Community Employment Drug Rehabilitation Places

Department of Social Protection
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An Roinn Coimirce Sóisialaí
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1. The Context

The Department of Social Protection (DSP) supports the work of the National Drugs Strategy (NDS) for the re-integration of people recovering from substance misuse into the labour market. Primary amongst these is the CE programme with 1,000 drug rehabilitation places on dedicated and mainstream CE schemes which are funded as part of the CE budget. There are approximately 47 dedicated drugs schemes, 35 are in the Dublin region.

A dedicated drugs rehabilitation scheme is a scheme where participants are referred to the scheme by a recognised drug rehabilitation service or agency. The focus of the scheme is on rehabilitation and training and development; and multi-agency co-operation is important for the achievement of successful outcomes of participants. Generally drug rehabilitation schemes are located in areas of economic deprivation with a history of substance misuse, and are supported by local and regional Drug Task Force projects. Schemes are delivered by Supervisors with experience in the area of drug treatment and rehabilitation, (Supervisors are contracted in the same way as standard CE Supervisors).

The role of Community Employment (CE) schemes in helping recovering drug users to develop their personal and employment skills and find a pathway back to work is strongly valued[1]. These places are to support projects whose aim it is to assist stabilised drug users to engage in training programmes that assist in their rehabilitation. This response was designed to act as a labour market element of an interagency focus on prevention, treatment, rehabilitation and training.

In addition the general characteristics of CE were modified to meet the complex needs of this target group. These conditions cover participant eligibility, referral, programme delivery and expected outcomes (Appendix 1).

Drug rehabilitation places on Community Employment are identified as the mechanism to develop work experience and training, provided such intervention is:

- integrated with other support services;
- directed at former addicts who are ready to engage with employment support services.

1.1 Dedicated Drugs Schemes

Dedicated CE schemes are defined, as schemes, with a specific focus on drug rehabilitation and training. There are approximately 47 such dedicated drugs schemes. There are also schemes that have drug rehabilitation places as part of mainstream CE schemes.

2. Nine Special Conditions to Support the Delivery of Drug Rehabilitation Places

Nine special conditions to support the delivery of drug rehabilitation places on Community Employment were agreed by FÁS in 2004 and revised in 2010 in consultation with statutory, community and voluntary sector representatives. These conditions cover participant eligibility, referral, programme delivery and expected outcomes.

[1] In this context, the implementation of the Individual Learner Plan (ILP) is highlighted in the National Drugs Strategy 2009-2016.

The nine special conditions are outlined below:

1. **Entry Requirements**
   The age of entry is reduced to 18 years of age. The minimum age for participation on a standard CE Programme is 25 years of age. This age requirement has been reduced in recognition of the demands for rehabilitation training for those referred to CE in recovery from substance misuse.

2. **Referral Procedures**
   The normal DSP CE referral 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.

   The 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 Response participants coming on to CE, both in relation to drug rehabilitation places on CE Programmes and standard CE programmes.

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 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. 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.

4. **Programme Duration**
   Participants may be eligible for up to 3 years participation on a drugs rehabilitation place on Community Employment.

   In exceptional circumstances and subject to case manager referral, participants may be eligible for one year additional time on a standard CE Programme. Department of Social Protection (DSP) age requirements are waived.

5. **Programme Participation**
   A DSP participant can re-engage on another Community Employment project without the 12 month qualifying period.

6. **Supervisor/Participant Ratio**
   The Supervisor to participant ratio is 1:7. Under standard CE, the normal Supervisor/participant ratio is 1:15

7. **National Programme approval**
   Some approval procedures are waived. Following DSP 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 DSP will allow up to 30 per cent 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 drugs rehabilitation places on 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 Community Employment Programme. Support workers must comply with normal CE eligibility conditions.

3. The Structure of ring-fenced Drug Rehabilitation Places on CE

In January 2012 there were 824 participants on drug rehabilitation places on CE. There has been no decrease in participation on drug rehabilitation places nationally in the 12 month period January-December 2012 (Table 1).

Table 1: Participation on Drug Rehabilitation Places, 2012

Participation on Drug Rehabilitation Places, 2012	
Month	**Number**
January	824
February	793
March	853
April	844
May	818
June	807
July	789
August	774
September	753
October	763
November	816
December	824

At December 2012 there were 824 participants on drug rehabilitation places on CE. Table 2 below outlines the regional variations. The majority of drug rehabilitation places are in the Dublin Region (80%) and a further 14 per cent are in the South West Region.

