'A Roadmap for the Future'

A Rapid Assessment Response (RAR)
on the
Needs and Service Evaluation
of the
South-East Regional Drugs Task Force

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This report is informed by the following international and national sentiments:

"A Rapid Assessment and Response is a method which has the potential to generate information which can be used to both plan and develop health policies and programmes, as well as to deliver and improve services. The approach is typically used in situations where data are needed extremely quickly…. where organisations require current, relevant data to develop, implement, monitor or evaluate health programmes."

World Health Organisation

"The Local Drugs Task Forces were set up to ensure a fully integrated response to the drug problem in the worst hit areas which takes account of the specific needs of those areas."

Local Drugs Task Forces Handbook

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CHAPTER ONE: INTRODUCTION

This chapter provides a brief overview of the context and setting within which the evaluation was set in terms of the National Drugs Strategy and the South East Regional Drugs Task Force Strategic Development Plan 2005-2008. Firstly the over arching aims of the evaluation are stated and then the background to the evaluation is provided.

1.1 Aims

The aim of this evaluation is three fold;

- to conduct an evaluation of the effectiveness and efficiency of each of the projects funded by the South East Regional Drugs Task Force (SERDTF) and provide a report on each project, scored against their original aims and objectives
- to undertake a needs assessment with regard to substance misuse in the South-East region.
- against the backdrop of the needs assessment, the new National Drug Strategy and the project evaluations, to prepare a roadmap for future substance misuse services within the South-East and to score the capacity of evaluated services to meet those needs.

The remit of the evaluation did not include the SERDTF, its members, the SERDTF central administration or staff. This chapter describes the background and rationale for the evaluation and key contents of the forthcoming chapters are highlighted.

1.2 Background and Rationale

The launch of the interim National Drug Strategy (NDS) 2009-2016 by an Taoiseach Mr. Cowan and Minister of State Curran in September 2009 clearly highlighted the importance of drug misuse policy for Government, particularly in relation to service delivery on the ground and the wider social policy on disadvantaged communities (see http://www.pobail.ie/en/NationalDrugsStrategy/LaunchoftheNationalDrugsStrategy2009-2016/). Minister Curran highlighted the emerging and increasing problem of regional heroin use among young males and the rapid increase in all drug misuse among females. The 2009-2016 strategy built upon the NDS 2001-2008 which recommends the establishment of Regional Drugs Task Forces charged with;

- ensuring the development of a co-ordinated and integrated response to tackling the drugs problem in the region;
- creating and maintaining an up-to date database on the nature and extent of drug misuse, services and resources in the region;
- identifying and addressing gaps in service provision having regard to evidence available;
- preparing development plans to respond to regional drugs issues;
- providing information and regular reports to the NDST and;
- developing regionally relevant policy proposals, in consultation with the NDST.

A 2006 review of the Local Drugs Task Forces by Goodbody Economic Consultants found that while LDTF's were effective, there were concerns expressed which included the lack of standardised monitoring templates and long term evaluation of projects. In addition the recent Value for Money Report 64 by the Auditor General on drug treatment and rehabilitation services clearly identified that many drug misuse services had not been adequately evaluated

with some exceptions the most notable of which was the ROSIE Drug Treatment Outcomes Study of Comiskey et al.

(http://www.audgen.gov.ie/viewdoc.asp?DocID=1142&CatID=5&StartDate=1+January+2009).

Finally Minister Curran states that, 'In implementing the National Drugs Strategy 2009-2016, improved performance will have to be achieved in a situation of limited resources. Thus, the optimum use of the funds allocated to tackling the drugs problem across the different departments and agencies involved is imperative'. Informed by these national, regional and resource implications the tender for the evaluation of needs, service and provision for the SERDTF will be conducted by the expert consulting team.

1.3 Overview of the National Drugs Strategy

The overall strategic objective for the National Drugs Strategy 2009–2016 is to continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of;

1. Supply reduction
2. Prevention
3. Treatment
4. Rehabilitation
5. Research.

The overall strategic aims of the Strategy are;
- To create a safer society through the reduction of the supply and availability of drugs for illicit use;
- To minimise problem drug use throughout society;
- To provide appropriate and timely substance treatment and rehabilitation services (including harm reduction services) tailored to individual needs;
- To ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance use in Ireland; and
- To have in place an efficient and effective framework for implementing the National Substance Misuse Strategy 2009 - 2016.

In the foreword to the national strategy An Taoiseach states that real partnership has been very evident across the initiatives of the National Drugs Strategy both at national level and at local level, especially through the work of the Drugs Task Forces and he pays tribute to the continued efforts of those working in, and supporting, drug projects in local communities. It is well known that the success of any global or overarching strategy depends on the implementation, application and development of that strategy at local level. National aims, objectives, actions and targets must be set in consultation with all stakeholders and regions and in return, once national strategies are set, there is a responsibility upon regions to implement and act upon these at local level to ensure success at all levels. This has already been initiated and am example is given in Figure 1.1 overleaf.

1.4 South Eastern Drugs Task Force Strategic Aims and Objectives

The South East Regional Drugs Task Forces Strategic Development Plan 2005-2008 (Murtagh et al, 2005) is the most recent strategic document available for the region and the regions response to the new National Drug Strategy 2009-2016 is as yet unavailable. The Strategic Development Plan 2005-2008 does (as would be expected) reflect upon the former national plan for local purposes. The former national plan emphasises four pillars of

prevention, treatment, research and supply, and the SERDTF development plan highlights that the first three pillars are the ones over which it has most control (Murtagh et al, 2005 page 55). In addition, according to page 56 of the development plan it is clearly stated that, 'the implementation of the plan should be the catalyst for investment to tackle the harm drugs cause communities, families and individuals, and should be initially focussed in the most disadvantaged communities'.

It further states that the full range of education, prevention, enforcement, treatment and harm minimisation initiatives should be concentrated in these communities and when time and resources permit, extend them across the region in due course.

It can perhaps be presumed that as the report was published in February 2005 that the research for the plan was undertaken in 2004 and that the demography and hence the focus and needs of the region and indeed nationally may have changed substantially in the intervening period. This will be explored in more detail in Chapters 3 and 4 on the needs analysis and the service evaluations.

While the Development plan for the region was published in February 2005 the region has produced more recently a document responding to the National Drug Strategy. The *South East Regional Drugs Task Force Implementation Framework National Drug Strategy: 2009 – 2016* document clearly states that one of the key roles of Drug Task Forces is to implement the elements of the National Drug Strategy that can be progressed at a regional or local level. The National Drug Strategy has 63 specific Actions Points listed, and for each Action there is a Lead Agency identified that is chiefly responsible for progress in that area. The aim of the SERDTF framework document is to provide a focus for the agencies and organisations that are represented on the Task Force on the Action Plans that their organisations have agreed to at a national level, and to work to translate these national plans into regional and county based actions. An example of a template for these action plans is provided in Figure 1.1 below.

Figure 1.1 Sample Framework for Implementing Actions at Regional level among Agencies and Partners

Action 34	*Treatment & Rehabilitation* *Expand the availability of, and access to:* • *detox facilities;* • *methadone services;* • *under - 18 services; and* • *needle exchange services* *where required.*		
Regional Context			
Partners Involved	HSE (lead); C&V sectors		
District Division	**Implementation Plan**	**Progress to date**	**Barriers**
South Tipperary	1. 2. 3 4 5		
Carlow	1. 2. 3 4 5		
Kilkenny	1. 2. 3 4 5		
Wexford	1. 2. 3 4 5		
Waterford	1. 2. 3 4 5		
Innovative Responses			

1.5 Outline of this Report

Chapter two of this report provides details on the design of the evaluation, the methods employed for the needs analysis, the service evaluations and the processes followed. Chapter three presents results on both the objective or historical documented needs, and the subjective prospective needs identified by local service providers. Chapter four provides an overview of the results of the service evaluations and the review of the monitoring data. This chapter also provides global recommendations arising from the monitoring data. Fuller details on each of the 30 services evaluated and their monitoring data are provided in Appendix One. Chapter five presents a roadmap for future services based on the synthesis of the research and results from the needs analysis, the service evaluation and the priorities identified in the National Drug Strategy 2009-2016. Finally Chapter five also provides a conclusion and discussion of the findings in a national and international context.

CHAPTER TWO: STUDY DESIGN, METHODOLOGY AND MANAGEMENT

2.1 Introduction

This chapter outlines the details of the evaluation design, consultations and methodology employed for each aspect of the evaluation.

2.2 Best Practice in Evaluation Research

The World Health Organisation in Rapid Assessment and Response, Chapter 11 on Evaluations states that evaluations systematically answer common questions about interventions, including:

- Is this intervention properly targeted?
- Is it working in the way it was designed to?
- To what extent is it effective?
- What does it cost?
- Are there any unexpected problems?

To answer these questions, evaluation focuses on particular aspects of a project or intervention, such as its coverage, cost or health outcomes, using a combination of qualitative and quantitative methods.

There are three types of evaluation,

- ***Implementation evaluation*** (also called process evaluation or programme monitoring) assesses how the intervention is being implemented.
- ***Impact evaluation*** assesses the negative and positive impact of an intervention on the target population and other people
- ***Economic evaluation*** assesses whether an intervention is good value for money.

An evaluation can comprise of all three. In practice most evaluations will not be that comprehensive. The primary focus and scope of an evaluation will depend on what kind of assessment is required by whom, at what time, and using which available resources.

Within this evaluation, as time was restricted the team used aspects from all three types of evaluation to provide an overview and preliminary audit and evaluation of the services funded by the SERDTF, which cover the five recognised pillars of;

1. Supply reduction,
2. Prevention,
3. Treatment,
4. Rehabilitation and
5. Research

The NDS has stated that the five pillar approach has proved successful in the past and it is broadly in line with the EU Action Plan on Drugs for 2009-2012.

2.3. Methodology and Design

The evaluation team implemented a Rapid Assessment Response approach as outlined by the World Health Organisation and the EMCDDA. Both quantitative and qualitative methodologies were used.

The EMCDDA states that, Rapid Assessment Response (RAR) helps to get fast information on cultural interpretations and meanings, on viewpoints of communities, and on needs of vulnerable groups. Several existing data sources are additionally used for triangulation. These data are useful for needs assessment as well as for giving more meaning to process and outcome evaluations'. The World Health Organisation defines an RAR as a method which has the potential to generate information which can be used to both plan and develop health policies and programmes, as well as to deliver and improve services. The approach is typically used in situations where data are needed extremely quickly, where time or cost constraints rule out the use of other more conventional research techniques, and where organisations require current, relevant data to develop, implement, monitor or evaluate health programmes.

Part 1
Conduct an evaluation of the effectiveness and efficiency of each of the projects listed and provide a report on each project, scored against their original aims and objectives.

Services delivered in the region were categorised where possible in relation to the five pillars. An individual template for data gathering was devised to capture effectiveness and efficiencies from key informants within each service assisted by the evaluation. A sample of this form is provided in Appendix 2. The design of this approach was such that it allowed the evaluation team to capture retrospective and current documentary evidence from records and from staff. This included;

- consultation with SERDTF and stakeholders
- completion of a template on service provision based on service efficiencies and the enclosure of attachments providing evidence against the standards
- completion of a needs assessments questionnaire (standardised and administered to each service, other key non SERDTF funded service providers and stakeholders)
- one to one interviews with each service
- follow-up consultations by email and phone with services to fill in any gaps in the information and clarify any information that was not clear
- Review and analysis of financial and monitoring data provided in each services service agreement against the aims and objectives of the agreement (effectiveness)
- Production of a draft evaluation report for comment and feedback by the service
- Production of a final evaluation report scoring each service against best practice
- Production of an overarching report on common issues raised by the evaluation process

Part 2a
Undertake a needs assessment with regard to substance misuse in the South East.

Richard Hartnoll formerly of the EMCDDA has stated that the first step in any needs assessment is knowing the size, scale and nature of the drug problem. This has been re-iterated more recently within the EMCDDA where it is stated that demands from stakeholders to initiate an action are often based on a preconceived perception of the problem and that this alone does not provide a balanced picture. It is suggested that in order to get an objective understanding of the situation a range of different methods should be employed. The methodology of the needs assessment was guided by this wisdom and in line with best practice suggested by the EMCDDA the following methods were applied in parallel with the project evaluations:

- an in depth analysis, collation and synthesis of existing data sources on indicators of prevalence and nature of the drug problem in the region was conducted. This formed the basis of the objective retrospective needs analysis.

- completion of a needs assessments questionnaire (standardised and administered to each service). This formed the basis of the subjective prospective needs analysis.
- one to one interviews with service providers.
- synthesis of data from the service evaluation, and identification of service gaps and needs.

A copy of the subjective prospective survey of needs is provided in Appendix 3.

Part 2b
Against the backdrop of the new NDS, the needs analysis, and the project evaluations, a road map for future substance misuse services in the region was prepared and projects were scored in terms of their efficiencies, effectiveness, monitoring data and their capacity to meet the identified needs. A scoring system was devised and the score obtained by each service is provided in Appendix 1.

Finally a triangulation method approach was used based on the data generated in parts 1 and 2a. Triangulation is defined by the World Health organisation as 'the continual process of collecting and cross-checking information throughout the RAR. Using a combination of different methods and different data sources it allows a cross-check of findings before conclusions are made and to check for contradictions, conflicts or consensus between data sources'. The results from the triangulation process has informed the road map for future service provision, existing service provision and recommendations for future developments in line with the five pillars of the NDS.

2.4. The Sample Frame

The sample frame for this study was the 30 projects that have received funding from the SERDTF, selected key informants from those services, and a range of relevant key stakeholders.

2.5. Data Instruments

RAR standard data gathering templates, interview instruments and questions for service provider interviews were devised in consultation with the SERDTF, and in line with EMCDDA RAR guidelines. These were used to capture the existing and retrospective documentary evidence and views of services providers and users.

2.6. Data Collection for Key Drug Misuse Indicators

Databases on key indicators of regional drug misuse were accessed. These included the local aggregated returns to National Drug Treatment Reporting System (NDTRS), aggregated Hospital Inpatient Enquiry (HIPE) data, mortality data, Garda data on cocaine use and data on prisons.

2.7 Times Scales and Deliverables

The timeline for the study execution was outlined in advance and agreed with the SERDTF.

Month 1: Engagement of consultants and contract; Additional details on all projects provided; Relevant stakeholders contacted; key informants chosen; Decision on categorisation of projects and necessary documentary evidence made in consultation with key informants and SERDTF; Relevant regional and national databases identified; Relevant project databases devised and constructed based on the category of the project (e.g., treatment service, educational intervention or prevention, personnel or human resource etc). Model for the

evaluation devised and agreed.

Deliverable: Detailed evaluation design document including template for collection of relevant documentary evidence at local project sites and dedicated multilayer excel project database constructed. Model for the evaluation and outline final report decided upon and agreed with the SERDTF.

Month 2: Gathering of agreed relevant local evidence at project sites by key informants, compilation and summary of evidence in evaluation template, provision of additional evidence as appendices; Central coordination of the collation of documentary evidence by the consultant team, extraction and compilation of relevant data from regional and national databases and from additional research databases held by the expert consultant; Qualitative and quantitative interviews with representatives from key stakeholder groups.
Deliverable: Compilation of in depth details on existing projects, contact database for key informants and stakeholders, multilayer excel database with data from specific evaluation templates based on the categorisation of the local projects in process, hard copy records and appendices collated.

Month 3: Filling of any apparent data gaps; Completion of the data entry and interview transcription process; Triangulation of qualitative and quantitative evidence in light of the model for the design of the evaluation; Draft report preparation; written service provider feedback and amendments; Final report edits.
Deliverable: Final report to include needs analysis, service evaluation and roadmap and capacity for service provision, recommendations for existing services based on findings and future services and evaluations based on team expertise and identified longer term planning and resource allocation needs of the SERDTF.

2.8. Risk Assessment

At the tendering stage the team highlighted the key risks for the successful execution of the evaluation to the SERDTF. The key risk that was envisaged was a possible difficulty in engaging with local service providers and key informants within the short, agreed timeframe for the evaluation. This risk did not materialise as it was alleviated by prompt responses from all service providers, and the combined effort and expertise of the tendering team and the SERDTF. All stakeholders and service providers engaged promptly and willingly with the evaluation team. As stated previously the tendering team have considerable experience of service and client engagement and in highlighting to service providers and clients the benefits of evaluation.

2.9. Ethics

Ethical approval was not required for the evaluation as the team did not engage directly with service users. However, at all times the evaluation team carried out the research in adherence with standard ethical codes, particularly in relation to the storing of confidential material (where provided by services).

2.10 Data Management Plan

Hard copy records of service providers information were stored in a locked fire proof cabinet and access was only available to the evaluation team members. Excel databases were devised to store service information and an SPSS (Statistical Package for Social Sciences) database was constructed to store data arising from the needs analysis questionnaire. SPSS version 17 was used to generate a code book for the needs analysis survey data. All computer databases were filed on a secure server and again access to these files were limited to the evaluation

team. Hard copies of all data on all projects were returned to SERDTF at the end of the evaluation.

2.11 Data Analysis

The efficiencies provided by each of the services were analysed to identify working practices, and audio files of each interview with service providers was utilised in order to glean a better understanding of role of each service provider, their account of meeting the aims and objectives of the SERDTF funding, and any other relevant information that services wished to add to the evaluation.

Data from the needs analysis survey was analysed using SPSS, the Statistical Package for the Social Sciences version 16. This was also used to analyse the Garda data on cocaine and the prison data. Prior to any data analysis routine checks were performed to assess the data entry for accuracy and completion.

Decisions on the priorities of each of the projects was based on the following factors:

- efficiencies were scored based on whether they were provided or not.
- monitoring data was analysed in order to examine the effectiveness of the service.
- each service was considered in terms of the emerging and existing needs in the region, and
- relevance and priority in the context of the National Drugs Strategy, and the South Eastern Regional Drug Strategy.

2.12 Study Limitations

The evaluation was limited in its scope due to the short time frame allocated to the study. Projects were evaluated on the basis of documentary evidence and service interviews. Documentary evidence was obtained from service files, monitoring data and service agreements. The optimum approach to a true evaluation would be to longitudinally evaluate outcomes for clients from their initial contact with services along their full care pathway to recovery. This would involve a complete systems analysis and would also include a comprehensive process evaluation in tandem with the impact and systems evaluation. Clearly given limited financial and time constraints this was not possible and in the absence of this gold standard the Rapid Assessment and Response approach of the World Health Organisation was adopted.

2.13 Closing Remarks

In spite of the limitations discussed above a substantial evaluation was conducted with significant and valuable contributions from service providers, the SERDTF nominated steering committee (with representatives from the voluntary, community, health and statutory sectors), and the administrative office of the SERDTF in Waterford city. The results of these collaborations along with the findings of the evaluation are presented in detail in Chapters three, four and five below.

CHAPTER THREE: OBJECTIVE AND SUBJECTIVE NEEDS ANALYSIS

3.1 Aims and Rationale

The aim of this chapter is to provide an outline needs analysis for the South Eastern region. This needs analysis is an essential part of the overall Rapid Assessment and Response exercise. According to the World Health Organisation, a Rapid Assessment and Response (RAR) is a means for undertaking a comprehensive assessment of a public health issue in a particular study area, including;

- population groups affected,
- the characteristics of the health/drug problem,
- settings and contexts,
- health and risk behaviours, and
- social consequences

A RAR identifies existing resources and opportunities for intervention, and helps plan, develop and implement interventions. As part of the evaluation methodology for the projects funded by the SERDTF, an outline needs analysis for the region was conducted and results are presented below.

3.2 Methods and Approach

We saw in Chapter 2 that the methodological approach to the needs analysis was three fold. The scale of the drug problem in the region, the population groups affected and the characteristics of drug use were determined from existing objective or retrospective regional data sources. Firstly an estimate of prevalence was obtained from existing census data and national NACD studies, secondly an overview was obtained from the annual report on the treatment demand indicator and other regional data from Kidd (2009). The scale of the problem was also determined from an analysis of regional findings from national data on cocaine and arrests (Private communication, Comiskey and the Garda Research Centre, Templemore), and an analysis of regional data from national prison data (Private communication, Comiskey and Pugh, HSE Prison Drug Services Coordinator). Finally the settings, contexts and consequences were identified in a brief subjective, prospective survey involving the funded projects and service providers in the region. Results are provided below from each of these data sources and are presented and discussed according to the categories of information required by the WHO in the bullet points above.

3.3 Results: Objective Analysis of Existing Retrospective Data Sources

The size or scale of the drug problem in the region relative to other regions and nationally can be determined by comparing local statistics. Hartnoll (1997) discusses the issue of prevalence estimation in a multi-centered European context and Comiskey (2001) in a national context. Hartnoll states that the answer to the question of what is being measured is closely linked to the purpose and why a prevalence estimate is sought. If the purpose of a drug prevalence estimate is to assess possible treatment needs, then the definition should relate to potential clients or future clients. If it is to assess demand and the extent of the illicit market then all drug users should be included regardless of their likelihood of seeking treatment. In order to provide as comprehensive an analysis of needs as possible this broader definition is adopted here and a broad range of data sources are reviewed for the region for the first time.

3.3.1 Population Size and the Scale of the Drug Problem

The scale of the drug problem can be ascertained by examining local census statistics and reports on estimates of proportions using drugs based on national population surveys and more refined statistical estimates of specific drug use. We examined the size and change in the population in the SERDTF region aged between 15 and 64 years. We then estimated the number of drug users based on the proportions using drugs as estimated by the NACD Population survey (http://www.nacd.ie/publications/Final2006-7_CIs_B2_Res.pdf pages 23:25), and the NACD Opiate Prevalence Survey (http://www.nacd.ie/publications/prevalence_opiate.html). Results on the change in the population size are provided in Table 3.1 below. Clearly there has been a substantial increase in the population within all counties and the increase in three of the counties (Wexford, Carlow and Kilkenny) was above the national average across all counties.

Table 3.1 Change in the size of the SERDTF Population from 2002 to 2006

SERDTF Area	Persons 2002	Persons 2006	Persons Aged 15- 64 2006	Actual change 2002-2006	Percentage change 2002-2006
Carlow	46,014	50,349	34,481	4,335	9.4%
Kilkenny	80,339	87,558	58,713	7,219	9%
Wexford	116,596	131,749	87,187	15,153	13%
South Tipperary	79,121	83,221	55,042	4,100	5.2%
Waterford	101,546	107,961	72,370	6,415	6.3%
Waterford City	44,594	45,748	31,441	1,154	2.6%
Waterford County	56,952	62,213	40,929	5,261	9.2%
Total in SERDTF			307,793		
State	3,917,203	4,239,848		322,645	8.2%

The size of the population aged 15 to 64 in the region in 2006 is also provided in column 4 of Table 3.1 above.

The NACD population survey (NACD, 2009, Table 14.2) provides both the percentage and the lower and upper 95% confidence interval estimate of all individuals in the SERDTF region aged between 15 and 64 years who used *any illegal drug* in the past year. Based on this proportion and the number of 15 to 64 years olds in the SERDTF region, the number of individuals using any illegal drug in 2006 was estimated and is provided in Table 3.2 below.

Table 3.2 Estimates of Numbers Using *Any Illegal Drug* in the Last Year *

SERDTF County	Number of Persons Aged 15- 64 In 2006	Lower Estimate of Illegal Drug Using Prevalence in 2006	Point Estimate of Illegal Drug Using Prevalence in 2006	Upper Estimate of Illegal Drug Using Prevalence in 2006
Carlow	34,481	1,448	2,724	4,551
Kilkenny	58,713	2,466	4,638	7,750
Wexford	87,187	3,662	6,888	11,509
South Tipperary	55,042	2,312	4,348	7,266
Waterford Total	72,370	3,040	5,717	9,553
Waterford City	31,441	1,321	2,484	4,150
Waterford County	40,929	1,719	3,233	5,403
Total in SERDTF	**307,793**	**12,927**	**24,316**	**40,629**

*(Based on the NACD Population Survey 2006, SERDTF Region, Table 14.2, page 24)

Based on the results in Table 3.2 above we can see that there is great variability in the results from approximately 13,000 to over 40,000 numbers of individuals using illegal drugs in the region in 2006.

Using the NACD report on opiate prevalence (Kelly et al, 2009 page 25, Table 15) it possible to estimate the numbers of opiate users in region in the 15 to 64 age group. These results are provided in Table 3.3 below.

