Evaluation of Local Drugs Task Force Projects:

Experiences & Perceptions of Planning & Implementation

Helen Ruddle

Geraldine Prizeman

Gwen Jaffro

December 2000

National College of Ireland

The college for a learning society

PRC

POLICY RESEARCH CENTRE

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RESEARCH TEAM

Dr Helen Ruddle BA, MA, PhD, Senior Research Officer, Policy Research Centre, NCI
Geraldine Prizeman BA (Mod), MSoc Sc, Research Officer, Policy Research Centre, NCI
Gwen Jaffro DESCAF, DEA, Research Officer, Policy Research Centre, NCI
Elizabeth Harrington BA, H.Dip (Finance), Research Administrator, Policy Research Centre, NCI

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Thanks are due to the following for their input:

Raymond Mulvihill, BA, BSoc Sc, Dip Psy, MPsych Sc, Dip Stat, Dip Comp, Statistical Consultant, Policy Research Centre, NCI

National Drugs Strategy Team Evaluation Sub-Committee:
Dr Joe Barry, Chair of Sub-Committee and member of NDST
Mr Fergus Me Cabe, NDST
Mr Jimmy Duggan, Chairperson of NDST
Fr Sean Cassin, NDST
Mr John Swords, Eastern Regional Health Authority
Mr Tony Mac Carthaigh, LDTF Chairs representative
Ms Mairead Lyons, LDTF Co-ordinators representative

National Drugs Strategy Team Support Staff: Grainne Hynes, Lisa Wafer

Panel of Evaluators: Michael Bruton, Rita Burtenshaw, Francis Byrne, Maria Corbett, Katherina Doherty, Peader King, Gerry McKeever, Michael McLoughlin, Mark Morgan, Kathleen Murray, Aileen O'Gorman, Sheila Quinn, Stephen Rourke

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Preamble

The Policy Research Centre (PRC) was commissioned by the Evaluation Sub-Committee of the National Drugs Strategy Team (NDST) as Evaluation Co-ordinator to oversee the evaluation of the projects implemented by the Local Drugs Task Forces (LDTF). The overall aim of the evaluation was to explore the experiences and perceptions of projects with regard to planning and implementation stages of project development which primarily cover structures and process issues.

The evaluation project was managed by a consultative committee, comprising representatives of the NDST, LDTF's and the Eastern Regional Health Authority, who worked in collaboration with the PRC research team. A panel of evaluators conducted the individual project evaluations in accordance with standardised procedures established by the PRC and produced a separate report on each project. The co-ordination and monitoring of the individual evaluations, collation and analyses of data across all the projects and the preparation of an overall report, were the responsibility of the PRC.

The policy and implementation structures set up at national and local levels – Cabinet Committee, IDGNDS, NDST and LDTF's – were subjected to evaluation in 1998. Following the review, the Government approved the continuation of the LDTF's for a further minimum 2-year period. Subsequently, the NDST in consultation with the LDTF's undertook a review of the task force operation, leading to development of a Handbook. The review also led to a revision of the terms of reference of the LDTF's; these now including the responsibility to oversee and monitor the implementation of projects already approved under their existing plans and the responsibility to ensure the formal evaluation of these projects with a view to their "mainstreaming" i.e. to transfer responsibility for funding on a permanent basis to the state agency through which funding for the project was initially channelled. In light of this, it was decided to carry out an evaluation of the individual projects implemented by each of the LDTF's as a result of funding initiated in 1997 under the auspices of the NDST.

Chapter One

CONTEXT

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INTRODUCTION

This chapter is designed to provide the context within which the findings of the study may be best understood and evaluated. The chapter seeks to outline the evolution of the drugs misuse problem in this country and the evolution of the responses to it at national, regional and local levels. The chapter describes changes in the policy and social climate and Government attitudes and actions over the years that have shaped the current situation.

Definitional Issues

The 1991 Government Strategy to Prevent Drug Misuse defined drug misuse as follows: "the taking of a legal and/or illegal drug or drugs (excluding alcohol and tobacco) which harm the physical, mental or social well-being of the individual, the group or society" (p4).

For the purpose of policy formulation and treatment provision in Ireland, illegal and legal substances are treated separately although this situation is under review with regard to treatment services (Loughran 1999). The projects which are the subject of study in this Report focus almost exclusively on illegal drugs; most particularly heroin.

The definition of what constitutes a drug problem is not straightforward: depending on the values of the person employing the term, some regard usage in itself as a problem whereas for others there may need to be some negative consequences – such as long term health damage, criminal convictions or social exclusion – before drug usage is regarded as constituting a problem. In policy documents, since they focus on illegal drugs, usage in itself is seen as constituting a problem.

Emergence of Drugs Problem

Compared with other European countries the drug problem in Ireland is a relatively recent phenomenon. The problem first became apparent in the mid-1960's with the emergence of sporadic instances of amphetamine abuse. But up to the late 1970's the drugs problem was confined to a small number of individuals for whom the main drugs of choice were cannabis and LSD. Drugs misuse did not constitute a social problem in any real sense until the early 1980's. In the period 1980 – 1983 there was a huge increase in the incidence of heroin use, albeit largely confined to a number of severely disadvantaged communities in Dublin. In the intervening years the problem has not abated. While there is no accurate quantitative measure of the size of the problem, statistics on the numbers of drug abusers presenting for treatment do provide one indication. Recent figures on this indicator show that the number of cases in treatment continued to rise from 1997 to 1998 (O'Brien and Moran 1998)

The main problem in the late 1990's is still heroin use and the problem is still largely confined to Dublin with much smaller scale problems in Cork, Limerick and other urban centres. However, Jackson has identified a serious cannabis problem in Cork; twice the rate of other areas for lifetime use (Jackson 1998).

Since drug misuse not only impacts on the individual users and their families but also has consequences for local communities and wider society, action in relation to the problem involves a wide range of agencies including: health, criminal justice, education, housing, local development, employment and training and youth services. As will be seen from the discussion below, recent policy measures and actions to deal with the drugs problem recognise and incorporate the need for inter-departmental and inter-sectoral collaboration.

EVOLUTION OF IRISH DRUGS POLICY

Butler has argued that since the drug scene in Ireland, as in other countries, is prone to change, "it might reasonably be expected that drug policy making would be an on-going process, involving constant evaluation and adaptation"(Butler 1991; 212). In a comprehensive review, Butler has identified the major shifts in the drugs scene and the consequent major phases in Irish drugs policy over the period 1966-1991 (Butler 1991). In his analysis Butler distinguishes three distinct phases:

- The Early Years
- The Opiate Epidemic
- 1986-1991 The Aids Connection

Kiely and Egan (2000) bring Butler's analysis up-to-date by adding another phase from 1995-1997, which they describe as "The Period of Moral Panic". In this latter phase there has been more activity in the area of policy development than previously witnessed. Table one outlines the major developments in each of the phases from the 1960's to the current time.

Loughran (1999) presents a useful framework for understanding the different thrust of policy at various stages of policy development. The two dimensions of the framework are: the activity of tackling the problem either at the supply level or the demand level; and the object of the activity, which may be either the individual or the community. It will be seen from the following discussion that in the first three stages of policy development the emphasis was on reducing supply at the community level – in terms of legislation, criminal justice and customs and excise – and reducing demand at the individual level – in terms of education, treatment and rehabilitation. It was not until the mid-1990's that there began to be a focus on reducing demand at the community level and the underlying social issues really began to be taken into account.

Table One

Major Developments in Response to Drugs Problem 1960's-Current Times

Time Period	Developments
1966-1979 The Early Years	Working Party on Drug Abuse established December 1968 Report of Working Party completed in 1971 Committee on Drug Education established in 1972 Report of the Committee on Drug Education in 1974 Health Education Bureau established in 1974 Misuse of Drugs Act 1977
1980-1985 The Opiate Epidemic	Prevalence study conducted by Medico Social Research Board in 1983 Interministerial Task Force established in 1983 Report of the Interministerial Task Force in 1983 Misuse of Drugs Act 1984 National Co-Ordinating Committee on Drug Abuse 1985
1986-1991 The AIDS Connection	Health Research Board established in 1986 Health Education Bureau closed in 1987 Health Promotion Unit established in 1987 National Co-ordinating Committee on Drug Abuse reconstituted in 1990 Government Strategy to Prevent Drug Misuse 1991
1992-PresentTime	Criminal Justice Act 1994 Criminal Justice (Drug Trafficking) Act 1996 Criminal Assets Bureau Act 1996 Proceeds of Crime Act 1996 Disclosure of Certain Information for Taxation and Other Purposes Act 1996 Bail Act 1997 Housing Act 1997 Ministerial Task Force on Measures to Reduce the Demand for Drugs established in 1996 First Report of the Ministerial Task Force 1996 Second Report of the Ministerial Task Force 1997 Establishment of Cabinet Drugs Committee Establishment of Local Drugs Task Forces 1997 Establishment of National Drugs Strategy Team Cabinet Drugs Committee reconstituted into wider Committee On Social Inclusion and Drugs Young People's Facilities and Services Fund 1999

The Early Years 1966-1985

The Report of the Working Party on Drug Abuse produced in 1971 was a very important influence for at least the decade that followed. It established the situation regarding drug abuse at the time which was that there was an increase in the number of people involved in drug use and that the most commonly used drugs were cannabis and LSD. There was "no evidence of any significant use of heroin"(Report of the Working Party on Drug Abuse 1971; 15). It was noted in the Report that the problem of drug abuse had not yet become extensive and drug peddling was not a large-scale operation. Education was viewed as the key preventive action. In terms of supply control the enactment of the Misuse of Drugs Act 1977 was a significant development during the 1970's.

In the early 1980's there was a sudden and rapid increase in the misuse of opiates by a population of young people in Dublin (Kelly et al., 1986; Dean et al., 1987). O'Mahoney (1996; 42) comments that Irish society at the time was complacent and "ignorant of the nature of the modern, urban, opiate drugs subculture..." and unprepared for the emergence of serious intravenous drug abuse. The inadequacy of the official response to the escalation of the problem has been well documented and has led O'Mahoney to characterise the history of Irish drugs policy as one of "apathy" (1996; 41). Lack of political will to deal with the problem meant that it became entrenched in the course of the 1980's. As a consequence of the inadequate official response, the resolution of the problem was largely devolved to the local communities most directly affected. This had the indirect positive consequence that a significant pool of expertise and experience concerning the drug problem was developed in these communities. As will be seen later in the discussion, this expertise that was later acknowledged in policy development in the late 1990's when the Local Drugs Task Forces were established.

In 1983, a Report, (known as the Bradshaw Report) funded by the Department of Health, was produced by the Medico -Social Research Board (MSRB). As a result of the Report's findings the Government established a special Interministerial Task Force in 1983 to examine the problem of drug misuse in inner city areas in Dublin. In its Report (1983) the Task Force made a series of recommendations dealing with law enforcement, education and rehabilitation. The prohibitionist perspective, inherited from the US, is strong in this Report. The Misuse of Drugs Act 1984 was reflective of the emphasis on prohibition. There is little reference in the Report to the major economic and social issues underlying the problem. The predominant approach at this time was to individualise social problems and so it was seen that drug misuse was best understood in terms of individual decision-making and lifestyles rather than in terms of environment or other social factors.

The prohibitionist policy led to a "war on drugs" approach; the central tenets of which were the implementation of legislation and the promotion of abstinence as *the* treatment response. But even at this early stage there was an acknowledgement in the Bradshaw Report that a strong connection did exist between the opiate drug problem and poverty, deprivation and powerlessness and it was suggested in the Report that youth and community groups in particular

disadvantaged areas should be targeted for extra resources. However, this recommendation was not acted upon until the 1990's. Arising out of the Report of the Interministerial Task Force, in the mid-1980's the National Co-Ordinating Committee on Drug Abuse was established to monitor developments and advise the Government on issues regarding the prevention and treatment of drug misuse.

The prohibitionist approach of this era has been strongly criticised. Murphy (1996) calls it a worthy ideal but one that does not work because it does not address social needs and does not adequately reflect the necessary concern with effectiveness and fairness. Evidence of its failure lies in the fact that the drug problem, far from abating, actually escalated (O'Hare and O'Brien 1993; O'Higgins 1996; Moran et al.1997).

The AIDS Connection

From the mid-1980's to the early 1990's, in the period Butler dubs the "Aids Connection", a shift in policy occurred and the principles and practice of "harm reduction" began to come into play for the first time. The focus shifted from an emphasis on assisting those prepared to attempt total abstinence from drugs to the task of attracting all drug users to services. This shift was prompted by the need to address the broader public health issues emanating from the emergence of HIV and AIDS. The identification of intravenous drug users as a high-risk category in transmitting the AIDS virus prompted the introduction of methadone maintenance, outreach programmes and needle exchange schemes. The harm reduction approach was, however, restricted to health policy and practice; it was not a general policy and was motivated primarily by the need to respond to the threat posed by HIV. The National Co-ordinating Committee on Drug Abuse was reconstituted in 1990 and charged with the responsibility of developing a policy to prevent drug misuse.

Early 1990's

Up to the 1990's, actions reflected the policy to control the problem by tackling supply and individual demand through the criminalisation of drug use. In the 1990's more activity in the area of policy development occurred than previously witnessed. Loughran (1999) identifies a major shift at this stage reflected in the move away from early restrictive responses and the attempt to develop more creative and inclusive initiatives. *The Government Strategy to Prevent Drug Misuse* produced in 1991 by the National Co-ordinating Committee on Drug Abuse became the basis for subsequent policy up to the mid-1990's. The strategy "set out to implement realistic and achievable objectives in the areas of supply reduction, demand reduction and increased access to treatment and rehabilitation programmes coupled with a comprehensive co-ordinated structure geared towards their effective implementation "(p2). The main thrust of *the Government Strategy to Prevent Drug Misuse* was to establish and formalise co-operation

between the different interested parties: voluntary, statutory, education, treatment, prison, customs and local communities. At the time education for prevention was being severely criticised and the development of community based initiatives seemed to hold out more promise. A shift towards the community did happen as evidenced by the proliferation of community-based services (Morgan et al., 1996). There was, however, a concern about stigmatising certain communities and it was not until the establishment of the 1996 Ministerial Task Force that the potential of local community responses was really released. No comprehensive evaluation has ever been carried out of the 1991 strategy. There is, however, little evidence that the strategy worked. Figures show, for example, that the percentage treated for heroin doubled between 1990 and 1996. Neither is there any evidence that the 1991 strategy had any impact on the major underlying social issues; figures show that 80-90% of drug users were still unemployed and deprived areas were still over-represented in the drug abuse statistics. One positive outcome was that the harm reduction approach, implemented in the needle exchange programme, seemed to be having an effect.

1996 – Present Time

From 1996 the prevailing position changed from an exclusive focus on supply reduction at community level and demand reduction at individual level to a greater emphasis on demand reduction at community level. Kiely and Egan (2000) describe the period from 1995-1997 as one of "moral panic". The media were impressing on the public the extent of illicit drug use, the level of associated crime, the sheer volume of supply and the extent of demand. The communities directly affected were protesting, taking action themselves and pressing the Government for more effective policies. In response, the Government developed a "twin track" approach; the first element was focused on "law and order" and involved a range of legislative and criminal justice measures to curb supply and the second focused on demand reduction at community level and involved the establishment of a Ministerial Task Force.

The overall aim of current policy "...is to provide an effective, integrated response to the problems posed by drug misuse" (p6 Handbook Local Drugs Task Forces 1999). The key objectives of policy are to:

- reduce the number of people turning to drugs in the first instance, through comprehensive education and prevention programmes
- provide appropriate treatment and aftercare for those who are dependent on drugs
- have appropriate mechanisms in place at national and local level, aimed at reducing the supply of illicit drugs
- ensure that an appropriate level of accurate and timely information is available to inform the response to the problem

Current policy reflects a commitment to tackle the underlying forces and incorporates the philosophy of harm reduction and treatment of the consequences of drug misuse. There is now more emphasis on the greater involvement of community groups in the implementation of drug policies and a more holistic intersectoral approach is in place.

Legislative Measures

Since 1996 several legislative and criminal justice measures which serve to strengthen and extend the legal back up for law enforcement have been put in place. The Criminal Justice Act of 1994 had provided for seizure and confiscation of assets derived from the proceeds of drug trafficking. In 1996 the Criminal Justice (Drug Trafficking) Act provided for detention of persons accused of drug trafficking offences for a period of up to seven days. The Criminal Assets Bureau Act 1996 provided for the establishment of the Criminal Assets Bureau which has the power to confiscate assets of criminals involved in drugs and other crimes. The Proceeds of Crime Act 1996 provided for the freezing and forfeiture of the proceeds of crime. Again in 1996, the Disclosure of Certain Information for Taxation and Other Purposes Act provided for the exchange of information between the Revenue Commissioners and the Police where it is suspected that profits have been made by unlawful means. In 1997 the Bail Act was introduced and the Housing Act 1997 provided for an excluding-order procedure against local authority housing occupants involved in anti-social behaviour.