It is important to note that outside of these areas persons with drug misuse issues are accommodated on mainstream CE schemes

Table 2: Ring-fenced Drug Rehabilitation Places by Region, December 2012

Region	Places	%
Cork Central	115	14.0
Dublin Central	301	36.5
Dublin North	96	11.7
Dublin South	231	28.0
Mid Leinster	23	2.8
Midlands North	2	0.2
Mid-West	7	0.8
North East	5	0.6
South East	38	4.6
South West	4	0.5
West	2	0.2
Total	**824**	**100.0**

December 2012: CSM IT Extracts (drugs ring-fenced places, includes Support Workers)

3.1 The Profile of Participants on ring-fenced Drug Rehabilitation Places

The needs of participants on drugs rehabilitation places are often extensive and pressing. Specific burdens regarding childcare, allowances, housing, health and imprisonment complicate personal goal setting. Many participants are exceptionally marginalised and disempowered. While international evidence shows integration on a training scheme and a focus on employment has tangible benefits, the issue is one of timing and sequencing within the recovery process.

Participants referred for rehabilitation on CE present with a wide range of personal, social and vocational needs. Due to the nature of their addiction, participants are often marginalised from family, community engagement and the labour market. Participants referred to CE must demonstrate a commitment to rehabilitation and recovery. The motivation to engage includes the capacity to pursue stability and establish a path towards re-integration into the community leading to employment. Personal, social and occupational skills training are key elements in recovery and integration for people with histories of substance misuse.

Table 3 below shows the distribution of drug rehabilitation places by age and gender at December 2012. Males take up 56 per cent of drug rehabilitation places on CE and females 44 per cent.

Over three quarters of participants (79%) are between 25-54 years of age. Thirty four per cent of places (278) are taken up by participants between 25 and 34 years of age. A further 35 per cent of places (287) are taken up by participants in the age category 35-44 years of age, and 10 per cent (86) by participants in the age category 45-54. Eight per cent of participants are 55 years and over.

Just 3 per cent of participants are under 25 - while the minimum age for participation on a standard CE programme is 25 years of age this requirement has been reduced for those participating on drug rehabilitation places in recognition of the demands for rehabilitation training for those referred in recovery from substance misuse.

Table 3: Ring-fenced Drug Rehabilitation Places by age and gender

Age Band	Gender		Total	%
	Male	Female		
Under 20	17	10	**27**	3.3
20-24	50	32	**82**	10.0
25-34	136	142	**278**	33.7
35-44	186	101	**287**	34.8
45-54	46	40	**86**	10.4
55 and over	31	33	**64**	7.8
Total	**466**	**358**	**824**	**100.0**

December 2012: CSM IT Extracts (drugs ring-fenced places, includes Support Workers)

Table 4 below outlines the education level of participants on drug rehabilitation places at December 2012. Nearly sixty per cent of participants had FETAC level 3 or below on entry to CE. A quarter of participants (208) had completed primary level education (level 2) or had no education, a further 33 per cent had completed a FETAC level 3 course such as the Junior Certificate or equivalent. Eighteen per cent had achieved a Leaving Certificate or equivalent. Thirteen per cent had a 3rd level qualification. There was no education level entry recorded for 11 per cent of participants.

There is an inverse relationship between educational attainment and gender. Twenty-two per cent of females had Leaving Certificate level education compared to 14 per cent of males. Conversely thirty nine per cent of males had Junior Certificate level education compared to 26 per cent of females. Twenty-seven per cent of males had primary level/no education compared to 23 per cent of females.

Table 4: Ring-fenced Drug Rehabilitation Places by Education level and Gender

Education Level	Gender		Total	%
	Male	Female		
Primary/no education	126	82	**208**	25.2
Junior Cert or equivalent	183	92	**275**	33.4
Leaving Cert or equivalent	66	79	**145**	17.6
3rd Level	52	53	**105**	12.7
Unknown	39	52	**91**	11.0
Total	**466**	**358**	**824**	**100.0**

December 2012: CSM IT Extracts (drugs ring-fenced places, includes Support Workers)

Table 5 below outlines the welfare status of participants on drug rehabilitation places at December 2012. Participants in receipt of Job Seekers Allowance (341) and Job Seekers Benefit (40) made up 46 per cent of all participants. Participants in receipt of a disability payment (Disability Allowance, Illness Benefit and Invalidity Pension) made up 30 per cent of all participants. Participants in receipt of the One Parent family Payment made up 18 per cent (150) of all participants, almost all of these participants were female, with the exception of 4 male. Together these three cohorts made up 94 per cent of all participants on drug rehabilitation places.