Table 3.3 Estimates of Numbers Using Opiates in the Last Year in 2006 *

SERDTF County	Number of Persons Aged 15- 64 In 2006	Point Estimate of Opiate Prevalence in 2006
Carlow	34,481	100
Kilkenny	58,713	170
Wexford	87,187	253
South Tipperary	55,042	160
Waterford	72,370	210
Waterford City	31,441	91
Waterford County	40,929	119
Total in SERDTF	**307,793**	**893**

*(Based on NACD Kelly, et al Report 2009, page 25, Table 15, Rest of Ireland Region of 2.9 per 1000 individuals using opiates in the 15 to 64 age group in 2006)

The results in the tables above help provide some information on the scale of the problem and are an essential first step in any needs analysis. Detailed below is a summary of the numbers in treatment in the region and this data contributes to building the picture of the nature of the drug problem and the context.

3.3.2 Treatment Demand Indicator Data, Annual Report 2008

In order to identify the drug service needs for the region a review of the Kidd (2009) regional report of treatment demand and other data was conducted and key points relating to the WHO criteria on a rapid assessment response and needs highlighted.

Population Groups Affected

In terms of the population groups affected Kidd (2009) notes in the annual returns of the treatment data for 2008 that the percentage of treated females has shown a slight increase in each of the reporting years since 2000, and has continued to show an increase in 2008. Treated females in the South East accounted for 24.5% in 2004 and have since risen to 31.8% in 2008, an increase of 7.3% in 4 years. In terms of the ages of clients Kidd (2009) notes that when looking at both the assessed and treated clients for the South East, the majority of clients were in the 20-24 year age group at 35.1%, followed by those in the 30-34 year age group at 27.7% then by those in the 25-29 year age group at 23.4%. However from closer examination of the distribution of ages it can be seen in table 4(page 8 of Kidd, 2009), that the proportion and numbers of young people treated in the region in 2008 was 319 or 13.4% and these numbers have important implications for the intervention/prevention pillar of the National Drug Strategy (2009).

Referrals

It is also interesting to note the wide variety of referral sources highlighted in Kidd (2009, table 6, page 10). These include not just self referrals but referrals from General Practitioners, Psychiatrists, Accident and Emergency Departments, the courts etc. Numbers referred from these sources are substantial and are perhaps an indicator that the clients are suffering harm/risk to self and community before they come to notice of treatment services. It is also interesting to note the proportions referred from mental health facilities. Kidd (2009) states that 'the main source of referral for treated clients living in the South East was, self referral at 31.1%, followed by referrals from a mental health facility at 11.5% and then GP at 8.8%. The percentage of referrals for treated clients in the South East from Court/Probation/Police has fallen from 14.8% in 2007 to 8.1% in 2008. Part of this decrease may be as a result of incomplete reporting...'

Characteristics and Drugs Used

In terms of drugs used in the region Kidd (2009) reports that alcohol continues to be the main problem substance that clients in the South East are treated for at 61.7%. However over the last number of years alcohol as the main problem substance has fallen and this trend continued in 2008. Treated alcohol clients in the South East fell from 64.2% in 2007 to 61.7% in 2008. In 2007 and previous years, cannabis was the second highest treated drug of misuse in the South East but in 2008 heroin has taken this position at 12.5% or n=293, followed then by cannabis at 10.7% and cocaine at 5.6%. The number of clients treated for cocaine use in 2007 was 154 but this fell to 124 in 2008.

Health and Risk

In terms of risks, proportions ever injecting drugs and sharing needles were low and while the overall total number of deaths in the region were in line with the national treatment outcome study (the ROSIE project, see http://www.nacd.ie/publications/index.html) and were 0.6% n=11 in the region compared to 0.5% n=2 in the ROSIE study at 1 year post opiate treatment intake, numbers for individual counties were higher. However as numbers reported by Kidd (2009) table 8, page 14, unlike the ROSIE study were not all opiate related and therefore cannot be directly compared with the ROSIE results.

3.3.3 Prison Data
Population Groups Affected

Summary non computerised data on 1,059 prisoners attending training within Mountjoy prison in 2006 was available for analysis (Private communication, Pugh 2009). From this data some information on bullet points one and two above were available (population group effected and characteristics). From these 1,059 records of prisoners attending training, 20 (1.9%) were identified as being from the south eastern region (Tipperary, Carlow, Kilkenny, Wexford and Waterford) and 100% or all 20 were identified as drug users. Within Dublin 99.3% of prisoners were identified as drug users and 99.7% of prisoners from other regions were drug users. These proportions indicated that proportions of drug users among prisoners did not differ across the three regions. The range in ages among prisoners from the south east was 19 to 36 years compared to 18 to 57 years among Dublin prisoners and 18 to 54 years among those from other or unspecified regions.

Characteristics and Drugs Used

Drugs used by prisoners from the south east included heroin, hash, cocaine and ecstasy. Within the south eastern region however, the proportion of drug users attending training within Mountjoy identified as heroin users was highest, with 75% (n = 15) of drug users from the south east identified as heroin users, 69.4% amongst prisoners from the Dublin region and 57.1% from other or unspecified regions. In contrast to this pattern the proportions identified as on a methadone programme and from the south east region was lowest with 20% (n =4) of those from the region described as being on a methadone programme compared to 41.9% of those from the Dublin region and 62% from the other or unspecified regions. In addition to heroin use, alcohol use was also highest amongst prisoners from the south eastern region (20% in south east vs 16.7% in Dublin and 12.7% in other or unspecified regions).

Health and Risk

Little or no data was available on the health of the prisoners attending training however whether or not a prisoner had a psychiatric condition was often recorded. Among prisoners from the south east the presence of a psychiatric condition was highest when compared to the other two regions (20% (n=4) in the south east vs 7.1% (n=30) in Dublin and 8.2% (n=50) in other or non specified regions.

While some differences between the regions are striking, results must be viewed in light of the limitations in this prison data. Numbers of prisoners from the south eastern region were very small (n=20) compared to the Dublin (n=426) and other or non specified regions (n=613). Similarly the data source has not been audited for quality assurance purposes and was collected merely as a record of prisoners attending training courses in Mountjoy in 2006. However, results do perhaps provide possible indicators on drug users from the region and their needs and these can either be rejected or verified from other data sources.

3.3.4 Police Data on Cocaine

Population Groups Affected

Data was available on cocaine use noted in Garda records in the pulse system in 2006 at national level (Private communication, Garda Research Centre). A total of 3,106 individuals were identified at national level through the pulse record system. As part of the record the Garda division or region originated in is noted. From this it was observed that a total of 28 divisions were recorded including a liaison/protection division. From these 28 regions the divisions within the south eastern region could be collated and statistics prepared and compared nationally. Of the 3,106 individuals 13.5% (n=419) were identified within the

south eastern region. Of these 9.1% (n=38) were female which was statistically different (χ^2 =7.53, p=0.0223) to proportions of females in other regions (7.7%), and the Dublin region (10.9%). The mean age of clients in the system was 27 years and this did not vary across regions. Proportions of cocaine users described as having no fixed abode were lower in the south eastern region (0.7%, n=1) when compared with other regions (1.4%, n=5) or the Dublin region (1.4%, n=11).

Characteristics and Drugs Used

Client records on the pulse system for cocaine use also had information on additional opiate or alcohol association. Analysis revealed that proportions reported as having alcohol or opiate associations were statistically higher among those residing in the south east (93.6%, n=392, χ^2 =33.99, p<0.0001) when compared to other or non specified regions (92.6%, n=888) or the Dublin region (86.4%, n=1,493). Unfortunately the use of alcohol and opiates were not separated and from the data it could not be determined which of the two substances the clients were using.

3.4 Results: The Subjective Prospective Needs Survey

In addition to a detailed overview of the existing data sources on drug treatment and crime in the region, an outline needs analysis survey was conducted as recommended by the WHO in the design of a Rapid Assessment Response. The aim of this needs analysis was to ascertain the population groups affected, the characteristics of the health/drug problem, the settings and contexts, the health and risk behaviours, and the consequences of substance misuse in the region from the perspective of the service providers working closely with service users on a regular basis.

The design of the survey questions was deliberately open ended. This was to ensure that the perspective on needs held by the research team did not pre-empt or prompt the perceived needs of the service providers responding. All thirty services funded in 2008 and/or 2009 were invited to respond and twenty one did so. In addition, prior to the analysis of the needs survey it was suggested by the SERDTF steering committee for the evaluation that members of the task force might also like to have an opportunity to review the survey and respond. All members were emailed the survey for their information and were invited to respond if they so wished. A very tight return time for their responses was requested and no responses were received.

Setting, Context and Emerging Drug Trends

The average length of time of respondents in the service was over 5.5 years and this time ranged from 6 months to 12 years. Services targeted a range of age groups from 12 years of age to adults. Of the 21 services responding 16 said they catered for both genders of clients but 4 said they had males mainly and 1 had males only. When asked what the primary drug of misuse of the services client group the majority (15 of 21) of services stated that alcohol was the main drug of misuse and for these 15 services, 10 services stated that cannabis was the second most frequent drug of misuse. Four of the 21 services said that opiates were the main drug of misuse.

When asked about emerging trends the majority of services highlighted the increase in heroin use as the main emerging trend in the region. Details are provided in Table 3.4 below.

Table 3.4 Primary Emerging Trends Identified by Service Providers in Descending Order.

Main Emerging Trend	Frequency
More Heroin	10
More Head Shop Products	4
More Cocaine	2
More Females	1
Polydrug Use	1
Street Methadone	1
Stronger acceptance by young people that cigarettes, alcohol and cannabis are ok	1
Young males willingness to take anything	1
Total Number of Services	21

Health, Social and Educational Consequences

Service providers were asked to provide information on what they believed to be the primary health consequences of drug use in their client populations. While many services providers provided several responses, the primary consequence identified by service providers are provided below in Table 3.5

Table 3.5 Main Health Consequence of Drug Use as Identified by Service Providers in Descending Order of Priority

Health Consequence	Frequency
Mental health issues	5
Overdose	3
Chaos all areas	3
Rowing and being assaulted	2
Infectious diseases	1
Poor diet and weight loss	1
Low self esteem	1
Injury due to drug use	1
Damaged veins	1
Dependency	1
Reduced ability to make healthy informed decisions	1
Total Number of Services Responding	20

It is interesting to note that there is a clear commonality amongst some service providers that mental health issues including say low self esteem are an importance health consequence. Similarly in Table 3.6 below it can be observed that there is a clear agreement among service providers that early school leaving and low levels of skills are the primary educational consequence and in Table 3.7 the main social consequence is identified as the breakdown in family relations.

Table 3.6 Main Education Consequence of Drug Use as Identified by Service Providers in Descending Order of Priority

Education Consequence	Frequency
Early school leaving	12
Poor skills and lack of qualifications	2
Literacy	1
Varying prevention education standards	1
Lack of interest from parents and teachers	1
Lack of Health and safety awareness of dangers of drug, poly drug and IV use	1
Harm not reduced due to lack of harm reduction education	1
Total Number of Services Responding	19

Table 3.7 Main Social Consequence of Drug Use as Identified by Service Providers in Descending Order of Priority

Social Consequence	Frequency
Breakdown in family relations	7
Isolation	4
Social Exclusion	2
Kept in cycle of disadvantage	1
Stigmatisation	1
Lack of self esteem	1
Homelessness	1
Delayed Development of personal / life skills	1
Decisions made through changed priorities due to drug misuse hamper future life chances	1
Total Number of Services Responding	19

Priorities for Prevention, Treatment and Rehabilitation

In contrast to the clear agreement among service providers on the primary consequences there was less agreement on priorities for treatment and prevention as can be seen in Tables 3.8 and 3.9 below. Table 3.10 shows agreement on the need for family supports as a priority for rehabilitation.

Table 3.8 Priorities for Treatment of Drug Use as Identified by Service Providers

Priority	Frequency
Methadone (or other replacement) Service	2
Needle Exchange Service	2
Detoxification Service (Residential or Other)	2
Community based services	2
G.P.s / Health care professionals	2
Drug education	2
Mental Health	1
Long term support in drug free environment	1
Reduction / Abstinence	1
A&E	1
Crisis intervention	1
Access to opiate treatment services	1
Families to be seen as clients in own right	1
More mainline and specialised support available to young people to engage them in their own community	1
CBDI who can refer to appropriate service or the person's G.P.	1
Total Services Responding	21

Table 3.9 Priorities for Prevention of Drug Use as Identified by Service Providers

Priority	Frequency
SPHE Programme / Schools	4
Retention in school	3
Drug and Alcohol education	3
Early intervention	2
Education	1
Enhancing protective factors	1
Training and Accreditation for Trainers	1
Community based programmes	1
Parenting programs	1
Engage client into Education ie Youthreach, Pathways	1
Harm reduction eg needle exchange	1
Drug Awareness programmes for younger age 10-11 year olds	1
Effective support that engages clients	1
Total Services Responding	21

Table 3.10 Priorities for Rehabilitation of Drug Users as Identified by Service Providers

Priority	Frequency
Family support	6
Training and rehabilitation Programs	1
Needs assessment	1
Reintegration into community	1
Education opportunities	1
Alcohol and substance misuse education needed	1
SPHE work with young people	1
Remove barriers to treatment	1
Identify those at risk	1
Greater intervention and supports for young people	1
More wet hostels	1
Day programs for drug users / those in recovery	1
Conflict resolution	1
Program to deliver basic personal development life skills (CVs, Hygiene, diet etc)	1
Total Services Responding	19

3.5 Summary and Discussion on Needs

From the census data we can see that the size of the population in the region has grown at a greater rate than the national average and numbers of individuals have increased in all five counties of the region. Furthermore the estimates of prevalence based on national studies demonstrate the scale of the drug problem in the region and it was estimated that between approximately 13,000 and 40,000 individuals were using illegal drugs in the region in 2006. In terms of high risk opiate drug use it was estimated conservatively that approximately 900 individuals were using opiates in the region in 2006. It must be stressed that the estimate of 900 opiate users is most likely an under estimate as the estimate was based on data from 2006 and that data from the treatment demand indicator has shown that numbers using heroin have continued to increase over the recent past.

Data from the treatment demand indicator points out that alcohol continues to be the main problem drug of use, however the data also demonstrated an increase in the numbers treated for opiates and the fact that heroin use has replaced cannabis as the second most common drug of misuse in the region in 2008, with a total of 293 individuals treated for heroin use in 2008. It is also of interest to compare this treated figure of 293 with the estimated number of 893 opiate users in the region. Based on these figures it could be estimated that only one third of all opiate users in the region are in treatment - that is for every one individual in opiate treatment there are 2 hidden and not in treatment. This is a realistic estimate as it reflects national estimates whereby Kelly et al (2009) estimates that outside of Dublin for every 1 opiate user known of through treatment, Garda or hospital records, there are 1.5 others hidden and not counted.

The treatment demand indicator data (Kidd, 2009) also highlighted increasing numbers using cocaine and increasing numbers of females seeking treatment. The numbers using cocaine were also counted from police records. It was observed that 419 individuals from the region had cocaine notes in their records in 2006. This again contrasts with the 154 who were treated for cocaine use in 2007.

It is encouraging to find that the trends emerging objectively from the centralised data sources are reflected in the survey of the service providers. In terms of emerging drug trends, service providers clearly identified the main emerging trend as being greater heroin use. With the exception of the emerging trend of more head shops the other emerging trends identified also reflected the data and included more cocaine use, greater numbers of females using, poly drug use, more street methadone and young people using.

Service providers appeared to be in some agreement in terms of the main health, educational and social consequences of drug use and the main consequences were mental health issues, early school leaving and family breakdown.

In contrast to this degree of agreement on consequences, opinions among stakeholders varied regarding the priorities for treatment and prevention. However, there was a level of agreement on priorities for rehabilitation where 6 of 19 service providers prioritised family supports as necessary for rehabilitation. In interpreting this data it is important to recall the sentiments of the EMCDDA where it is stated that demands from stakeholders to initiate an action are often based on a preconceived perception of the problem.

The differing opinions on the priorities for treatment may in fact reflect not so much differing opinion but rather the fact that there is a need for a wide range of differing services in the region, from needle exchange to methadone to detoxification services and enhanced GP services. Similarly for prevention, there did appear to be some consensus that more education was needed but services differed in their opinions on how that education should be delivered and to whom it should be targeted.

To conclude, based on this outline Rapid Assessment and Response analysis of needs, the key points emerging are

- There is a need for SERDTF to recognise the scale of the illegal drug use problem with at least 13,000 and possibly up to 40,000 individuals using illegal drugs in the region.
- Service providers and planners need to recognise that the size of the opiate using problem is *moderately* estimated at approximately 900 individuals and only one third of these are in some form of treatment
- As not all opiate users are ready for a particular type of treatment a range of treatment services from needle exchange to methadone to detoxification to rehabilitation need to be put in place to meet the urgent needs of these opiate users
- Services need to plan for and make provision for mental health services for drug users
- Services need to be able to adapt their service and be aware of and respond rapidly to emerging trends in drug use, with greater cocaine use, more females, and head shops emerging as current drug trends.
- Prevention and education intervention services need to agree on priorities for their services and these should be based on agreed needs of the users and families and most importantly on international evidence of what works.

Within Chapter 5 the needs identified in this chapter along with the service evaluations and monitoring data of Chapter 4 will be synthesised into a roadmap for moving forward with these needs given the framework and priorities identified in the national drug strategy and the former development plan of the SERDTF.

CHAPTER FOUR: SERVICE AUDIT AND EVALUATION AN OVERVIEW OF FINDINGS

4.1 Introduction

The aim of this chapter is to provide an overview of the findings from service evaluations which emerged from the analysis of the efficiencies data, the service interviews, and the monitoring data.

4.2 Methods and Approach

Services were asked to provide a range of documentation to support efficiency related questions that were inquired into. The services, and the aims and objectives of SERDTF funding varied in scope and nature, therefore a template of questions was drawn up for each service based on their funding remit. In addition a short interview was carried out with frontline staff and the service managers. This provided additional information, context, and a greater understanding of the services in relation to service operation, the broader service environment and any barriers to service provision.

The monitoring data of each service agreement for each service funded in 2009 was reviewed and details of the findings for each service along with efficiencies described above are provided in Appendix 1. Within this chapter, the global findings and recommendations relevant to all 30 project evaluations are presented.

4.3 Overarching Findings from the Service Evaluations

4.3.1 Barriers to Service Provision
Services identified a number of barriers to the provision of a continuum of drug services in the region. These are outlined below.

Detox Services
The lack of detox services in the region was consistently identified in service interviews as a barrier to service provision. Service providers highlighted the fact that where community detox services do exist there are generally no service level agreements between drug services and GP's. It was also reported that few G.P.'s are willing to engage with drug users in the community resulting in significant challenges to service providers in the region.

Methadone Maintenance Services
As has already been highlighted in other documents, the lack of methadone maintenance services in the region is a considerable gap in services. Currently the waiting list for access to methadone services has been reported to be in the region of 18 months. This gap impacts negatively on the degree to which frontline services can appropriately meet the needs of services users accessing their services.

Needle Exchange
The lack of needle exchange services was also identified as being a gap that impacts negatively on the provision of appropriate services in the region.

Access to Residential Rehabilitation Services
The dearth of community based detox services in the South East Region has implications for routes of access to residential rehabilitation services for some individuals. Most residential

rehabilitation services require that individuals are drug free prior to admission to the residential service and many drug users require the support of a symptomatic detox in order to reach this goal.

Homeless Accommodation/ Supported Housing
Homelessness was an issue that was identified as being on the rise among drug users in the region. The lack of appropriate homeless accommodation was highlighted; in addition to the need for post residential rehabilitation supported /sheltered housing for vulnerable individuals in recovery from their drug use. Accommodation for homeless people is essential if they are to positively engage with drug services.

Education/Training and Job Initiatives
The need for better access to education/training and job initiatives for drug users was also identified. While some such initiatives do exist it was felt that the level of demand was not being met. It is crucial that initiatives which are developed are flexible, and accessible to the client group.

Funding Related Barriers
Some services reported having to source additional funding in order to be able to run their services on a day to day basis. Often the funds for covering items such as phone calls and mileage were not available to the service, even where these items were crucial to the running of the service. This was reported as having an impact upon the degree to which services could meet the original aims and objectives of their funding agreement. This may be due to increases in salary costs not being matched by increases in project funding. It may also be due to previous funding cuts. This is discussed further in Chapter 5.

4.3.2. The SERDTF processes and support systems
This section presents the findings which relate to the interaction between service providers and the SERDTF central administration.

Support from the Task Force
Many of the services identified a need for more support from the SERDTF. Service providers reported that much of their link with the SERDTF currently is in relation to the collection of monitoring data. Services identified the need for regional level supports which would enhance information sharing across drug services, facilitate the development of common working methods/approaches, help identify and meet training needs, and play a role in acknowledging the value of the process of service provision along with outcomes.

Monitoring Data
Many of the services highlighted that meeting the monitoring requests put to them by the SERDTF were time consuming and resource heavy. Services generally felt that the monitoring exercise should be standardised and simplified. Some projects felt that meeting the SERDTF requests for progress reports and monitoring data were excessive in light of the small amounts of money that they had received.

While recognising the resource implication for projects the evaluation team fully supports the collection of this data from projects and a recommendation in this regard is highlighted in section 5.3 and 5.4 of Chapter 5.

RDTF-1 Application Forms (Aims & Objectives)
The evaluation team noted that in some cases the aims and objectives set out by services in the RDTF application forms were not clear and/or tangible.

The EMCDDA state that *"Deciding how to measure outcome is not always easy, but it is a crucial decision…….In order to know whether the intervention has reached its goals, you*

must obviously have a clearly defined criterion for those goals. In other words, it must be 'operationalised' and clearly defined in measurable terms".

The evaluation team supports this sentiments and a recommendation in this regard is made within Chapter 5 section 5.3.

Target Groups
It was noted that in many instances the target groups of services identified in the RDTF1 application forms were different to those set out in the service level agreements. In addition, many services identified a wider range of target groups than was in their job description. It would be useful if services were more specific and targeted in relation to the groups that they are working with.

Standardised Approaches to Working
It was found that different approaches to working were being employed by similar services across the region. Best practice recommends that service provision should be standardised regardless of where a person accesses that service. There is a role here for the SERDTF to ensure that working practices are standardised within and between services. For example, roles and responsibilities of the service provider; needs assessments; care planning and review processes; educational information etc. This would to ensure consistency in clients experiences of accessing services across the region. It is recommended that working practices and learning materials are reviewed, to ensure consistency with the aims and objectives of the national and regional drugs strategies, and to ensure equitable service access to all.

Regional Funding of National Services
There are a number of SERDTF funded services that have a national remit. This is particularly relevant in relation to residential rehabilitation and residential family support. services. There is a question in relation to the appropriateness of regional funding being used to support these projects. This issue should be examined at task force level in relation to the terms of reference and objectives set out for the Local Drugs Task Forces Handbook.

Internet/ Modern Technologies
The evaluation noted the under utilisation of the internet and modern technologies in the delivery of drugs education and awareness programmes. Section 3.48 of the National Drugs Strategy recommends that awareness campaigns should *'optimise the use of ICT in drugs awareness initiatives (e.g. through internet search engines and social network sites)'*.

Websites that promote awareness and provide information include www.drugs.ie; www.spunout.ie; www.srdtf.ie. The evaluation recommends that project promoters highlight the availability of online resources as part of their education and awareness programmes.

4.4 Overview of Findings - Monitoring Data

Observation 1: Monitoring data needs to be regularly monitored. It is important that monitoring and evaluation is an ongoing interactive process between client and service provider rather than an add on at the end of the year.

Recommendation 1: Possibly at 6 months and at 12 months. Perhaps if money is provided in two stages then prior to second stage first six months of data is reviewed. This could be done by an independent blind reviewer group of 3 individuals with relevant experience. If all projects are on an annual basis from January then this review should occur from end of June to early September

Resource implication 1: Half a days work for the review team, plus expenses, plus SERDTF administration cost.

Observation 2: Data is not well defined. It is not clear from the monitoring data if figures are capturing individual episodes of care or unique individuals receiving a service or intervention.

Recommendation 2: Data on the number of unique individuals receiving the treatment or intervention should be stated along with the number of episodes of care for each of these unique individuals. This would provide a better estimate of the true burden of care/treatment placed on the service, and the outcomes of care provision.