Many of these legislative changes have been criticised on the basis that they have cumulatively led to a crisis in civil liberties (O'Mahoney 1996). The use of the Housing Act as part of an anti-drugs package has been sharply criticised by O'Dulachain (1996) and Kelly (1997). Homelessness is now a big issue for drug users seeking to come off drugs or to stabilise.

ESTABLISHMENT OF THE MINISTERIAL TASK FORCE

Ministerial Task Force on Measures to Reduce the Demand for Drugs

In July 1996 the second element of the twin-track approach was put into action with the establishment of the Ministerial Task Force on Measures to Reduce the Demand for Drugs. The Task Force was set up to review the arrangements for a co-ordinated approach to drugs demand reduction and to make recommendations for Government action to provide an effective response to the drugs problem. The remit of the Task Force was to identify the nature and extent of drug misuse, to examine the underlying causes, to examine the effectiveness of the current response to the drugs problem, and to examine the effectiveness of structural arrangements for delivering that response. The Task Force produced two Reports, one in 1996 and the second in 1997.

In the preface to the first Report of the Task Force there is explicit recognition of the social issues underlying the drugs problem: "[A]ddicts are concentrated in communities that are also characterised by large-scale social and economic deprivation and marginalisation. The physical/environmental conditions in these neighbourhoods are poor as are the social and recreational infrastructures". In a comment on tackling the demand dimension of the drugs problem, the Report notes "appropriate urban-environmental and socio-economic policies" as well as "drug education" (p.7). The key features of the first Report are collaboration, integration and the contribution of local communities.

The Task Force in its first Report mainly concentrated on the development of a range of structures at national, regional and local level to co-ordinate the development of drug services.

The first Report of the Task Force concluded that heroin use was the most pressing of the country's drugs problems and identified certain geographical areas, suffering high levels of social and economic disadvantage, as having the most acute drug problem and thus requiring priority action. The Task Force concluded that effective co-ordination must be locally based and be inter-agency and must have strong participation by the community and voluntary sectors. The commitment in the Report was to deal with the problem through a strategic, locally-based, integrated response in the areas where the problem was most severe. As a result, in 1997 11 Local Drugs Tasks Forces (LDTF's) were established; all but one of which were in Dublin. The LDTF's were to comprise statutory and community and voluntary representatives and were given a key role in developing and co-ordinating plans at local level. The funding set aside to implement the 1996 Report led in 1997 to the implementation of anti-drugs strategies developed by the LDTF's and the Health Boards. The Report also considered how housing policy complements and supports the work of the LDTF's and affirmed a need for Estate Management.

The second Report of the Ministerial Task Force, published in 1997, concentrated on examining other aspects of the drug problem, the misuse of non-opiate drugs; drug abuse in prisons; and the role of therapeutic communities in treatment. The introduction to the second Report acknowledges that "[F]or a decade or more, this State failed to tackle effectively the spread in the illicit trafficking and pushing of opiate... It neglected adequately to address also the underlying forces at work in such communities that fed from within the drug phenomenon – their marginalisation within the formal economy; the geographical marginalisation that reinforced economic marginalisation; misguided approaches to public housing policy. Deficiencies in education and social policies also, for example, compounded the other forces at work. Work itself was made scarce in these communities. The result was a spiral of decline" (p6). The Report also acknowledged that the State had attended insufficiently to developments within youth culture and that it had been slow to act on the need for a harm reduction approach to public health policy as it relates to youth culture. A key recommendation of the Report was the establishment of a Youth Services Development Fund which would have contributions from the Exchequer and the corporate sector and which would develop youth services in disadvantaged areas where there is a significant drugs problem.

In reflection of the commitment to tackling underlying social issues the original Cabinet Drugs Committee was reconstituted into a wider Committee on Social Inclusion and Drugs. The move to incorporate the drugs problem under the broad umbrella of social inclusion/social development has generally been hailed as a good idea but there is concern that the drugs problem by being included under this umbrella may lead to its being sidelined by other inclusion issues.

The Task Force Reports have not been without their critics. The first Report has been criticised by Butler (1997) for failing to address critical issues with regard to locally based partnerships and inter-sectoral co-operation. McCann (1996) also draws attention to the lack of in-depth analysis of the relationships involved in inter-sectoral collaboration. This latter author also raises concerns about the dangers of using communities merely to legitimate conventional medical models of treatment rather than engaging the communities in more active involvement. Loughran (1999) raises the issue that the focus on local community task forces may distract from addressing structural inequalities which have to be dealt with at national level and is concerned that the task forces should not become a mechanism for absolving central Government from responsibility. Loughran concludes that while progress has been made there is little evidence that the problem is abating. There is a need now to examine how the money is spent and on which areas and there is a need to reconsider the emphasis on legislation to curb supply. Some commentators have expressed dismay that it is the Department of Tourism, Sport and Recreation that heads up the drugs initiative. There is concern also that because it is a Minister of State who does not sit at Cabinet who has special responsibility for the drugs strategy, there is a difficulty in keeping the issue high on the political agenda.

Structures Established by the Ministerial Task Force

In its first Report, the Ministerial Task Force emphasised the principles of co-ordination, coherence and integration as being essential to tackling the drugs problem. It described the drugs problem as a "cross-cutting issue which cannot be dealt with satisfactorily by any one Department" (p12). The Task Force concluded that while a number of mechanisms had already been established to ensure proper co-ordination, services available were not being delivered in a sufficiently integrated fashion. The Task Force also concluded that there was a need for more effective co-ordination between the statutory sector and the community/voluntary sector in the delivery of local drugs programmes, and for local communities to be involved in the development and implementation of these programmes. Arising from such conclusions, the Ministerial Task Force recommended the introduction of new structural arrangements to ensure more effective co-ordination between all relevant agencies at national, regional and local levels. These structures currently include:

- the original Cabinet Drugs Committee now re-constituted into a wider Committee on Social Inclusion and drugs (chaired by the Taoiseach and comprising the Ministers for Health, the Environment, Education and Justice and the Minister of State to the Government) designed to give overall policy direction

- the Inter-Departmental Group on the National Drugs Strategy with representatives from the relevant Government Departments at Senior Official Level which, in conjunction with the National Drugs Strategy Team, oversees progress on the implementation of the National Strategy and reviews policy issues

- a National Drugs Strategy Team (comprising experienced personnel from the relevant Government Departments involved and representatives from statutory agencies, along with representation from local communities and voluntary organisations dealing with drugs) to advise on and implement policy in a co-ordinated manner

- Local Drugs Task Forces (in those areas identified as having the most urgent drugs problem) mandated to develop comprehensive anti-drugs strategies in their area

- Regional Co-Ordinating Committees in Health Board areas, intended to provide a forum for joint planning between the various agencies and the voluntary/community sector.

Under a separate, complementary initiative, the Government established the Young People's Facilities and Services Fund (YPFSF) to develop youth facilities, including sports and recreational facilities and services in disadvantaged areas where a significant drugs problem exists or has the potential to develop.

Local Drugs Task Forces

Based on the evidence available to it in 1996, the Task Force concluded that the most acute drugs problem was located in 10 districts in Greater Dublin – parts of North Inner City, South Inner City, Ballyfermot, Ballymun, Blanchardstown, Clondalkin, Coolock, Crumlin, Finglas/Cabra, and Tallaght – and North Cork City. Local Drugs Task Forces (LDTF's) were established in these areas. Later on further LDTF's were established (Bray, Canal Communities and DunLaoghaire/ Rathdown) with a total of 14 now in place.

The Ministerial Task Force recommended that each LDTF should be mandated to draw up a profile of all existing or planned services available in the area to combat the drugs crisis and to agree a development strategy that would build on and complement these services. The LDTF's are intended to contribute to overall policy aims and objectives by developing and implementing a strategy in their particular areas which co-ordinates existing or planned drug services and addresses any gaps in those services. It is seen to be of equal importance that the LDTF's should provide a mechanism that enables local communities to participate with the State and voluntary agencies in the design and implementation of that strategy. The Government allocated £10m to support the implementation of over 200 separate projects in the initial plans of the LDTF's which were prepared in 1997. These projects covered the different themes of: education, prevention, treatment, aftercare, rehabilitation and supply reduction.

Composition of the LDTF’s

It was recommended in the Task Force Report that the LDTF’s should represent a partnership between the statutory, voluntary and community sectors. Currently, LDTF membership comprises representatives of all relevant agencies including the Health Board, the Garda, the Probation and Welfare Service, the relevant Local Authority, the Youth Service and FAS and representation from voluntary agencies delivering a drug service together with six community representatives and a chairperson proposed by the local Partnership Board and a co-ordinator provided by the relevant Health Board

Following a review of the operation of the LDTF’s, carried out in 1998, some changes were made in the composition of the LDTF’s. It was decided to add the following Departments to the representation from the State sector: Education and Science and Social, Community and Family Affairs. Voluntary representation was also strengthened and local elected representatives were invited to participate. Involvement in the work of the LDTF’s by relevant vocational groups, such as teachers and clergy, was facilitated through work on sub-committees and working groups. Drug users were to be represented through the setting up of drug user forums, which would be consulted by the LDTF’s.

Evaluation of Structures

In 1998 a process evaluation was conducted of the structures set up as a result of the 1996 Task Force Report. While the results of the evaluation were largely positive, it was found that further work was needed to maximise the potential of the structures. Confirming the concerns expressed by McCann (1996) and Butler (1997) in their analysis of the 1996 Task Force Report, the evaluation found that some community representatives felt that some Government Departments and statutory agencies had not taken on board partnership with community and voluntary agencies in a sufficiently comprehensive way.

Following the review, the Government approved the continuation of the LDTF’s for a further minimum 2-year period. Subsequently, the NDST in consultation with the LDTF’s undertook a review of the task force operation, leading to development of a Handbook. Following on from this the Government allocated a further £15m over the period 2000-2001. The review also led to a revision of the terms of reference of the LDTF’s; these now including the responsibility to oversee and monitor the implementation of projects already approved under their existing plans and the responsibility to ensure the formal evaluation of these projects with a view to their “mainstreaming” i.e. their continued funding through state agencies in accordance with agreed procedures.

Projects Implemented by LDTF's

The LDTF's were mandated to develop a locally-based, integrated response to the drug problem. Each LDTF prepared for its area an action plan, which focused on the development of community-based initiatives which, would link with and add value to the services already being delivered or planned by state agencies. These plans were then submitted to the NDST. The Government on the advice of the NDST allocated £10m to implement over 200 separate projects detailed in the plans. The projects are categorised under the themes of: education, prevention, treatment, rehabilitation and reduction of local supply.

Implementation of the approved projects began in the latter part of 1997 and has continued to date. Following the review of the LDTF's in July 1998, the Cabinet Committee allocated a further £15m over the period 2000-2001 to support the implementation of updated plans. There is wide variation in the range and type of projects and in their size. The majority were set up to being ongoing but some are one-off projects.

The research project described in this present Report was designed to provide an evaluation of these projects.

STRUCTURE OF THE REPORT

The Report comprises nine chapters. This first chapter has provided a context within which the findings presented in the succeeding chapters may be considered. Chapter Two describes the aims, methodology and management of the evaluation project. Background details on the projects are given in Chapter Three. Chapters Four to Seven present detailed findings on how the projects operate. Chapter Four analyses the planning stage; Chapter Five examines implementation in terms of inputs, process and management while Chapter Six examines outputs in terms of the services/activities delivered and the clients served. Chapter Seven examines issues related to attainment of objectives while Chapter Eight comprises a review of strengths, weaknesses and critical issues facing the projects. The final chapter – Chapter Nine – presents conclusions and highlights issues arising from the findings.

Chapter Two

METHODOLOGY

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INTRODUCTION

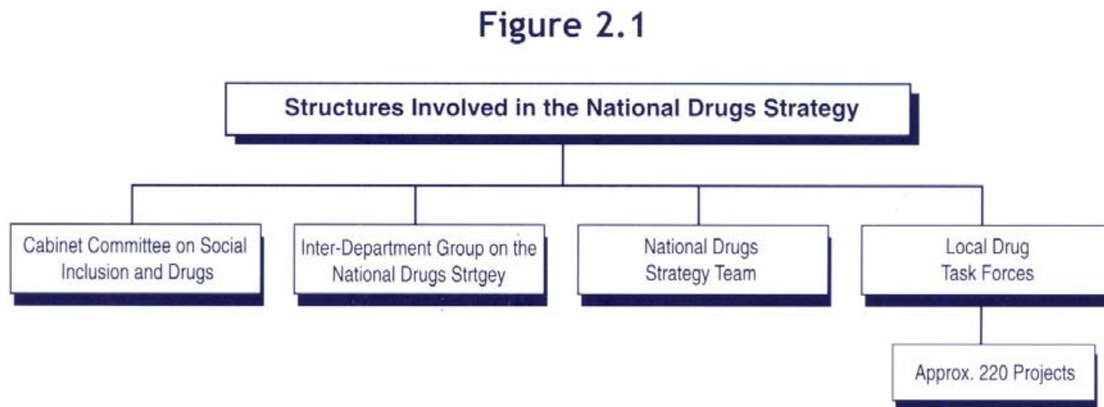
This chapter provides a description of the methodology employed in the evaluation of the projects implemented by the LDTF's on foot of funding received in 1997 under the auspices of the NDST. The chapter sets out the focus, purpose and aims of the evaluation, the research procedures employed and the manner in which the research project was managed.

THE EVALUATION

Focus of the Evaluation

The structures involved in the national drugs strategy initiative are presented in Figure 2.1 below.

Figure 2.1



The policy and implementation structures set up at national and local levels – Cabinet Committee, IDGNDS, NDST and LDTF's – were subjected to evaluation in 1998. The focus of the present research project is on evaluation of the individual projects implemented by each of the LDTF's as a result of funding initiated in 1997.

Purpose of the Evaluation

The Handbook for Local Drugs Task Forces notes that evaluation is an integral part of any programme or initiative (p29). In addition, an important part of the LDTF initiative is the commitment to "mainstream" projects i.e. to transfer responsibility for funding on a permanent basis to the state agency through which funding for the project was initially channeled – which are operating successfully and evaluation is critical to this process.

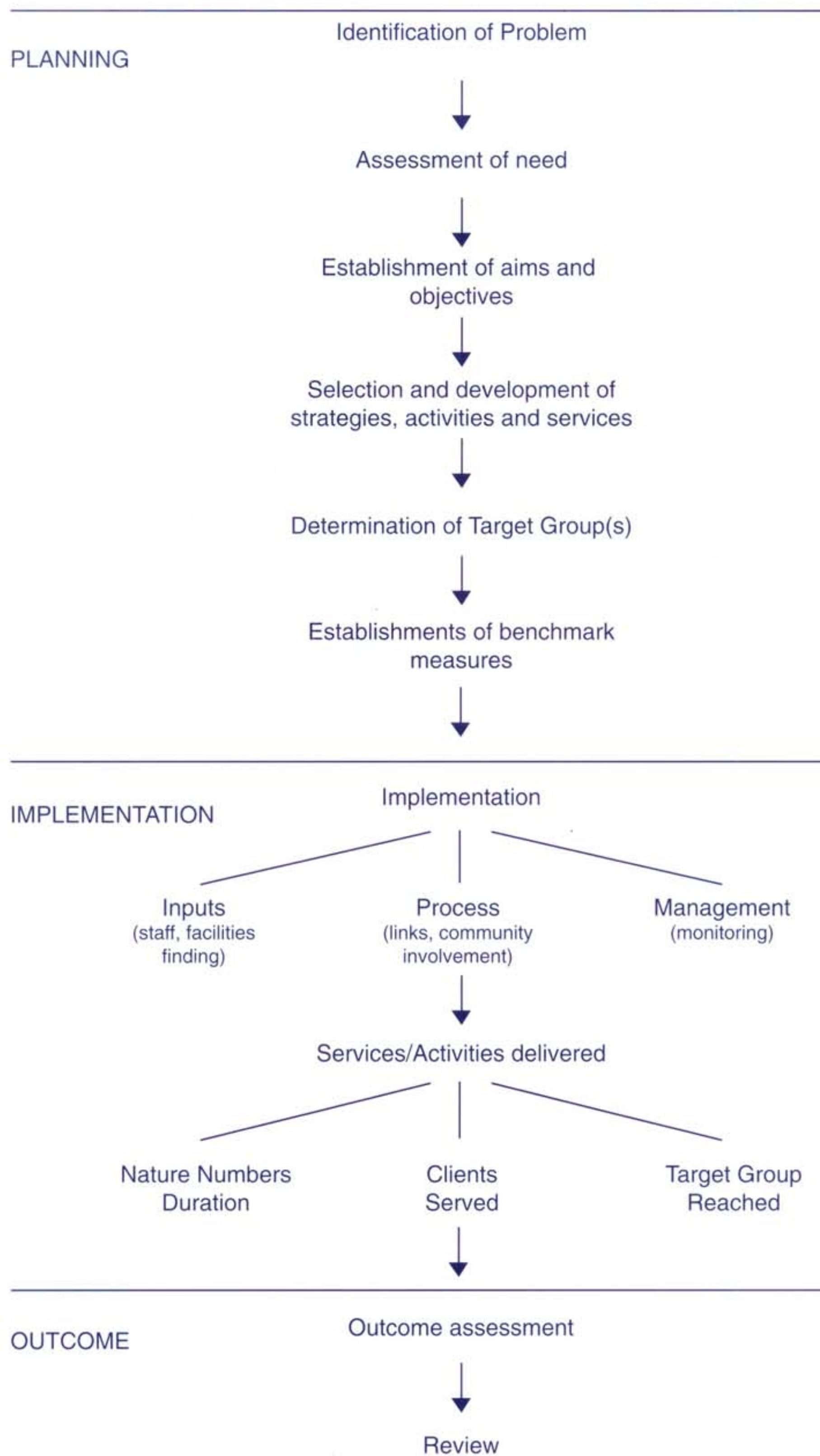
Aims of the Evaluation

Project development may be conceptualised as moving through three major stages: planning; implementation; and outcomes. The specific elements of each of these three stages are outlined in Figure 2.2.

