, lunch, childcare which the basic CE payment does not cover. We have also had individuals willing to take up posts but when told that their Rent Allowance will be reduced have declined places.

> In the past the majority of our support workers would have accessed further education and training in the area of addiction ….we have recently been informed by our DSP officer that the participants cannot use their training grant towards this cost as it is too highly accredited…On another occasion training was declined by the DSP officer because it was not FETAC accredited (the total training hours were 2 with a total cost of 30 euro).



The above comment indicates how changes in training have become a further complicating factor with regard to recruiting support workers. Other exacerbating factors are the perceived likelihood that support workers will only be in place for one year and the lengthy delays in gaining Garda clearance for participants.

Another DRP manager commented:

> DSP say we may have to let support workers go after one year. It takes us nearly a year to train them up.

DRPs responding to changes

In November 2013 Citywide asked DRPs to comment on how they were dealing with the changes that have occurred since the introduction of SW 2012.

The combination of a reduction in applicants and a change in applicant profile has meant that many DRPs have had to change their approach to delivery, resulting in a pressure to adapt existing programmes for new target groups and to run a number of different programmes at the same time, all at a time of reduced resources.

While DRPs have responded and welcomed the opportunity to work with younger people these changes are presenting challenges. Many of the younger applicants are not opiate users and programmes have to be adjusted to respond to the needs of stimulant & poly-drug users:

> **The changes initially had a devastating effect on our recruitment figures. People were also unclear about how the changes would affect their secondary payments and advice from SW offices was often contradictory. We had to change our service and considered a number of options: drug free group, women only group, or young adult group (18-24/25).**
>
> **We eventually targeted young adults and now have a separate service for them. We still work with the other cohort of older opiate users and remain concerned that this traditional group have been displaced and disincentivised as a result of SW 2012.**
>
> **We have had to make huge adjustments to our programme in order to try to retain or attract new participants. We have had to break into two separate programmes: stabilisation and drug free.**
>
> **As a result of the changes we are now working with more people with mental health concerns.**
>
> **We have had to accept men onto what was previously a programme for women only. This has been a major upheaval of the previous programme.**
>
> **More people under 25 years are looking for CE places, partly as result of reduced SW payment. Many younger clients are stimulant users - programmes have had to be adapted to meet their needs.**
>
> **We see young people on unemployment payments coming forward who are looking for a place because they are getting hassle from SW – they are missing motivation to address their drug problems.**
>
> **We are very concerned about what will happen to older drug users with on disability payments who are not coming forward.**
>
> **Stability [of the women] is changing - we are getting women who are less stable than before. Drug use is more chaotic. Housing is less secure. Poverty is increasing. Child protection issues are increasing. Domestic violence issues are becoming regular events rather than 'occasional' events as before.**

Section 6

Section 6

Conclusions and Recommendations

Barriers and Incentives to Participation

The major impact identified for DRPs in the research is, on the one hand, the fall in applications for places on (Special CE) Drug Rehabilitation Projects from people who are on One Parent Family Payment or Disability payments and the increase in applications from people who are on Job Seekers Payment. This change has resulted in a noticeably different profile of people coming forward i.e. there is a decrease in women and an increase in men, the age profile is lowering and the levels of stability in relation to drug use are more varied. The majority of projects have seen a spike in applications from younger men over the past two years; this younger cohort may never have used heroin, but use a cocktail of illegal drugs, tablets and alcohol. This provides a more challenging environment in which to deliver rehabilitation programmes.

DRPs in the main were set up based on a model of working with people who were on methadone and attending treatment clinics and were therefore linked into the 'system'. DRPs are experienced in developing good practice to respond to changing drug use patterns and projects have adapted to participant profile changes by re-structuring to accommodate where they can, and the consultation pointed to a range of programme realignment including targeting younger adults by providing separate services and offering stabilisation and drug free programmes.