Resource Implication 2: Initially an administrative burden on the SERDTF in terms of time taken to redesign the monitoring sheets but this may be introduced gradually over a period of time as each application arises. There would be an administrative burden on the service but this may be compensated by the knowledge that a more accurate picture of the true burden on the service is being presented.

Observation 3: It is not always possible to tell from the data if a client is from within the SERDTF catchment area.

Recommendation 3: The area from which clients are coming should be captured by the SERDTF monitoring data sheet.

Resource Implication 3: Redesigning the data monitoring data sheet (see Resource Implication 2).

Observation 4: The data does not capture the number of unique individuals entering or accessing a service.

Recommendation 4: Seek to implement a unique identifier record system for individuals entering the service. This can be simply initials, date of birth and gender.

Observation 5: Monitoring sheets do not always adequately reflect the stated objectives and outcomes in the service level agreement.

Recommendation 5: Devise new monitoring sheets where necessary to capture and match stated measurable outcomes in service level agreements. The service level agreements need to have clear measurable targeted outcomes that can be appropriately monitored. A specific recommendation in this regard is made in Chapter 5.

Observation 6. Output from the projects can vary substantially over the year with greater numbers possibly appearing quarter 1 or 4.

Recommendation 6: Suggest that realistic milestones and outcomes are planned and stated in the agreement to take this into account and to allocate other work and targets for quieter quarters.

Observation 7. Many out reach and CBDI projects are accessing substantial numbers of individuals and a broad range of client types, most commonly though group and individual sessions.

Recommendation 7: It is recommended that priorities on target groups and numbers of individuals within these groups be set in advance with milestones and outcomes per quarter and that these be based on evidence of priority and demonstrable needs of the region.

Resource implication 7: Services and projects may need to be provided by the SERDTF with the appropriate resources and supports for this. This may take the form of a one day planning meeting with a regional monitoring and evaluation officer/expert.

Observation 8: Projects encounter a range of users at varying stages of their drug using career and using drugs at various levels. These receive a range of interventions.

Recommendation 8: It would be of great benefit to the SERDTF and other task forces if simple drug use and general health and wellbeing measurements or surveys recorded clients drug use and health prior to and immediately after such an intervention. This would provide additional objective evidence on effectiveness on the work that is being carried out with clients. This data is probably being gathered in an ad hoc manner already. This datas could be formalised and done on paper form initially and analysed by the SERDTF centrally on an annual basis. This would provide excellent data on outcomes and effectiveness of interventions offered in the region.

Resource implication 8: Simple surveys are available at present and are being used elsewhere (for example the Maudsley Addiction Profile or MAP instrument). The SERDTF could analyse this in house if resources allow or have it done externally for a moderate sum.

Observation 9: Drug focused interventions and working practices vary across the outreach workers, community workers and development workers. It is expected that further variation would be evident if HSE funded CBDI's were considered.

Recommendation 9: Streamline the job description and more importantly coordinate, streamline, describe, document and evaluate interventions and the CBDI's in the region, including those CBDI's that are not funded by the SERDTF. The evaluation could be co-ordinated by a joint committee from the HSE and the SERDTF and should include all CBDI's in the region. Best practice suggests that all interventions should be manualised (even brief oral interventions) to ensure uniformity, appropriateness and coverage of information and all should be evaluated.

Resource Implication 9: During the research and implementation phase, this would place a resource burden on the SERDTF and project promoters/ line managers. The development of standardised working practices may also require significant levels of planning and training by project workers. The benefits to projects and to clients would be medium/long-term.

Observation 10: In some services e.g. outreach workers, community workers and development workers numbers of active high risk clients are often provided separate to the overall numbers of clients contacted.

Recommendation 10: It may benefit the SERDTF, the services, and most importantly the client if additional data were provided on these clients, for example number of consultations and more importantly the care pathway provided for these clients. For example the service to which they may have been referred to, whether that referral was actually followed up and the outcome of the referral.

4.5 Discussion and Conclusion

There is a need to increase the availability of residential and non-residential treatment services in the south eastern region. A lack of detox facilities, needle exchanges and methadone maintenance programmes were cited as barriers to service provision with Tier 2 services in particular reporting difficulties in referring clients on to Tier 3 and 4 services. It is recommended that this be addressed as a matter of urgency, especially as the needs analysis (see Chapter 3) identified the increase of opiate use in the region.

Services also reported a need for greater inter-agency working and the need for formal protocols between drugs and health services.

There is a need for the SERDTF to consider its role in the provision of training and support for frontline service providers in the region. The evaluation found that a broad range of information/approaches were being used in education and awareness programmes being delivered by SERDTF funded projects. The standardising of working practices within and between projects would ensure that clients are receiving consistent information that is in line with best practice.

A key issue in the delivery of education and awareness programmes is the under utilization of new technologies and online drugs information resources. These resources would equip people with the ability so seek out drug related information on a needs basis.

The evaluation strongly supports the SERDTF's requests for monitoring data from projects however it was shown in section 4.4 that there is a need to review the current methods of monitoring, to ensure that the data collected is relevant to the funding received, and that the data returned is purposeful, and is used to contribute positively to enhancing working practices, clients experiences and drug related services in the region. This will be discussed in more detail in Chapter 5.

CHAPTER FIVE: A ROADMAP FOR FUTURE SERVICE PROVISION

5.1 Introduction

The aim of this chapter is to build upon the National Drug Strategy and the SERDTF Strategic Development Plan discussed in Chapter 1, the results of the needs analysis in Chapter 3, the service evaluations and monitoring findings in Chapter 4 and the details on the individual evaluations in Appendix 1 and synthesise these findings into a road map for future service provision in the SERDTF region. The Roadmap will make reference to three over arching areas for development identified in this evaluation. These are:

- Strategic Development and Renewed Focus on Priorities

- SERDTF Processes and Supports for Projects

- Monitoring and Evaluation of Quality Projects

An examination of each of these three components will assist SERDTF in moving forward and leading the development of a quality service, targeted at national and local priorities and the needs of service providers, substance misusers, families and the community.

5.2 Strategic Development and Renewed Focus on Priorities

We have seen that the overall strategic objective for the National Drugs Strategy 2009–2016 is to continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of;

6. Supply reduction
7. Prevention
8. Treatment
9. Rehabilitation
10. Research.

Within the SERDTF strategic development plan 2005- 2008 the SERDTF highlights that the three pillars it has most control over in the former National Drugs Strategy are prevention, treatment and research. A mapping exercise of the 30 projects funded by the SERDTF clearly highlights that prevention projects followed by treatment have been given priority (where treatment is primarily outreach work and brief interventions rather than those treatments defined and evaluated as effective in the ROSIE study of Comiskey et al 2009). This can be seen in Table 5.1. The rationale for this is most likely two fold. Firstly the lack of a range of comprehensive treatment options available in the region which has been reported by the service providers responses in the needs analysis, and secondly the lack of clear specific measurable treatment targets in the original Strategic Development Plan for the region. As a result of these findings the evaluation in its recommendations for a roadmap for future service provision suggests:

The development of a short SERDTF Regional Drugs Strategic Plan which adapts and localises the National Strategy to meet the local needs and contains clear measurable targets and outcomes in pillars of priority for the region where pillars of priority are treatment, rehabilitation and prevention in that order.

This strategy can be based on the findings of this report and the National Drug Strategy 2009-2016 and the National Drug Strategy 2001-2008 Rehabilitation. It is recommended that this strategic plan be no more than 5-6 pages and that is it clearly communicated and disseminated to all key stakeholders in the region and nationally and remains a focus for the allocation of funding throughout a 2-3 year lifespan. This short plan may be informed by the results of this present report and by the draft implementation framework templates we gave an example of and discussed in Chapter 2.

Table 5.1: Service Categories and Percentages

Pillar	Number of Services	Percentage of Services
Prevention*	13	42%
Treatment	7	22%
Rehabilitation	6	19%
Supply Control	1	3.5%
Research	1	3.5%
Family Support	3	10%
Total	31	100%

*Three of these services identified themselves as prevention *and* family support services

Priorities and targets for treatment with key indicators have been set at national level and include:

1. 100% of problem drug users accessing treatment within one month of assessment by 2012.
2. 100% of problem drug users aged under 18 accessing treatment within one week of assessment in 2012.
3. 25% increase in residential rehabilitation places by 2012 based on 2008 figures.
4. 25% increase in Hep C cases among drug users treated by 2012.
5. Put a drugs interventions programme in place by 2012, incorporating a treatment referral option, for people who come to the attention of An Garda Siochana and the Probation Service due to behaviour caused by substance misuse.

(Reference National Drug Strategy, 2009-2014, Page 7-column 2)

Clearly these where relevant also apply to the SERDTF but based on the needs assessment of Chapter 3 targets for treatment in the region in the local Strategic Plan should also include:

1. Establishment of a drug substitution service for opiate users in at least three key locations in the region (possibly Waterford, Wexford, Gorey, Kilkenny) and access available to 100% of opiate users in need by 2011.
2. Comparability of local service provision with city services, including the availability of a full range of treatment services for substance misusers from detoxification, to needle exchange to methadone or similar by 2011.
3. Availability of mental health services to substance misusers within one month of referral.

The points 1 to 3 above are suggestions based on the needs analysis and on national evidence from the ROSIE study which clearly highlighted that treatment (methadone, detoxification and abstinence and needle exchange intervention) works but also found that physical and mental health of opiate users did not improve over the course of the 3 year study and that there is a greater need for increased emphasis on mental health services. Further discussion by the relevant expert members of SERDTF would be necessary in order to devise realistic achievable targets.

Rehabilitation

The National Drug Strategy 2001-2008 Rehabilitation clearly stated the need for joined up service provision, shared care planning and quality markers. The National Drug Rehabilitation Implementation Committee (NDRIC) is currently working on a draft framework for rehabilitation services. **SERDTF should continue to engage closely with the NDRIC and localise its recommendations in its strategic plan.** In preparation for shared care planning SERDTF could implement a unique identifier system for its clients in the region.

Prevention

To date as we have seen that the SERDTF have prioritised prevention among projects funded. According to the National Drugs Strategy, preventative initiatives have remained largely un-coordinated at a national level and the evaluation found evidence of fragmented working methods and approaches to the delivery of preventative drugs education programmes that have been funded by the SERDTF. At national level, the Drug Education Workers Forum (DEWF) has developed a quality standards framework manual and provides seminars for people working in drugs education. The aim of the manual is to provide a clear framework for practitioners of substance use education. The National Drug Strategy supports such initiatives (Page 33. Section 3.36) and the evaluation suggests that such a framework is examined by the SERDTF and by service providers in order to develop consistent, evidence based practice in respect of drugs education across SERDTF funded projects. **Evidence based, targeted education and prevention programmes should be supported by the SERDTF taking the DEWF into account.**

High risk individuals who are already engaged in substance misuse or are at serious risk of doing so should represent a high priority group for the regional drug strategy. This can be defined as 'targeted prevention'. **It is recommended that resources are focused on those who are most at risk, and projects should adopt a clear, evidence-based working definition of 'at risk' so as to allocate resources as efficiently and effectively as possible** (page 39 of the National Drug Strategy provides a useful framework for categorising the target groups for prevention programmes, see Appendix 5). 'Targeted' and 'Selected' prevention should be prioritised, with other, more generic approaches to drug awareness, (for example 'Universal' prevention which targets at the general population) could be delivered by organisations that are funded to work with the general population (for example the HSE Health Promotion Department; youth organisations; school based SPHE programmes).

The evaluation noted the under utilisation of the internet and modern technologies in the delivery of drugs education and awareness programmes, particularly those targeting young people. In light of the fluidity and trends in the area of substance misuse (for example the current concerns around the products being sold in head shops) **it is recommended that services highlight and promote online resources as part of their education and awareness programmes.** For example www.drugs.ie; www.spunout.ie; www.srdtf.ie.

Research

The evaluation found that only one project was funded under this pillar. While this project did not receive a positive evaluation, the evaluation team recognised the potential benefit of such a project in terms of adding value to the SERDTF resources. The **SERDTF may wish to consider forming a strategic alliance with an education institute in the region to aid and assist the development of the research pillar in the region.** A possible open competition among the Institutes of Technology in the region may prove beneficial this could take the

form of Research Scholarship but should be supported by a contract that protects SERDTF. Examples of such contracts are in operation at the NACD.

5.3 SERDTF Processes and Supports for Projects

While the remit of the evaluation did not include the SERDTF, its members, the SERDTF central administration or staff it has been observed in Chapter 4 that many of the services identified a need for more support from the SERDTF. Services identified a gap in regional level supports which would enhance information sharing across drug services, facilitate the development of common working methods/approaches, help identify and meet training needs, and play a role in acknowledging the value of the process of service provision along with outcomes.

Many of the services also highlighted that meeting the monitoring requests put to them by the SERDTF were time consuming and resource heavy. Services generally felt that the monitoring exercise should be standardised and simplified. Some projects felt that meeting the SERDTF requests for progress reports and monitoring data were excessive in light of the small amounts of money that they had received. The evaluation supports the collection of *relevant* information from projects that are funded by the SERDTF and it recommended that an immediate review of the current monitoring data sheets is carried out to ensure that the points highlighted previously in section 4.4.

It is also recommended that the SERDTF suspend funding where projects do not submit monitoring data within agreed, allocated timeframes (excluding exceptional circumstances).

It was noted in section 4.3 that increases in salary costs may not have been matched by increases in funding or there may been previous funding cuts. It is recommended that funding to services is examined with a view to addressing this issue of a lack of funding to cover essential project items such as travel, phone call etc.

In addition in section 4.3 it was also noted that projects aims and objects were not always clearly identified, it is further recommended that the Task Force establishes a technical and financial sub group to assist projects in this regard.

5.4 Monitoring and Evaluation of Quality Projects

In order to alleviate the burden on services described above, and allow projects to focus on the SERDTF priorities of delivering treatment, rehabilitation, prevention and research, the evaluation team suggests that the SERDTF central administration considers employing a half time monitoring and evaluation officer for the region. This individual should have expertise in quantitative and qualitative methodologies and should develop a support network for projects in the region. As part of their remit they could provide projects with a synthesis of current evidence relevant to the projects, they could facilitate information sharing practices and most importantly they could assist the SERDTF central administration in devising more relevant data monitoring sheets, review the monitoring data on a bi annual basis and perform routine data analysis on the data arising from the projects.

Alternatively, it may be feasible to tender for external consultants to set up a system of monitoring and evaluation and to perform data analysis and evaluation reports on a needs basis (annually or otherwise).

5.5 Conclusions and Moving Forward

This section provides a summary of the key priorities in the context of the needs of the south eastern region.

Development of Services to Meet Emerging Needs

While alcohol continues to be the substance that has the highest prevalence in the region, the needs analysis identified that key emerging trends in relation to drug use indicate increased use of heroin and cocaine, polydrug use, and emerging issues in relation to the use of head shop products. This would suggest that there is a need for a range of treatment services including needle exchange, methadone, detoxification and rehabilitation. The roll out of these services will facilitate the existing services in the region to provide a more comprehensive service to its client group. It is recommended that these services be rolled out with immediate effect.

Development of inter-working protocols

Emphasis should be placed on the development of better inter-working protocols between the community, voluntary and statutory services. Key areas for immediate development include protocols between Tier 4 services (residential) and other services, mental health and addiction services, and GP based detox services and drugs services in the region.

Implementation of Best Practice

It would greatly benefit the services in the region if there was greater networking, training, and the standardization of work practices and job descriptions, across the region. There is a role here for SERDTF in the up- skilling and empowerment of services on the ground to operate in a more co-ordinated way.

In particular, it is recommended that manualised approaches to education and prevention services are implemented across the region. This will ensure that services are all working to best practice, and that there is consistency of service delivery for service users in the region. At national level, the Drug Education Workers Forum (DEWF) has developed a quality standards framework manual and provides seminars for people working in drugs education.

In relation to the provision of rehabilitation services, it is recommended that SERDTF should continue to engage closely with The National Drug Rehabilitation Implementation Committee (NDRIC) which is currently working on a draft framework for rehabilitation services and localise its recommendations in its strategic plan.

Monitoring and Evaluation

There is a need to address the current monitoring system employed by the SERDTF central administration. A number of issues in relation to the type of information being requested and its relevance to getting a clear understanding of the level of service being provided arose across the evaluation exercise. Monitoring data should be revisited and designed on a service by service basis.

The SERDTF central administration should consider employing a half time monitoring and evaluation officer for the region. This would address some of the monitoring related issues that have arisen during the evaluation. It would also assist the services in this very important aspect of their agreement with the SERDTF, one which many of them reported as being complex and labour intensive.

Regional Funding of National Services

There are a number of services in the SERDTF area that have a national remit. These are mainly residential rehabilitation and family respite services. SERDTF funds a portion of the services in each case. Additionally, these funds contribute to the running of established services rather than support the development of new innovations in service provision. It is recognised that freeing up funds to these services would facilitate the roll out of more regionally focused services. However, it is also recognized that many of these services are important in the continuum of drug services in the region and nationally. There is a question here for not only the SERDTF, but other regional Drug Task forces and at a national level as to how these services should be funded going forward in light of the LDTF Handbook and the aims and objectives of the Task Forces.

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SE-1 CROI NUA

Project Promoter: Aislinn Adolescent Addiction Centre
Funding: €56,025.29
Target groups (service level agreement): Recovering/Stabilised Drug Users, Families, Service Providers

Description of Project
Croi Nua provides a confidential and safe residential respite for family members/concerned persons of individuals who have been affected by chemical misuse. It assists families/concerned persons to understand the effects of chemical abuse on them and their families. A central aim of the project is the rehabilitation and re-establishment of the family unit. Families attend the respite for a duration of 3 – 5 days.

Aims and Objectives of the SERDTF funding
1. Provide a confidential respite setting of nurture and comfort, physical, emotionally and spiritually, through the use of massage therapy, food, meditation, and reflection garden.

2: Continue to offer group sessions whereby family members explore their fears, hopes and stories, and this helps to identify new coping skills.

3: Deliver and offer education on chemical abuse and related issues and role played by family and the chemical abuser. Information is also given on community based programmes and services offered.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
(a) Provided a service specification that details the aims and objectives/outcomes of the service, the working methods and services offered, and the group that it is targeted at.	Written service specification	1
(b) Provided evidence of how your service is publicised – how it targets the target group.	Eg. Of leaflets, posters, web advertisments etc.or other	1
(c) Provided documented evidence of the criteria required for availing of the respite service	Application form/ referral forms/	1
(d) Provided a written code of confidentiality.	Policy/procedures document	1
(e) Demonstrated the approach to Group Therapy used at the centre.	Written document/ Service specification	1
(f) Supplied detail of attendance levels at the group sessions.	Attendance Sheets	1
(g) Supplied evidence of the learning outcomes/benefits from attendance at group sessions.	Feedback sheets from attendees	1
(h) What information is provided to service users on community based services and programmes offered?	List of services/programmes or other?	1
(i) Can you provide detail of the programme of education on 'chemical abuse' that you provide?	Programme content/learning outcomes	1
(j) Can you provide detail of attendance at the education programme(s) that you offer?	Attendance sheets	1

Evaluation of Efficiencies

The service demonstrated that it carries out its family/respite programme efficiently. It should be noted though, that while it provided evidence of each of the processes used, eg. referral, application, confidentiality forms, templates rather than completed forms were provided.

Monitoring Data

All funds were allocated to towards financing managerial and two project worker staff costs.

It was not clear from the data how many unique individuals were in contact with the service. A total of 121 respite days were run over the year with 135 families attending. Based on a brief overview of the returned monitoring data form it can be observed that in terms of *individual* consultations the majority of individuals consulted with were drug users under 18 years of age with a total of 51 individual consultations recorded within this client group during the year. The next most frequent group were families of drug users with 24 individual consultations with this group and adult drug users also recording 24 individual consultations. The third most frequent group was service providers with 14 individual consultations. A similar pattern was evident from the monitoring data on clients within the groups.

Summary and Conclusions

The client group of the project is described as 'Recovering/Stabilised Drug Users, Families, Service Providers' and clearly these groups are included but not necessarily in this order of priority. Furthermore young drug users under 18 years of age are not included as a client group within the service level agreement. It is unclear if the two project workers are full time or part time hence it is difficult to assess the appropriateness of the number of respite days run and families attending. This issue should be clarified.

Based on the data presented there may be a need for the service to prioritise and define its target groups more clearly and consider if they wish to refocus their resources on their priority target groups. In terms of services for families, it is acknowledged that the service provides a very valuable resource for them, and that families are a priority group. The service is well run and there is good evidence of the value that it has for families that have availed of it.

It is recognised that according to the Local Drug Task Force Handbook, Drugs Task Forces should "continue to be funded on an interim basis until such time as they have been formally evaluated and a decision taken in relation to their mainstreaming."(pg.46). However in light of priority needs for the region and current cutbacks it is considered that weekend respite support for families is cost intensive and due to the residential nature of the service it may not be accessible for all families in the region. Also, it is noted that Croi Nua is a national service, which raises the question of whether the service should be drawing from a national rather than a regional fund. Furthermore In light of these issues it is recommended that the funding to this project be suspended.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

1. SE-1 CROI NUA – FAMILY SUPPORT PROGRAMME:

   Monitoring Data: A total of 121 respite days were held over the year with 113 individuals availing of the service. These were all family members – parents, guardians, grandparents and siblings of people abusing alcohol and/or drugs. Alongside this service a total of 51 people under the age of 18 were also seen on a individual basis. Adult drug users are family members and would all avail of the respite family programme. The main target group of this project is families, followed by Recovering/Stabilised Drug Users, and Service Providers.

   Two full-time staff and one full-time equivalent staff members are employed by Aislinn to run the Croi Nua Programme. The grant contribution by SERDTF goes towards the salaries of the employees which covers approximately 41% of the salaries. Of the 113 individuals who attended well over half of these were from the South East Region and were offered and availed of a substantial discount for the programme.

SE-2 ST FRANCIS FARM

Project Promoter: Merchants Quay Ireland
Funding: €144,182
Target Group (service level agreement): Adult Drug Users, Prisoners and Recovering Prisoners, Homeless Drug Users, Families of Drug Users, Community Residents.

Description of Project
St. Francis Farm is a therapeutic facility which offers a long-term programme of six to twelve month duration for people with a history of problematic drug use. They provide a safe drug free environment where clients can adjust to life without drugs and make positive choices about their future. The programme covers areas of relapse prevention, one to one counselling, group therapy, self esteem seminars, assertiveness training, anger management, farm training, literacy skills, and computer training skills (ECDL). Yoga, reflexology and spirituality workshops are also provided.

Aims and Objectives of the SERDTF funding
1.To improve the range and quality of services available to clients at St. Francis Farm

2.To improve the assessment and aftercare facilities available to clients at St. Francis Farm

3.To develop the programme to include a number of distinct phases in line with clients needs. These will be as follows:- assessment and induction, treatment and reintegration.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
(a) How was the assessment process improved?	Older/newer assessment forms?	1
(b) Do you have a service specification that details the aims and objectives of the service/programme, programme(s) working methods and the group that it targets?	Service Specification	1
(d) Provided details of the needs based assessment that is carried out with each service user	Client files	1
(e) Goals/targets in the assessment process have been set out and agreed by both service users and service providers	Client files	1
(f) Provided examples of the care review/transfer process that is carried out with each client during/at end of rehabilitation process and feeding into the re-integration process	Client files	1
(g) Provided detail of the distinct phases of the programme in operation (assessment, induction, treatment, re-integration)?	Client files/ forms used in process	1
(h) Provided evidence of ways the funding contribute to improved aftercare facilities?	Interview/ Documentary evidence	1
(i) Details of the training undertook by staff was provided.	Training courses that staff were involved in	1

Evaluation of Efficiencies

The efficiency data provided demonstrated that the service is run very efficiently. It is suggested that more transparent evidence of client involvement in the process of decision making in relation to personal goals and actions is available in the client files. A client signature to evidence their agreement with decisions made at the end of care planning and review sessions would facilitate this.

Monitoring Data

The majority of funds were allocated to finance project worker staff costs and some funds were used for administration costs. Based on a brief overview of the returned data it can be observed from sheet 1 of 3 that a total of 136 referrals were made to this service in 2009, however details on the source of the referral on sheet 3 are only provided for a total of 107 clients. Given this it was interesting to note that the overwhelming majority of referrals were from either prisons (42 of 107 or 39.2%) or the community (41 of 107 or 38.3%) reflecting the targeted client population stated in the service agreement.