- The overall aim of the evaluation was to examine the manner in which each project has managed the first two of these three stages, which primarily cover structures and process issues.
- *The first aim was:*
    - to assess the effectiveness of the projects' initial planning
    - to identify the activities undertaken, under what conditions, by whom and for whom
    - to determine whether what was planned was actually carried out and, if not, why not.
- *The second aim of the evaluation was to identify:*
    - the main strengths and weaknesses of the projects
    - factors serving to constrain or facilitate successful operation of projects
    - principles of good practice
- *The third aim of the evaluation was:*
    - to highlight key issues
    - make recommendations for ensuring that the LDTF initiative maximises its potential.

Since in was only in 1997 that the LDTF initiative got under way, the focus of the evaluation necessarily was on the planning and implementation stages. In regard to outcomes, the evaluation did examine the extent to which projects were prepared for eventual evaluation of outcomes but did not itself examine outcomes, except in the case of projects that had already carried out outcome assessment. It is acknowledged that the importance of evaluating outcomes will increase as time goes on but at this stage the focus is on how the projects operate. While the findings of this study do not provide a definitive answer on whether or not a particular project is a success, evaluation of the type carried out here, in which information on how the project operates is systematically collected, analysed and interpreted, is essential to build the evidence on which eventual success may be determined. According to Nutbeam (1998) "[I] investigation of how a project is implemented, what activities occurred under what conditions, by whom, and with what level of effort, will ensure that much more is learned and understood about success or failure in achieving defined outcomes. Through this understanding it is possible to identify the conditions which need to be created to achieve successful outcomes "(p. 39).

Figure 2.2
Stages in Project Development



Management of the Evaluation Project

The evaluation project was managed by a consultative committee, comprising representatives of the NDST, LDTF's and EHB, who worked in collaboration with the PRC research team. A panel of evaluators conducted the individual project evaluations in accordance with standardised procedures established by the PRC and produced a separate report on each project. The co-ordination and monitoring of the individual evaluations, collation and analyses of data across all the projects and the preparation of an overall report, were the responsibility of the PRC.

SAMPLE SELECTION

Approximately 220 projects have received funding through the LDTF initiative. Most of these projects are ongoing but some are one-off. Projects vary greatly in scope, size and range. One means of categorising projects is according to level of finance: those costing over £50,000 per annum; those costing between £10,000 and £50,000; and those costing less than £10,000 per annum. In consultation with the co-ordinators of the LDTF's, the NDST picked a sample of 142 projects according to the following criteria:

- ongoing rather than one-off
- length of time in existence
- level of funding obtained
- theme of service provided

FIELDWORK

Organisation and Implementation

The main method of data collection for the evaluation project was a detailed, face-to- face, structured interview with the manager of each project included in the study. Additional data sources included the original project plans submitted to the LDTF and any existing records, reports and previous evaluations.

The fieldwork was conducted over a three-month period by a panel of 13 evaluators. Typically, interviews took between two to three hours to carry out. A detailed briefing session was conducted with the evaluators which outlined the aims of the evaluation, provided an opportunity for familiarisation with the interview schedule and established co-ordination and feedback procedures.

Interview Schedule Design

On the basis of a review of the literature, discussions with the consultative committee and initial exploratory interviews with a small number of project managers, a first draft of the interview

schedule was drawn up. The draft schedule was then submitted to a pilot test with a sample of five projects. On the basis of the results of the pilot test, further modifications were carried out. The final schedule comprised both quantitative and qualitative questions.

Following the stages and elements of stages of programme development outlined in Figure 2.2, the following areas were covered in the interview.

1. Background Information on Promoter

- nature of organisation
- length of time in existence

2. Background Information on Project

- project type
- legal form
- whether project comprises single/multiple activities/services
- length of time in operation
- geographical area covered by project
- management structure
- composition of management committee
- guiding principles of the project

3. Conceptualisation and Planning

- objectives and parties involved in deciding objectives
- rationale for chosen activities/services
- target group originally planned for project
- number of people project intended to reach
- socio-demographic characteristics of original target group
- means of contacting target group

4. Information Systems

- whether the project had information on extent, nature, distribution of problem
- whether needs assessment carried out
- whether bench mark measures were taken
- what systems used for monitoring ongoing implementation of project
- what methods used/planned for assessing project outcomes
- whether any follow-up carried out/planned

5. Process

- whether links with other projects/agencies, if so, which ones
- factors contributing to effective networking
- needs in relation to LDTF and extent to which these are met
- whether local community is involved in project and, if so, how
- critical factors in involving the local community

6. Staffing and Other Resources

- number of paid full-time and part-time staff
- whether any sessional staff
- whether any staff from CE schemes
- whether any training provided for staff and critical factors in training
- whether any volunteers involved and, if so, the time given and roles carried out
- key issues in management of volunteers
- whether any support systems for staff exist
- adequacy of staff level
- any problems encountered in project staffing
- critical factors in effective staffing
- funding provided; sources of funding and amount from each source
- procedures for financial tracking
- adequacy of current level of funding
- levels of satisfaction with present system of funding
- levels of satisfaction with current office space
- resources available to project and adequacy of these

7. Outputs

- detailed description of the activities/services carried out
- number of clients/participants since LDTF funding
- for each activity/service: start date, duration, time involved for client, number of times took place since LDTF funding
- for each activity/service: client capacity, number receiving the service, number on waiting list, drop out rate
- whether any information available on client responses to activity/service socio-demographic characteristics of client group
- whether any planned activities not carried out
- whether any new services required or improvements to existing services
- whether any pitfalls experienced/narrowly avoided in delivering activities/services
- critical factors enabling and constraining project delivery

8. Attainment of Objectives

- in the case of each objective: what indicators could be used to assess achievement of the objective
- whether any information exists on these indicators
- whether there have been any unexpected outcomes
- critical factors enabling and constraining achievement of objectives

9. Review

- critical issues for the project over the next year
- major outcomes of project since LDTF funding

- main weaknesses and strengths of the project
- any suggestions for the future implementation of similar projects

While the interview schedule followed a definite structure, it was recognised that because of the wide variability among projects and the very different types of service they offer, the evaluators would need to adjust certain questions – for example, questions concerned with duration of service, number of clients served, number of times service has been provided – in order to match particular needs.

DATA ORGANISATION AND ANALYSIS

On the basis of the data obtained in the interview and any supporting written materials, the evaluators prepared an individual report for each project. These reports were then submitted to the NDST to enable a decision to be taken on the "mainstreaming" of projects.

When all the data across all the projects had been collected, the PRC team checked and coded all the interview schedules. Qualitative analyses were carried out on all open-ended questions. For each open-ended question, fifty responses were recorded and their content analysed in order to develop a coding guide. This coding guide was then used to code all open-ended questions in each interview schedules.

The data were analysed using an Excel Spreadsheet. It was decided that this method was most appropriate given the nature of the responses and level of data contained in the interview schedule. This database of information on the projects can be maintained and build on at a later stage should the need arise.

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Chapter Three

BACKGROUND INFORMATION ON PROJECTS

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INTRODUCTION

This chapter provides background details on the projects evaluated in the study. The different types of project are described along with the number of years in existence and area served. The chapter further provides information on the legal form, management structures and guiding principles of the projects.

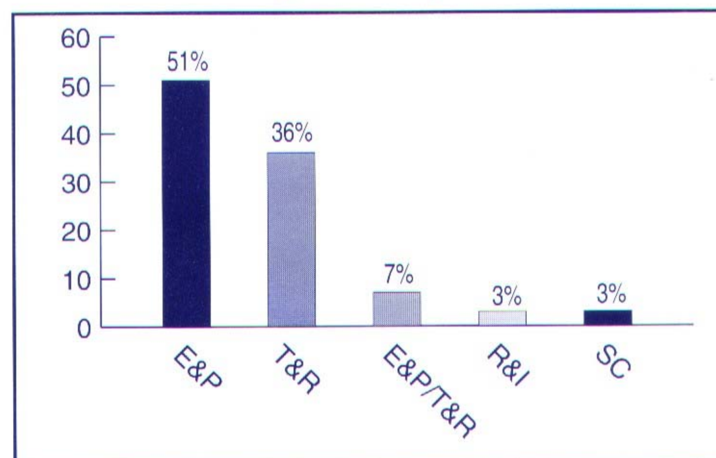
BACKGROUND DATA

Types of Project

There is great diversity in the projects undertaken under the auspices of the LDTF's. The NDST classifies drugs projects into the following categories: education and prevention (E&P);

treatment and rehabilitation (T&R); supply control (SC); and research and information (R&I). These are not intended to be rigid categories and, in practice, projects may be engaged in services covering more than one field of activity. Of the projects involved in the evaluation study the most frequent field of activity is education and prevention with approximately one half (51%) engaged in these types of activities (Figure 3.1). The education and prevention field includes activities such as 'stay in school' programmes, after school/homework clubs and a roadshow. Treatment and rehabilitation is the second major field of activity with over one third (36%) carrying out activities in this area. The kind of activities carried out by projects in this category include the placement of a community development worker, community based 'links' programmes and counselling services. A further seven per cent provide services in both the education and prevention and the treatment and rehabilitation fields. A very small number of projects (3%) are involved in supply control and research and information. Examples of projects in the former field include estate management and in the latter include research projects and employment of a development officer.

Figure 3.1
Types of Projects



The majority of projects (75%) provide multiple services but there is also a significant number of single service projects (25%). Education and training projects are more likely to be part of a larger programme than a standalone project, whereas treatment and rehabilitation projects are equally likely to be stand alone or part of a larger project (Table 3.1 a)

The Promoters of the Projects

One of the elements in the overall structure for the National Drugs Strategy is the Project Promoter. Projects funded by the LDTF's were "promoted" by some body through which the funding to be allocated was channelled. Among the projects evaluated, voluntary/community organisations feature prominently as promoters; with 58 per cent promoted by such a group and a further twenty-two per cent promoted by a voluntary-statutory partnership (Table 3.1). A small number of projects were promoted by a statutory agency (6%). Fourteen per cent of projects were promoted by some "other" type of body including, for example, companies limited by guarantee and a Task Force.

Table 3.1
Types of Project Promoters

Type	Voluntary/Community	Partnership of Voluntary and Statutory	Statutory	Other	Total
%	58%	22%	6%	14%	100%

Voluntary/community organisations are equally likely to be promoters of education and training or treatment and rehabilitation projects (27% and 25% respectively) (Table 3.1b). Partnerships of voluntary and statutory agencies are more likely to be promoters of education and training projects, than treatment and rehabilitation projects.

Legal Form of the Projects

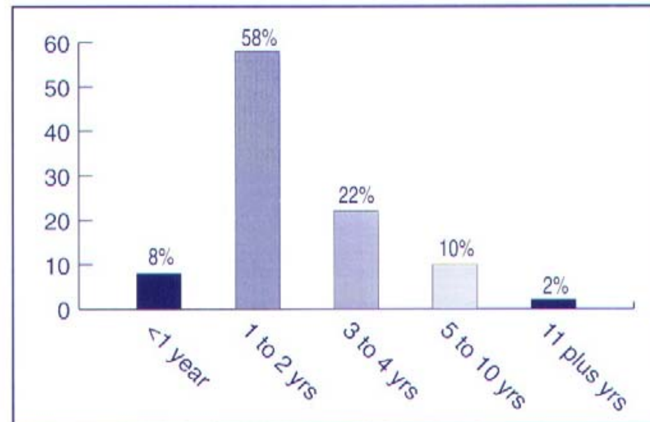
Most frequently the projects are constituted as companies limited by guarantee (47%). Twenty per cent are unincorporated associations. An additional twenty-two per cent say their project is 'sponsored' by the promoter. The remaining projects (11%) have some other structure such as committees.

Length of Time in Existence

The great majority are young projects with 58 per cent in operation for 1 -2 years and a further 22 per cent set up 3-4 years ago (Figure 3.2). A small number has been in operation for less than one year.

Sixty-one per cent of projects came into existence with LDTF funding. Over one quarter (27%) had already been in operation and a further 13 per cent had been at least partly in operation prior to LDTF funding.

Figure 3.2
Number of Years in Operation



Geographical Area Served

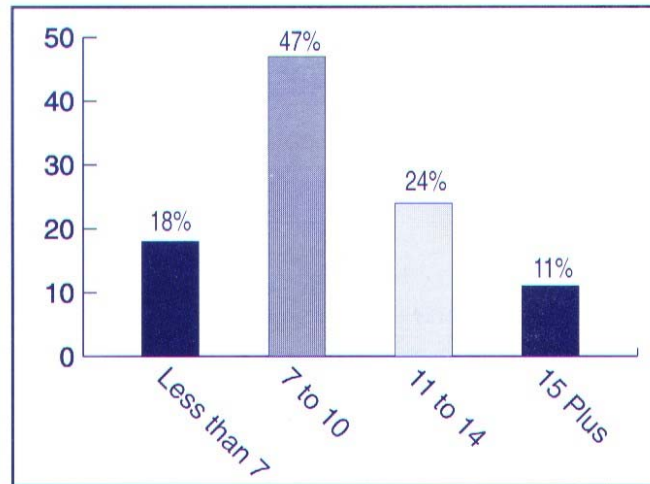
Most frequently a project serves a sub-area of the LDTF (47%). Spread coincides with the LDTF region in 40 per cent of cases. A small number of projects serve an area larger than an LDTF area (9%) or cuts across LDTF's (4%).

MANAGEMENT OF THE PROJECTS

Over three-quarters of the projects are run by a management committee (78%). The size of the committee varies but usually is no bigger than 10 members and no less than seven (Figure 3.3). With regard to the composition of the management committee, the great majority indicate the presence of a community representative (84%); 58% indicated there was representation from some statutory agency (for example, Garda, Eastern Health Board and probation and welfare services); 50% indicated there was representation from the voluntary/community sector (for example, Crosscare, Barnardos, YMCA and Saoilse) and 36 per cent have a representative from the local schools. Forty per cent of projects note some "other" kind of representation on the committee such as staff, clients, parents of clients, the legal profession or local business.

The twenty-two per cent of projects which are not run by a management committee, function with a mixture of set-ups such as: advisory committees, a consensus model (where decisions are made by a majority), reporting directly to the promoter and, in a small number of cases, 'informal' methods.

Figure 3.3*
Size of the Management Committee



**Note: Based on the responses of 100 project managers.*

GUIDING PRINCIPLES

In an attempt to explore underlying philosophy, the project managers were asked to indicate the three most important principles that guide the project. Content analyses of the responses revealed much diversity with 10 different types of principles being identified (Table 3.2). While no one principle predominates, the most frequently mentioned principle (20%) is that the project is "needs driven". Among other principles accounting for at least 10 per cent of all responses, two are concerned with the users of the services : "development of the users' potential/user empowerment/user integration" and " respect for users/valuing of users/care for users/dignity of user's." The principle of "involvement of the local community" accounts for 13 per cent of all responses.