Budget 2012 wiped out the financial incentive for people parenting alone and those with on disability payments to address their addiction problems, thereby creating additional barriers to participation for these groups. It must be recognised that even before the introduction of changes in the 2012 Budget, general barriers exist for recovering drug users attempting to address their drug use through accessing CE/rehab. These barriers are primarily linked to disadvantage and drug use and include low self-esteem, low levels of literacy or modest educational achievements, poor health, insecure housing, weak social networks, poor family relationships and limited access to childcare. As DRPs are the main providers of rehabilitation programmes for people in recovery from drug use (and in some communities, the only provider), there are no alternative rehabilitation options available to the groups who are not participating now.

Recommendations to Remove Barriers and Incentivise Participation

The barriers that now exist for participants, in particular for those on One Parent Family Payment and Disability payments, must be addressed based on their need to access CE for drugs rehabilitation. The following recommendations if implemented would reduce barriers and encourage participation:

- The participant should be guaranteed to be restored to their previous payment status at end of scheme in order to remove disincentive of insecurity. The DSP should clarify and communicate this in writing to DRPs.
- No secondary payments should be lost or decreased as a result of going on scheme.
- The time limits applied to mainstream CE should not be applied to DRP participants. More than one chance should be given to people trying to deal with their drug problems.
- Enable CE participants to access Family Income Supplement (FIS) [7]. Introducing a special dispensation to allow CE participants apply for FIS would support the inclusion of participants with children.
- Benchmark CE with the JobsBridge programme [8], by providing participants with an additional €50 per week.

Programme Development & Delivery

Difficulties in recruiting have a knock-on effect on the DRPs' level of resourcing, as there is a reduction in budgets if projects do not maintain the number of participants at the approved level. The overall operating budget of the project decreases and the positions of supervisors and assistant supervisors are open to review if numbers fall below a certain level. This level of insecurity and uncertainty is seriously detrimental to the planning and delivery of structured rehabilitation programmes, in particular at a time when DRPs are trying to adapt and respond to the needs of changing target groups and in the long run affects the future viability of projects.

The application of mainstream CE conditions in relation to issues such as sick leave and of social welfare rules in relation to leaving programmes early are completely at odds with the therapeutic practice of DRPs and if implemented will have a serious impact on the projects' relationships with their participants, again with implications for future viability.

Recommendations on Programme Development & Delivery

- Care Plans are operated through the National Drug Rehab Implementation Framework and support the individual to progress in addressing their drug problems and integrating back into their families and their communities. Community Employment operates 'Individual Learner Plans (ILP)'. There is a need to look at how ILPs and care plans can be integrated so that plans are realistic to the requirements of DRP participants.
- Joint information and training sessions with DSP and DRP staff should take place on an annual and ongoing basis so that there is a mutual understanding of the context of drugs rehabilitation.
- A clear and consistent process needs to be in place in applying for additional training budgets.
- Training provisions should remain flexible and varying levels of accreditation should continue to be permitted in line with the special conditions which allows up to 30% of training budget to be non-accredited.

[7] FIS does not apply for participants on Community Employment.

[8] The national internship programme

Programme Development & Policy Framework

The role of DRPs is to provide rehabilitation programmes for recovering drug users as part of the co-ordinated interagency National Drugs Strategy and they do not operate as a labour market mechanism in the same way as mainstream CE. The value and importance of the work of DRPs has been acknowledged by all stakeholders and the DSP has indicated its commitment to supporting this work. In practice however, the changes introduced in the operation of mainstream CE since 2012 are intended to have a much greater focus on labour market objectives and the defining element in the changes is the nature of the Social Welfare payment and not the drug use status and rehabilitation needs of the individual.

While the DSP Stakeholders Group (DAWG) has been set up to advise the DSP on operational issues arising from the changes, there has been no consideration at a national policy level of the consequences for the rehabilitative role of the DRPs and the overall impact on the rehabilitation pillar of the National Drugs Strategy. This now needs to be addressed through the Oversight Forum on Drugs (OFD) and the National Co-ordinating Committee on Drugs and Alcohol Task Forces (NCCDATF) where the DSP works in partnership with other agencies who have responsibility in relation to drugs rehabilitation as part of the implementation of the NDS.