A key point to note in the monitoring data is that details on the origin of clients is provided. From this data it can be observed that of the 107 referrals 28 or 26.1% were from the south east region. While only 70 of the full 107 referrals were assessed a total of 22 individuals from the South East region were assessed and 9 of these 22 or 41% commenced residential treatment. Within the full data set 37 of the 70 or 53% assessed commenced residential treatment. Treatment completion data was provided and 1 client from the SE region completed the full anticipated length of treatment. In addition it was interesting to note that

only 2 of the 37 or 5.4% of clients who commenced residential treatment were female and only 1 female was among the 8 clients who completed treatment in the year.

Summary and Conclusions

The data suggests that the service is serving its client target group but the sources of referral were not supplied for all 107 individuals referred to the service. Data *is* supplied on the number of clients from the south east region, and based on this data it can be seen that all 22 clients referred from the region were assessed. The rates of treatment following assessment were comparable within and outside the region (41% vs 53%). The data on completion of treatment among south eastern residents was disappointing and overall rates appeared low.

Service efficiencies were all provided, were in line with the original aims and objectives, and overall, the service was found to be run efficiently. An issue for consideration in relation to this service is that St. Francis Farm is a national service, and therefore should be funded from national level funding channels rather than regional ones. The monitoring data is unclear on how the financial contribution of the SERDTF relates to the full cost of this service however 24.3% (n=9) of all clients treated by this service were from the south east region.

It is noted that the lack of detox services in the region is a barrier to accessing the service. However, there could be a case for SERDTF to fund 25% of the services full costs but it is unclear from the data provided here if this would be of greater or lesser benefit to the SERDTF.

Rehabilitation is one of the key emerging needs in the region. In this context it is recommended that funding is continued by the SERDTF but that the amount of funding should be reviewed.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

1. MQI has now completed construction of a 12 bed detox unit, as well as expanding the bed capacity of the Rehabilitation service from 10 beds to 16. This will allow for a substantial expansion of services, planned for the fourth quarter of 2010. These new developments are predicated on us maintaining existing funding as well as putting new funding in place to staff the detox unit.

2. The evaluators said they were unsure how the SERDTF funding related to overall funding for the service. In 2009 the overall cost of this service was €545,258. The SERDTF funding therefore represented 26% of the cost. This is in line with the proportion of clients seen from the SE region.

3. The number of clients from the SE region was lower in 2009 than in 2007 and 2008 when we had 12 and 11 clients from the region respectively. The lower number is accounted for by the fact that we had to reduce client numbers attending for a period because of a significant number of staff being on sick leave.

SE-3 Ceim Eile

Project Promoter: Aiseiri Treatment Centre
Funding: €99,461.24
Target Group (service level agreement): Adult Recovering Drug Users over 18.

Description of Project

Ceim Eile is a project that provides accommodation and supports to vulnerable people leaving residential treatment. The project is run by Aiseiri in conjunction with Respond Housing Association. Residents are mainly referred to Ceim Eile from the Aiseiri treatment centres, and if space is available referrals are also taken from other agencies. The duration of stays at Ceim Eile are usually between 3 and 6 months. Longer stays can be arranged and are subject to the needs of the resident. Clients pay 100 euros per week to stay at Ceim Eile. For those on Social Welfare, this is deducted from their weekly income.

Aims and Objectives of the SERDTF funding

1. To provide Quality Accommodation and necessary support to individuals following primary treatment

2. To provide support in accessing education, training and employment

3. To support the individuals and their families to achieve integration and fruitful coexistence in recovery

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
(a) Certification of accommodation quality provided to demonstrate that accommodation meets health and safety standards, fire regulations, and environmental health standards	Certification to show that these have been met	0
(b) Can you provide a service specification detailing the aims and objectives of the service, supports offered, its working methods, and its target group(s).	Written service specification	0
(c)Do you have examples of care review/transfer/referral processes (for those accessing follow up treatment) that are needs based and agreed by both the service user and the service provider?	Client files	1
(d) How is support provided to (a) individuals and (b) families who wish to access education, training and employment?	Client files/service staff interview	1
(e) What supports are provided to individuals and their families to achieve integration and fruitful coexistence in recovery?	Client files/ service staff interview	1

Evaluation of Efficiencies

It is unclear in the aims and objectives of SE-3 whether 'quality accommodation' refers to the physical building, or supports being provided to clients accessing the service. In terms of the efficiencies explored in this evaluation a certificate of good physical condition of the building was not supplied, but evidence to support the process of service provision was provided. Ceim Eile were in the process of moving premises during the time that the evaluation was taking place. It is suggested that this term be clarified when used in the aims and objectives of funding applications.

Most of the residents in Ceim Eile come from the Aiseiri Residential Programme. This may be why a service specification was not available for this service. However, Ceim Eile is available also to non Aiseiri residential programme treatments. It is suggested that a service specification is drawn up with clear criteria for access to ensure that referrals to the service are appropriate.

Monitoring Data

All funds were allocated to finance or part finance three project worker staff costs.
Twenty two individuals were referred to, assessed and commenced aftercare with this service. Twenty of these individuals were from the south east region and had been referred from Aiseri services. All 22 individuals were male and 11 (50%) of these individuals were residents in quarter one. The remaining 11 were residents in the remaining 3 quarters.

Summary and Conclusions

This service is meeting a need for aftercare for men leaving residential treatment but numbers in quarters 2, 3 and 4 were low. As a result the question arises as to the use of the 3 staff funded during this time.

It is recommended that funding to this service is continued. This service is meeting a need in the region for supported/sheltered accommodation for drug users in recovery. However, evidence should be provided on whether or not the 3 staff funded by SERDTF are working to

their full capacity. If staff were working to their full capacity then evidence should be provided on whether they were working with SERDTF or other clients.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
Correction: Ceim Eile is run by Aiseiri. Not with Respond .. just renting from them.

Ceim Eile accommodates 9 men at any time. <u>Centre is Full all the time with waiting list.</u>
<u>Report template does not note those already in residence - it only includes new admissions.</u>

Individuals referred to Ceim Eile must have completed a Primary Treatment Programme and be deemed by the Treatment Centre to need additional supports to enable them to continue their recovery. (Simple Criteria)

This was discussed at length with the Research Team at interview.

You state "numbers were low in quarter 2, 3 & 4." Are you referring to admissions?
 The house is staffed and full 24/7, all year round.
Admissions are only possible when a vacancy arises in the Centre.

The annual admissions to Ceim Eile varies (usually 22-25) depending on clients needs. Determined by the individual and the Team, a stay can be 3-6 months. Each person has an individual pathway and this flexibility allows clients find recovery.

SE-4 HEALTHY CHOICES HEALTHY DECISIONS

Project Promoter: Ferns Diocesan Youth Service
Funding: €53,953.35.
Target group (service level agreement): Children/young people (at risk) and their families, families, young drug users (under 18) and service providers.

Description of the project

The Healthy Choices-Healthy Decisions programme was developed in response to findings at countywide 'Community Youth Forums'. These forums, organised by the CBDI explored the main issues and problems for young people in County Wexford. The key finding from this consultation process was that there appeared to be a lack of clear and correct information available to young people about drugs (including alcohol) and about health in general. The CBDI and FDYS applied to the RDTF for a peer led information and training programme to be piloted in the county. The programme that had been developed aims to educate and train young people so that they can become educators and leaders within their peer groups.

The programme is a holistic, personal development programme which provides comprehensive information to young people on physical health, mental health, relationships, healthy lifestyle and drugs and alcohol. The information contained in the manual is up to date and the drugs information that is provided fits within the harm reduction model which is recommended by the National Drug Strategy.

Aims and objectives of the SERDTF funding

1. To use peer education to promote drug education and prevention in a positive, youth focused and effective way.

2. To build a network of peer educators throughout Co. Wexford who will promote the drug education and prevention message in a community setting.

3. To give young people the skills to challenge their own behaviour and identify real solutions and alternatives to drug and alcohol use.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1. Provided information about the peer education training programme that is delivered to young people.	Course materials for example lesson plans, learning outcomes, duration of the course.	1
2. Developed a network database for the peer educators.	A copy of the network database We discussed this at service interview.	1
3. Provided feedback sheets from the young people who have trained as peer educators.	Completed feedback sheets and data compiled from feedback.	1

Evaluation of Efficiencies
This programme has been designed and delivered in line with the original aims and objectives set out in the RDTF form. The programme was funded on a pilot basis and the effectiveness of the programme has not been externally evaluated.

Monitoring data
A total of 6 six groups and 41 individuals were trained, 2 groups in each of quarters 1 and 2 and 1 group in quarters 3 and 4. All 41 completed the training. All six groups were described as children and young people (at risk) and their families. The total number of individuals trained in quarters 1 and 2 (13 and 10 respectively) did not differ greatly from quarter 4 (12 trained). Five groups with a total of 83 individuals were peer trained.

Based on the fact that 2 groups could be trained in quarters 1 and 2 and only 1 group was trained in quarters 3 and 4 the service may need to question if it was working to capacity and demand in all quarters. Were group sizes in quarters 1 and 2 too small and/or could an extra group have been run in quarters 3 and 4? Overall the impression from the monitoring data is that quarter 1 was the most productive quarter and the service may need to address the reasons for this. It may be that saturation or other factors are influencing the capacity and output and if this is the case it is recommended that this is examined by the service.

Summary and conclusions
At interview the project worker stated that the Healthy Choices Healthy Decisions has been largely delivered to young people but that one men's group has been completed with adult males. This was a link between the project worker and the VEC. It should be noted that this programme was originally developed in response to an identified need for improved drug related information to be available to young people in the Wexford area. SE-4 was funded by the SERDTF on a pilot basis and it is recommended that funding is suspended on this basis. SE-4 should now be externally evaluated and mainstreamed if appropriate.   The comprehensive manual that has been produced means that the programme could, if appropriate, be delivered by peer trainers and youth workers across Wexford, The South Eastern Region, or indeed the country.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
Under the heading of "EVALUATION OF EFFICIENCIES", we have looked for an external evaluation for at least 2 years.

Under the heading "MONITORING DATA", regarding more groups in summer, we had already noted this point ourselves before evaluation and have taken corrective action.

We feel that group sizes are not too small as in some cases it is more appropriate to work with 5-6 as the maximum. In mainstream cases there can of course be 12-15 participants but this is all dependent on the learning abilities and the needs of the individual group. So the numbers per group will always vary.

Under the heading "SUMMARY AND CONCLUSIONS",regarding adults, any project must show an ability to respond to emerging needs and this group offered huge potential to work with those who would be working with young people in need.

SE-5 The Cornmarket Project - Wexford

Project Promoter: Wexford Local Development
Funding: €155,730
Target Group (service level agreement): Recovering stabilised drug users, adult drug users and prisoners and recovering prisoners.

Description of Project
The Cornmarket provide a range of services at their premises in Wexford Town. Funding from SERDTF goes towards the running of their outreach service and the drop-in facility. These services are part of a larger continuum of services that are offered to individuals accessing the project.

Cornmarket are using a framework for their services which is entitled Change Outcome and Indicator Mapping (COAIM) System. The COAIM System© has been designed to promote positive behavioural change and to measure outcomes with substance misusers and offenders. Service users are asked to take part in this process a various intervals during their time linking in with the service so that changes in their lives can be identified and/or mapped. The Cornmarket use a Motivation Interviewing approach to service provision.

Aims and Objectives of the SERDTF funding
1. To enable street/outreach workers to reach young drug users not in contact with existing services and motivate them towards treatment/intervention services

2. To provide a drop-in facility for people in difficulty with drugs and also those currently on methadone treatment with clinics/doctors and offering intensive support to those detoxing with the help of the project and local GP's.

3. To offer support to drug using young offenders/prisoners/ex-prisoners.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
Provided a service specification that details – the aims and objectives of the outreach service, the target group, and working methods for each of your services funded under this code? 1.Outreach 2.Drop-in 3. Intensive Support	Written service specification	1
(b). Provided evidence of information that is provided to service users in relation to other services that they can access	Leaflets, service lists?	1
(c). Provided written protocols around coordinated working processes between yourselves and other services and agencies in relation to service users	Policies/procedures	1
(d) Demonstrate how service users are supported in accessing other services where relevant	Client files/staff interview	1
(e). Provided evidence of a health and safety street outreach policy	Policy document	1
(f). Provided evidence of publicised hours of operation of your drop-in service.	Posters/leaflets/web advertisements – or other examples?	1
(g). Provided evidence of accessibility criteria for accessing services	Policy /procedures documentation	1

Evaluation of Efficiencies

It would be useful to have a shorter version of the service specification that is available to potential clients and referring services. It is also noted that there do not appear to be links with the other outreach post in the Wexford area. It is recommended that working links are established to prevent any duplication of service provision and to ensure that appropriate inter-agency working is carried out.

Monitoring Data

Observations:

Approximately two thirds of funds were allocated to finance project worker staff costs. A total of 555 individuals were in contact with the project and numbers were consistent over the first three quarters and somewhat higher in quarter 4.

A total of 132 people accessed the drop in centre and the numbers rose steadily each quarter with the highest number (n=42) accessing it in quarter 4. The number of occasions (visits) the drop in service was accessed was 2,407 giving an average of approximately 23 visits over the year for each of the 555 individuals.

Summary and Conclusions

Of the 555 individuals in contact with the project it is unclear if these include the 132 individuals who had contact with the outreach worker, the 394 who received counselling, the 96 family members who had contact with the service and the 499 adult drug users listed in the client groups on sheet 2 of 3. More information on the true number of unique individuals in contact with the service would enhance the profile of the service provided.

It is recommended that this service is continued to be funded. It met the requirements in relation to the efficiencies examined and provides a good link to drug treatment services and training through both the drop-in and the outreach service. Its structures and process are set up in a way that it is accessible to priority target groups in terms of those identified in the national and regional drugs strategy.

However, it is suggested that the service seeks to implement a unique identifier record system for individuals entering the service so that more transparent data is gathered.

It is also recommended that stronger links are established with the other outreach service post that is funded by the SERDTF in the Wexford region. This may well contribute to the establishment of more geographically targeted focus, stronger inter-agency working and the elimination of any possible duplication of service provision.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
The Cornmarket Project does operate a unique identifier system for individuals entering each section of the service. However, the project is required to use the data collating template supplied by the SERDTF in order to be compliant. In its present format this template does not adequately allow for the detail suggested by the evaluation to be determined although we acknowledge that this was the system used by the evaluators to analyse the numbers. The data is however available and is part of the normative data collection and analysis undertaken for the project for its own purposes and on behalf of other state agencies including the HRB. The SERDTF is working on reformatting the data collating template and this should include taking into consideration the recommendation made.

SE-6 SOUTHSIDE YOUTH ARTS PROJECT

Project Promoter: Waterford & South Tipperary Community Youth Service.
Funding: Not funded in 2009 (€4,680 in 2008).
Target group (service level agreement): No Service Level Agreement in place. Funding last received in 2008.

Description of the project
The Southside Youth Arts Project (co-ordinated by Southside CBDI) was established for young people who had been identified by the CBDI worker as being out of school, out of work, and using cannabis. Two of the young people had said that they were interested in art and an application was made to the SERDTF to provide funding for this. A total of 7 young people aged between 14-17 completed the art programme.

Aims and objectives of the SERDTF funding
1. To develop communication skills and self-expression thereby enhancing confidence and self-esteem.

2. To engage young substance misusers in a structured programme in an identified area of interest.

3. To develop their skills in a variety of art mediums including painting, sketching, pastels, collage, photography.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1. Feedback sheets from participants.	Completed feedback sheets or any documents that have been produced as a result of the feedback from young people.	0
2. Evidence of reaching the target group.	Documents that outline the referral process, needs assessments or minutes of meetings which would evidence targeting.	0
3. Evidence of providing a programme.	Course materials such as lesson plans, learning outcomes, duration of the course.	0

Evaluation of efficiencies

The art programme was unstructured and there were no lesson plans. Each participant decided from week to week what they wanted to do and could then engage in a discreet piece of work based on their preference. The group held an exhibition in a local youth centre to showcase their work and this was well attended by family members, neighbours and friends.

Overall the organisers report that this programme was resource heavy. It was extremely difficult to get to a point whereby the participants would willingly and reliably attend the group and this led to considerable resources being used to try to encourage continued participation in the programme. The CBDI's conclusion on their RDTF form is that *'it is not realistic to provide the resources for this level of requirement on an ongoing basis'*.

Monitoring data

None.

Summary and conclusions

This aim of this programme was to engage a target group who were disengaged from routine and activities and this was a commendable challenge to undertake. However the appropriateness of an unstructured 'ad-hoc' programme should be examined in the context of best practice and should be reflected upon in the context of the original aims and objectives of the programme which specifies the provision of a 'structured programme' which develops 'skills in a variety of art mediums'.

The suspension of funding should continue, however the evaluation acknowledge the value of the learning from this project and commend the efforts to engage a challenging yet high priority target group.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

None

SE-7 FACILITATION TRAINING PROGRAMME

Project promoter: Waterford & South Tipperary Community Youth Service.
Funding: Not funded in 2009 (€3,325 in 2008).
Target group (service level agreement): No Service Level Agreement in place. Funding last received in 2008.

Description of the project

The aim of the facilitation training was to give interested community volunteers the chance to take part in a training programme to enable them to deliver drugs awareness courses to members of their communities. The training was first rolled out in 2006 following the identification of a need to train volunteers who were contributing to the work of the City and County CBDI's. The training programme is 22 hours in duration and is delivered by the HSE Drugs Education Officer, three CBDI workers and two external professional group facilitators who have backgrounds in Psychology, Psychotherapy, and facilitation teaching.

Aims and objectives of the SERDTF funding

1. To recruit and train community members from Waterford city and county to deliver education and awareness programmes in their communities.

2. To research, design and deliver a training programme which will provide participants with group work and facilitation skills needed to deliver drug awareness programmes

3. To increase the confidence, knowledge and skills of the participants so that they can deliver educational and drug awareness programmes in their communities.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1(i). The programme is advertised.	Posters, flyers, leaflets that were used to recruit community members.	1
1(ii). There are policies and procedures for the recruiting of volunteers.	Recruitment policy or volunteer information pack.	1
1(iii). Training volunteers: volunteers have role descriptions.	Role description – this might be part of information packs that are given to volunteers.	1
1(iv). Volunteers provided with supervision?	Supervision sheets/schedules/ details of supervision arrangements that are provided to volunteers in writing.	½
1(v). Volunteers subject to a Garda vetting process.	Garda vetting form used.	1
2. There are standard materials for the training programme.	Lesson plans, learning outcomes, duration of the training.	1
3. Volunteer's confidence, knowledge and skills are supported and developed (ongoing training and/or supervision).	Discussed at service interview.	½

Evaluation of efficiencies

The efficiencies provide evidence that SE-7 took place in line with the original aims and objectives of the SERDTF funding. A training programme has been developed and delivered and volunteers have role descriptions and are subject to Garda Vetting procedures. At the service interview it was reported that volunteers meet once per month and provide each other with peer support, however the formal supervision of volunteers by CBDI's is 'ad-hoc and informal' and while it is reportedly available to volunteers on a needs basis, this is not documented by the CBDI's. This should be examined and reviewed within the context of best practice guidelines.

It is positive that volunteers have access to further training through the Drugs Education Officer in Waterford and to respite supervision within the county.

Monitoring data

The RDTF form reports that there are 22 members of the CBDI community teams, 20 of whom participated in the training programme. According to 2008 QMD data on activity 60% of volunteers who received training became actively involved in delivering drug awareness programmes while 40% did not deliver programmes.

The reasons why people do not complete training is not captured by the service as part of their efficiencies so it is not possible to examine patterns or trends or the reasons for non-completion.

Summary and Conclusions

Objective 3 of the facilitation training is to "increase the confidence, knowledge and skills of the participants so that they can deliver educational and drug awareness programmes in their communities". However, 40% of those who received training did not become actively involved in delivering programmes in their communities. The reasons for this are not documented by the CBDI's, however at the service interview it was reported that some volunteers did not deliver programmes because they did not feel confident enough to do so,

others because they didn't feel that they had enough knowledge to deliver programmes (in particular they felt that they wouldn't know what to do if someone asked them a question from the audience). The suspension of funding should continue and it should be recommended that the feedback from participants in former programmes be used to inform a review of the facilitation training programme in light of the high proportion of participants who did not deliver groups following their training.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
None

SE-8 BALLYBEG COMMUNITY DRUGS AWARENESS WEEK

Project promoter: Waterford & South Tipperary Community Youth Service.
Funding: €7,135.08
Target group (service level agreement): Community Residents.

Description of the project
Ballybeg Community Drugs Awareness Week is a community led initiative of 12 community volunteers in the Ballybeg area. Ballybeg has a population of 1,600 people and is a designated area of disadvantage. The community team is supported by the local CBDI. Ballybeg Drugs Awareness Week is not a Drugs Awareness Week as such, rather a series of events and newsletters distributed over the year.

Aims and objectives of the SERDTF funding
1. To produce and distribute two informative newsletters to every household in the communities of Ballybeg, Lisduggan and Larchville.

2. To develop and organise a wide range of drug awareness activities in the community over a twelve month period. To include drug education events for young people and adults, public information days, incorporation of multimedia in the delivery of awareness to young people centred organisations both statutory and voluntary, guest speakers and art based programmes.

3. To encourage, promote and facilitate alternative activities to individuals who may be at risk of substance misuse.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1(i). Two newsletters were produced.	Copies of newsletters.	1
1(ii). Please evidence the distribution of the newsletter.	Discussed at service interview.	1
2(i). Drug awareness activities took place.	A schedule of the events.	1
2(ii). Evidence that the community were informed about events that took place.	Leaflets, newspaper articles, posters or evidence of a contact database used to inform members of the community.	1
2(iii). Guest speakers	Contact details provided.	1
2(iv). Art based programmes took place	Schedule of programmes.	0
3. Alternative activities were encouraged and/or promoted.	Discussed at service interview.	1

Evaluation of efficiencies

In 2009, SERDTF funding supported the following:

-Performance of "Men at work"- drama about fathers experience of children in addiction or recovery, performed by a community response group from Dublin. This was followed by an open forum which explored family dynamic in relation to drug use within the home.

-Two newsletters that were distributed to local residents (1,600 residents in the area but the number of homes delivered to is unclear).

-Education and awareness sessions were delivered to young people, including DVD nights where young people were shown films about drug use and had the opportunity to engage in discussions about drug use.

The promotion of 'alternative events and activities' comprised of people being informed about existing youth clubs and services in the area.

Monitoring data

Due to the nature of the project and the design of the monitoring sheet the data provided was extremely sparse and could not be commented on.   The objectives of the project were to organise a range of drug awareness activities in the community, to produce and deliver two drug awareness newsletters all households in the Ballybeg community and to encourage and promote alternative activities among young people at risk of substance misuse. The monitoring data sheet should reflect these objectives.

Summary and conclusions

SE-8 provided efficiencies which evidenced that education and awareness activities took place during 2009. However the need for the provision of education and awareness programmes has been considered in the context of existing local services such as CBDI's, Garda Diversion Programmes, Family Support Groups, etc.). While the efforts of this community team are commendable it recommended that funding is suspended.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

In response to the recent service evaluations and correspondence received the Ballybeg Community Drug Awareness Team wish to respond to a certain aspect of the report.

In relation to the evaluation of efficiencies section, the bi-annual newsletter was delivered to 1,600 homes and not 1,600 residents as stated. The number of residents in the Ballybeg area at present is approximately 4,200 people.

SE-9 YOUNG PERSONS GUIDE TO SURVIVAL

Project promoter: Ballybeg Community Education Programme
Funding: Not funded in 2009. €2,350 in 2008.
Target group (service level agreement): No Service Level Agreement in place. Funding last received in 2008.

Description of the project

The Young Persons Guide to Survival forms part of a drugs information programme which is hosted by the Ballybeg Community Education Project. This project works with young people from age 8-18 years of age who are referred by: Schools; The Family Support Group; The Social Work Department; and St. Vincent De Paul.

At the service level interview it was reported that 30 young people were involved in the development of the young persons guide to survival. Fifteen were aged between 8 and 12 and fifteen were aged between 12-18. The group was established in 2006 and engaged in a rolling programme of education. During the initial phase of the project the participants learned about animation through a series of workshops. In 2007 the group moved more towards developing the structure of the survival guide (topics, chapters etc). Then in 2008 they completed a workshop to use a publishing package to develop their skills in constructing the survival guide. Due

Aims and objectives of the SERDTF funding

1. To actively encourage young people in their own learning in relation to drug abuse and actively work with them towards developing their personal skills and resources to equip them with the requisite skills and knowledge to make healthy informed decisions for themselves.