Table 3.2 Guiding Principles
Noted by Projects

Principles	N*	%	Cum. %
Needs driven	66	20%	20%
Development of user's potential/user empowerment/integration	48	14%	34%
Involvement of the local community/community support	45	13%	47%
Respect of users/value/dignity/care/confidentiality	41	12%	59%
Local Community empowerment/capacity-building	31	9%	68%
Integrated, co-ordinated approach. Co-operation/partnership	29	9%	77%
Holistic, multidimensional, comprehensive approach	27	8%	85%
Pragmatism, practical/adaptability/affordability	19	6%	91%
Other answer	19	6%	97%
Influence policy-makers/awareness raising	12	3%	100%
Total	**337**		

N* = *Number of Mentions; this being the total number of responses obtained representing 131 project managers who gave just one response to the question plus 126 who gave a second response plus 80 who gave a third response.*

SUMMARY

- Of the projects involved in the evaluation:
  - 51 per cent are education and prevention projects
  - 36 per cent are treatment and rehabilitation projects
  - 7 per cent provide services in both the education and prevention and the treatment and rehabilitation fields
  - 3 per cent are involved in supply control
  - 3 per cent are involved in research and information.
- Project promoters are mainly voluntary and community organisations (58%) and almost half of projects (47%) are companies limited by guarantee.
- The majority (58%) of projects have been in operation for 1-2 years and most frequently projects serve a sub-area of the Local Drug Task Force (47%).
- Over three-quarters (78%) of projects are run by a management committee. These committees are usually no bigger than ten members and no less than seven.

The most frequently mentioned guiding principle (20%) is that the project is “needs driven”.

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Chapter Four

PLANNING STAGE OF PROJECT DEVELOPMENT

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INTRODUCTION

The purpose of this chapter is to examine how the projects managed the planning stage of their development. The levels and sources of information available to the projects on the drug problem in their area and the kind of need assessment conducted are outlined. The chapter describes the people involved in setting the project's objectives and the rationale for the activities instituted. The chapter further considers the target groups involved, the means of contacting these target groups and whether any benchmark measures were taken.

IDENTIFICATION OF PROBLEM

Information Systems of the Projects

It appears from the findings that generally the projects were well informed about the drug problem in their area prior to project initiation. Approximately two-thirds of project managers perceive that they had comprehensive information on the extent, nature and distribution of the problem (Table 4.1). Project managers were less likely to report comprehensive information on the number of people affected by the drug problem with 43 per cent indicating that they had only "some" information.

Table 4.1
Extent of Information Available on the Different Aspects of the Drugs Problem

Extent of Knowledge	Extent		Nature		Distribution		Number of People Affected	
	N	%	N	%	N	%	N	%
Comprehensive	84	64%	88	67%	84	65%	68	53%
Some	46	35%	40	31%	44	34%	55	43%
None	4	1%	6	2%	6	1%	11	4%
Total	134	100%	134	100%	134	100%	134	100%

Sources of Information on Drugs Problem

There is wide variety in the sources of information, on the drugs problem, available to the projects but the two sources that stand out are local knowledge – accounting for 21 per cent of all responses – and local research or pilot work – accounting for 17 per cent of all responses (Table 4.2). Statutory bodies, the Task Forces and other projects are also important sources of information.

Table 4.2
Sources of Information on the Drugs Problem

Source of Information	N*	%	Cum. %
Local knowledge	49	21%	21%
Local research/pilot project	40	17%	38%
Statutory bodies/Gardai	28	12%	50%
Task force	23	10%	60%
Other projects	23	10%	70%
Professionals/youth workers	19	8%	78%
Community/meetings/residents assoc.	17	7%	85%
Committee members/directors	17	7%	92%
Schools/teachers/school liaison	12	5%	97%
Other Answer	6	3%	100%
Total	**234**		

N = Number of Mentions; this being the total number of responses obtained representing 133 project managers who gave just one response to the question plus 101 who gave a second response.*

Assessment of Need

Three-quarters of the project managers claim an assessment of need was conducted prior to project initiation. The most frequent means used to conduct needs assessment were a local survey (21%), consultation with professionals (20%) and talking to clients (20%) (Table 4.3).

Table 4.3
Means of Assessing Need

Means	N*	%	Cum. %
Local survey	20	21%	21%
Consultations with professionals	19	20%	41%
Talking to participants/clients	19	20%	61%
Public meetings	12	12%	73%
Assessment/appraisal by professionals	9	9%	82%
Task Force	8	8%	90%
Literature	7	7%	97%
Other answer	3	3%	100%
Total	**97**		

**Note: Based on the responses of 97 project managers.*

ESTABLISHMENT OF AIMS AND OBJECTIVES

The persons most likely to decide what the objectives of a project should be are members of the Management Committee or Board Members or Founding Members (44%) (Table 4.4). The local community is much less likely than committee members to be part of setting objectives (14%) and is not much more likely to be involved than others such as staff (14%) or Task Force co-ordinator (13%) or professionals (8%). Very rarely are clients involved in setting objectives (4%).

Table 4.4
Persons Deciding Project Objectives

Persons	N*	%	Cum. %
Founding Members/ Board Members/Management Committee	101	44%	44%
Community	32	14%	58%
Staff	31	14%	72%
Task Force co-ordinator	29	13%	85%
Professionals	19	8%	93%
Promoter	7	3%	96%
Clients	6	4%	100%
Total	**225**		

N = Number of Mentions; this being the total number of responses obtained representing 132 project managers who gave just one response to the question plus 78 who gave a second response plus 15 who gave a third response.*

Approximately one-third of the projects (35%) have made changes in the objectives originally set down. The most usual reason for the change was that "new needs were identified" as time went on (50%) (Table 4.5). A second frequently mentioned reason for change was that there were "new developments or a new situation had arisen" (39%).

Table 4.5
Reasons for Changes in Original Objectives

Reason	N*	%	Cum. %
Identification of New Needs	22	50%	50%
New Developments/New Situations	17	39%	89%
Emerging Information	4	9%	98%
Other	1	2%	100%
Total	**44**		

**Note: Based on the responses of 44 Project Managers.*

SELECTION AND DEVELOPMENT OF ACTIVITIES AND SERVICES

When asked on what basis decisions were made about the activities the project should undertake, the predominant response was "awareness of need" (43%) or more directly "expressed need"(16%) (Table 4.6). "Building on experience" – either one's own (26%) or others' (8%) – was the second most frequent response. Research, either local or other, rarely provided the basis for choice of project activities.

Table 4.6

Rationale for Choice of Project Activities

Rationale	N*	%	Cum. %
Awareness of Need	80	43%	43%
Building on Own Experience	48	26%	69%
Expressed Needs	30	16%	85%
Building on Others' Experience	14	8%	93%
Local Research	4	2%	95%
Other Research	3	2%	97%
Other	3	3%	100%
Total	**182**		

N = Number of Mentions; this being the total number of responses obtained representing 132 project managers who gave just one response to the question plus 50 who gave a second response.*

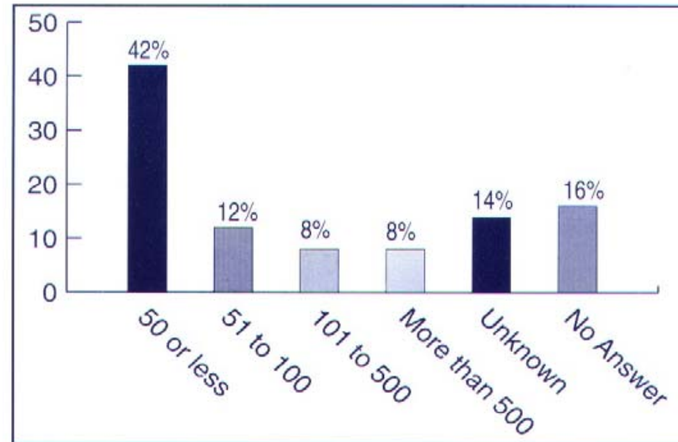
DETERMINATION OF TARGET GROUP

Projected Target Group

A drug project's target group may be categorised as either the ultimate target group – those most at risk from the drug problem – or an intermediate target group – for example, parents, teachers or the general population. Among the projects evaluated more are dealing with the ultimate (51%) than an intermediate (26%) target group. Around one-quarter of projects (23%) deal with both target group types.

Most frequently, the projected target group was 50 or less people (42%) (Figure 4.1). Some projects (14%) were unable to estimate target group size. This latter finding reflects the finding noted earlier that a significant number of projects could not say they had comprehensive information on the number of people affected by the drugs problem. As might be expected, projects dealing with the ultimate target group were more likely to target smaller numbers (Table 4.7a). Projects dealing with the ultimate target group are almost as likely as those dealing with an intermediate group to report that the size of the size of the target group is unknown.

Figure 4.1
Projected Size of Target Group



Means of Making Contact with Target Group

There is much variety in the means used to make contact with the project's chosen target group (Table 4.7). One of the most frequently mentioned means (22%) was through the community, using the community infrastructure. In second place in terms of frequency (20%) was referrals from sources such as professionals, youth workers, other projects or statutory agencies. Another relatively frequent means of making contact was through the schools (13%). Word of mouth also was used quite frequently (11%). Non-personal contact, such as leaflets, newsletters or local papers, accounts for 13 per cent of all the means of contact noted.

Table 4.7
Means of Making Contact with Target Group

Means of Contact	N*	%	Cum. %
Community Infrastructure	52	22%	22%
Referrals	47	20%	42%
Schools	31	13%	55%
Printed Material	29	13%	68%
Word of Mouth	26	11%	79%
Outreach Services	18	8%	87%
Self-referrals	16	7%	94%
Other	5	2%	96%
Referrals from Court	4	2%	98%
No Answer	4	2%	100%
Total	**232**		

N = Number of Mentions; this being the total number of responses obtained representing 132 project managers who gave just one response to the question plus 100 who gave a second response.*

The majority of project managers (72%) reported that the means of making contact with the project's target group had been satisfactory. Where dissatisfaction existed, the most frequently mentioned reason for this was that the project had relied too much on personal contact. In some cases the project is still in the process of developing means of making contact.

ESTABLISHMENT OF BENCHMARK MEASURES

Once having decided on their target group and having made contact with them, a minority of projects (40%) report that they take benchmark measures. With regard to planning for assessment of outcomes, two-thirds of project managers report that they have systems in place while a further quarter indicate that means of assessment are currently being developed.

The majority of project managers (71%) report that details on clients/participants are collected before they take part in the project's services. Far fewer projects, less than half (46%), have developed means of following up on clients after they have left the project. Fifteen per cent are currently developing such a follow-up system. Thirteen per cent report that follow-up procedures are not applicable.

SUMMARY

- Generally the projects were well informed about the drugs problem in their area prior to the project initiation, with 'local knowledge' (21%) and 'local research or pilot work' (17%) being the main sources of this information.
- Three quarters of project managers claim an assessment of needs was conducted prior to the commencement of the project with a 'local survey' (21%) being the main method used.
- Members of the Management Committee or Board/Founding Members are the people most likely to decide what the objectives of a project should be.
- The selection of services and activities is usually based on 'awareness of need' (43%) or 'building on one's own experience' (26%).
- Over half (51%) of the projects are dealing with an ultimate target group while 26 per cent deal with an intermediate target group, the remainder (23%) deal with both.
- Most frequently the project target group was 50 or less people (42%) with contact frequently being made though the local community (22%).
- 40% of projects report that they take benchmark measures, with two-thirds reporting that they have systems in place for an assessment of outcomes.

Chapter Five

IMPLEMENTATION: INPUTS, PROCESS AND MANAGEMENT

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INTRODUCTION

The purpose of this and the following chapter is to provide information on the implementation stage of project development. This chapter examines inputs including staffing, funding and facilities. The chapter also provides some information on process issues related to networking and involvement of the community and management issues related to monitoring systems.

STAFFING OF THE PROJECTS

Number of Staff Employed by the Projects

Staffing of the projects includes a mixture of full-time, part-time and sessional staff and workers on schemes. The majority of projects (68%) employ full-time staff; most usually a project has only one full-time staff worker (31%) although 17 per cent have three – five and a smaller number have more than five full-time people (Figure 5.1). The majority of projects (61%) do not employ any part-time staff (Table 5.1).

Figure 5.1
Numbers of Paid Full-Time Staff

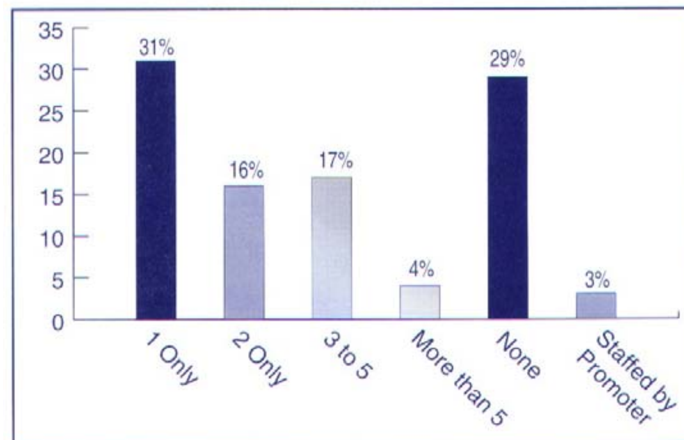


Table 5.1
Numbers of Paid Part-Time Staff

	1 Only	2 Only	None	Staffed by Promoter
Part-time Staff	20%	16%	61%	3%

Among the different types of projects, those involved in education and prevention are most likely to have no full-time staff (Table 5.1 a). This type of project is also most likely to have no part-time staff (Table 5.1b). As might be expected, there is an association between staffing and funding levels; those with funding of £10,000 or less are more likely than others to have no full-time staff (Table 5.1c).

Half of the projects (50%) employ sessional staff and when they do they are more likely to employ several such workers (Table 5.2).

Table 5.2*
Number of Sessional Staff and Hours Given

	Number of Hours per Month				
Number of Staff	**10 hrs or less**	**11 – 20 hrs**	**21 plus hrs**	**No ans.**	**Total**
1 only	7%	5%	2%	3%	17%
2-5	19%	19%	7%	3%	48%
6 or more	19%	13%	3%	0%	35%
Total	**45%**	**37%**	**12%**	**6%**	**100%**

**Note: Based on the responses of 60 Project Managers.*

Most usually, sessional staff give an average of 10 hours or less per month to the project (Table 5.2). Many projects (40%) also employ people on CE schemes with those projects with funding of over £50,000 most likely to do so (Table 5.2a).

Adequacy of Staffing Levels

Over three-quarters of project managers report that current staffing levels are inadequate (44%) or only fair (33%). Inadequate staffing does not appear to be a direct concomitant of low funding; the findings show that those with intermediate levels of funding are the most likely to feel staffing is inadequate, followed by those with funding of over £50,000 (Table 5.3). Projects engaged in education and prevention, who are the most likely to have no full-time staff, are also the projects most likely to report that staffing is less than adequate (Table 5.4).

Table 5.3*
Adequacy of Staffing by Level of Funding

	Level of Funding			
Adequacy	**£10,000**	**£10,100**	**Over £50,000**	**Total**
Adequate	4%	5%	14%	23%
Fair	0%	8%	25%	33%
Inadequate	4%	18%	22%	44%
Total	**8%**	**31%**	**61%**	**100%**

**Note: Based on the responses of 124 Project Managers.*

Table 5.4*
Adequacy of Staffing by Project Type

	Project Type				
Adequacy	**E&P**	**T&R**	**E&P/T&R**	**R&1**	**SCTotal**
Adequate	11%	9%	2%	1%	1%24%
Fair	15%	11%	4%	2%	0%32%
Inadequate	25%	16%	1%	0%	2%44%
Total	**51%**	**36%**	**7%**	**3%**	**3% 100%**

**Note: Based on the responses of 124 Project Managers.*

Problems with Staffing

Approximately half of the project managers report that they have experienced problems in relation to the staffing of the project. The problems encountered are varied but the predominant issues that managers have to contend with are: staff tension resulting, for example, from conflict, inflexibility or lack of security of tenure (19%); not being able to afford appropriate staff (18%); loss of staff or staff turnover (17%); staff workload being too great (15%) (Table 5.5).

Table 5.5
Types of Staffing Problems Experienced

Type of Problem	N*	%	Cum. %
Staff tension/conflict (incl. lack of security of tenure)	18	19%	19%
Can't afford staff with skills/expertise/training	17	18%	37%
Losing staff/turnover/not replaced	16	17%	54%
Staffing levels inadequate/too much work	14	15%	69%
Other	12	12%	81%
Salary levels inadequate	9	9%	90%
Training not available	4	4%	94%
Staff forced to work unpaid overtime	2	2%	96%
Breaches of confidentiality	2	2%.	98%
No Answer	2	2%	100%
Total	**96**		

Note: Based on the responses of 70 Project Managers.

N = Number of Mentions; this being the total number of responses obtained representing 70 project managers who gave just one response to the question plus 26 who gave a second response.*

Staffing problems are more likely to be experienced in projects concerned with education and prevention than in training and rehabilitation (Table 5.5a).

Training and Support of Staff

The majority of projects report that they provide training for staff. Only ten project managers said that training was not provided for staff, with four of these saying it was not necessary. The kind of training provided ranges from broad-ranging professional training for counsellors to training on very specific skills such as report writing (Table 5.6).