Of the males participating on drug rehabilitation places over a half (56%) were in receipt of Jobseekers Allowance and Job Seekers Benefit.

Table 4: Ring-fenced Drug Rehabilitation Places by Benefit Type and Gender

Benefit Type	Gender		Total	%
	Male	Female		
Jobseekers Allowance (JA)	236	105	**341**	41.4
Jobseekers Benefit (JB)	23	17	**40**	4.9
Lone Parents (incl. widow(er)s)	4	146	**150**	18.2
Disability Payments	176	68	**244**	29.6
Other	27	22	**49**	5.9
Total	**466**	**358**	**824**	**100.0**

December 2012: CSM IT Extracts (drugs ring-fenced places, includes Support Workers)
Disability Payments' includes Disability Allowance, Illness Benefit, Invalidity Pension and Blind Pension;
'Other' includes Deserted Wives Allowance, Qualified Adult Dependant, Unemployability Supplement and those not on the Live Register.

4. Training & Development on Community Employment

The line between rehabilitation and recovery on the one hand and employment and training is often a blurred one. In the world of recovery from addiction international good practice shows that labour market participation is one of the surest ways to enhance self-esteem and reinforce stability and recovery. This balance between rehabilitation and training has been at the core of drug rehabilitation places on Community Employment and is reflected in the objectives and actions stipulated in the National Drugs Strategy and the Report on Drugs Rehabilitation (2007), which highlights the positive contribution of CE to the lives of recovering drug addicts.

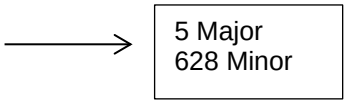
Training is seen as an essential component of drugs schemes as many participants have very low educational attainment on entering CE and require intensive supports in order to progress and gain a foothold in the job market. Participants are marginalised by their past addiction, presenting multiple challenges in relation to labour market engagement. Personal, pre-vocational, rehabilitation and progression related training is a significant focus of drug rehabilitation activities.

4.1 Training undertaken by Participants on Drug Rehabilitation Places

In 2011 1,555 components of learning were completed by participants on drug rehabilitation places, of these 633 were accredited by FETAC. A further 565 were accredited by other accrediting bodies, and 352 learning components were uncertified (Table 4).

Table 5: ILP Activities on CE Drug Task Force Projects, 2011

ILP Activities on CE Drug Task Force Projects	
Accrediting Body	Learning Components
City & Guilds	2
FETAC	633
HETAC	3
Other	565
Uncertified	352
Total	**1,555**



4.2 Progression of Participants

The issue of progression highlights a fundamental challenge at the heart of CE schemes intervention. While the CE drugs rehabilitation remit includes a focus on employability, many schemes with drug rehabilitation places operate in communities where significant social problems add to the realities of chronic unemployment. Significant benefit is achieved on Community Employment in relation to participant needs in a variety of areas. These include health, stabilisation, social contact, growth in personal confidence and a renewed focus on learning skills. This is particulary evident where additional support is provided from within the scheme, where an integrated model of support from other treatment and rehabilitation community and statutory services operates to address the complex needs of participants. .

For those participants who not yet ready for the demands of job search and employability, there is a need to re-focus elements of the programme directed towards self-empowerment, relapse prevention, recovery and stabilisation. This can best be achieved in co-operation with other relevant service agencies with a specific focus on drugs rehabilitation.

A pre-vocational programme is recommended for those who commit to participation on CE but who require a different approach.

5. Value for Money

As a result of the Financial Review (October 2012), the practice of providing the same level of training and materials grants to all projects has been terminated, as it does not take into account the particular requirement for materials and the training of individual schemes.

Instead, Schemes have been provided with a specific level of support aimed at meeting the particular costs necessarily incurred by the individual CE Scheme, having regard to the overall budget allocated to the Division and the level of funding available for CE nationally.

The multiple sources of funding within the Drugs sector presents its own complexities in providing a coherent direction and plan for the development of services such as rehabilitation support, vocational guidance or counselling. Greater coherence between funding organisations may yield a more valuable return in terms of investment.

Community and voluntary groups have been operating drug rehabilitation projects for a number of years. They have generally found CE to be a useful support. Nonetheless the differences entailed in rehabilitative and employment oriented approaches must be balanced to meet individual needs.