2. To research and produce a Young Persons Guide to Survival, where issues that affect young people are discussed, information is given, areas where further advice may be available are identified and the overall information given is given in the context of assisting young people to think about and make informed decisions about the issues that affect them.

3. The finished product will be given out to young people who can use it as a source of accurate information and reference guide in helping them make informed decisions for themselves.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1(i). Work with young people develops personal skills and resources.	Course/programme materials that detail sessions, including lesson planning and learning outcomes.	0
1(ii). Attendance and participation is evidenced.	Attendance sheets and feedback sheets from participants. If this is not possible, documentary evidence of young people's feedback and steering of the programme.	0
1(iii). Targeting of young people is documented.	Please provide documents that evidence your recruitment of young people into this programme.	0
2. Researching the guide.	Discussed at service interview.	½
3(i). The guide was produced.	Copy of the survival guide that was produced.	0
3(ii). The guide was distributed.	Advertising, leaflets, posters, web based downloads or similar evidence of how and where young people were made aware of the guide.	0

Evaluation of efficiencies

Most of the efficiencies were provided in the form of written responses. The project provided a written statement that participants followed syllabuses in 'Drink Awareness for Youth', 'On Your Own Two feet' and 'The 7 habits of highly effective teenagers'. However the course structure and duration (number of weeks, facilitators, course content etc) were not provided. Attendance or participation records were not evidenced. The project provided a copy of an information leaflet about the project which clearly outlines the aims and objectives of the programme. However, it does not include information about the referral process i.e. HOW to access the service and WHO can access the service (can anyone call the number provided to get their child involved or is it confined to a referred target group). The guide was not finished because SRDTF funding ceased in 2008, before the completion of the Guide to Survival. Instead, Ballybeg Community Education project provided copies of a comic that they produced entitled 'Say No To Drugs'. The comic is colourful and provides a short story about drug taking and decision making as well as information on seven drugs.   The comic provides contact details for the Ballybeg Community Education Project and advice about how to chose a person to talk to if they feel the need to talk. There is an absence of information about sources of further information about drugs and it could be recommended that any leaflets/guides or information booklets that are developed include further contacts and/or resources, for example local CBDI's and internet based national websites such as www.drugs.ie and www.spunout.ie, which provide information on a range of drugs, health and related information for young people.

Due to funding cuts in 2009 the project did not receive any money from the SERDTF therefore and there has not been any progress with developing the guide since then.

Monitoring data
None

Summary and conclusions

Continue to suspend funding but the evaluation acknowledges the project may have been targeting an appropriate group.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

None

SE-10 COUNTY WATERFORD COMMUNITY BASED DRUGS INITIATIVE

Project promoter: Waterford & South Tipperary Community Youth Service.
Funding: €51,900.40
Target group (service level agreement): Five client groups were highlighted, these included children and families at risk, families, adult drug users, community residents and young drug users.

Description of the project

The County Waterford CBDI worker has been in place for 5 months. Previous to her appointment, the post was vacant for four months. This project worker is based in Tramore and travels the East to Mid-county (population approximately 35,000) to meet people who are unable to attend the projects base. CBDI workers hosted by Waterford and South Tipperary Community Youth Service are networked through a monthly to facilitate communication and support. To support this project, voluntary community teams support the CBDI worker in providing drug related information programmes and auricular acupuncture clinics. Services such as Booke House refer adult drug users to the CBDI. CWCBDI has implemented the SPEAK system of annual reporting.

Aims and objectives of the SERDTF funding

1. (i) Delivery of Drug Education and Awareness programmes and various events that have a focus on substance misuse.(ii) Recruiting and training of local volunteers which enables them to assist in the delivery of such programmes and events.

2. (i) Provision of one-to-one support to drug users and family members by the project worker. (ii) The facilitation of family support groups and the provision of auricular acupuncture to assist in the detoxification of the user.

3. Support communities to develop strategies in line with the National Drug Strategy to reduce demand for drugs while informing local, regional and national agencies of local needs and issues identified on the ground.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1(i). Programmes and events are evidenced.	Programmes: Lesson plans, learning outcomes, duration of the course, Events: Posters, flyers, leaflets that were used to inform community members about events.	1
1(ii). There are policies and procedures around the recruitment of volunteers.	Recruitment policy or volunteer information pack.	1
1(iii). Volunteers have role descriptions.	The volunteers role description – this might be part of information packs that are given to volunteers.	1
1(iv). Volunteers are provided with supervision.	Supervision sheets/schedules/ details of supervision arrangements that are provided to volunteers in writing.	½
1(v). Volunteers subject to a Garda vetting process?	Garda vetting form.	1
1(vi). There are standard course materials for the volunteer training programme.	Lesson plans, learning outcomes, duration of the course.	1
2(i). The individual and family support service is publicised.	Documents such as flyers, posters, advertisements, website, opening times.	1
2 (ii). There is a service specification which outlines the aims and objectives of the service, the supports/services offered, its working methods, and its target group(s).	Service specification.	1
3. There is evidences that the project has fed in to local, regional and national strategies?	Documents that have been submitted to policy makers at local, regional or national level.	1

Evaluation of efficiencies

County Waterford CBDI provided all of the efficiencies that were requested.

The service provided comprehensive role descriptions for volunteers, detailed supervision templates and documentary evidence of their client assessment/care planning process. The care plans for clients that were provided could be improved to include a section in which the project worker outlines any agreed outcomes of a session, for example that the client or CBDI worker is going to make a referral to a treatment service, or that a second session has been arranged. This would evidence that clients are fully aware and informed of outcomes. It is also recommended that in line with best practice, this CBDI update their care planning templates to allow for clients to sign off on their care plans.

The input from volunteers who make up the community team is an integral part in the work of County Waterford CBDI. They are very involved with the delivery of auricular acupuncture,

education programmes, local and regional committees and drugs networks. CWCBDI demonstrated a clear and comprehensive volunteer recruitment and training procedure. Regarding volunteer support and supervision it is recommended that the CBDI reviews their practice of supervision and support for volunteers in the context of best practice and in the context of their policy and procedure which states that each volunteer should be provided with '*an outline of the supports that will be available to them*' (page 1). '*systems for support and supervision, as well as a performance appraisal mechanism would be in place, implemented regularly and followed through consistently to develop volunteers and staff in their respective roles, in order to problem solve and deal with grievances in a fair and just manner*' (point 9, Appendix 1, Volunteer Policy Document).

Monitoring data
A total of 22 drug awareness groups and 771 individuals were trained in 2009 and 62 individuals received one to one support in a total of 261 consultations. Of these, 45 cases were closed at the end of the year. Additional data on other complementary therapy clinics and community meetings were also provided.

The SPEAK figures from 2009 show that 12% of the projects time was invested in Drug Education and Awareness programmes.

Summary and conclusions
The project worker appears to be accessing a large number of individuals. It is recommended that the SERDTF continue to fund this but seeks further information and clarification on the client groups attending drug awareness and other programmes to ensure that resources are targeted as agreed.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
Description of the Project
In relation to the support of the community team, the volunteers are a key point of the project as they live in the communities and have their ears to the ground in relation to issues in there community, they also help promote the project in there communities with flyer drops and word of mouth and not just help with facilitation of programmes.

Monitoring data
Due to the project being closed for 4 months the percentage for the drug education and awareness programmes dropped by 2%.

Summary & Conclusions
In relation to the evidence by the service of the drug awareness and other programmes, this information is recorded in the monthly progress reports which allows the project to ensure that they are working within their target means and that the focus of the project does not change

SE-11 CITYSIDE COMMUITY BASED DRUGS INITIATIVE

Project promoter: Waterford & South Tipperary Community Youth Service.
Funding: €50,310.10
Target group (service level agreement): Nine client groups were highlighted, these included children and families at risk, families, adult drug users, community residents, recovering and stabilised drug users, prisoners and recovering prisoners, homeless drug users, young drug users and service providers.

Description of the project
Cityside CBDI was established in August 2006 to work with the communities of Ferrybank, Innercity, Northwest suburbs and Hillview. The project employs a community development approach to its work. The project worker has a broad remit, providing services and supports across four main areas:

- Support Work - for families and adult drug users. There is another service in the region that provides a service to those who are under 21 so the CBDI worker is careful not to duplicate their work. The two workers refer clients to one another.

- Drugs Education and awareness for parents, young people and communities.

- Managing and supporting community teams of volunteers.

- Providing important links to other services such as family support groups, treatment services and detox services.

Auricular acupuncture is an important component of the projects services and in addition to providing the acupuncture to drug users and their families, acupuncture is provided to the wider community. These open access clinics reduce the stigma for people attending, raise the profile of the CBDI and allow the CBDI to reach out to the community. Two volunteers consistently provide the acupuncture and their involvement allows the CBDI worker to spend time one-to-one support for people who drop-in.

CWCBDI has implemented the SPEAK system of annual reporting.

Aims and objectives of the SERDTF funding
1. To initiate, provide and develop new programmes and responses designed to increase awareness and meet needs in relation to substance related issues within targeted areas (in the context of ever increasing heroin use).

2. To establish and develop supportive relationships that will facilitate effective work with parents/guardians, families and young people in their communities.

3. Develop strategies to reduce demand for drugs and enhance the capacity of communities to address drug misuse in a collective manner through the active recruitment of volunteers.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1(i). Each programme is evidenced.	Programmes: Lesson plans, learning outcomes, duration of the course.	1
2(i). The service is publicised.	Documents such as flyers, posters, advertisements, website, opening times.	1
2(ii). Targeting/referrals/developing relationships.	Discussed at service interview.	1
3(i). There are policies and procedures around the recruitment of volunteers.	Recruitment policy or volunteer information pack.	1
3(ii). Volunteers have role descriptions?	The volunteers role description – this might be part of information packs that are given to volunteers.	1
3(iii). Volunteers provided with supervision?	Supervision sheets/schedules/ details of supervision arrangements that are provided to volunteers in writing.	½
3(iv). Please provide the course materials for volunteer training programme.	Lesson plans, learning outcomes, duration of the course.	1
3(v). Volunteers subject to a Garda vetting process?	Garda vetting form used.	1

Evaluation of efficiencies

Cityside CBDI provided all of the efficiencies that were requested including high quality posters and service information leaflets. Further posters which are sent to local services and appear on notice boards were also provided, and these publicise the CBDI's capacity to provide drugs education and awareness programmes and workshops. The leaflets and posters that are produced set out clearly the aims and objectives of the CBDI. A newsletter which was circulated also provides outlines the drugs services, support services and events in the area.

This CBDI also provided strong evidence inter-agency working and communication during their evaluation interview, in their draft annual report for 2009 and through the Quarterly Monitoring Data that was they provided in their RDTF form.

Cityside CBDI evidenced a clear and comprehensive volunteer recruitment and training programme. Volunteers are networked and supported through monthly team meetings and where a community member or student are providing regular hours, weekly supervision is provided. It is unclear whether volunteers are informed in writing of their support and supervision arrangements. This should be clarified and provided to volunteers to ensure that they are clear about the supervision and support system that is available to them. Overall, the project provided strong documentary evidence of their working practice.

Monitoring data

According to the data on sheet 1 of 3, 28 groups and 355 individuals were trained, and quarters 1 and 4 exhibited greater numbers than quarters 2 and 3. However the description on sheet 2 of 3 on these groups refers to a total of 45 groups, 33 of whom are described as

service providers. Forty clients received one to one support and 165 visits were undertaken. Additional data on numbers attending other services were provided. At interview, the breakdown of the workload was cited as approximately 25% support work and 14% Drug Education and Awareness Programmes.

Summary and conclusions

The project worker appears to be accessing a large number of individuals. It is recommended that the SERDTF continue to fund this but seeks further information and clarification on the client groups attending drug awareness and other programmes to ensure that resources are targeted as agreed.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

In response there is a misunderstanding or incorrect details on the monitoring data as it is difficult for such a record to fully reflect all aspects of the work carried out. The data on sheet 1 of 3, 28 groups and 355 individuals trained is the correct number for drug education work carried out.

The numbers quoted on page 3 is additional groups worked with separate to drug education and although the data inputted was under service providers this reflects aspects of the work which refer to influencing policy and practice and facilitating Community Stakeholders.

This differs in that it refers to the project's commitment to issues relating to substance misuse within the community that require collective responses. Collaboration with other services helps build relationships and broaden the scope of the work and potential for referrals it helps to keep issues presenting for drug users and families on the agenda and coordinate responses locally.

SE-12 EXTENSION TO CO. WATERFORD FRONTLINE

Funding: €29,287 (19.5 hours per week)
Project Promoter: Waterford & South Tipperary Community Youth Service

Target Group (service level agreement): Eight different client groups were highlighted. These included young people between 13 and 21 years of age who are involved or starting to get involved in high risk substance misuse. Those in recovery, early school leavers, young people that are from a family background of drug/drunk abuse and those with low self-worth and low expectation. Also provides a service to young people who have come through the courts or probation services.

Description of Project
The service was set up to provide an extension to the outreach service provided by SE-26. This outreach service is a part-time post. The service is based in Tramore and provides both an attached and detached outreach service based on need. The service provides advocacy and support to individuals along with referrals to other services. The outreach service also provides an acupuncture service. Referrals are received from services and agencies and individuals can also self-refer.

Aims and Objectives of the SERDTF funding
1. To reduce the level of drug misuse within the target group and to encourage drug users to access community based or residential treatment and/or refer users for treatment.

2. To deliver an outreach service in county Waterford and to provide a co-ordinated and integrated point for young people currently misusing drugs through outreach.

3. To provide interventions which support young drug users in reducing drug dependency and offer alternative, holistic, therapeutic and creative programmes and to improve the quality of life of individual users.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
(a) The service publicises hours of operation and its location(s)	Leaflets/posters/web adverts/ information seminars or other?	
(b) Provides detail of the accessibility criteria that is available to (a) services referring to the outreach project, (b) individuals wishing to self-refer?	List of criteria available to services	1
(c) A needs assessment is carried out with clients who access the service	Copy of needs assessment/client files	1
(d) Goals are set (and onward referrals, where relevant) are agreed between the service user and service provider	Client files	0
(e) Ways that people access the therapeutic and creative programmes	Documentary evidence/service interview	1
(f) Information is provided to service users in relation to other services that they can access	Leaflets/service lists/staff interview	1
(g) Service users supported in accessing other relevant services?	Staff interview/Client files	1
(h) There are written protocols around coordinated working processes between the outreach service and other services and agencies in relation to service users.	Policies/procedures	1

Efficiencies Recommendations

It is suggested that a signed (by service providers and service user) code of confidentiality is included in each client file. While a confidentially policy was included in the efficiencies provided there was no evidence of it being used in the client files.

It is also suggested that more transparent evidence is available of client involvement in process of decision making in relation to actions and goals. Client signatures on care plan and reviews will evidence this.

It is suggested that the service be more clearly targeted and in line with the target group identified in the funding application, i.e "*services and responses to young people between ages of 13 and 21 who are involved in high risk drug misuse and are experiencing exclusion because of their drug use and socio-economic background*". There is a danger that this service could be duplicating the work of other services (e.g. CBDI's) should it be providing a wider range of responses to a wider range of groups (as identified in the efficiencies/interview).

It was also apparent from the interview that the age of clients accessing the service may be widening as the service is meeting drug users over the age of 21. This should be acknowledged in funding applications.

Monitoring Data

Observations:

The majority of costs were project worker costs.

Monitoring data:

Forty seven individuals received support from 1 project worker during a total of 418 consultations. Over half or 24 of the 47 were referred on to further services and 17 cases were closed. Details on all 24 referrals were provided. Just 3 individuals attended 1 complimentary therapy clinic. The overwhelming majority of the consultations (403 of 418) were with drug users over 18 years and 15 were with under 18 year olds.

Summary and Conclusions

Given the level of funding being received the project worker appears to be accessing substantial numbers of individuals and appears to be very good value for money. The primary client group as stated in the description in the service agreement is young drug users under 21 years of age for this reason it would be good to have further details on the profile and age of the 403 consultations with those over 18 years. Data provided on referrals was very informative.

It is noted that the age range of the client group may be shifting towards, or inclusive of an older group of service users. It is suggested that this be monitored closely with a view to determining whether a youth service is the best place for this type of service in this context.

The service is providing a good resource and link for active drug users in the Waterford area. It is acknowledged that the lack of move-on options and drug treatment services in the region means that outreach services can encounter difficulties in maintaining links with service users and sourcing appropriate referrals on a clients' behalf.

It is recommended that this service be continued to be funded. However, it is suggested that the service ensures that it is appropriately targeted and that attention is paid to the efficiencies related suggestions above.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

The Co. Waterford Frontline project is an extension of the Waterford City Frontline project, not the Outreach Service SE- 26.

Efficiencies

Evidence in relation to the service published hours and locations **were included in the information pack** for the service at the evaluation meeting.

This included 2 types of leaflets

- Tramore Community Service Network
- Community Drug Workers

Efficiencies recommendations

Re (That the service could potentially duplicate the work of CBDI's)

It was made clear at the interview that the frontline was different to other services e.g. CBDI's.

The project is focused totally on the drug user where as CBDI's have a much broader remit, however because the CBDI's are a frontline service they do initially see drug users and make referrals to our service.

Re (That the clients accessing the service may be widening as the service is meeting drug users over the age of 21)

This is an emerging need that has been highlighted with management, and identified for further discussions.

SE-13 ALCOHOL & SUBSTANCE MISUSE AWARENESS CAMPAIGN

Project Promoter: South Tipperary Substance Misuse Team
Funding: (2008) €10,240
Target Group (service level agreement): Junior and Leaving Certificate Students (Exam Results Time).

Description of the Project

This project was set up to raise awareness of alcohol and substance misuse issues around Junior and Leaving Certificate results times. The campaign was aimed at the general population. The funding was used towards materials and advertising. The campaign was designed and developed using input from a range of key stakeholders that were part of an Education Sub Group. Media (radio) scripts and other materials (newspaper advertisements, posters etc..) were designed by young people themselves. The campaign targeted both adults and children through radio and print media that targets those audiences. Awareness raising included pub owners as well and an alcohol and drug policy group of pub owners was established.

Anecdotal evidence suggested that there were positive impacts from the campaign during results time. For example, less anti social behaviour, less presentations to hospital services around the time of results school absenteeism was less the day after the results than previous years – (however these findings were not verified by the evaluation team). Feedback from parents suggested that the campaign did have an impact upon them, however this was not found to be case in feedback from young people themselves

Aims and Objectives of the SERDTF funding

1. To provide easy read, fast impact information to all students receiving results and their families-this is facilitated through the medium of advertisement in all local papers, run on the week of the results.

2. To provide interesting, fact based, young person appropriate radio advertisement campaign, run in the weeks of both results.

3. All elements of campaign were designed in full consultation with focus groups of young people across south Tipperary, for their consultation and recommendations.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1(i). Information that appeared in the local press	Please provide copies of the information as it appeared in local press.	1
1(ii) Distributing information.	Please provide a full list of the publications in which the information appeared.	0
2. Radio Advertisement.	Please provide the script and format of the radio ad campaign including details of times that the ad was run.	0
3(i). Please evidence how you publicised your focus groups to reach the target groups.	Documents such as flyers, posters, advertisements, website, opening times.	1
3(ii). Outcomes of the focus groups	Documentary outcomes of each focus group.	1
3(iii). Attendance at the focus groups	Please provide attendance sheets for focus group. If this is not possible, please provide other documentary evidence of the consultation process.	0

Summary and Conclusions

The reach of the campaign carried out by a small group of people is acknowledged by the evaluation team, and the content of the campaign is commended. This project met the aims and objectives of it funding application. However, it is recommended that funding for this project is continued to be suspended, and that any future funding should be based on evaluation and based on the decision to mainstream the campaign.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

A Chara

Many thanks for facilitating the interview over the phone at the time it was much appreciated. We are very pleased with the summary and conclusion and we would be delighted to share all our information to the wider RDTF area for duplication of either project if other sectors were interested in up taking either of these projects, as we in South Tipperary found it of great benefit to the wider community.

Thank you again for your time and patience

SE-14 PARENT TO PARENT PROGRAMME

Project Promoter: South Tipperary Substance Misuse Team
Funding: Not funded in 2009. Received €5,000 in 2008
Target Group: Parents

Description of the Project

The need for the Parent to Parent programme emerged from a consultation process among an active Education Sub-Group in the South Tipperary area. It was set up to address the issue of a lack of awareness of drug related issues by parents. In response to the need the Parent to Parent programme (USA designed programme) was identified as the programme that would be rolled out.   The funding from the SERDTF was once off funding used to buy the programme (packs including DVD's for use in homes) and make it available to parents across South Tipperary. The programme was made up of eight one hour sessions.   It was made available through three community based CBDI's and one copy of it was also held in the HSE office in Conmel for access by parents/trainers.

The model was based on having a small number of 'master trainers' who then trained participants who offered to deliver the programme to other parents in the area.   The programme was also shaped to suit the needs of specific groups, - (e.g. age, knowledge needs, time availability, literacy issues etc..).

The programme is still running to date but more recently it has been found that training is more sporadic and that there is a drop-off in trainers as the commitment is substantial. Usually, those who undertake the role of trainer are the people that are also involved in lots of other community work.

The project has also encountered some challenges around getting parents to take part in the programme. This was noted to be evident in more recent times due to the economic downturn and the range of other issues that families are dealing with.

Aims and Objectives of the SERDTF funding

1. To provide programme pack to three main areas of South Tipperary which is available for all parents to access free of charge.

2. To provide training for volunteers interested in becoming a facilitator of parent to parent.

3. To provide a primary prevention peer lead drugs education programme for all parents and communities in South Tipperary. This programme can be facilitated in a sitting room of a parent's house.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1. Provided evidence of how service is publicised and of how parents are informed that this pack is available to them	Advertisements, online info, leaflets etc.	0
1(ii). Provided evidence of a written document which outlines the policy and procedure of recruiting volunteers.	Recruitment policy or volunteer information pack.	0
1(iii). Demonstrated that volunteers have role descriptions	The volunteers role description – this might be part of information packs that are given to volunteers.	1 Lesson plans are clearly set out.
1(iv). Demonstrated that volunteers are provided with supervision	Supervision sheets/schedules/ details of supervision arrangements that are provided to volunteers in writing.	0
1(v). Demonstrated that volunteers are subject to a Garda vetting process.	Garda vetting form used.	0
2. Provided evidence of the course materials for volunteer training programme.	Lesson plans, learning outcomes, duration of the training.	1
3. Provide details of the programme content.	We would like to discuss the programme at your service interview.	1

Evaluation of Efficiencies

While the project referred to 'volunteers' as people who roll out the parent to parent programme, it was found that this was less formal, and that really the title 'participants' should have been employed to describe the people who got involved. Consequently, a formal process of vetting, role descriptions, and supervision was not undertaken.

Summary and Conclusions

The project was found to have been run well and met its aims and objectives. The project is still running to date which is commendable and demonstrates the strength of the model employed. As the funding was once off funding the evaluation team recommends that funding is continued to be suspended. Future funding should be based on an evaluation of the programme effectiveness and a decision in relation to mainstreaming.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

A Chara

Many thanks for facilitating the interview over the phone at the time it was much appreciated. We are very pleased with the summary and conclusion and we would be delighted to share all our information to the wider RDTF area for duplication of either project if other sectors were interested in up taking either of these projects, as we in South Tipperary found it of great benefit to the wider community. Thank you again for your time and patience

SE-15 CARLOW COMMUNITY BASED DRUGS INITIATIVE

Project promoter: Carlow Regional Youth Services.
Funding: €57,178.60
Target group (service level agreement): Community residents, families of drug users, children and young people at risk, young drug users, adult drug users.

Description of the project

Carlow CBDI has been running for 10 years and employs three project workers in total. Two are part-time, and funded through other sources. The CBDI worker that contributed to the evaluation is funded by the SERDTF and is employed on a full-time basis. According to the project promoter, there is a high proportion of drug use per capita in the area, and Carlow town is the only young persons facilities and services area outside the cities. At service interview the CBDI worker stated that there has been a shift in the focus of the CBDI in recent years. For example until 2008, 90% of the CBDI workload focused on Objective 1 (Education, Awareness, Training). Since then, there has been increasing pressure to widen the brief and to dedicate more time and resources to providing a tier two service.