Table 5.6
Types of Staff Training Provided

Type of Training	N*	%	Cum. %
Skills development appropriate to role	78	47%	47%
Drug related/addiction studies	35	22%	69%
Interview techniques	18	11%	80%
Computer skills/IT	8	5%	85%
Health and safety	8	5%	90%
Professional training (e.g. for counsellors)	5	3%	93%
Personal development	5	3%	96%
Management (strategic planning/team building)	4	2%	98%
Other answer	3	2%	100%
Total	**164**		

Note: Based on the responses of 104 Project Managers.

N = Number of Mentions: this being the total number of responses obtained representing 104 project managers who gave just one response to the question plus 60 who gave a second response.*

One type of training stands out as the most frequent (accounting for close on half of all the kinds of training mentioned); this training being concerned with developing the skills appropriate to the particular role of the staff member. One in five projects provide training on drug-related/addiction studies. In a small number of cases training is provided on specific skills; most frequently on interview techniques (11%) but also on computer skills (5%), health and safety (5%) and management skills (2%).

From the point of view of the project managers, the critical factors that enable training to take place include factors related to the training per se, such as cost (17%), suitability (15%), accessibility (4%), availability (3%) and flexibility (3%) (Table 5.7). In addition, training can happen when there is willingness to train on the part of staff (14%), when there is support in the organisation for training (12%) and when management have a positive attitude towards training (12%).

Table 5.7
Perceptions of Critical Factors Enabling Training

Critical Factor	N*	%	Cum. %
Cost of training	34	17%	17%
Suitability/quality/relevance of courses	30	15%	32%
Motivation/interest/willingness of people to train	29	14%	46%
Support for training: time/money/release	24	12%	58%
Positive attitude on part of management	24	12%	70%
Identification of training need	12	6%	76%
No answer	10	5%	81%
Accessibility of training: geographical/language	8	4%	85%
Good information/awareness	8	4%	89%
Other	8	3%	92%
Availability of training (courses are available at all)	6	3%	95%
Flexibility of training (modular/nights/timing etc.)	6	3%	98%
Can share training resources	4	2%	100%
Total	**203**		

Note: Based on the responses of 116 Project Managers.

N = Number of Mentions; this being the total number of responses obtained representing 116 project managers who gave just one response to the question plus 87 who gave a second response.*

It emerges from the findings that there are two main factors which can constrain the provision of training; the first is lack of time which accounts for almost one third of all the factors mentioned and the second is the cost of training which accounts for one fifth of all the constraining factors mentioned (Table 5.8).

Table 5.8
Perceptions of Critical Factors Constraining Training

Critical Factor	N*	%	Cum.
Lack of time	55	31%	31%
Cost	38	22%	53%
Lack of staff to fill in for trainees/release problems/back up	21	12%	65%
Inaccessibility: timing/language/location/appropriate courses	20	11%	76%
Not applicable/No answer	12	6%	82%
Other answer	11	6%	88%
None Identified	6	4%	92%
Trained people are difficult to retain	4	2%	94%
Lack of follow-up on training	4	2%	96%
Unwillingness/lack of motivation of people to tram	1	1%	97%
Lack of appropriate accreditation	1	1%	98%
Lack of suitable trainers available	1	1%	99%
Lack of other resources e.g. space/childcare	1	1%	100%
Total	**175**		

Note: Based on the responses of 116 Project Managers.

N = Number of Mentions; this being the total number of responses obtained representing 116 project managers who gave just one response to the question plus 59 who gave a second response.*

The majority of projects attempt to provide some kind of support system for their staff. In the responses obtained to the type of staff support provided two kinds predominate (between them accounting for almost two-thirds of all the supports mentioned): the provision of work reviews or feedback on work and the provision of support by a supervisor, co-ordinator or manager of the project (Table 5.9).

Table 5.9
Types of Staff Support Systems

Support System	N*	%	Cum. %
Work reviews/feedback/meetings	64	33%	33%
Support from supervisor/co-ordinator/manager	60-	31%	64%
Support from committee/directors	20	10%	74%
External facilitators in reviews/external supervision	14	7%	81%
Professional counselling/medical support	10	5%	86%
Team work/building	9	5%	91%
Training	6	3%	94%
Stress management facilitation	6	3%	97%
Other answer	5	3%	100%
Total	**194**		

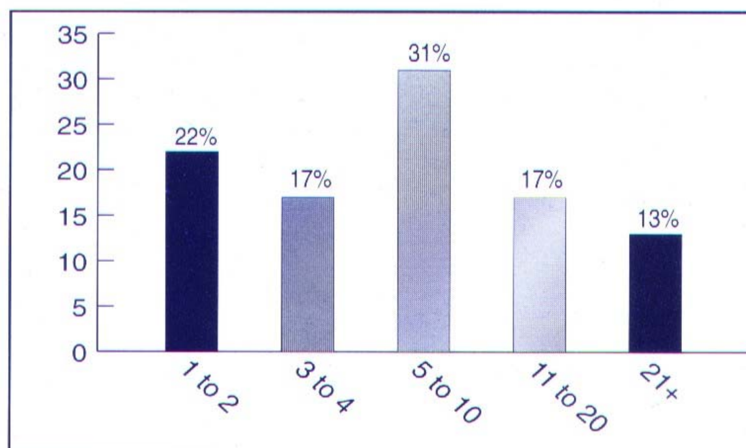
Note: Based on the responses of 115 Project Managers.

N =Number of Mentions; this being the total number of responses obtained representing 115 project managers who gave just one response to the question plus 79 who gave a second response.*

Involvement of Volunteers

Around half of all the projects studied involve volunteers in the running of the project. Where there are volunteers, most usually the number involved is 5-10 people (31%) although a sizeable percentage of projects have between 11-20 (17%) or even more than 20 (13%) volunteers involved. In around one in five of these projects the number of volunteers involved is small, being one or two people (Figure 5.2). Of the projects that have volunteers, almost two-thirds (64%) of them are involved in education and training (Table 5.10a).

Figure 5.2*
Number of Volunteers Involved in Projects



Note: Based on the responses of 63 project managers.

Key Issues in the Management of Volunteers

There is much variety in project managers' perceptions of the key issues that arise when volunteers are involved in the running of the project (Table 5.10). The one issue that stands out (accounting for one quarter of all the issues mentioned) is the necessity for clear guidance/communication. Two further relatively frequently mentioned issues are the need for affirmation/recognition of volunteers and appropriate training for them (each accounting for 12% of all the issues mentioned).

Table 5.10
Perceptions of Key Issues in the Management of Volunteers

Key Issue	N*	%	Cum. %
Clear guidance/ensuring quality/directness/honesty of Communication	15	25%	25%
Affirmation/recognition/encouragement	7	12%	37%
Appropriate training	7	12%	49%
Not applicable/No answer	6	10%	59%
Providing support	5	8%	67%
Retention of volunteers	4	7%	74%
Time management	4	7%	81%
Payment of expenses	3	5%	86%
Other answer	3	5%	91%
Keeping them Informed/integrated into the project	2	3%	94%
None identified	1	2%	96%
Formalisation of youth-work put people off	1	2%	98%
Avoiding overburdening of volunteers	1	2%	100%
Total	**59**		

**Note: Based on the responses of 59 Project Managers*

Critical Factors in Effective Staffing

Answers to a question on the critical factors in effective staffing reveal a high level of agreement among the project managers with two factors accounting for half of all the responses (Table 5.11). It emerges that the predominant issue in effective staffing is that the staff members have the qualifications/experience/skills necessary for the job. Other factors related to staff characteristics include their commitment/motivation (6%), flexibility/adaptability (6%), ability to work as a team (6%) and respect for their clients (5%). Apart from staff characteristics, there are other factors in effective staffing that relate to management: staff must be properly supported (13%), they must be adequately funded (9%), have opportunities for development (2%) and their safety must be ensured (2%).

Table 5.11
Critical Factors in Effective Staffing

Critical Factor	N*	%	Cum. %
Staff have qualifications/experience/skills	75	36%	36%
Staff properly supported	26	13%	49%
Adequate funding	19	9%	58%
Other	17	8%	66%
Staff being committed/motivated	13	6%	72%
Staff willing to work as a team	13	6%	78%
Staff being flexible/adaptable	12	6%	84%
Staff respect for clients	11	5%	89%
Staff having credibility with the community	9	4%	93%
Staff not having too many demands on them	4	2%	95%
Opportunities for career development	4	2%	97%
Ensuring staff safety	4	2%	99%
Total	**207**		

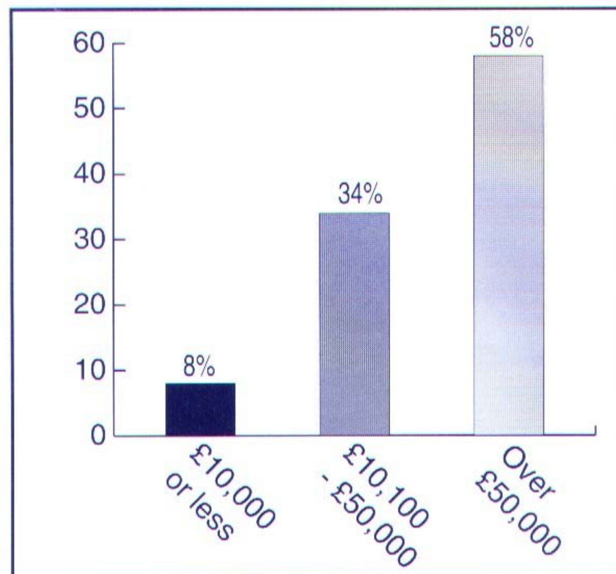
Note: Based on the responses of 118 Project Managers.

N = Number of Mentions; this being the total number of responses obtained representing 18 project managers who gave just one response to the question plus 89 who gave a second response.*

FUNDING OF THE PROJECTS

The project managers were asked what was the total funding received since the project became an LDTF project. While there is a number of smaller projects with funding of £10,000 or less (8%) (Figure 5.3) the majority have received over £50,000 (58%) with the remaining 34 per cent falling into the intermediate category of funding.

Figure 5.3
Levels of Project Funding



Treatment and Rehabilitation projects are more likely than education and prevention projects to receive over £50,000 (Table 5.12a). Those projects, which are promoted by voluntary/community organisations, are more likely than others to have received funding of over £50,000 (Table 5.12b).

Almost two-thirds of the projects studied (64%) received 100 per cent of their funding from the LDTF (Table 5.12). Twenty-two per cent got between 99 – 50 per cent and 14 per cent got less than half of their funding from the LDTF.

Table 5.12
Percentage of Total Funding Received from the LDTF

Total Funding Received	100%	99%-50%	Less than	Total
£10,000 or less	8%	0%	0%	8%
£10,100-£50,000	28%	5%	1%	34%
Over £50,000	28%	17%	13%	58%
Total	**64%**	**22%**	**14%**	**100%**

Smaller projects are more likely than those with larger funding of over £50,000 to receive all of their funding from the LDTF.

Two-thirds of the projects managed to secure the level of funding initially sought. Projects with lower levels of funding were more likely than those with the higher level of over £50,000 to report getting what they initially sought (Table 5.12c). Projects involved in education and prevention were more likely than other projects to have received the level of funding initially sought (Table 5.12d).

Fifty six per cent of project managers describe the current level of funding as only “fair” (20%) or “inadequate” (36%). Those who got the funding initially sought are far less likely than those who did not, to rate the current level as fair or inadequate (Table 5.12e). Projects concerned with education and prevention are less likely than other projects to rate the current level of funding as adequate (Table 5.12f).

In addition to dissatisfaction with level of funding, the findings also reveal dissatisfaction with the system of funding which currently operates. Fifty-two per cent of project managers’ rate the system of funding as only “fair” (27%) or “unsatisfactory” (25%). It is of note that projects with funding over £50,000 are far less likely to give a rating of “satisfactory” than are projects with smaller levels of funding (Table 5.13).

Table 5.13
Satisfaction with Funding System According to Funding Level

	Level of Satisfaction With Funding System			
Funding Level	**Satisfactory**	**Fair**	**Unsatisfactory**	**Total**
£10,000 or less	5%	3%	0%	8%
£10,100-£50,000	22%	4%	8%	34%
Over £50,000	21%	20%	17%	58%
Total	**48%**	**27%**	**25%**	**100%**

When asked what changes are needed in the system of funding, ten different kinds of suggestion were made by the project managers (Table 5.14).

Table 5.14
Suggestions for Change in the Funding System

Suggestions	N*	%	Cum. %
More security of funding/predictability/three yr. funding	21	25%	25%
Speedier implementation/less delay in allocation	20	24%	49%
Greater clarity in procedure	14	16%	65%
All funding should come from one source	13	15%	80%
Other answer	7	8%	88%
More flexibility in use of funds/provision for the unexpected	4	6%	94%
Increased levels of funding	2	2%	96%
No answer	2	2%	98%
Allow proposal writer to make face-to-face case	1	1%	99%
More control by/accountability to local Task Force	1	1%	100%
Total	**85**		

Note: Based on the responses of 69 Project Managers.

N = Number of Mentions; this being the total number of responses obtained representing 69 project managers who gave just one response to the question plus 16 who gave a second response.*

The two most frequent suggestions, between them accounting for almost half of all the suggestions made, are that there should be more security/predictability in the way funding is given (25%) and that funding allocations should be implemented with greater speed (24%). Two other relatively frequent suggestions were that there should be greater clarity in the funding procedure (16%) and all funding should come from the one source (15%).

FACILITIES AND RESOURCES

Two-thirds of the project managers describe the space available to the project as only "fair" (22%) or "unsatisfactory" (44%). Project managers were also asked about the resources available to them such as telephone, fax and photocopier machines, computer, e-mail and Internet access. Around half of the managers (53%) perceived the resources available to the project as "adequate". Among the 47 per cent who rated resources as only "fair" (27%) or

"inadequate"(20%) the most frequent unmet requirement was additional or new premises (53%). Twenty-seven per cent sought more equipment while 13 per cent sought further resources such as childcare facilities, transport means or administrative back up.

PROCESS ISSUES

Links with Other Projects and Other Bodies

All projects perceive themselves as working in a network involving other projects and other agencies. The vast majority of projects report links with other projects in their particular LDTF (90%) and with other drugs projects (99%). Likewise the vast majority (95%) have links with voluntary/community groups in their area and with statutory bodies (92%).

A number of factors are perceived as enabling networking to happen. The most frequently mentioned factor enabling a project to network with others is having the personal contacts (24%) (Table 5.15). A project must also be open to the idea of networking (17%). Some practical factors involved in networking include the existence of infrastructure (14%), the compactness of the area (12%) and having the necessary communication systems (3%).

Table 5.15
Factors Perceived as Enabling Networking

Factor	N*	%	Cum. %
Personal contacts/links	63	24%	24%
Openness to it	44	17%	41%
Existing infrastructure	37	14%	55%
Community base of project/management committee	34	13%	68%
Compactness of area	31	12%	80%
Other answer	32	12%	92%
Own reputation/standing/track record	9	4%	96%
Having the necessary communication systems	7	3%	99%
No answer	2	1%	100%
Total	**259**		

N = Number of Mentions; this being the total number of responses obtained representing 134 project managers who gave just one response to the question plus 125 who gave a second response.*

The factor most likely to obstruct networking is a practical one – lack of time (24%) (Table 5.16). Some other practical issues noted by the project managers included lack of staff resources (10%), lack of communication systems (4%) and lack of other resources (2%). Apart from practical issues, networking can be prevented because of differences in principles and ideologies (17%), or closed principles (6%) or because of perceived problems with the statutory sector or other statutory agencies (14%).

Table 5.16
Factors Perceived as Preventing Networking

Factor	N*	%	Cum. %
Lack of time	46	24%	24%
Differences in principles and ideologies	32	17%	41%
Problems with statutory sector/other agencies	26	14%	55%
Other answer	20	11%	66%
Lack of staff resources	19	10%	76%
Nothing Noted	18	10%	86%
Closed principles	11	6%	92%
Lack of communication systems	8	4%	96%
Lack of other resources/facilities	4	2%	98%
Not applicable/No answer	4	2%	100%
Total	**188**		

N = Number of Mentions; this being the total number of responses obtained representing 134 project managers who gave just one response to the question plus 54 who gave a second response.*

Needs in Relation to the LDTF

Perhaps not surprisingly, when project managers were asked what were the project's main needs in relation to the LDTF, the most frequent answer was funding; accounting for over one-third of all the needs mentioned (38%) (Table 5.17). Apart from funding, projects also need support from the LDTF (20%) and they look to the LDTF for information (10%) and networking opportunities (10%).