Recommendations on Policy Framework

- An interagency working group should be set up through the OFD and NCCDATF to review and identify how DRPs can continue to provide drugs rehabilitation services in our communities in the context of a complex and changing drugs problem.
- The special conditions (9 Points of Adjustment) for the operation of DRPs were developed and put in place based on the need to support the delivery of drug rehabilitation and must be maintained and reviewed in that context.
- There is a need to support programme review and development to take into account the changing context of drug use and the broader range of target groups, building on the good practice and innovative work of DRP Special CEs to date.
- A quality standards framework for DRPs should be developed and applied that is appropriate to the work of drugs rehabilitation and the context of that work.

A

Appendix I

Guidelines on the Agreement on the 9 Point Revised Conditions for Community Employment (CE) Ring-fenced Drugs Rehabilitation Places (DRPs)

Agreed 20th January 2011

1. Entry Requirements

✓ The age of entry pre-requisite is reduced to 18

The minimum age for participation on a standard Community Employment (CE) Programme is 25 years of age. This age requirement has been reduced in recognition of the demands for rehabilitation training for those referred in recovery from substance misuse.

2. Referral Procedures

✓ The normal Department CE eligibility requirements are waived based on evidence of an appropriate referral following an appropriate assessment of the applicant in the context of the National Rehabilitation Framework protocols.

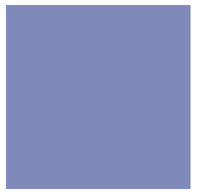
This National Drug Rehabilitation Implementation Committee (NDRIC) Framework is designed to ensure a continuum of care for people in rehabilitation and will ensure appropriate and consistent referral procedures for all Drug Rehabilitation participants coming on CE, both in relation to the Ring-fenced CE Programmes places and standard CE programmes.

✓ Referral documentation should be made available to FÁS if requested.

3. ILP Training and Development

✓ The Training and Development budgets are based on the development of the CE Individual Learner Plan (ILP) process.

Every learner on CE has their own Individual Learner Plan (ILP) which identifies their learning goals and charts progress. The ILP is a web-based system which allows learning to be identified, requested, approved, delivered and reported on in real time. This plan is jointly agreed between the Supervisor and learner. Using the ILP, learners can pace their own learning and record and recognise their own achievements, including accredited learning.
As a step by step record of achievements, the ILP provides an opportunity for personal reflection and positive re-enforcement of their personal journey towards rehabilitation and progression



4. Programme Duration

✓ Participants may be eligible for up to 3 years participation on CE

✓ In exceptional circumstances and subject to a case manager referral, participants may be eligible for one year additional time on a standard CE Programme. The Department eligibility and age requirements are waived.

5. Programme Participation

✓ A qualifying client can re-engage to another Drug Rehabilitation CE project without the 12 month re-qualifying period.

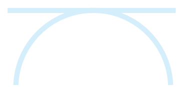
6. Supervisor/Participant Ratio

✓ Supervisor to participant ratio is 1:7

7. National Programme Approval

✓ Some approval procedures are waived

Following FAS approval, applications are brought before the National Monitoring Committee for noting.



8. Accredited Quality Assured Certification (FETAC/HETAC)

✓ Access to quality assured recognised certification is recommended but will allow up to 30% non-accredited activities pending periodic review.

The recognition of non- accredited learning is to address the wide range of uncertified personal development and rehabilitation activities undertaken on Special CE Programmes. All activities will continue to be recorded and approved through the ILP system.

9. 25% Worker Support Element

✓ A 25% worker element is included in addition to the ring-fenced places to support the delivery of the CE Programme. Support workers must comply with normal CE eligibility conditions.

The FAS CE Application procedures and IT Management System are being revised to record the support workers.

11 Cadogan Road, Fairview, Dublin 3
Tel: 01 836 5090 / 836 5039
Email: info@citywide.ie
Web www.citywide.ie

design and print by Printwell Design www.printwell.ie