The CBDI worker estimated that their current workload is divided as follows: Objective 1- 60% of workload; Objective 2- 10% of workload; Objective 3- 30% of workload. Each objective is detailed below.

Aims and objectives of the SERDTF funding

1. (i) Drug and Alcohol Awareness programmes; (ii) Train teachers in schools to deliver peer education programmes in schools; (iii) drug awareness in sports clubs; (iv) support for community initiatives; (v) training CE and After School staff.

2. (i) Helpline for individuals and their families; (ii) support and advice for family support groups; (iii) seminar on substance misuse for parents of primary school aged children.

3. (i) Provide a Tier 2 service; (ii) recovery support group; (iii) liaise with substance misuse team; (iv) returning stats to drug co-ordination unit; (v) continue to meet emerging needs (e.g. evening drop-in).

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1(i). There are standard programmes used as part of the drug and alcohol awareness programmes.	Lesson plans, learning outcomes, duration of the course.	1
1(ii). There is a standard teacher training programme.	Lesson plans, learning outcomes, duration of the course.	1
1(iii). Information is provided at sports clubs.	Please provide posters, flyers, leaflets that were placed in sports clubs.	1
1(iv) There is a standard training programme for CE scheme and After School staff	Lesson plans, learning outcomes, duration of the course.	1
2(i). The helpline is publicised.	Posters, flyers, leaflets, websites that were used to inform the community about the helpline.	1
2(ii). There is a service specification which outlines the remit of the recovery support group.	Written programme of support/service specification.	1
2(iii). There is evidence that the seminar was published. There is evidence of reaching the target group for the seminar.	Posters/ flyers/ leaflets that informed target group about the seminar.	1
3(i). A Tier 2 service is provided.	Discussed at service interview.	1
3 (ii). A recovery support group is provided.	Discussed at service interview.	1
3 (iii). The CBDI liaises with the substance misuse team.	Discussed at service interview.	1
3(iv). Stats are returned to the drugs co-ordination unit.	Discussed at service interview.	1
3 (v). The CBDI continues to meet emerging needs (evening drop-in).	Discussed at service interview.	1

Evaluation of efficiencies

County Carlow CBDI utilises the REFLECT programme of drugs education and awareness. Access to the programmes is from a variety of sources including referrals from: self; parents; School Completion Programmes; and the JLO. The project also accepts referrals from other services that are promoted by CRYS and these internal links add value to the CBDI. There is no documented evidence of decision making around referrals therefore it could be suggested that the practice is reviewed by the service in order to evidence the targeting of clients.

There is evidence of good networks and links between the CBDI worker and other service providers in the area and at service interviews, the CBDI worker and project promoter referred to having recently completed the development of their 5 year strategic plan and in planning for moving forward, they met with all the key stakeholders including the substance misuse team and issues have been identified through that. Also, through partnerships and local committees, consultation takes place and the project meets the substance misuse times three or four times a year.

The CBDI also refers clients to services such as counselling services, other youth services within the Carlow Regional Youth Service, initiatives such as the Schools Completion Programme, and treatment centres. These referrals are captured in client files but these are not mentioned in the quarterly Monitoring Data. It could be suggested that this practice reviewed by the project and the SERDTF in the context of their service level agreement.

Monitoring data
Six drugs awareness groups were conducted with a total of 69 individuals. Seventy six individuals received support during 87 sessions, it is also stated that 76 cases were closed. It is unclear if these are the same 76 who received support. Fifteen community meetings were held and two community groups were established. Fifty clients were described as adult drug users and 26 as young people (under 18), again is is not clear if these are the 76 individual clients who received support as a further 28 are described as recovering/stabilised drug users and 11 as prisoners.

Summary and conclusions
The initiative appears to be spread over a range of types of activities, group sessions and work with individuals. There is also a spread across the client types and ages. This may be what is required in the region or it may not. It is recommended that milestones and outcomes be planned for the 4 quarters based on the available evidence of what is needed in the region and that the monitoring data sheet be altered to enable better understanding of client groups and individuals accessed. It is recommended that funding should continue but that target groups, milestones and outcomes be planned based on available evidence on the priorities and needs of the region.

SE-16 FAMILY SUPPORT GROUP

Project promoter: Ossory Youth.
Funding: Not funded in 2009. Received €23,405 in 2008.
Target group (service level agreement): No Service Level Agreement in place. Funding last received in 2008.

Description of the project
Ossory Youth hosts a Garda Youth Diversion project and two CBDI's. Their target group is young people. This family support project was a pilot project for young people who had been affected by other people's substance misuse. A psychotherapist was employed on a consultancy basis to roll out the service. The need for a family support had been identified by the organisation as a gap in services in the area. The aim of this service were to provide one-to-one counselling and support to siblings and the formation of a group of 14-18 year olds who were adversely affected by the drug addiction of someone in their family.

Aims and objectives of the SERDTF funding
3. To provide support to vulnerable young people who are affected by substance misuse within their families.

4. To provide family intervention of it is necessary to advance the progress of the young person.

5. To support and develop the work of the family support groups in the area.

6. To work with and develop relationships with other service providers in order to maximise provision and avoid duplication.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1(i). Evidence provided of targeting and referral criteria for young people.	Service specification or any written documents that ensure that target group and referral criteria is publicised.	0
1(ii). There is a standard needs assessment/intake assessment where support goals are identified?	The service template for needs assessment/ intake assessment/ care plan.	0
1(iii). The service is publicised.	Website, information that is distributed, seminars, presentations.	0
2. The types family interventions provided are documented.	Discussed at service interview.	0
3. The work involved in developing family support groups in the area is evidenced. For example delivering training etc.	If this is training, please provide a full schedule of training that was delivered (dates, number of sessions, learning outcomes etc). We would also like to discuss this at your service interview.	0
4. There is evidence of developing relationships with other service providers?	Any documentary evidence of collaboration or forging links with other groups (e.g. minutes of meetings/correspondence etc).	0

Evaluation of efficiencies

At service interview the project promoter acknowledged a number of challenges that were faced as part of the development of this initiative. These included:

- A lack of engagement by young people
- A lack of clarity around referral criteria and procedures
- Difficulties in generating support for the project.
- A need for further expertise, for example the support of experts in substance misuse.

In addition, the project promoter provided an evaluation of the support group which was carried out by Frank Murtagh. This evaluation has provided the project promoter with a valuable source of information regarding the planning and design of any future service in the region.

Monitoring data

None.

Summary and conclusions

The project promoter cited a number of important learning outcomes from the development of SE-16 which is very positive in the context of any pilot programme. These include: difficulties in rolling out the project as initial funding was provided for three months; difficulties in engaging clients; the need to specify target groups; setting expected outcomes; the need for support from experts in substance misuse.

It is positive to note the considerable efforts of the project promoter in establishing new and innovative services based on gaps in service provision and at service interview there was evidence of considerable reflection and learning on the part of the projects promoter. The challenges encountered during the process of establishing SE-16 highlight the need for the

need for adequate funding and support for the development and evaluation of pilot programmes, thus ensuring that valuable learning is not lost.

It is recommended that the suspension of funding continue however the evaluation commends the development of such initiatives which set out to address identified local needs. It could be recommended that the RDTF clarify their role (if any) in supporting organisations planning, delivery and evaluation of innovative pilot programmes such as SE-16.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
The Description of Ossory Youth on both the SE 16 and SE 18 iis in accurate it should read

 "Ossory Youth is a Youth work organisation providing youth work services and opportunities to young people in Kilkenny and South County Laois. It manages, and coordinates projects under a comprehensive strategic plan which integrates service across an number of funded projects which include 3 Special project for youth (Funded by the department of Education and Science) 2 Community Based Drug Initiatives (funded by the HSE) 1 Garda Youth Diversion Project (funded by Department of Justice Equality and Law Reform) 1 youth Information Project (funded by Department of Education & Science). Ossory Youth's target group is young people, volunteers who work with young people in any number of settings, community and families. "

I am Ok with everything else. Re se 16 and se 18.

I will forward se29 to Mel Bay for comment and he can respond on that project.

SE-17a CARLOW DRUGS AWARENESS WEEK

Project promoter: County Carlow VEC.
Funding: Not funded in 2009. €5,900 in 2008.
Target group (service level agreement): No Service Level Agreement in place. Funding last received in 2008.

Description of the project
The events that were organised as part of Carlow Drugs Awareness Week were targeted at a cross-section of the community and included an art competition for children and young people, coffee mornings, information workshops, and information dissemination on drug related topics through the media. Approximately 500 bracelets were distributed to young people to highlight the issue of alcohol, and the coping mechanisms that people use in their everyday lives.

Aims and objectives of the SERDTF funding
1. To create awareness by engaging local media effectively.

2. To highlight existing services, supports for young people, concerned adults and professionals.

3. To increase general awareness of the types of misuse and the broad range of people who misuse.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1(i). The Drugs Awareness Week was publicised.	Information as it appeared in local press and/or scripts for any radio ad's, interviews etc.	1
2. People were informed about existing services.	Web based info, info that was distributed, seminars, presentations, schedules for these.	1
3(i). Initiatives sought to increase general awareness on misuse.	Schedule of talks/information evenings/copies of leaflets or literature.	1
3(ii). Aim to 'increase general awareness of the types of misuse and the broad range of people who misuse'.	Discussed at service interview.	1

Evaluation of efficiencies

The Carlow team evidenced their provision a wide range of events to the general population to highlight the issue of drugs and local, regional and national drug related services.

There is evidence of over 1000 entries to the art competition from students at primary and secondary school level. At the prize-giving night for the art competition over 100 parents and young people attended and the guest speakers who addressed the prize-giving highlighted the service provided by local youth services.

Although at service interview the team cited a lack of media interest as a barrier to meeting their aims and objectives, they organised meetings with members of a national radio station and the print media to seek advice in this regard. Such proactive and collaborative approaches to working are commended by the evaluation as it demonstrates resourcefulness and strong problem solving ability as well as a commitment to address challenges to meeting their aims and objectives.

Monitoring data

None

Summary and conclusions

SE-17a evidenced good working practices and a commitment to meeting their aims and objectives. However the efficiency and effectiveness of campaigns which target the general population should be considered in the context of limited resources. It is recommended that the suspension of funding continues until the efficacy of such initiatives is evidenced.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

Based on the evaluation presented, it is clear that the Drugs Awareness Week clearly meets the aims and objectives of the SERDTF Funding.

We feel it is important to emphasise that this was a committed partnership project with 9 agencies in Carlow and Kilkenny, which highlighted the value placed on this initiative. Locally, voluntary and community groups were part of the delivery of programmes.

While the general population were targeted in the campaign, young people and parents were the principal target group in all aspects of the campaign. Examples included Art Competitions, Parents Information Workshops, Teenage Band Nights, Promotional Material and Newspaper Articles.

Despite some difficulties with media coverage, 4 articles by the Drug Awareness Team were published locally relating to substance misuse issues.

Moving forward a commitment to measuring outcomes of such initiatives would be a priority (SOUL recording)

SE-17b KILKENNY DRUGS AWARENESS WEEK

Project promoter: Ossory Youth.
Funding: Not funded in 2009. Received €5,900 in 2008.
Target group (service level agreement): No Service Level Agreement in place. Funding last received in 2008.

Description of the project
The aim of Kilkenny Drugs Awareness Week is to raise awareness and educate people about substance misuse and to promote discussion about the issue of drug use.

Aims and objectives of the SERDTF funding
1. To raise the issue of drugs and to promote discussion.

2. To provide information about drug use and services.

3. To promote positive change in drug using behaviour.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1. The Drug Awareness Week is publicised.	Please provide copies of the information as it appeared in local press and/or scripts for any radio ad's, interviews etc.	0
2. How did you provide information about drug use and drug services?	Web based info, info that was distributed, seminars, presentations, schedules for these.	½
3. How did you promote positive changes in drug using behaviour?	For example, a schedule of talks/information evenings/copies of leaflets or other.	½

Evaluation of efficiencies
Posters and flyers were produced for 2004, 2005 and 2006. An expenditure sheet evidenced expenditure for three events. The objectives of the events and target groups were not specified. Evidence of the advertising/publicity of events was not provided. Two information leaflets were provided which evidence the promotion of discussion on the topic of drug use.

At service interview the project worker reported a number of challenges to meeting the aims and objectives of the funding including: a need to increase community involvement; a need to increase inter-agency working; a need to increase the participation of schools and family resource centres; a need to increase publicity by generating media coverage; communication and networking between stake-holding agencies; and Staffing- ensuring that there are human resources available to assist in the awareness week.

Monitoring data
None

An expenditure sheet submitted following the service interview shows that funding supported the purchase of literature and the running costs for three youth events. The schedules for the events were not provided as part of the efficiencies.

Summary and conclusions
At service interview the project worker reported significant challenges to meeting the aims and objectives of the SERDTF funding. Furthermore, the efficiency and effectiveness of campaigns which target the general population should be considered in the context of limited resources. It is recommended that the suspension of funding continues until the efficacy of such initiatives is evidenced and the need, targeting and expected outcomes of the drugs awareness week are clarified.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
None

SE-18 OSSORY YOUTH PROGRAMMES

Project promoter: Ossory Youth.

Funding: €6,000

Target group (service level agreement): No Service level Agreement.

Description of the project

Ossory Youth hosts a Garda Youth Diversion project and two CBDI's, all of which target young people. The application for funding was to fund various programmes that were being run by existing staff in order to allow projects the opportunity to work with young people more intensively. Overall, the €6,000 of funding that was provided in 2008 supported the delivery of four programmes to young people.

Aims and objectives of the SERDTF funding

1. To engage, develop relationships and work with 4 groups of young people deemed to be at risk.

2. The programme will encourage young people to take personal responsibility for their participation on the programme. The programmes will challenge young people to overcome their blocks and barriers and will reward their efforts.

3. To build confidence, build resistance, foster personal development and growth, reflect on life style as well as providing an opportunity to have a positive personal and group experience.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1(i). Evidence of reaching the target group. How did you identify four groups of 'at risk' young people?	Please provide documents that evidence your recruitment of young people into this programme.	½
1 (ii) If young people were allowed to self-refer to the groups, how did you inform young people that they could take part?	Posters, flyers, leaflets that were used to inform at risk young people about events.	1
2 (i). Please provide the schedule(s) in full for each programme that the young people were engaged in.	Programmes: Lesson plans, learning outcomes, duration of the course.	1
2 (ii). Please provide evidence of attendance at the programmes.	Attendance sheets	½
3. Do you have any information that can demonstrate the clients experience of taking part in the programme?	Feedback sheets that were completed and/or any document that was produced following the programme which incorporates client feedback.	½

Evaluation of efficiencies

SE-18 provided efficiencies for four programmes that engaged young people. Where young people could self refer, this was clearly stated, however the programmes provided strong evidence of targeting young people for inclusion in the programmes.

The Gateway Challenge Programme evidenced targeting through family resource centres, HSE social workers, HSE high support unit, Co. Kilkenny VEC School Completion Programme and Compass Garda Youth Diversion Programme.

The efficiencies submitted regarding the Galway World Cup Programme show that the boys targeted are from disadvantaged backgrounds. However there is evidence that young people could also self-refer.

The efficiencies submitted regarding the Morocco Youth Challenge evidence that young people were targeted through youth projects and the social work department.

The Health Awareness Workshops for the Highway Group evidenced targeting based on young people experiencing personal difficulties. These included young people who have been experiencing a rough time in school, are not involved in other groups or activities; and may have had one or two encounters with the Gardai or Substance Misuse Team.

Attendance records were provided for half of the funded programmes and feedback from participants was provided for half of the programmes.

Monitoring data
None

Summary and conclusions

The efficiencies provided evidence good working practices and SE-18 represents good value for money for the amount of SERDTF funding received per capita. The evaluation recommends that funding continue subject to the continued targeting of high risk, high priority individuals. It is also recommended that the outcomes of each programme are clarified, and that participant feedback sheets are designed to reflect these.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

The Description of Ossory Youth on both the SE 16 and SE 18 iis in accurate it should read

"Ossory Youth is a Youth work organisation providing youth work services and opportunities to young people in Kilkenny and South County Laois. It manages, and coordinates projects under a comprehensive strategic plan which integrates service across an number of funded projects which include 3 Special project for youth (Funded by the department of Education and Science) 2 Community Based Drug Initiatives (funded by the HSE) 1 Garda Youth Diversion Project (funded by Department of Justice Equality and Law Reform) 1 youth Information Project (funded by Department of Education & Science). Ossory Youth's target group is young people, volunteers who work with young people in any number of settings, community and families. "

I am Ok with everything else. Re se 16 and se 18.

I will forward se29 to Mel Bay for comment and he can respond on that project

SE-21 SOUTH TIPPERARY SUBSTANCE MISUSE TEAM

Funding: €57,706.80
Project Promoter: South Tipperary Substance Misuse Team
Target Group (service level agreement). No service level agreement.

Description of the Project

The Substance Misuse Counselling Service is a service that is provided across all of South Tipperary. The service is based in Clonmel and operates on a low threshold drop-in basis. The Substance Misuse Counselling Service also hosts satellite clinics in Tipperary Town, Cashel, Carrick-on-Suir, Mullinahone, Cahir, Clogheen and Fedardt. The service offers advice, help and assistance in the following areas: access to counselling, information on treatment, information on education and training, development of substance misuse policy, education initiatives, substance misuse support sessions, parenting programmes, and drugs education programmes.

The counselling service has good working arrangements with the outreach service in the area, residential rehabilitation services, and other local area services.

Aims and Objectives of the SERDTF funding

1. To provide locally based, easy-access, counselling services in accordance with Actions 44, 48 and 51 of the NDS. In order to facilitate assessment and commencement of treatment as quickly as possible for those seeking help with their substance misuse.

2. To provide support, as a Key Worker, and continuum of care for clients/individuals referred on to residential or other 'specific' treatment interventions in accordance with Action 47. This is to facilitate a "seamless transition between each phase of treatment" as well as providing a central contact for other Primary Care workers involved with the individual client – forged stronger links with Residential services as well as Primary Care and Hospital based services.

3. To provide support and advice/counselling to families of 'substance misusers' in accordance with Action 60 of the NDS as Family involvement is a crucial component particularly in the treatment of young people – opened 2 out of hours drop-in clinics.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
(a) Your service specification clearly details the aims and objectives of your service(s), the target group(s), and working methods.	Written service specification	1
(b) There are clearly publicised hours of operation, and location(s) of service.	Leaflets/web advertisements/	1 leaflets need to be updated
(c) Referral routes to the service are clearly stated and publicised (via services, self-referrals (drug users and/or families)	Documentary evidence	1
(d) There are timescales for response to referrals?	Procedure documentation/Interview	1
(e) An assessment of needs is carried out with each service user (i.e. drug user/ family)	Client files	Did not receive files
(f) The treatment plan in the assessment is agreed by both service users and service providers.	Client files	Did not receive files
(g) The key workers carries out ongoing care review with clients, that is agreed upon by both service user and service provider	Client files	Did not receive files
(h) There are written protocols around coordinated working processes between yourselves and other services and agencies in relation to service users.	Policies/procedures	1/2
(i) There is evidence of the service user giving permission for personal information sharing.	Client files/protocols	½ Did not see files
(j) Information is provided to service users in relation to other services that they can access.	Leaflets, service lists/ staff interview	1
(k) Service users supported in accessing other services where relevant.	Client files/staff interview	½ did not see files.

Evaluation of Efficiencies

The counsellor was unable to attend the evaluation interview due to sickness. His manager took part in the process on his behalf. We did not receive any client files from this service. The service lost a number of scores as a result.

The service leaflets provided for the purposes of the evaluation were out of date. It is recommended that updated specification leaflets are produced.

Monitoring Data

One hundred and twenty five individuals received counselling over the four quarters but quarter 4 was substantially lower than quarters one to three. This is perhaps to be expected. The overwhelming majority of individual counselling sessions (119 of 125) were with adult drug users. A total of 920 counselling sessions were conducted. If these were conducted over a 48 week period then on average 3.8 counselling sessions were conducted per day. A total of 61 cases were described as closed and 6 were referred to other services. Based on rough calculations it would appear that each individual receives on average 7 to 8 counselling sessions.

Summary and Conclusions

Based on the monitoring data, the counsellor appears to be working to capacity. It could greatly benefit the service if data on the quantity and nature of drugs taken and general health and wellbeing of the individual was collected at the start and end of the counselling intervention. This would provide demonstrable evidence of the effectiveness or otherwise of the intervention.

This service would appear to be a necessary accessible service in the South Tipperary area. It would appear to have good links with services along a continuum of care. It should be noted though that the service did not supply client files and as a result it is difficult to determine whether the service is run efficiently or not. It is recommended that the post is continued to be funded, however prior to continued funding evidence of the efficiencies outlined above needs to be demonstrated to the SERDTF.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

In response to your service evaluation on SE – 21 I would just like to take this opportunity to respond to small number of comments

As you correctly pointed out I was unable to supply client files as the counsellor was on sick-leave at the time however I did bring a copy of the Heath Research Board (HRB) Form, which feeds directly into the EMCDDA and, which is completed on every client attending the service and this is forms the basis of the assessment of needs that is carried out with every service user (Point (e) under Efficiencies) If you further examine this form it also effectively creates the subsequent Treatment Plan (Efficiencies point (f).)

While I accept that the point made in Efficiencies point (g) can only be validated by using client files I did provide the full written protocols that are in place between HSE Substance Misuse Services and the Voluntary Agencies that we fund treatment episodes in, Namely Aiseiri and Aislinn.

SE-22 WATERFORD COMMUNITY DRUGS NETWORK

Project promoter: Waterford & South Tipperary Community Youth Service.
Funding: €2,905.30
Target group (service level agreement): Community residents.

Description of the project

Waterford Community Drugs Network was established in 2003. The network consists of people who represent community, voluntary and statutory organisations which will campaign locally and nationally on issues relating to drug, substance and education/prevention issues. Everyone involved in the network is involved in community drugs teams or community drugs projects. The network covers Waterford city and Waterford County. Most members are community volunteers who meet once a month, with between 10-20 people attending each meeting.

Aims and objectives of the SERDTF funding

1. To deliver ongoing training to members of the network.
   To enable members to access relevant training programmes.

2. To support existing community teams and support development of new teams.
   To enable networking regionally and nationally and to explore methods of best practice that can be adapted for use locally.

3. To influence policy at all levels by meeting relevant agencies and through the representations on Local and Regional Drug Task Force. To update members to changes in strategies and emerging needs so that members are informed of these changes and can then inform their own communities.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1(i). Standard training is provided	Programmes: Lesson plans, learning outcomes, duration of the course.	1
1(ii) Members are enabled to access relevant training.	We would like to discuss this in your service interview.	1
2(i). There is evidence of supporting and developing community teams and it is clear what is involved in this.	Please provide a full schedule of training that was delivered (dates, number of sessions, learning outcomes etc). Also discussed at service interview.	1
2(ii). There is a network database or similar?	Copy of database or similar. Discussed at service interview.	1
2(iii). Please provide evidence of specific areas of best practice that you have explored and how these have influenced local practice.	Best practice guidelines that have been circulated or implemented, or similar evidence of positive contribution to local practice.	½
3. Evidence that the network has fed in to local, regional and national strategies?	Please provide any documents that have been submitted to policy makers at local, regional or national level.	0

Evaluation of efficiencies

As part of the efficiencies submitted, Waterford Community Drugs Network provided the aims of the network which includes: "To offer a supporting and non-judgemental service to individuals and families experiencing drug-related issues". The evaluation recommends that this is examined in the context of the original aims and objectives of the funding and in the context of the role of a network rather than that of a service provider.

The training that was supported by SERDTF funding included Media Training, and Community Reps Skills (a FETAC accredited course). Evidence of exploring and implementing best practice was not provided. At service interview it was cited that the SERDTF funding supported room rental for meetings, training of members of the network, attendance (travel) at two protest marches in Dublin, and the setting up of a website for the network to disseminate information for members of the public.

Monitoring data

Overall, the data provided is sparse. One third of costs were training costs and between one quarter and one third were stationary costs. Twelve community meetings were held with 155 individuals attending. Five of these meetings were in quarter 1 and 64 of the 155 individuals also attended in quarter 1.   There is no data provided to support the expenditure on stationary.