Table 5.17
Perceived Needs in Relation to the LDTF

Factor	N*	%	Cum. %
Funding	90	38%	38%
Support	48	20%	58%
Information	25	10%	68%
Networking possibilities/opportunities	25	10%	78%
Training	17	7%	85%
Other answer	14	6%	91%
Monitoring/reporting	9	4%	95%
Premises	4	2%	97%
Lobbying and campaigning	3	1%	98%
None	2	1%	99%
No answer	2	1%	100%
Total	**239**		

N = Number of Mentions; this being the total number of responses obtained representing 134 project managers who gave just one response to the question plus 105 who gave a second response.*

Projects are split more or less evenly between those who report that their needs from the LDTF are met to a "great extent" (48%) and those who perceive that their needs are met only to "some" (46%) or "little or no extent" (6%).

There is wide variation in the answers obtained to the question on what changes would be needed to ensure needs from the LDTF are met (Table 5.18). To a large extent, the answers reflect the needs identified: for example, some of the more frequently mentioned changes are for the LDTF to identify opportunities for networking (14%), for better communication/better reporting structures (13%) and greater regularity (12%) and increased amounts of funding (10%).

Table 5.18
Suggestions to Ensure Needs from LDTF are Met

Factor	N*	%	Cum. %
Other answer	16	15%	15%
Identify opportunities for greater networking	15	14%	29%
Better communication/reporting structures	14	13%	42%
Greater regularity of funding	13	12%	54%
More information/training	12	11%	65%
Increased funding	11	10%	75%
More lobbying/campaigning/advocacy	10	9%	84%
No answer	8	7%	91%
More technical assistance	5	5%	96%
Greater security	4	4%	100%
Total	**108**		

Note: Based on the responses of 67 Project Managers.

N = Number of Mentions: this being the total number of responses obtained representing 67 project managers who gave just one response to the question plus 41 who gave a second response.*

COMMUNITY INVOLVEMENT

Most projects seek to have involvement from the local community. The principal means of community involvement is through representation on the management committee (26%) (Table 5.19). Another relatively frequent means of involvement is through having local people work in the project either as volunteers (17%) or in paid employment (7%). Projects also try to engage the local community through information giving – having a local forum (15%), consultation with local groups (10%), use of newsletters (5%) and local radio (1%).

Table 5.19
Means of Involving the Local Community

Means	N*	%	Cum. %
Participation in/membership of management committee/board	67	26%	26%
Local community input/(local people) act as volunteers	43	17%	43%
Local forum	37	15%	58%
Informing community/meetings/open days	27	11%	69%
Through linkages/consultation with community groups	26	10%	79%
Local people employed	18	7%	86%
Use of newsletters/reports to inform	12	5%	91%
Other answer	8	3%	94%
Local people given training	7	3%	97%
No answer	6	2%	99%
Use of local radio to inform	3	1%	100%
Total	**254**		

Note: Based on the responses of 127 project managers.

N = Number of Mentions; this being the total number of responses obtained representing 127 project managers who gave just one response to the question plus 92 who gave a second response plus 35 who gave a third response.*

There is little agreement on the critical factors that affect involvement of the local community in the project (Table 5.20). The most frequently mentioned factor is the provision of the skills and support necessary to enable involvement (17%). Another factor concerned with the community itself is the provision of information to them (11%). With regard to the project itself, it must be seen to be meeting the community's concerns (10%) and it must have an up-front approach (8%) and respect its clients (5%).

Table 5.20
Perceptions of Critical Factors Affecting Local Community Involvement

Critical Factor	N*	%	Cum. %
Providing skills/support to enable/facilitate participation/their contribution	36	17%	17%
Other answer	31	14%	31%
Provision of information	23	11%	42%
Project being seen to be meeting their concerns	22	10%	52%
Maintaining credibility	19	9%	61%
Up-front approach	18	8%	69%
Agreement on strategies used	13	6%	75%
No Answer	12	6%	81%
Respecting clients	10	5%	86%
Monitoring interest of community (key leaders)	10	5%	91%
Project – need to be based in local area	10	5%	96%
Investment of time and effort	5	2%	98%
Not applicable	4	2%	100%
Total	**213**		

Note: Based on the responses of 127 Project Managers.

N = Number of Mentions; this being the total number of responses obtained representing 134 project managers who gave just one response to the question plus 79 who gave a second response.*

SUMMARY

Staffing of the Projects

- The majority of projects employ full-time staff, most usually a project has only one full-time staff worker (31%). The majority of projects do not employ part-time staff.
- Half of the projects (50%) employ sessional staff, and 40% employ people on CE schemes.
- Over three-quarters (77%) of project managers report that current staffing levels are less than adequate.
- Approximately half of the project managers report that they have experienced problems in relation to staffing of the project, with the principal issues mentioned being staff tensions resulting from inflexibility or lack of tenure (19%) and not being able to afford appropriate staff (18%).
- The majority of projects report that they provide training for staff. The most frequently offered training concerns developing the skills appropriate to the particular role of the staff member (47%).
- Approximately half of the projects studied have volunteers involved in the running of the project.
- The key issue identified in the management of volunteers is the necessity for clear guidance/communication (25%).
- The predominant issue in effective staffing is that staff members have the relevant qualifications, experience or skills necessary for the job (36%).

Funding of the Projects

- The majority of projects (58%) have received over £50,000 in funding, 34 per cent have received £10,100 - £50,000, while eight per cent have received less then £10,000.
- Almost two-thirds of projects (64%) received 100 per cent of their funding from the LDTF and two-thirds also managed to secure the level of funding initially sought.
- Over half of project managers (56%) describe their current level of funding as less than adequate, and 52 per cent rate the system of funding as less than satisfactory.
- The two most frequent suggestions for change in the funding system are that there should be more security/predictability in the way funding is given (25%) and that funding allocations should be implemented with greater speed (24%).

Facilities/Resources and Process Issues

- Two thirds of project managers (66%) describe the space available to them as less than satisfactory and almost half (47%) rate the available resources as less than adequate.
- The vast majority report links with other projects in their LDTF area and with other drug projects. Project managers also report links with voluntary and community groups and statutory bodies in their area.

- The factor most likely to enable networking with others is having the personal contacts (24%), while the factor most likely to obstruct networking is lack of time (24%).
- The most frequently mentioned need in relation to the LDTF was funding, accounting for 38 per cent of all mentions. Almost half of project managers (48%) feel their needs from the LDTF are being met.
- Most projects seek to have involvement from the local community, with the principal means being through representation on the management committee (26%) or through local community input (17%).
- The main factor identified as affecting the involvement of the local community is the provision of the necessary skills and support to enable them to contribute (17%).

Chapter Six

IMPLEMENTATION: SERVICES/ACTIVITIES DELIVERED

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INTRODUCTION

Following on from Chapter Five this chapter provides further information on the implementation stage of project development. Specifically, this chapter examines outputs including services provided and activities undertaken. The chapter also provides some information on the number of clients involved, whether or not client feedback has been attained, whether or not the planned target group has been reached.

ACTIVITIES AND SERVICES DELIVERED

Nature and Number

The diversity that exists among the projects undertaken is very obvious in the number of services or activities the projects offer. Fifteen per cent of projects offer only one activity or service; examples of this kind of project include purchase of a minibus, a one-year stay-in-school programme and a support facility for events already being run. Forty-two per cent of projects offer between two and five services with a further 39 per cent offering between six and 15 services. A small number of projects (4%) offer 16 or more activities. Examples of the latter are education and prevention projects that offer many types of training and a treatment and rehabilitation project that works with children of drug users. More of education and prevention than treatment and rehabilitation projects are single-service projects (Table 6.1)

Table 6.1
Project Type by Number of Activities/Services

	Number of Activities						
Project Type	**1 only**	**2 to 3**	**4 to 5**	**6 to 7**	**8 to 15**	**16 plus**	**Total**
Education and Prevention	11%	8%	14%	9%	8%	1%	51%
Treatment and Rehabilitation	3%	8%	8%	8%	8%	1%	36%
Education and Prevention/ Treatment and Rehabilitation	0%	0%	1%	2%	2%	2%	7%
Research and Information	1%	2%	0%	0%	0%	0%	3%
Supply Control	0%	1%	2%	0%	0%	0%	3%
Total	**15%**	**19%**	**25%**	**19%**	**18%**	**4%**	**100%**

As might be expected, those projects which receive larger amounts of funding offer more services than other projects, with 41 per cent offering between 4 and 15 services (Table 6.2).

Table 6.2
Funding Received by Number of Activities/Services

	Number of Activities						
Funding Received	1 only	2 to 3	4 to 5	6 to 7	8 to 15	16 plus	Total
£10,000 or less	2%	4%	2%	0%	0%	1%	8%
£10,100-£50,000	6%	8%	8%	8%	3%	1%	34%
Over £50,000	7%	8%	14%	12%	15%	2%	58%
Total	**15%**	**19%**	**24%**	**20%**	**18%**	**4%**	**100%**

Delivery of Activities/Services in Original Plan

Most projects appear to be delivering what they had proposed to deliver. Two-thirds of project managers (66%) say that they have never dropped or failed to deliver a service that was part of their original plan. Of the projects that have dropped or failed to deliver a service, the main reason for doing so was lack of suitable premises (23%) (Table 6.3). Other relatively frequent reasons for dropping or not delivering a service include lack of suitable staff (18%) and the services being provided elsewhere (16%). Nine project managers, who have dropped a service, give some “other” reason; for example set-up of project was more time-consuming than originally thought and there were not enough referrals from their LDTF area so delivery was extended. It is noteworthy that half of the projects (50%) are now offering activities or services that were not part of their original plan.

Table 6.3*
Reason Why Activities/Services not Delivered

Reason Given	Project Dropped	Project never delivered	%	Cum. %
Premises not suitable/available	0%	23%	23%	23%
Staff/suitable staff not available	8%	10%	18%	41%
Services being provided elsewhere	8%	8%	16%	57%
Did not meet needs/unsuitable	8%	7%	15%	72%
Funding – insufficient	0%	3%	3%	75%
Other Answer	12%	13%	25%	100%

**Note: Based on the responses of 39 Project Managers.*

Changes in Service

An overwhelming 90 per cent of project managers say that there are services not being provided which they would like to see provided. A number of specific difficulties in introducing new services were identified, with funding (27%) and staffing issues (23%) top of the list accounting for half of all the responses given (Table 6.4). Another relevantly frequent reason was insufficient/unsuitable premises (16%). Lack of support from the community (6%) and from statutory bodies (6%) were also noted as factors in not delivering desired services.

Table 6.4
Difficulties Involved in Introducing New Services

Difficulties Mentioned	N*	%	Cum. %
Funding – unspecified	46	27%	27%
Staff – funds for/suitable staff/staff time	40	23%	50%
Space/premises – insufficient/unsuitable	27	16%	66%
Facilities (other than space/premises/or unspecified)	12	7%	73%
Lack of community support	11	6%	79%
Lack of support from statutory agencies/medical profession/poor networking	10	6%	85%
Services-develop to help other vulnerable groups e.g. children/homeless/more services generally	9	5%	90%
Other	8	5%	95%
No answer given	7	4%	99%
Lack of suitable/motivated clients	3	1%	100%
Total	**173**		

Note: Based on the responses of 112 Project Managers.

N = Number of Mentions; this being the total number of responses obtained representing 112 project managers who gave just one response to the question plus 61 who gave a second response.*

Over three-quarters (78%) of project managers feel that the services presently on offer could be improved. In order for these improvements in services to be realised, additional resources/facilities (33%), additional premises (16%) and additional/qualified staff (13%) would be required (Table 6.5). Specific funding issues were noted by nine per cent of managers. Other requirements noted relate to quality control issues (6%), training for staff (4%) and more time for project delivery (2%).

Table 6.5
Requirements for Improvements in Services Provided

Improvement Required	N*	%	Cum. %
More Resources/facilities (except funding/premises)	50	33%	33%
Premises/space – more/better/more suitable	24	16%	49%
Other answer	21	14%	63%
Staff – more/better qualified	19	13%	76%
Funding	13	9%	85%
Quality control – monitoring/reporting/recording/evaluation	9	6%	91%
Training for staff – more or better	6	4%	95%
More time in schools for project delivery	4	3%	98%
No answer given	3	2%	100%
Total	**149**		

Note: Based on the responses of 105 Project Managers.

N = Number of Mentions; this being the total number of responses obtained representing 105 project managers who gave just one response to the question plus 44 who gave a second response.*

CLIENTS SERVED

Number of Clients

Since LDTF funding was obtained by the 142 projects evaluated, over 36,000 individuals and families have been reached by the projects. In addition to this, certain projects serve whole communities so it is not possible to say exactly how many people are involved. The table below (Table 6.6) gives some idea of the number of clients involved by project type.

Table 6.6*
Number of Clients by Project Type

	Type of Project					
Number of Clients	**E&P**	**T&R**	**E&P/**	**R&1**	**SC**	**Total**
20 or less	3%	6%	0%	0%	1%	10%
21 to 50	9%	10%	0%	0%	1%	20%
51 to 100	10%	11%	0%	1%	0%	22%
101 to 200	13%	3%	1%	1%	0%	18%
201 to 500	6%	2%	1%	1%	1%	11%
501 plus	10%	4%	5%	0%	0%	19%
Total	**51%**	**36%**	**7%**	**3%**	**3%**	**100%**

**Note: Based on the responses of 127 Project Managers*

Client Feedback

The majority of projects (85%) state that there is information available on client responses to all or some of the activities/services. Over one third (34%) say the information is obtained through informal methods, Twenty-nine per cent use some kind of formal questionnaires or forms. Other methods such as evaluations/needs assessments (16%) and feedback from staff or facilitators (10%) are also mentioned (Table 6.7).

Table 6.7
Method of Obtaining Feedback from Clients

Method Used	N*	%	Cum. %
Client feedback – informal or no method indicated	48	34%	34%
Client feedback – formal – forms/questionnaires used	41	29%	63%
Studies/evaluations/needs assessments	24	16%	79%
Feedback from staff/facilitators about clients	14	10%	89%
Independent/external evaluations/studies etc.	6	4%	93%
Other (e.g. video, photos, writings etc.)	4	3%	96%
Feedback from other agencies about clients	2	2%	98%
Data will be collected	2	2%	100%
Total	**141**		

Note: Based on the responses of 107 Project Managers.

N = Number of Mentions; this being the total number of responses obtained representing 107 project managers who gave just one response to the question plus 34 who gave a second response.*

Target Group Reached

All of the projects, bar one, agree that the profile of the client group served compares 'fairly well' (21%) or 'well' (78%) with the profile of the original target group. Eight of the twenty-five project managers, who said the profile compared 'fairly well', stated that the type of client was not fully as expected, for example clients were not users or were younger than originally planned (Table 6.8). Ten project managers gave 'other' reasons, for example, employed professional people rather than disadvantaged groups took part in the project or volunteers brought their own young children so the age profile of the target group had to be changed.

Table 6.8
Differences Between Target and Actual Client Group

Reason Given	N*	%	Cum. %
Other answer	10	40%	40%
Type of client e.g. still in treatment/not users as planned/younger users than planned	8	32%	72%
Difficult to attract teenage drug users/generally			
over 16's	2	8%	80%
Higher demand (from new client profile)	2	8%	88%
More women than men/participation in some			
schemes more attractive for women	1	4%	92%
Lack of demand	1	4%	96%
High level of HIV/cross addiction	1	4%	100%
Total	**25**		

**Note: Based on the responses of 25 Project Managers.*

SUMMARY

- The number of activities/services offered differs greatly among the projects. The following gives a breakdown of the number offered by the projects in this study.
  - 15 percent offer only one activity
  - 42 per cent offer between two and five activities
  - 39 per cent offer between six and fifteen activities
  - 4 per cent offer sixteen or more.
- Two-thirds of project managers (66%) say that they have never dropped or failed to deliver a service. Half of the projects (50%) now provide services that were not part of the original plan.
- An overwhelming 90 percent of project managers say that there are services not being provided which they would like to see provided. Difficulties identified in introducing these new services include funding (27%) and staffing (23%) issues.
- Over three-quarters of project managers (78%) feel that the services presently on offer could be improved. Additional resources/facilities (33%) and additional premises (16%) would be required if these improvements were to be realised.
- Since funding was obtained by the 142 projects, over 36,000 individuals and families have been reached. More then likely a larger number of people have been reached as many projects are trying to reach whole communities so no definite number can be given.
- The majority of projects (85%) state that there is information available on client responses to all or some of the activities, with over one-third (34%) saying that this information is obtained through informal methods.
- All of the projects agree that the profile of the client group served compares 'fairly well' or 'well' with the profile of the original target group.

Chapter Seven

PERCEPTIONS OF OUTCOMES

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INTRODUCTION

This chapter summarises the project manager's perceptions of attainment of objectives and outcomes. Of necessity, the chapter is concerned with perceptions since the evaluation study did not directly examine outcomes. Since most of the projects are relatively new, the focus of the evaluation was on the planning and implementation stages and the extent to which projects are prepared for eventual evaluation of outcomes.

Firstly, this chapter investigates the types of pitfalls experienced by project managers and reports the perceived critical factors enabling and constraining project delivery. In addition, the chapter provides information on perceptions of the extent to which the original objectives were attained. It examines indicators that are used to access achievement and the means by which the information on these indicators, if any, has been collected. Finally, the chapter presents information on unexpected outcomes of the projects and highlights main enabling and constraining factors affecting attainment of objectives.

PROJECT DELIVERY

Pitfalls Experienced

The majority of project managers (82%) admit that pitfalls were experienced or narrowly avoided in the implementation of the projects. The main pitfalls were associated with a lack of suitable premises, community hostility and staffing issues including staff turnover, lack of skills and not enough time for project delivery, each accounting for 10 per cent of all the pitfalls experienced (Table 7.1). A number of other relatively frequent pitfalls include; underestimation of the amount of work involved (9%), shortcomings with the services provided, such as duplication (8%), problems with statutory bodies (such as non-consultation with the community)(7%), problems with the management committee or board of directors (6%) and problems the project itself, such as the need to be more flexible as the project developed and possibly change the focus (6%). One fifth of project managers noted some 'other' pitfalls, examples of which are the initial target group being incorrect, school principals being too forceful and delays in receiving equipment which was promised.

Table 7.1
Pitfalls Experienced

Pitfalls Experienced	N*	%	Cum. %
Other Answer	30	21%	21%
Staff – not enough time/turnover/inadequate number or skills	15	10%	31%
Premises – unsuitable/delayed	14	10%	41%
Community hostility/resistance/tension/suspicion	14	10%	51%
Underestimation of work involved/lack of knowledge re drugs	13	9%	60%
Service – expectations of clients/duplication/not adequate	12	8%	68%
Problems with statutory bodies	10	7%	75%
Project – flexible nature/development/accreditation	9	6%	81%
Mng. Committee/Board e.g. internal conflict/unsuitable	8	6%	87%
Administration problems inc. financial management/planning	5	3%	90%
Drug users unwilling to engage/suspicious of centre	5	3%	93%
Volunteers – over-stretched re time/unskilled/lack of	3	2%	95%
Parents of young drug users – difficult to engage	3	2%	97%
Finding external tutors/bad recruitment decisions	2	1%	98%
Staff compliance e.g. problems with "after hours"	1	1%	99%
Facilitators – hourly employment basis unsatisfactory	1	1%	100%
Total	**145**		

Note: Based on the responses of 107 Project Managers.

N = Number of Mentions; this being the total number of responses obtained representing 107 project managers who gave just one response to the question plus 38 who gave a second response.*

Critical Factors in Project Delivery

When asked, the project managers were able to identify a number of key factors that they felt were important in enabling and constraining project delivery. Consideration, firstly, of the main enabling factors, reveals that almost one quarter (23%) identify the commitment and qualities of the project staff/committee/directors or promoters as the key factor in project delivery. Other important factors identified include support from and networking with other bodies (12%), support and commitment from the community (11%) and the resources (including funding) available (10%). Other less frequent but nonetheless important factors include quality of the service offered (8%), support from statutory agencies (6%) acceptance by the clients themselves of the project (6%) (Table 7.2).

Table 7.2
Critical Factors Enabling Project Delivery

Critical Factors	N*	%	Cum. %
Project staff/Committee/Directors/Promoters–(commitment/energy/qualities of)	74	23%	23%
Support from vol. Bodies/other projects/networking	39	12%	35%
Community – support/commitment/goodwill/acceptance	36	11%	46%
Resources (including funding)	33	10%	56%
Services qualities of, including clear philosophy/goals; knowledge of needs	26	8%	64%
Support from other statutory agencies – including schools and teachers	20	6%	70%
Clients -accepted by/goodwill etc./good access to/input	18	6%	76%
Support from LDTF	11	4%	80%
Services – need for/more autonomous/referral to residential treatment	11	4%	84%
Other answer	11	4%	88%
Volunteers -commitment/quality of etc.	9	3%	91%
No answer	9	3%	94%
Premises/space	7	2%	96%
Training of staff/volunteers	6	2%	98%
Service Provider/Backer – credibility	3	1%	99%
Goodwill unspecified	2	1%	100%
Total	**315**		

N = Number of Mentions; this being the total number of responses obtained representing 134 project managers who gave just one response to the question plus 113 who gave a second response plus 68 who gave a third response.*

Consideration of the main factors identified as constraining project delivery, reveals a primary cluster of three: issues relating to unsuitable/insufficient premises (16%), lack of and loss of trained staff (16%) and funding problems (12%) (Table 7.3). Other less frequently mentioned factors include poor co-operation from other agencies (8%), community hostility (6%) and problems with project design such as poor planning and lack of clarity (6%). A very small proportion (2%) could not identify any factors that had constrained delivery of their project. Eleven per cent of project managers note ‘other’ critical factors such as the size of the area, an un-supportive environment for treated clients and lack of support from the medical profession.

Table 7.3
Critical Factors Constraining Project Delivery

Critical Factors	N*	%	Cum.
Premises/space – insufficient/unsuitable/not established	41	16%	16%
Staff resources – insufficient full time/trained staff or time/staff loss	41	16%	32%
Finance – insufficient/short term nature	31	12%	44%
Other answer	29	11%	55%
Co-operation with other agencies – poor	22	8%	63%
Resources/Facilities – lack of	22	8%	71%
Community hostility/negative perceptions	17	6%	77%
Project design – poor planning or delivery/lack of clarity	16	6%	83%
No answer	12	6%	89%
Management structure/organisational problems	9	3%	92%
Clients – difficulty of engaging teenagers &/or parents/relapses/psychiatric problems	9	3%	95%
Volunteers – inability to attract suitable/sufficient	6	2%	97%
None noted	4	2%	99%
Staff – negative attitude towards client/problem with anti-social hours	3	1%	100%
Total	**262**		

N = Number of Mentions; this being the total number of responses obtained representing 134 project managers who gave just one response to the question plus 89 who gave a second response plus 39 who gave a third response.*

ATTAINMENT OF OBJECTIVES

Over two-thirds of project managers (68%) believe that the original objectives have been reached to a 'great extent'. The remainder (32%) are confident that their objectives have been attained to 'some extent'. The main reason given for not fully reaching the original objectives relates to staffing issues, with 21 per cent stating that a lack of staff/trained staff as the principle obstacle (Table 7.4). Other factors identified include, for example, problems with the project, such as lack of clarity of objectives or the project only now taking off (14%); problems with premises (12%); and funding (12%) Management and organisational issues account for nine per cent of all the factors identified while problems with community hostility and issues with demand for the service offered- such as high demand or lack of variety – each account for five per cent of all the factors identified.

Table 7.4
Principle Obstacles Hindering Attainment of Objectives

Obstacles Noted	N*	%	Cum. %
Lack of staff/trained staff	16	21%	21%
Project – lack of clarity about objectives	11	14%	35%
Premises	9	12%	47%
Funding	9	12%	59%
Other answer	9	12%	71%
Management/organisational -poor structure	7	9%	80%
Service provision	4	5%	85%
Community support – lack of/poor	4	5%	90%
Management – difficulty re after hours activities	3	4%	94%
Clients-difficulty in engaging families of clients	3	4%	98%
Clients-difficulty in engaging/criminal charges	2	2%	100%
Total	**77**		

Note: Based on the responses of 42 Project Managers

N = Number of Mentions; this being the total number of responses obtained representing 42 project managers who gave just one response to the question plus 26 who gave a second response plus 9 who gave a third response.*

ASSESSMENT OF ACHIEVEMENT

Indicators Used to Assess Achievement

Because of the diversity of the projects each project relies on different signals to indicate success. Table 7.5 below gives a summary of the key indicators which project managers have identified and used. Currently, almost one third of projects (31%) depend on participation and retention rates as indicators of achievement of objectives. Client progress for example improvements in health, seeking further education, becoming employed, remaining outside the judicial system or simply an improvement in behaviour is a second frequent indicator of success (17%). Much less frequently success is measured on the basis of demand for the service offered (8%), the client's/family's relationship with the project (5%) and feedback from staff or professionals (5%).

One fifth (20%) of projects have not collected any information on these indicators; the main reasons being 'no *formal* data has been collected' (37%),'not included in the project plan' (33%) and 'insufficient time/resources' (11%).

Table 7.5
Indicators Used to Assess Achievement

Indicator	N*	%	Cum. %
Clients-numbers availing of services/retention rates	95	31%	31%
Clients progress	53	17%	48%
Services-increase in demand for/repeats/new services	25	8%	56%
Other answer	24	8%	64%
No answer	21	7%	71%
Reports/feedback from professionals/supervisors/staff	16	5%	76%
Clients-quality of their relationship with project	14	5%	81%
Networks-developed with agencies/projects/vol. orgs.	13	4%	85%
Evaluations-general	13	4%	89%
Changes In numbers of drug users/or new users	9	3%	92%
Project-quality of integration/co-ordination	8	3%	95%
Community-acceptance/understanding of needs of drug users	7	2%	97%
Community-better quality of life	5	2%	99%
Community-enhanced role in project/	3	1%	100%
Total	**306**		

N = Number of Mentions; this being the total number of responses obtained representing 133 project managers who gave just one response to the question plus 112 who gave a second response plus 61 who gave a third response.*

Means Used to Collect Information on Indicators

Of those who currently collect information, the main methods used appear somewhat informal. Thirty-two per cent state that client participation records are used to assess achievement. A further 22 per cent mention informal feedback from clients or the community as their main means of assessing achievement (Table 7.6). More formal evaluation forms or questionnaires are used by a small number of projects (11%). Some projects have completed some form of internal analysis or evaluation (13%). Almost one-fifth (18%) use 'other' indicators, which include the number of proposals being submitted, the number of new groups being formed and a reduction in the stereotyping of drug addicts.

Table 7.6
Means Used to Collect Information on Indicators

Means Used	N*	%	Cum. %
Clients participation records	47	32%	32%
Feedback from clients/residents/community (unspecified)	32	22%	54%
Other answer	27	18%	72%
Analyses/evaluations/reports (unspecified)	19	13%	85%
Evaluation forms and feedback sheets – formal	16	11%	96%
Evaluation of outcomes e.g., – drug use following treatment	6	4%	100%
Total	**147**		

Note: Based on the responses of 96 Project Managers.

N = Number of Mentions; this being the total number of responses obtained representing 96 project managers who gave just one response to the question plus 51 who gave a second response.*

Factors Enabling Attainment of Objectives

As can be seen from Table 7.7, the outstanding factor identified as enabling the objectives of the project to be attained was the 'quality and commitment of the staff, committee or board of directors', this factor accounting for one quarter of the factors noted. 'Networking and co-operation with other agencies and projects' also emerges as an important factor (16%) as does the 'nature of the project', for example, client involvement, flexible nature and clarity of objectives (14%). Some other factors accounting for at least five per cent of all the factors noted include: 'client participation and dedication' (8%), 'community support and goodwill' (8%), 'funding' (7%), and 'quality and appropriateness of service' (6%).

Table 7.7
Factors Enabling attainment of Objectives

Factors Noted	N*	%	Cum. %
Committee/board/staff-qualities of/commitment/	77	25%	25%
Networking/coop with agencies/projects/vol. bodies	51	16%	41%
Project-modus operand! etc.	43	14%	55%
Clients/participants- trust/other qualities-dedication	26	8%	63%
Community/goodwill/acceptance/support	25	8%	71%
Funding	23	7%	78%
Services-qualities of/appropriate/meeting needs	20	6%	84%
Community/schools – involvement of	12	4%	88%
Other answer	11	4%	92%
No answer	9	3%	95%
Volunteers-availability/qualities of – commitment	4	1%	96%
Premises/space	3	1%	97%
Other facilities/resources	2	1%	98%
Availability of tutors/facilitators etc.	2	1%	99%
Parents-involvement/training of	2	1%	100%
Total	**310**		

N = Number of Mentions; this being the total number of responses obtained representing 134 project managers who gave just one response to the question plus 115 who gave a second response plus 61 who gave a third response.*

Factors Constraining Attainment of Objectives

Just as staffing is critical to attainment of objectives, so too the top factor constraining the attainment of objectives is the lack or loss of experienced staff/lack of staff time (15%) (Table 7.8). In second place is the lack of appropriate premises (14%) followed in third place by lack of other resources/facilities such as transport and childcare (9%) and inadequate funding (8%). Poor networking with other agencies, including the Task Force, and poor project management (both 6%) are also seen to affect attainment of objectives. Less frequently mentioned factors include community hostility, recruitment and retention of volunteers and lack of engagement on behalf of the clients. It is worth mentioning that a small percentage (5%) of project managers could identify no constraining factor.

Table 7.8
Factors Constraining Attainment of Objective

Factors Noted	N*	%	Cum. %
Staff – none/insufficient/loss of	36	15%	15%
Premises/space – inadequate/delays/location	33	14%	29%
Other facilities/resources	23	9%	38%
Other answer	23	9%	47%
Funding – amount/nature of inadequate	21	8%	55%
No Answer	18	7%	62%
Networking-poor co-operation from projects/agencies	15	6%	68%
Project management- poor admin./change in goals etc.	14	6%	74%
Volunteers – recruitment/retention time	12	5%	79%
Project-too much attempted/local environment bad	11	5%	84%
None noted	11	5%	89%
Community – resistance to project	9	4%	93%
Clients – literacy/homelessness	5	2%	95%
Clients – lack of engagement/lack of parents engagement	5	2%	97%
Clients – returning to damaging environment	3	1%	98%
Facilitators – problems re recruiting/retention	2	1%	99%
Treatment available – waiting lists for/few options	2	1%	100%
Total	**243**		

N = Number of Mentions; this being the total number of responses obtained representing 134 project managers who gave just one response to the question plus 79 who gave a second response plus 30 who gave a third response.*

UNEXPECTED OUTCOMES

The majority of projects (81%) experienced some outcomes that had not been anticipated at the outset. Most of the outcomes were of a positive nature but there were also some negative experiences (Table7.9). Over one third of all mentions refers to the clients or participants of the projects. Top of the list is the clients' participation in the project and the dedication they have shown (23%) (including the numbers attending and recovery of clients). Also noted is the clients' personal development and progress into education or work (12%). Another frequently mentioned unexpected outcomes focuses on the project itself (12%) examples of this include the work of the project being recognised and the project winning an award. The project managers also noted the changing attitude of the wider community with ten per cent of mentions referring to the community's acceptance of the project and respect shown for the participants.

Negative outcomes, which are much smaller in number, are nonetheless important. The most frequently noted are community hostility towards the project (3%), networking problems with state agencies and task forces (3%) and difficulties engaging clients (2%). A small percentage of projects (4%) mention the type of client attending the project as an unexpected outcome. An example of this is where the project was designed with recovering drug-users in mind but ended up dealing directly with users. From the response of the project manager it was difficult to determine whether they say this as a negative or positive outcome for their project. It is also worth noting that almost one fifth (18%) mention some 'other' type of outcome, very specific to

their project, examples of which include: teachers being more proactive than expected, surprise at the scale of domestic violence among clients and the realisation that a project needs to be flexible when dealing with drug addicts.

Table 7.9
Unexpected Outcomes of the Projects

Outcome Noted	N*	%	Cum. %
Clients/participants – qualities/dedication	35	23%	23%
Other answer	31	18%	41%
Clients -successes – self-development/	19	12%	53%
Project – recognition for/won award/developments of	18	12%	65%
Community/schools – acceptance/respect of project	15	10%	75%
Type of client – e.g. drug users/homeless/travellers	6	4%	79%
Statutory bodies – helpfulness/good relations/interest in project	6	4%	83%
Community -acceptance of drug users/more awareness	6	4%	87%
Community (parents) – resistance to projects**	5	3%	90%
Networking problems**	4	3%	93%
Clients – difficulties in engaging/literacy problems**	3	2%	95%
Clients- importance of siblings	1	1%	96%
Clients – effects on friends of participants	1	1%	97%
Volunteers – qualities – dedication etc.	1	1%	98%
Training – need for**	1	1%	99%
Staff – people not willing to work in this area**	1	1%	100%
Total	**153**		

*Note: Based on the responses of 106 Project Managers. Note: **Outcomes that are deemed to be negative*

N = Number of Mentions; this being the total number of responses obtained representing 106 project managers who gave just one response to the question plus 47 who gave a second response.*

SUMMARY

- The majority of project managers (82%) admit that pitfalls were experienced or narrowly avoided.
- Main pitfalls were associated with a lack of suitable premises, community hostility and staffing issues, each accounting for 10% of all mentions.
- Main factors identified as enabling project delivery include the commitment and qualities of the project staff/committee/directors/promoters (23%) and support from and networking with other bodies (12%).
- Main factors identified as constraining project delivery include issues relating to unsuitable/insufficient premises (16%), lack or loss of trained staff (16%) and funding problems (12%).
- Over two-thirds of project managers (68%) believe that the original objectives have been reached.