Summary and conclusions

It is recommended that clearer details and justification is provided for the expenditure on stationary. The evaluation acknowledges the value of networks but recommends a suspension of funding continues. Should funds be allocated in the future, clear and tangible outcomes of funding should be requested by the SERDTF (for example training outcomes).

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
None

SE- 23 SOUTH TIPPERARY DRUGS OUTREACH PROJECT.

Project Promoter: Waterford & South Tipperary Youth Service.

Funding: €52,653

Target Group (service level agreement): People 13 years of age and upwards, who are involved in high risk substance misuse, and those in recovery.

Description of the Project
The outreach service is an attached service which operates out of a range of locations in the South Tipperary area. It also offers an out-of-hours service twice weekly from two different locations. This out-of-hours service is being rolled out alongside other non addiction related out-of-hours health services to facilitate easier access for clients.

Aims and Objectives of the SERDTF funding
1. To provide a coordinated and integrated contact point for drug users to get help and support in times of crisis

2. To encourage and assist drug users to reduce their dependency through motivational and personal change, also by offering alternative holistic/therapeutic programmes and interventions

3. To develop and maintain close liaison/cooperation between the users, the substance misuse team, the worker and relevant agencies so that responses are coordinated and integrated.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
(a) The service has evidence of how it publicises its hours of operation and the location of the service.	Leaflets, Web advertising, etc..	1
(b) The service has documented evidence of the accessibility criteria that is available to (a) services referring to the outreach project, (b) individuals that wish to self-refer?	List of criteria available to services	1
(c) There is a documented service specification that details – the aims and objectives of the outreach service, the target group, and working methods?	Documentary evidence	1
(d) The service carries out a needs based assessment with each client.	Client files	1
(e) Goals and/or actions are set out in assessments and agreed by both service user and service provider?	Client files	1 Goals set out – not signed off 1
(f) Information is provided to service users in relation to other services that they can access.	Leaflets, service lists/ staff interview	1
(g) There are written protocols around coordinated working processes between yourselves and other services and agencies in relation to service users.	Policies/procedures	1
(h) Service users are supported in accessing other services where relevant.	Client files/staff interview	1

Evaluation of Efficiencies
The client files should include a space for the client to sign which demonstrates his/her agreement with the goals and/or actions set out. This clearly evidences client involvement in the treatment process.

Monitoring Data
Observations:
The majority of costs were project worker costs.

Monitoring data:
One hundred and thirteen individuals were in contact with the outreach service and a total of 669 consultations were made over the year. Fifty seven or half of all individuals were referred on to other services. A range of interventions were provided and these included brief interventions, complementary therapies, individual education and drug awareness programmes and referrals.

Summary and Conclusions
The service provider appears to be reaching substantial numbers of individuals in need and is referring approximately half of these individuals to a range of other services. The majority of referrals are to the substance misuse services but range from MABS to rape crisis to residential treatment.

As a range of interventions are offered it is recommended that clients drug use and general health and well being be measured prior to and after the intervention offered to help assess

which interventions are possibly more effective. This may in the long run be of great assistance to the outreach worker when deciding which intervention to offer to which client.

The outreach worker post covers a wide area and is run in an efficient manner. It provides an accessible access point for onward referral to treatment and harm minimisation services as is identified as a need in the Regional Drugs Task Force Strategic Plan.

The evaluation team also noted that the project promoter for this outreach post is a youth service. It is suggested that this be reviewed on an ongoing basis with a view to determining whether this is the best place for this type of service.

It is recommended that this post should be continued to be funded.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
None

SE-24: DRUGS OUTREACH WORKER (CARLOW/KILKENNY)

Project Promoter: Society of St. Vincent de Paul, Carlow

Funding: €46,975

Target Group: Six client groups are noted, these are adult drug users, young (under 18) drug users, homeless drug users, recovering/stable drug users, service providers, prisoners and recovering prisoners.

Description of the Project
This is a new post which was set up in May 2009. The service operates 5 days per week. 2.5 days per week in Carlow and 2.5 in Kilkenny. This is an attached outreach service, but also to a lesser extent provides access via street outreach.   It also offers an evening service on Tuesdays between 6-8pm in Carlow. The evening service is part of a multi-agency out of hours service which includes representation from a CBDI, the Family Support Network, and Focus Ireland.

The service is provided both formally and informally in fixed and non-fixed sites. It works closely with local homeless services to provide a drugs service to homeless drug users.

The provision of services to the client group was reported as being challenging in the context of gaps in move-on/additional options for drugs users e.g. methadone services (and waiting lists), needle exchange, detox services, and waiting lists for counselling services).

Aims and Objectivesof the SERDTF funding
1. To provide a coordinated and integrated contact point for drug users to get help and support in times of crisis

2. To encourage and assist drug users to reduce their dependency through motivational and personal change, also by offering alternative holistic/therapeutic programmes and interventions

3. To develop and maintain close liaison/cooperation between the users, the substance misuse team, the worker and relevant agencies so that responses are coordinated and integrated.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
(a) Provided evidence of how service publicises hours of operation and the location of your service	Leaflets, Web advertising, etc..	1
(b) Provided evidence of the accessibility criteria that is available to (a) services referring to the outreach project, (b) individuals that wish to self-refer	List of criteria available to services	1
(c) Provided evidence of service specification that details – the aims and objectives of the outreach service, the target group, and working methods	Documentary evidence	1
(d) Provided evidence of carrying out a needs assessment with each client	Client files	1
(e) Goals and/or referrals are set out in assessments and agreed by both service user and service provider?	Client files	1
(f) A range of information is provided to service users in relation to other services that they can access	Leaflets, service lists/ staff interview	1
(g) There are written protocols around coordinated working processes between yourselves and other services and agencies in relation to service users?	Policies/procedures	1
(h) Demonstrated how service users are supported in accessing other services where relevant	Client files/staff interview	1

Evaluation of Efficiencies

The service was found to score highly in relation to the efficiencies provided. One suggestion for improvement would be to include evidence of client agreement to care planning and reviewing to demonstrate a level of client involvement in the process. Client signatures on care plans would evidence this.

Monitoring Data

Observations:

Costs on the financial return sheet did not appear to match the agreed amount in item 2.3 of the agreement. While the majority of costs were project worker costs these appeared considerably less than other project worker costs on other agreements. Also travel costs were very much greater than travel costs in other agreements.

Monitoring data:

There is no quarter one data and quarter two data is sparse. This is in line with the fact that the post was only taken up during quarter 2. This explains the low project worker costs described above but it would also indicate that the high travel costs were incurred in approximately a six month period and are therefore very much out of line with other projects.

A total of 67 individuals were in contact with the outreach service and a total of 309 consultations were made over the period. As the project worker was not in place for the full year, these numbers are in line with other similar services. Sixteen or approximately one quarter of all individuals were referred on to other services. A range of interventions were provided and the majority of these (166) were with adult drug users. It was also interesting to note that a substantial number (61) were described as consultations with homeless drug users.

Summary and Conclusions

The service provider appears to be reaching good numbers of individuals in need and is referring just under one quarter of these individuals to a range of other services. No details are provided on the nature or type of referrals. It is recommended that great detail on referrals are provided in the monitoring data and greater detail on the nature of the interventions (see global recommendations)

The service was found to be running efficiently and it is also noted that the service is being appropriately targeted at the identified client group.

It is recommended that this post be continued to be funded.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
None

SE-25 RURAL OUTREACH INITIATIVE

Project Promoter: CDCD Network
Funding: Not funded in 2009. Received €6,250 in 2008.
Description of the Project

This project was set up to engage men at risk, in a secure safe environment in a recreational activity. This was in response to the challenge to provide a recreational activity for recovering drug users in an alcohol free environment. The aim was to set up a snooker room in the area to facilitate this purpose.

Aims and Objectives of the SERDTF funding

1. To develop safe recreational spaces for people in recovery from drug misuse (alcohol free venues)

2. To develop primarily in Castlecomer but also in Ballyraggett a recreational initiative that will function for people who are in recovery from substance misuse. Target group men.

3. To develop and maintain these centres 2 snooker rooms and squash club in functioning centres that are attractive for people to use

4. To ensure that they are well known to community at large and committees and counsellors.

5. To continue to promote the facility ensuring that core users continue to access the services

6. To engage target group in education and training initiatives as deemed appropriate (Community Education) referral process and engagement point

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
(a) Service specification detailing the aims and objectives of the service, what it offers, its working methods, and its target group(s).	Written service specification	1
(b) Demonstrate how you publicise the service and target the target group.	Leaflets, posters, advertisements or networking, meetings etc../service staff interview	1
(c) Evidence of records that demonstrate that the target group continued to access the service (in 2008).	Attendance records or other?	1\2 some evidence contained in documents provided
(d) Can you demonstrate that an education and training needs based assessment is carried out with clients (b) where identified goals are (c) agreed upon by the service provider and service user.	Client files/ other	1\2 noted in training programme report.
(e) How do you support the target group to access education and training initiatives.	Advocacy / client files/ meeting minutes etc..	0

Evaluation of Efficiencies

While anecdotal evidence of the success of the project was provided, there is a lack of evidence in relation to e.g. the numbers and frequency of the target group using the snooker room etc.. It is recognised that the project was set up to provide a recreational outlet for recovering drug users in the North East of Kilkenny, which was a social space where recovering drug users and the community in general could integrate. Consequently, monitoring may well have had negative consequences for the target group and for the numbers accessing the project.

Summary and Conclusions

The evaluation team commends the ethos of this project. However, the lack of service use data means that it is difficult to determine whether the project is actually reaching the target group. It is recommended that the suspension of funding is continued.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
None

SE-26 WATERFORD OUTREACH WORKER

Project Promoter: Waterford & South Tipperary Community Youth Service.
Funding: €52,831
Target Group: Active drug users from 13 years upwards, families of drug users, and recovering/stabilised drug users.

Description of the Project

The Waterford outreach service is based in Dungarven, County Waterford in theyouth resource centre. Its remit is to cover Waterford City and County and areas of South Kilkenny. Emphasis is placed on county areas and the service is currently split at around 80% in Dungarven and 20% in Waterford City. The service is primarily an attached service, that is, it operates out of fixed locations in the region, but also carries out some home visits. The service also offers an out-of-hours service in conjunction with the Co. Waterford CBDI.

The services provided by the Outreach Service include one-to-one support sessions, harm reduction work, motivational work, referrals to appropriate services, advocacy, home visits, auricular acupuncture, aftercare support. The service takes referrals from services and agencies, and individuals can self-refer.

Aims and Objectives of the SERDTF funding

1. To provide a coordinated and integrated contact point for drug users to get help and support in times of crisis

2. To encourage and assist drug users to reduce their dependency through motivational and personal change, also by offering alternative holistic/therapeutic programmes and interventions

3. To develop and maintain close liaison/cooperation between the users, the substance misuse team, the worker and relevant agencies so that responses are coordinated and integrated.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
(a) Provided evidence of how you publicise your hours of operation and the location(s) of your service.	Leaflets, Web advertising, etc..	1
(b) Provided a service specification that details – the aims and objectives of the outreach service, the target group, and working methods.	Written service specification	1
(c) Provided evidence of the accessibility criteria that is available to (a) services referring to the outreach project, (b) individuals that wish to self-refer.	List of criteria available to services	• Dated 2007 • No date on another • 3rd not relevant
(d) Carries out a needs assessment with each client.	Client files	1
(e) Goals and/or referrals are set out in assessments and agreed by both service user and service provider.	Client files	Files should include client signature as evidence of client involvement in agreed goal setting and actions. Lists of actions but difficult to tell if they have been carried out.
(f) Information is provided to service users in relation to other services that they can access.	Leaflets, service lists/ staff interview	1
(g) There are written protocols around coordinated working processes between yourselves and other services and agencies in relation to service users.	Policies/procedures	1
(h) Service users are supported in accessing other services.	Client files/staff interview	1

Evaluation of Efficiencies

Much of the evidence received in relation to detailing and publicising the service was dated 2007, 2008. In addition, the list of main objectives in some of the publicising documentation is outdated. One example is where a main objective of the service is stated as being "to carry out research to identify gaps in drug and treatment services…". This relates to the set up phase of the service and would appear to be outdated. It is recommended that the service updates its service specification for distribution to clients and service providers.

Many of the client files do not contain in depth information in relation to the work being carried out on the clients' behalf. While actions are outlined it is difficult to determine if and how the work is being carried out. This would be particularly problematic if there was a change in worker. It is recommended that more in depth information is recorded in client files, to ensure that the process is transparent, and that up to date knowledge of support for clients is clearly outlined.

It is recommended that evidence of clients being involved in the process of developing goals and actions be included in client files. This may involve sign off by the client, but will demonstrate involvement and agreement in the process of their treatment/care plan.

It would also be recommended to include a signed confidentially agreement between the outreach service and the service user. While evidence of a copy of the services confidentiality policy was included in the evaluation efficiencies, a signed copy of this included in each client file would demonstrate that this has been discussed and agreed with the service user.

Monitoring Data

Observations:
The majority of costs were project worker costs.

Monitoring data:
Data was provided on an annual rather than quarterly basis.

A total of 150 individuals were in contact with the outreach service and a total of 590 consultations were made over the 2009 period. Seventy nine or approximately one half of all individuals were referred on to other services, 46 cases were described as closed or handed over. A total of 44 individuals were described as active high risk users. A range of interventions were provided to a wide range of client groups which included all the targeted clients listed above and homeless drug users.

Summary and Conclusions

The service provider appears to be reaching good numbers of individuals in need and referring these individuals to a range of other services. It may benefit SERDTF, the service and more importantly the clients if greater details and monitoring of care pathways were provided on those clients described as active high risk clients (see global recommendations)

In addition it is recommended that the service be documented more clearly in order to demonstrate that it is being run efficiently. It is noted that there are a number of barriers to accessing additional or move-on services in the region. Also, it is noted that the client groups to whom services are being targeted are priority groups.

The evaluation team also noted that the project promoter for this outreach post is a youth service. It is suggested that this be reviewed on an ongoing basis with a view to determining whether this is the best place for this type of service.

It is recommended that this post be continued to be funded.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

None

SE-27 AISEIRI TREATMENT CENTRE (WATERFORD & CAHIR)

Project Promter: As above
Funding: €155,751.42 (divided equally between two locations).
Target Group: Adult drug users, families of drug users, service providers.

Description of Project

Aiseiri is a registered charity. Its offers both an in-patient 28 day residential rehabilitation programme along with structured outpatient support. The model of working in Aiseiri is based on the Minnesota Model. The 30 day residential programme is augmented by weekly sessions of Aftercare for a period of two years. Aiseiri also offer a Family Support Programme. Referrals are received from agencies and services, as well as family members and self-referrals.

There is a standard cost for treatment but methods of payment are assessed according to an individual's ability to pay.

Aims & Objectives of the SERDTF funding

1.To provide quality treatment to individuals and their families suffering from alcohol or drug dependency

2.To provide access to those clients who cannot afford to pay for treatment

3.To support the individual and their family to achieve a fulfilling recovery.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
(a) Provided a service specification detailing the aims and objectives of the service, supports offered to individuals and families, its working methods, and its target group(s).	Written service specification	1
(b) Demonstrated that a needs assessment is carried out with each of your clients?	Client files	1
(c) Goals are set out in assessments and agreed by both service user and service provider.	Client files	1
(d) Publicises the service in a way that it targets individuals who cannot afford to pay for treatment.	Publicised links with other services/ referral routes – advertisements, other?	1
(e) Provided detail of the criteria for accessing the treatment service for drug users and families?	Written/publicised criteria?	1
(f) Provided feedback from clients to evidence their experiences of the supports and services that they have received.	Client files/ client satisfaction data/ family feedback sheets or other?	1
(g) A care plan/review assessment carried out that details goals and is agreed by service users and service providers for the aftercare phase? (i.e. moving from the 28 day programme to the aftercare support)	Client files Assessment forms	1

Evaluation of Efficiencies
This project carries out its service in an efficient manner. There are no recommendations.

Monitoring Data
Observations: Costs on both projects were stated solely as residential treatment costs but further details were not available.

Wexford: From a total of 465 individuals referred to the service 271 or 58% were from the south east region. Of the 139 who commenced treatment 72 or 52% were from the region. A total of 133 completed the treatment but it was unclear how many of these were from the south east region. The majority (77%) of those who commenced residential treatment commenced treatment for alcohol use. While high proportions of clients were from the south east region it would appear from the data that a total of 30 of all clients in this region were funded by SERDTF. Of those 30, 11 (36.6%) came from self referrals, and 12 (40%) were referred by family/friends. In addition, some outpatient details were provided on clients but it is unclear from the data if these were SERDTF funded clients. It should be noted that the service agreement stated that treatment was provided in a residential setting followed by an after care programme.

Cahir: From a total of 479 referrals, 128 (27%) were from the SE region. Of the 146 who commenced treatment 63 (43%) were from the region. Approximately 80% commenced treatment for alcohol use. It would appear from the monitoring data that a total of 12 clients were funded by SERDTF. Route of referral for these 12 was not specified.

Summary and Conclusions

Data provided by the service was detailed and information was provided on the number of clients from the region. It was however unclear from the data what exactly was attributable to SERDTF funding. Data provided by the Cahir service was not provided on a standard data monitoring template. To improve clarity and accountability it is recommended that the monitoring form be improved to clearly identify the number of clients and treatments funded by SERDTF. Similarly the financial report could be improved to clarify in more detail the use of the financial resources allocated.

Simple calculations based on the figures above would indicate that approximately €6,400 was funded per client from the SE region accessing the residential service in Cahir, and €2,500 per client from the SE region accessing the Wexford residential service.

It is noted by the evaluation team that the source of referrals to the residential service is mostly from *self* and *family*, which would suggest that many clients may be accessing the residential service without prior contact with the tiered system of services in the community as is recommended in the National Drug Strategy (NDS 4.2).

Additionally, the use of the *lifetime* prevalence indicator (SASSI instrument) as part of the intake assessment to the facility was noted. The evaluation team suggests that this use of the *lifetime* indicator should be reviewed in the context of best practice and the SASSI guidelines for administering the instrument.

At service interview it was reported that some clients have been admitted to the service primarily because of accessibility issues rather than the need for residential treatment. This raises a concern that the service is not demonstrating that clients are being offered "the least intensive interventions appropriate to their need", as is recommended in the report of the expert working group on residential services in Ireland (2007).

It is recommended that the SERDTF requests evidence that clients being subsidised from SERDTF funding are accessing the tiered system of services available to them prior to presenting for residential treatment.

It is recommended that funding continues but the project is placed in priority grouping two. In addition, prior to further funding, this service should demonstrate more clearly the amount of funding that is allocated to clients from the south east region.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

Programme is 28 day.
All individuals are professionally assessed as to the appropriate Treatment Tier.

Wexford: 465 assessed 139 admitted to residential = 29%
Cahir: 479 assessed 146 admitted to residential = 30%

Others are referred to community services. Tier 2 & 3
The National Strategy requires treatment at the least level as determined by professional assessment, not necessarily to go through each tier systematically. NDS 4.28
Cost of providing treatment at Aiseiri is €243 per day. = €6804
SERDTF funding allows for a total of 23 full treatments of 28 day

Some clients can contribute which allows Aiseiri to provide treatment to other in financial difficulties. Thus in 2009 those individuals who fulfil the criteria for SERDTF funding amounted to 42.

Aiseiri only uses SERDTF funding for Residential Treatment as specified
The SERDTF office is provided with details of each client that is funded
Referrals from HSE Community Services and Probation Services are funded separately.

SE-28 FAMILY SUPPORT DEVELOPMENT WORKER

Project promoter: Waterford & South Tipperary Community Youth Service.
Funding: €62,025.50
Target group (service level agreement): Families of drug users, children and young people at risk and their families and community residents.

Description of the project

The overall aim of the South East Regional Family Support Worker is to improve the situation of families coping with drug use by developing, supporting and reinforcing the work of family support groups, setting up new groups, promoting the value of peer led family support groups and working for positive change in policy and practice for drug users and their families. At interview the project reported that 17 family support groups are networked across Carlow, Tipperary, Waterford, Kilkenny and Wexford. Each county is represented on the management committee by one or two people.

Aims and objectives of the SERDTF funding

1. To support existing family support groups and to set up new groups.
   To access funding which provides respite and therapeutic programmes for family members.
   To introduce new guidelines to all family support groups.
   To ensure that there is good dissemination of information to all family support groups.

2. To build and develop the capacity of the management committee and to enhance and develop their skills.
   Hold at least ten meetings of the management committee during the year.

3. To promote the value of family support and encourage families to avail of support
   To develop new promotional materials, and to develop and co-ordinate a promotional campaign in each county involving a family member who participated in media training.

4. To develop a training programme to develop and build the skills of facilitators and members of family support groups.
   Coordinate the delivery of a family mediation training programme.
   Develop guidelines on implementing training skills to family support groups
   Provide solution focused training to group facilitators
   Provide supervision and review process for facilitators.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1(i). You have set up new family support groups.	Please provide a list that shows the location of groups that have been set up with your support.	1
1(ii). You can evidence your role in the development of family support groups in the area (for example by delivering training).	If this is training, please provide a full schedule of training that was delivered (dates, number of sessions, learning outcomes etc). We would also like to discuss this at your service interview.	1
1(iii). You have accessed funding for family members.	Please provide a list of funding applied for, and amount of funding received.	1
(iv). You have introduced 'good practice' guidelines to all family support groups:	Please attach the guidelines that were introduced.	1
2(ii). You can evidence that you have worked to 'Build and develop the capacity of the management committee and enhance and develop their skills'.	Schedule of training. To include lesson plans, learning outcomes, number of sessions etc.	1
3(i). You can evidence your promotion and encouragement towards family support.	Promotional materials, public information, use of local media, use of website.	1
3(ii). You have co-ordinated a promotional campaign in each county involving family member who participated in media training.	Interview: How did this roll out? What role did the family member play in the process?	1
4(i). You have developed a training programme for facilitators and members of family support groups.	Please attach the programme materials that detail group or one-to-one sessions. Evidence should include session/lesson planning, learning outcomes.	1
4(ii). You can evidence your role in co-ordinating the delivery of family mediation training?	Any document that demonstrates your role.	1
4(iii). You can provide the guidelines for implementing training skills to family support groups.	Please attach the guidelines.	0
4(iv). You have provided solution focused training.	Materials from the training programme (lesson planning, learning outcomes, schedule of training).	1
4(v). You can evidence your provision of supervision and review processes for facilitators?	For example a standard supervision form.	1

Evaluation of efficiencies

SE-28 provided detailed efficiencies as part of the evaluation process. Training materials and records of work were provided and the project successfully evidenced the work that had been completed with their SERDTF funding in 2009. The only efficiency that has not been provided is the guidelines for implementing training skills to family support groups.

The family support development worker supports the dissemination of information to 17 family support groups across the South Eastern region and provides these groups with training and information. The development worker sits of the committee of the national network and the chair of the regional family network committee sits on the committee for the RDTF. These networks ensure that the family support network is linked at regional and national level. The network has recently developed a sibling support group.

Eight family members have trained in auricular acupuncture and this is provided as part of the networks promotion of self care. Although the division of the workload of the project varies from time to time, at interview the development worker reported that the delivery of training accounts for approximately 40% of her time, supporting existing family support groups accounts for approximately 25% of her time, developing the capacity of the management committee accounts for approximately 15% of her time and developing the promotional campaign accounts for approximately 20% of her time.

Monitoring data
The overall budget was somewhat higher (approximately €10,000) than other development worker/outreach projects budgets.

Eighty two complimentary therapy clinics were run and a total of 249 individuals attended giving on average 3 attendees per clinic. Eight community meetings were held in the year and a total of 167 attended these meetings. Four groups were established from these community meetings. The data on sheet two of two was somewhat confusing. It is unclear if the data on the 87 numbers of groups with families of drug users refers simply to 87 families or 87 groups of families in which case the actual number of families would be considerably higher.

Summary and conclusions
The evaluation recommends that funding is continued. The service provider appears to be clearly focused on its client group. However given that this project is stated as serving all five counties in the South East average numbers attending complimentary therapy clinics appear to be low and actual numbers of families in contact with the service is unclear. It is recommended that the service considers if the complimentary therapy clinics as they are currently provided are the best use of the service providers time. Also clarity on the actual number of families availing of the service should be provided. It would also benefit the service in terms of planning of resources to know within which counties these families are residing.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
1. **Evaluation of efficiencies**
   The guidelines referred to is a developmental process in five stages. The second stage, participation in training the programme is near completion, the third is accreditation process and the fourth stage is development of guidelines. The whole process was delayed due to the delay in receipt of Dormant account funding.

2. **Monitoring data**
   The 87 refers to 87 groups of families

3. **Summary & conclusion**
   - The network is peer led and adopts a community development approach and ethos.
   - The development worker has a developmental and coordination role in building the network
   - The development worker does not directly provide complimentary therapies but coordinates and supports the overall delivery of self-care & respite programme.
   - Family members trained in these therapies deliver the treatments as part of the family support group session or in clinics to the wider community.

SE-29 STUDENT RESEARCH

Project promoter: Ossory Youth.
Funding: Not funded in 2009. €5,000 received in 2008.
Target group (Service level agreement): None. No service level agreement

Description of the project

The aim of the funding for SE-29 was to allow the project worker to liaise with W.I.T staff in order to identify students who may have been interested in completing research dissertations on topics relevant to the issue of drugs and substance misuse. Two research topics were chosen by the project promoter and staff members of W.I.T, and two students agreed to complete the research. Each student received in excess of €2000 as a contribution towards their fees. During the first year of the research, both students took extended leave and the final reports on the research are expected at a later date. It is expected that if and when the research is completed, one study in particular will be out of date.

Aims and objectives of the SERDTF funding

1. Recruit research students.

2. Research subjects approved and research completed.

3. Production of final report.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
1(i). There is evidence of the recruitment of research students.	Advertising/ recruitment process.	0
1(ii). There is evidence of training and/or induction provided to the research students?	Please attach training and/or induction pack.	0
2 (i). Research students were approved.	Job descriptions/ candidate specifications for research students.	0
2 (ii). Research proposal documents (including rationale) were produced by the students.	Research proposals.	1
3. Final reports were produced by students	Final Reports/final research.	0

Evaluation of efficiencies

It may have been useful to see the initial correspondence between WIT and the project promoter to understand how the proposal was presented academic staff at the College. It would also have been beneficial to see the brief/contract (if any) that was provided to W.I.T and the research students who received funding. The evaluation recommends a contractual agreement be in place in advance of any similar initiatives.

Monitoring data

None.

Summary and conclusions

Conceptually, the assistance of Masters students in completing research is an economical way of conducting research and allows potential for the project promoter and the RDTF to gain not only from the input of a student, but from the expertise of the academic staff who supervise research students. However in light of the operation and outcomes of SE-29 the evaluation

recommends that the suspension of funding continues. The administration of funding for SE-29 was such that funds were transferred directly from the HSE to WIT without passing through the accounts of the project promoter. The evaluation suggests that the SERDTF seek a refund from W.I.T. or seeks completion of the research reports that have been funded.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
None

SE-32 COUNTY WEXFORD DRUGS OUTREACH WORKER

Project Promoter: Ferns Diocesan Youth Service

Funding: €50,725

Target Group: (Ranked as follows) Adult Drug users, Young drug users, Homeless drug users, recovering/stablised drug user, families of drug users, children/young people (at risk) and their families, prisoners and recovering prisoners, service providers, community residents, youth information clients

Description of the Project
The Co. Wexford Drugs Outreach Service provides a service in Wexford, Enniscorthy, Gorey and New Ross. It provides both attached and detached outreach services, assessment and referral to health and social services, access to treatment and Rehabilitation Facilities, Harm Reduction Information, Education & Prevention, Advocacy, Health promotion, brief crisis intervention, and links in with the prisons.

The service accepts referrals also from a range of services in the community, and from as well as self-referrals. The service was described as a 'middle agency' that links with other agencies. The work of the outreach service is informed by the needs of service users themselves.

Aims and Objectives
1. To provide a coordinated and integrated contact point for drug users to get help and support in times of crisis

2. To encourage and assist drug users to reduce their dependency through motivational and personal change, also by offering alternative holistic/therapeutic programmes and interventions

3. To develop and maintain close liaison/cooperation between the users, the substance misuse team, the worker and relevant agencies so that responses are coordinated and integrated.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
(a) Provided evidence of how you publicise your hours of operation and the location of your service	Leaflets, Web advertising, etc..	1
(b) Provided evidence of the accessibility criteria that is available to services referring to the outreach project	List of criteria available to services	1
(c) Provided evidence of the list of criteria that is available to individuals that would like to self-refer.	List of criteria	1
(d) Provided a service specification that details – the aims and objectives of the outreach service, the target group, and working methods.	Documentary evidence	1
(e) Provided evidence of a needs assessment being carried out with clients.	Client files	1
(f) Goals and/or referrals are set out in assessments and agreed by both service user and service provider	Client files	1
(g) A range of information is provided to service users in relation to other services that they can access	Leaflets, service lists/ staff interview	1
(h) There are written protocols around coordinated working processes between outreach and other services and agencies in relation to service users	Policies/procedures	1
(i) Demonstrated how service users are supported in accessing other services (where relevant).	Client files/staff interview	1

Evaluation of Efficiencies

1. Currently, different tools are being used with different clients by way of carrying out assessments with clients accessing the outreach service. It is suggested that a standardised intake needs assessment is carried out with all clients so that needs and actions can be identified together with the service user. This can then be a baseline from which to carry out future work. It is also a good method of data collection for the service in order to monitor trends and emerging issues. It is suggested that this is reviewed in the context of best practice.

2. The target group outlined in the efficiencies documentation is very broad. It is in fact broader that the target group set out in the service level agreement. There is evidence that this has since been revised by the service steering committee. It is the opinion the evaluation team that targeting such a wide range of groups spreads the work of the outreach worker too thinly, and detracts focus from the core group of active and recovering drug users.

3. In addition, it was noted that the range of services that the outreach worker had listed are very broad, and again would suggest that the type of service being offered is very broad. (e.g. Education and Training of drug workers, development of peer drug educators, parenting skills among other). It was noted in the efficiencies that the service steering committee have agreed on a re-focusing on active drug users as the primary focus of the project. The evaluation team agree with this decision as to have such a wide brief would not only spread the service too thinly, but may also duplicate the work being carried out by other services (e.g. CBDI's).

4. It is also recommended that stronger links are established with the other outreach service post that is funded by the SERDTF in the Wexford region. This may well contribute to the

establishment of more geographically targeted focus, stronger inter-agency working and the elimination of any possible duplication of service provision.

Monitoring Data
Observations:
The majority of costs were project worker costs. Travel and subsistence costs were slightly higher than other similar projects.
Monitoring data:
A total of 109 individuals were in contact with the service and 42 or 39% were referred on to other services. Forty five cases were described as closed or handed over. A total of 342 consultations were made. Four different interventions were offered and the overwhelming majority of clients received brief interventions. Fifty four drug users contacted were described as high risk active users. Referral data was provided and it was pertinent to note that 9 drug users were referred to mental health services.

Summary and Conclusions
The service provider appears to be reaching adequate numbers of clients in the target groups described in the service agreement.
It is also interesting to note that 54 drug users contacted were described as high risk active users. This would appear to be a high proportion compared to other similar services in other regions. Referral data was provided and again it was pertinent to note that 9 drug users were referred to mental health services, again this appeared to be a high proportion in comparison to other services.

It is recommended that referrals be followed up on to ensure that the care pathway is not broken particularly in the case of high risk active drug users and users with mental health problems (see general recommendations). Also all interventions including brief interventions both verbal, phone and written which contain information on drug awareness, service available, contacts etc should be manualised to ensure uniformity of delivery and content (see general recommendations).

It is recommended that the funding for this service continues, but in the context of assurances that the target group has been clearly defined and is in line with the service level agreement. It is also recommended that the outreach worker employ standardised tools of assessment for clients who are initially accessing the service, and for use in care review sessions, that are based on best practice.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)
In your section Evaluation and Efficiencies:
In response to your Point 1: A Standardised assessment tool IS used with clients on intake to the Outreach Service. A) happiness scale B) Readiness to Change Scale
In response to your Point 2: The Main body of work carried out by the Outreach Service is with -/+18 drug users and recovering/ stabilised drug users.
In response to your Point 3: The Drugs outreach service DOES NOT provide services suggested in Point 3. Please correct this comment as this is not the work carried out by this project
In response to your Point 4: Please note that for the period being evaluated no other Outreach Post was working countywide.
In Your Section Summary and Conclusions:
Information was provided to evaluation team to show that the project promoter offers a variety of Community based services in addition to youth services. It is important to again note that the project has exceeded the numbers of clients set in the service level agreement clients.

SE-34 C/I AISLINN THERAPIES

Project Promoter: Aislinn Adolescent Addiction Centre.
Funding - €15,808.25
Target Group: People between the ages of 15 and 21 years.

Description of Project

The funding from this code is used to enhance Aislinn's rehabilitation programme and provide an alternative holistic options to the clients. Aislinn is a residential treatment centre for young people. It is based on the Minnesota Model, adapted to the needs of young people. It provides a six week residential treatment programme to the client group. As part of the six week programme, residents access the holistic therapies that are funded through this code. Aislinn Adolescent Addiction Centre have introduced an out patient programme for people who may not have completed their programme.

Aims and Objectives

1.Continue to implement and develop holistic therapies enabling Aislinn to address the escalating cocaine issues which are arising, and this will enable the client to have a more effective period of rehabilitation.

2. To enable cocaine users to gain maximum benefits in rehabilitation treatment by reducing clients dependency on cocaine and ensure meaningful participation in the rehabilitation process.

3. Recognising the family member as a service user in their own right, encouraging them to avail of our holistic therapies in our Residential setting, therefore encouraging them to use holistic therapies in their own time in the community.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
(A) Provided a service specification detailing the aims and objectives of the service, supports offered, its working methods (in relation to cocaine use), and its target group(s).	Written service specification	1
(B) Evidence of the ways that the holistic services have been developed in the previous year.	Service staff interview	1
(C) Demonstrated that (a) a needs based assessment is carried out with clients (b) where identified goals are (c) agreed upon by the service provider and service user.	Client files	0
(D) Demonstrated ways in which clients meaningfully participated in the rehabilitation process	Client files/ Feedback sheets or other eg.	0 There are reports of involvement in therapies from the therapists.
(E) Provided evidence of families accessing the treatment process?	Attendance sheets	0
(F) Provided feedback from families on their experiences of the services on offer to them?	Feedback sheets	1 This is attached to the Crio Nua funding SE-1
(G) Provided evidence of client satisfaction.	Client satisfaction information, other attendance sheets or other	0

Evaluation of Efficiencies
It is suggested that the service should place greater emphasis on evidencing client participation in both the goals and actions agreed and their satisfaction with the programmes and processes that they are taking part in.

Monitoring Data
Observations:
All costs were for sessional staff.

Monitoring data:
According to the monitoring data a total of 112 individuals were in contact with the service over the year. This gave an average of 28 individuals per quarter or 12 week period and numbers were stable across all four quarters. Four therapies were offered and numbers stated as attending these therapies were greater than the total number of individuals stated as contacted. For example in quarter 3, 124 individuals are stated as attending the four therapies and this number is clearly greater than the total of 112 individuals stated as contacted. It is unclear therefore if these 124 are additional to the 112 contacted or there is an overlap. Details are provided on the numbers of consultations with varying client groups and the

majority of consultations were with young drug users under 18 with 274 consultations over the year and a further 114 consultations were with adult drug users.

Summary and Conclusions

Based on the needs identified in the region and the priority groups identified in national and regional drug strategies, this service is appropriately targeting its services at young people engage in drug use and families. Also, given the level of funding obtained the service appears to be reaching large numbers of clients in the target groups described in the service agreement. In addition, the value of holistic therapies in the context of this service is recognised.

However, due to the fact that this service is a national service it is difficult to determine who the money is being spent on, or what region clients are from. The team is of the opinion that the Task Force should consider this in light of the aims and objectives of the Local Drugs Task Force Handbook for this reason it is recommended that this project be placed in priority group 2

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

Aims and Objectives of the project – Holistic Therapies are as stated in the SLA.

Monitoring Data: 112 individuals received this service during 2009.

Yes, four different types of therapies were delivered both in individual and group format. The figure of 124 was an overlap, as this figure (124) totalled the amount of times therapies were received by clinical team. As we deal with 15-21 year old adolescents (though the majority are aged between 15-18) the vast majority of clients who received these therapies were under 18 years.

Aislinn is a National Organisation and we treat young people from all over the island. The funding for these therapies are in place since early 2008 under the Rehabilitation and Cocaine Initiative. Aislinn has made quarterly returns to the SERDTF since the beginning of the programme on the delivery of the service to all clients irrespective of where they came from. The grant covered less than half the cost of the delivery of the service.

SE-35. THE CORNMARKET PROJECT-MATERIALS

Project Promoter: Wexford Local Development.
Funding: €23,800
Target Group: Recovering stabilised drug users, adult drug users and prisoners and recovering prisoners.

Description of Project
The funding under this code was for materials used in the training programmes that are carried out at the Cornmarket. Participants in the training programmes are involved in photo manipulation, printing of T-shirts, caps, badges, mugs etc.. SERDTF funding was to cover the materials for these processes.

Aims and Objectives of the SERDTF funding
1.To offer further psycho/social supports to those clients who have moved away from chaotic substance misuse. This is achieved through a series of steps including Group Therapy, Structured Relapse Prevention Groups, Individual Care Plans, and Vocational Skills Development/Training Activities.

2.To support those clients who are on methadone programmes and also those who wish to eventually detox and move on to mainstream training, education or the labour market. Through care planning the client is supported to consider detox options and the project has a very good relationship with a number of local GP's who support the medical component.

3.The Training and Rehabilitation programme (CE Scheme) is both therapeutic and work skills focused. The clients learn a range of skills in the production of printed material such as T shirts, Mugs, Caps, Badges etc, and make linkages with other voluntary and community organisations through the supply of such material to these groups. Many of the modules within the training and rehabilitation programme are Fetac accredited.

Efficiencies

Efficiencies	Evidence	Attached Y=1 N=0
(a) Provided a service specification detailing the aims and objectives of the service, the supports/services offered, its working methods, and its target group(s)	Written service specification	N/A
(b) Provided examples of needs assessments and care review planning processes where goals are set and agreed upon between the service user and the service provider	Client files	N/A
(c) Demonstrated that service users are supported to consider detox options	Client files	N/A
(d) Demonstrated that service users are supported to access mainstream training, education, and labour market	Client files	N/A
(e) Provided details of the training and rehabilitation programme and its learning outcomes	Written programme outline and outcomes	N/A
(f) Evidence of the training and rehabilitation programme being appropriately attended	Attendance sheets	1
(g) Client satisfaction is measured.	feedback forms/ satisfaction ratings	0

Evaluation of Efficiencies

The aims and objectives set out above, and consequently the majority of efficiencies requested were not specifically related to the purpose of the funding code. SERDTF were not funding the training courses, counselling related services, and detox support under this code but instead the purchasing of materials for use by trainees. The majority of efficiencies requested are not related to the latter and consequently are not rated here.

It is recommended that any future applications for funding outline clear and targeted aims and objectives that detail what the funding is going to be spent on – with a view to clear suggestions for evidencing this during monitoring and evaluation processes.

Monitoring Data

All costs were for materials for the project but no further details on the materials were provided in the financial report. Generally 16 individuals attended the courses each quarter as agreed in the service agreement. A total of 8 courses were offered each quarter. It is unclear from the monitoring data if the 16 individuals attending the 8 courses offered each quarter were the same 16 individuals or different individuals each quarter.

Summary and Conclusions

The service is reaching the number of individuals as agreed in the agreement. Clarity on whether or not it is the same 16 individuals in each course each quarter or different individuals should be provided.

It has been decided to suspend funding under this code. Where future applications are made to SERDTF for materials for use in training, it is suggested that clear and measurable aims and objectives are set out in the application forms.

Service Response to Evaluation (Cut to the first 150 words to the end of the sentence)

Under the efficiencies table in section (g) "client satisfaction is measured" it appears from the evaluation as if this was not undertaken/available. However, this is factually incorrect. Each client on the programmes was individually interviewed as part of a joint exercise with FAS to

gauge client feedback, allow for changes in programme design and to measure client satisfaction and these records are available.

Under the heading Monitoring Data the evaluation states "all costs were for materials for the project but no further details on the materials were provided in the financial report" This is factually incorrect. In early 2009 the OMD requested this information through the SERDTF office and it was supplied and therefore should have been available to the evaluators.

Existing RDTF forms for this sort of materials support under the Rehabilitation strand are inadequate in the areas of clear and measurable aims and objectives and should be strengthened.

SE: SAMPLE

The efficiencies in the table below are based on the aims and objectives that you set out in your most recent funding application to SERDTF. We have set out some examples of how each of these can be evidenced, but if you are aware of additional ways of evidencing these please feel free to include the relevant documentation/examples.

Aims and Objectives of the SERDTF funding:

1.
2.
3.

Efficiency	Evidence Examples	Attached 1- Yes 0- No
(a) Provided evidence of how service publicises hours of operation and the location of service.	Leaflets, Web advertising, etc..	
(b) Provided evidence of the accessibility criteria that is available to (a) services referring to the project, (b) individuals that wish to self-refer	List of criteria available to services	
(c)Had a documented service specification that detailed – the aims and objectives of the outreach service, the target group, and working methods.	Documentary evidence	
(d) Carries out a needs assessment with each client	Client files	
(e) Goals and/or referrals set out in assessments and agreed by both service user and service provider.	Client files	
(f) Information is provided to service users in relation to other services that they can access	Leaflets, service lists/ staff interview	
(g) Written protocols around coordinated working processes between service and other services and agencies in relation to service users	Policies/procedures	
(h) Demonstrated how service users are supported in accessing other services where relevant	Client files/staff interview	

Re: Evaluation of SERDF Projects and Local Needs Analysis
Memo to: Service Providers in the SERDTF   **Date:** 8th Feb 2010
Memo from: Catherine Comiskey, Karin O'Sullivan and Jennie Milnes

Dear Service Provider,
According to the World Health Organisation, a Rapid Assessment and Response (RAR) is a means for undertaking a comprehensive assessment of a public health issue in a particular study area, including;

- population groups affected,
- the characteristics of the health/drug problem,
- settings and contexts,
- health and risk behaviours, and
- social consequences.

A RAR identifies existing resources and opportunities for intervention, and helps plan, develop and implement interventions. As part of the evaluation of the projects of the South Eastern Regional Drug Task Force we have been asked to conduct an outline needs analysis for the region. In this regard we would very much appreciate if you could take the time to provide us with your opinion on the topics below.

1. **Background information on you**

Your Name: Gender:

Service Name and Region:

Your Profession/function:

How long have you been involved with this service:

2. **Please list the primary target population group you work with**: (gender, age group, setting etc)

3. **Please list other population groups you work with**:

4. **Please provide a single sentence on each of the following**:

What in *your view* is the primary drug of misuse amongst your primary target population?

What in *your view* is the secondary drug of misuse amongst your primary target population?

What in *your view* are other drugs of misuse in order of importance in your target population?

What is the route of administration of the primary drug of misuse?

In the last year what **new or emerging trends** in drug misuse have you observed in your primary target population?

In your target population within what setting and context is substance misuse occurring? (eg the home, school, street, nite club, day time, after school, night time etc)

5. **In your view what are the two most important physical or mental health consequences or problems and drug treatment needs for your target population?**

Primary health consequence:

First priority for treatment:

Secondary health consequence:

 Second priority for treatment:

6. **In your view are the two most important educational consequences or problems and drug prevention needs for your target population**

Primary education consequence:

First priority for prevention

Secondary education consequence

Second priority for prevention

The implementation of evidenced based education and prevention programmes

7. **In your view are the two most important social consequences and problems and social rehabilitation needs for your target population**

Primary social consequence:

First priority for rehabilitation:

Secondary social consequence
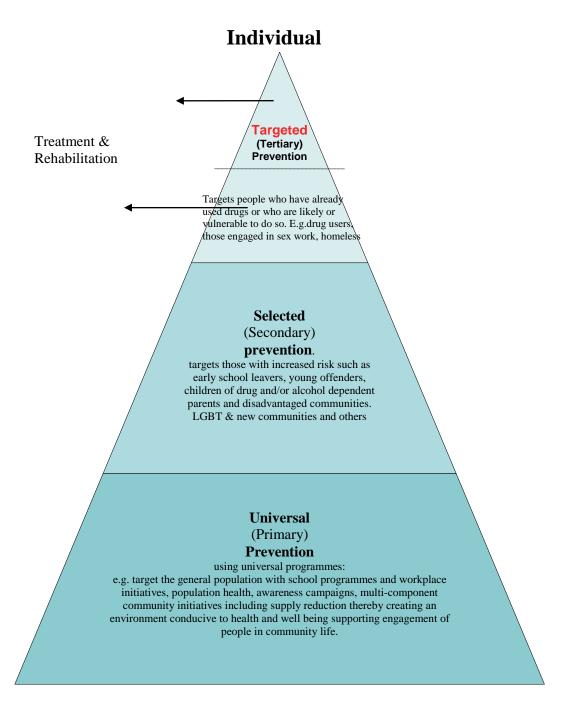
Second priority for rehabilitation

8. **In relation to the needs of the target population your service works with, can you please provide us with any other relevant background information and possible future needs you think we should be made aware of?**

Thank you for taking the time to give us your professional opinion and respond to these questions

Funding Decisions – Based on priority needs

Group 1	Priority Level 1 Ranked
SE-5 Priority 1	Continue to fund
SE-10 Priority 1	Continue to fund
SE-11 Priority 1	Continue to fund
SE-12 Priority 1	Continue to fund
SE-15 Priority 1	Continue to fund
SE-18 Priority 1	Continue to fund
SE-23 Priority 1	Continue to fund
SE-24 Priority 1	Continue to fund
SE-28 Priority 1	Continue to fund
SE-26 Priority 1	Continue to fund
SE-21 Priority 1a	Continue to fund. Monitoring data appears to show effectiveness however further evidence of efficiencies should be demonstrated to SERDTF.
SE-3 Priority 1b	Continue to fund but review use of staff capacity
SE-32 Priority 1c	Continue to fund – However the project needs to demonstrate greater efficiencies and refinement of target groups.
Group 2	**Priority Level 2 Ranked**
SE-2 Priority 2a	Continue to fund but review amount in context of service provision to region
SE-27 Priority 2b	Continue to fund but review amount and refine monitoring data
SE-34 Priority 2c	Continue to fund – but review amount/target group
Group 3	**Priority Level 3 Not Ranked**
SE-1	Suspend funding. The evaluation team recognises the need for family support services. However residential respite is considered to be cost intensive in the context of the need to cut back spending.
SE-4	Suspend funding based on the evaluation. This project was set up as a pilot. However, it must be recognised that the Wexford area has a higher number of drug users
SE-6	Suspension on funding to continue. However, the evaluation acknowledges that the project did attempt to target a group of high risk young people in need.
SE-7	Suspension of funding to continue
SE-8	Suspend funding and possible direct this project through the local CBDI who can assist and support the in seeking appropriate funding.
SE-9	Continue to suspend funding but the evaluation acknowledges the project was targeting an appropriate group
SE-13	Suspension on funding to continue but the evaluation noted that this was a good programme. Need for evaluation in context of whether to ether to mainstreaming.
SE-14	Suspension on funding to continue. The evaluation recognises that it was a good programme and that it met its aims and objectives.
SE-16	Suspension on funding to continue. Evaluation team recognised that the target group were a priority
SE-17a	Suspension of funding to continue. While the service had a good evaluation the service was broader than the SERDTF remit in the context of going forward.
SE-17b	Suspension of funding to continue.
SE-22	Suspension of funding but evaluation acknowledges the benefits of networks.
SE-25	Suspension to continue but the evaluation team commended the ethos of the project.
SE-29	Suspension to continue. Good project in principle but operationally was not successful. Suggest the SERDTF seek a refund from W.I.T. or else completion of the research reports.
SE-35	Suspend funding

Individual

Targeted
(Tertiary)
Prevention

Targets people who have already used drugs or who are likely or vulnerable to do so. E.g.drug users, those engaged in sex work, homeless

Treatment & Rehabilitation

Selected
(Secondary)
prevention.
targets those with increased risk such as early school leavers, young offenders, children of drug and/or alcohol dependent parents and disadvantaged communities. LGBT & new communities and others

Universal
(Primary)
Prevention
using universal programmes:
e.g. target the general population with school programmes and workplace initiatives, population health, awareness campaigns, multi-component community initiatives including supply reduction thereby creating an environment conducive to health and well being supporting engagement of people in community life.

Population