- The key indicators which project managers use to assess achievement are the numbers of clients availing of or staying with the project (31%) and the clients' personal progress (17%). The main method used to gather information on these indicators is the clients' participation records (31%).
- Main factors identified as enabling attainment of objectives include the quality and commitment of the committee/board/staff (25%) and networking with other agencies and voluntary bodies (16%).
- Main factors identified as constraining attainment of objectives include lack or loss of staff (15%) and inadequate premises (14%).
- The majority of projects (81%) experienced outcomes that had not been anticipated at the outset. These are mainly of a positive nature and include the dedication shown by clients/participants (23%), self-development of the clients/participants (12%) and recognition of the project' work (12%).

Chapter Eight

REVIEW

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INTRODUCTION

The purpose of this chapter is to describe findings related to a review, by the project managers, of how their projects have been operating to date. The chapter outlines the perceived major strengths and weaknesses of the projects and describes the major outcomes identified by the project managers. Finally, the chapter describes the critical issues for the projects over the next year and the suggestions given by the project managers for the implementation of any future similar projects.

PERCEPTIONS OF PROJECT WEAKNESSES

Much diversity is evident in the responses of the project managers to a question on the perceived weaknesses of the project since its initiation (Table 8.1). The top five, in terms of the frequency with which they were mentioned, are: inadequate premises (15%); poor project planning (14%) - for example, poor funding proposals, inadequate reporting and analysis, lack of follow-up - inadequate staffing in terms both of quantity and quality (12%); inadequate service-provision in terms of the number of services provided and the quality and diversity of services (11%); and "other" – a mixed category including lack of focus on policy, lack of structure and a mismatch of clients. In addition to the quantity and quality of staff, other project weaknesses noted in relation to staff were inadequate support (3%) and difficulties among staff (2%). In a small number of cases (2%) problems with volunteers were also noted among project weaknesses – for example, excessive demands being made of volunteers and not having enough volunteers. Other weaknesses accounting for at least five per cent of all the responses given were inadequate funding – for example, insecurity, delays and uncertainty – insufficient networking and problems related to the management committee – for example, over involvement of the committee, political interference, lack of time and inappropriate composition.

Table 8.1
Perceptions of Project Weaknesses

Perceived Weaknesses	N*	%	Cum. %
Premises/space – inadequate	46	15%	15%
Poor planning/analysis/follow-up	41	14%	29%
Other	40	13%	42%
Inadequacy of staffing	37	12%	54%
Inadequacy of services	34	11%	65%
Inadequacy of finance	26	9%	74%
Insufficient networking	17	6%	80%
Problems related to management committee	14	5%	85%
Lack of support from elements of community	11	4%	89%
Inadequate support of staff	10	3%	92%
Difficulties in engaging clients	9	3%	95%
Difficulties among staff	7	2%	97%
Problems related to volunteers	6	2%	99%
None identified	3	1%	100%
Total	**301**		

N = Number of Mentions; this being the total number of responses obtained representing 134 project managers who gave just one response to the question plus 111 who gave a second response plus 56 who gave a third response.*

PERCEPTIONS OF PROJECT STRENGHTS

As with project weaknesses, there is much diversity in the project strengths identified by the project managers (Table 8.2). Top of the list is the quality of the staff/board of the project (15%), for example, their commitment, determination and skills. A close second in terms of frequency is the quantity and quality of the services provided (13%). In third place is the support obtained through networking (12%) with other agencies, organisations and projects. Some other relatively frequently mentioned strengths relate to the good design of the project and its ability to act as a model for others (9%) and the quality of management (8%) including, for example, good teamwork and adaptability. Two of the noted strengths are concerned with the community:

getting the community to be involved and take ownership of the project (8%) and gaining the support and goodwill of the community (7%). Less frequently the strengths noted relate to the clients of the project: client commitment (5%), the progress made by clients (3%), the involvement of clients in the project (3%) and the care for their dignity and respect shown to clients (2%).

Table 8.2
Perceptions of Project Strengths

Perceived Strengths	N*	%	Cum. %
Quality of staff/board	55	15%	15%
Quality and quantity of services	49	13%	28%
Support through networking	44	12%	40%
Project well designed/model for others	34	9%	49%
Other	32	9%	58%
Quality of management	31	8%	66%
Community involvement	28	8%	74%
Community support/goodwill	24	7%	81%
Client commitment	17	5%	86%
Progress made by clients	11	3%	89%
Co-operation from schools	10	3%	92%
Involvement of clients	10	3%	95%
Quality of volunteers	8	2%	97%
Dignity and respect of clients	7	2%	99%
Level of information/communication	4	1%	100%
Total	**364**		

N = Number of Mentions; this being the total number of responses obtained representing 134 project managers who gave just one response to the question plus 132 who gave a second response plus 98 who gave a third response.*

PERCEPTIONS OF MAJOR PROJECT OUTCOMES

When asked what they perceived to be the major outcomes achieved by the project since its initiation, many of the answers of the project managers revolve around the effects on clients and on their families and the community (Table 8.3). The most frequently mentioned outcome is that needs have been met through the quality, scope and quantity of services provided (14%). In second place are answers revolving around the progress made by clients (12%) – for example, progress in health, education, training, work and relationships and stability in usage of drugs and quitting drugs. Another relatively frequently mentioned outcome is concerned with the numbers of clients the project has attracted and its ability to retain them (10%). The response of the clients to the project is also noted (4%), such as their trust in it, as is the positive effect on clients' families (2%)- such as parent participation and drug affected families remaining intact. The answers also include outcomes concerned with the community – community acceptance of the project (5%), community involvement and support of the project (5%) and the establishment of a better quality of life in the community (3%).

Table 8.3
Perceptions of Major Project Outcomes

Project Outcomes	N*	%	Cum. %
Met needs - quality and quantity of services delivered	51	14%	14%
Progress made by clients	43	12%	26%
Other	40	11%	37%
Number of clients participating	34	10%	47%
Quality of project operation	32	9%	56%
Knowledge gained	32	9%	65%
Networks developed	31	9%	74%
Premises	17	5%	79%
Community acceptance of project	16	5%	84%
Community involvement	16	5%	89%
Response of clients	13	3%	92%
Improvement of quality of life of community	10	3%	95%
No answer	6	2%	97%
Effects on families of clients	6	2%	99%
Enhanced role for the community	5	1%	100%
Total	**352**		

N = Number of Mentions; this being the total number of responses obtained representing 134 project managers who gave just one response to the question plus 128 who gave a second response plus 90 who gave a third response.*

PERCEPTIONS OF CRITICAL ISSUES

The answers of the project managers to a question on the critical issues facing the project over the coming year reflect concerns raised in response to earlier questions. The four main issues -which between them account for over half of all the responses given – are the funding of the project (larger amount and more long-term) (18%); project review and integration (16%); project staffing (number and quality) (10%); and premises (finding new premises or improving present ones) (10%) (Table 8.4). Project managers are also concerned about the services provided and regard it as a critical issue to maintain existing services, increase current services, add new services and reduce waiting lists (9%). A less frequently mentioned critical issue is to have the project in the mainstream (5%). Support is also noted as a critical issue, from the community (4%) and from statutory agencies (4%).

Table 8.4
Perceptions of Critical Issues

Critical Issues	N*	%	Cum. %
Funding of project (more/longer)	64	18%	18%
Review and integration of project	58	16%	34%
Staffing of project (number/quality)	36	10%	44%
Premises (new/improved)	35	10%	54%
Services (maintain/improve/add to)	32	9%	63%
Other	25	7%	70%
Greater involvement of clients	21	6%	76%
Mainstream the project	18	5%	81%
Community support (build/maintain)	15	4%	85%
Increase support from statutory agencies	15	4%	89%
Better staff conditions	11	3%	92%
Communication (dissemination/feedback)	8	2%	94%
No answer	7	2%	96%
Successful outcomes for clients	4	1%	97%
Recruit more volunteers 4	1%	98%	
Draw in more clients	3	1%	99%
Total	**356**		

N = Number of Mentions; this being the total number of responses obtained representing 133 project managers who gave just one response to the question plus 128 who gave a second response plus 95 who gave a third response.*

SUGGESTIONS FOR IMPLEMENTATION OF FUTURE PROJECTS

Based on their experience of project planning and implementation the project managers put forward a number of suggestions for future similar projects. There are 10 main suggestions, which between them account for 87 per cent of all the responses given (Table 8.5). First on the list (17%) is the recommendation that projects ensure they have management systems in place (these include planning, research, control and reporting systems). Secondly, projects are recommended to develop networking (13%). Projects must be able "to bring the community with you" (10%). Projects must have stable funding (7%), must have the right staff (6%) who are trained and supported (6%) and the project must have proper premises (5%). Project managers must be able to manage people (5%) and must consider the quantity and quality of the services they provide (5%).

Thirteen per cent of project managers gave 'other' suggestions, these include: avoiding an academic focus on training programmes and focus on social and personal development; some people need to change their attitude about drug addiction; link with vocational training; partnership of "power based on expertise rather than authority".

Table 8.5
Suggestions for Implementation of Future Projects

Suggestions	N*	%	Cum %
Have project management systems	57	17%	17%
Develop networking	43	13%	30%
Other	41	13%	43%
Bring the community with you	32	10%	53%
Stable funding	24	7%	60%
Ensure right staffing	21	6%	66%
Train and support staff	20	6%	72%
Proper premises	16	5%	77%
Manage people	16	5%	82%
Services-quality/quantity/type	15	5%	87%
Take account of clients views/experience	10	3%	90%
Put evaluation criteria in place beforehand	9	3%	93%
More help/advice/information from NDST	8	2%	95%
Proper facilities	5	2%	97%
More focus on certain client groups	4	1%	98%
More involvement of volunteers	3	1%	99%
Have communications strategy	3	1%	100%
Total	**327**		

N = Number of Mentions; this being the total number of responses obtained representing 134 project managers who gave just one response to the question plus 118 who gave a second response plus 75 who gave a third response.*

SUMMARY

- These findings are related to a review, by the project managers, of how their projects have been operating to date.
- The top three weaknesses identified by project managers are:
  - Inadequate premises/space (15%)
  - Poor project planning (14%)
  - Inadequate staffing – both quality and quantity (12%)
- The top three strengths identified by project managers were:
  - Quality of staff/board (15%)
  - Quality and quantity of services (13%)
  - Support received through networking (12%)
- When asked what they perceived to be the major outcomes achieved by the project since its initiation, the most frequently mentioned outcomes included the needs of client being met through services (14%), the progress made by clients (12%) and the number of clients participating (10%).
- When project managers were asked what they perceived to be the main critical issues facing the projects in the future, the top of mind answers were funding of the project (more and longer) (18%), review and integration of the project (16%), staffing of project (10%) and premises (10%).
- Finally, based on their experience of project planning and implementation, project managers put forward some suggestions for future implementation of similar projects. The top three suggestions were to:
  - Ensure management systems were in place beforehand (17%)
  - Develop networking with other projects and organisations (13%)
  - Bring the community with you (10%)

Chapter Nine

KEY ISSUES AND RECOMMENDATIONS

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INTRODUCTION

The purpose of this study has been to explore the experiences and perceptions of the planning and implementation stages of project development among the managers of 142 projects set-up since 1997 under the auspices of the LDTF's. Since the majority of the projects involved came into existence through LDTF funding and, accordingly, are young projects, the focus of exploration was on the first stages of project development. This study represents but the first steps in building up a comprehensive picture of the projects; it provides information on how the projects are operating but any understanding of their outcomes and impact will demand further research over time.

In previous chapters of this Report a profile of the projects evaluated in the study has been provided; the manner in which the projects managed the planning stage of their development has been examined; inputs, including staffing, funding and facilities have been detailed; information has been provided on process issues related to networking and involvement of the community and on management issues related to monitoring systems; and outputs, including services provided, activities undertaken, and the number of clients involved have been described. In addition, data have been presented on the perceived critical factors enabling and constraining project delivery and the main enabling and constraining factors affecting attainment of objectives. Finally, the perceived major strengths and weaknesses of the projects to date and the critical issues for the projects over the next year have been identified.

The purpose of this final chapter is to present some of the key issues arising from the results related to the planning and implementation stages of project development and to make recommendations for their resolution.

CONSOLIDATION OF THE WORK OF THE PROJECTS

The great majority of the projects evaluated have been in the field for a relatively short period of time of four years or less. The findings show that the projects are providing a very wide range of activities and are reaching large numbers of people. Project managers perceive that they are meeting the needs of the community and that the clients/participants in the projects have made progress. Despite difficulties related to premises, staffing and funding, two-thirds of the projects appear to have delivered what they set out to do and half of them said they were providing additional services/activities not included in the original plan. The great majority of project managers would like to be able to add to or improve current service provision.

The findings also show that difficulties have been experienced in the planning and implementation of the projects and that there are issues that have to be addressed. At this stage the primary need is consolidation of the work being carried out by the projects. Consolidation involves a two-dimensional approach; addressing the pitfalls and weaknesses that have been

identified in the running of the projects and provision of the appropriate support by external agencies to the projects to enable them to build their capacity and enhance their expertise. Consequently, consolidation carries responsibilities for the projects themselves but also for the LDTF's and the NDST.

The two dimensions of consolidation are discussed in the following sections. Firstly, the main issues involved in running the projects and recommendations for their resolution are considered and secondly support needs are discussed.

KEY ISSUES ARISING IN THE RUNNING OF THE PROJECTS

The findings reveal that the most urgent issues requiring attention in the planning and implementation stages are related to:

– Initial Planning	– Networking
– Staffing	– Community Involvement
– Funding	– Preparation for Outcome Evaluation
– Premises	

INITIAL PLANNING

One of the three most frequent project weaknesses identified by the project managers themselves is poor initial planning. It emerges from the findings that the issues which need to be addressed at the planning stage of project development and with which the projects need support and enhancement of expertise relate to:

- Initial information collection
- Needs assessment
- Selection of services and activities
- Determination of target group
- Establishment of benchmark measures

Initial Information Collection

In order to be established on a sound basis, a project at its starting point must have solid information concerning the drugs problem it intends to address. Project managers perceived that they had information on the extent, nature and distribution of the drug problem and to a lesser extent on the number of people affected by the problem in their area prior to initiation of the project. However, the sources of information described suggest a certain reliance on anecdotal

information. It is recommended, therefore, that a more systematic collection of this information be carried out and that the projects be given the technical support, guidance and training necessary to enable them to undertake this responsibility. Barriers of time, cost and staff resources will prevent some of the projects from collecting the information themselves but it is critical that there is ready access to the relevant information and that there is a clearly identified central place for the collection, pooling and sharing of information and reliable data. All projects should have the option of training in the skills of collecting, analysing and using data so they are not totally dependent on outside expertise. Barriers to information collection arising from lack of technological resources will also have to be considered. The LDTF's should play a central role in information collection with back-up from the NDST in relation to information at the wider regional and national levels.

Needs Assessment

Since a project must be able to show that its activities or services are warranted, an important aspect of information gathering at the planning stage is assessment of need. Information on needs is also essential for later evaluation of outcomes and impact.

The majority of project managers claimed that an assessment of need was conducted prior to project initiation. However, the means typically used, such as informal local survey or consultation with professionals and participants/clients, tended towards the informal end of the continuum. It is not clear that, on the basis of the information collected, projects were in a position to answer questions related to the incidence and prevalence of the problem and the likely course of events should the project not take place. To enable a more systematic and productive needs assessment to be carried out, it is recommended, therefore, that projects receive support from the LDTF's in the form of guidance and training and technical assistance. Another important form of support is the provision of opportunities for projects to share experiences and expertise with regard to the most effective means of conducting assessment of drug-related needs in a local community.

Selection of Services and Activities

It appears from the findings that typically projects based decisions on the services/activities to be offered on the basis of "awareness of need" or "expressed need". It is not obvious from the findings that the projects made a direct link between their objectives and the services and activities they decided to implement. The issue of information gathering arises again at this point in project development. It is recommended that projects be given encouragement and assistance to check the relevant literature and available findings for empirical evidence of the success of the activities and services being planned and to test their feasibility. From the findings it seems that "building on others' experience" does not occur to a great extent. The projects require

support from the LDTF's both in terms of enabling them develop their own research skills and ensuring they have access to available literature. The projects must also be given the information necessary for them to take into account services/activities already being offered or being planned by other local projects and to work out how they can complement one another. Projects also need to consider carefully what the boundaries should be for their own activities.

Determination of Target Groups

Since budgeting and funding are influenced by the number of clients with whom the project deals, estimation of the size of the target group is an important issue for projects. A significant number of project managers could not estimate their target group size. Of course, where a project is dealing with an intermediate target group, such as the parents of the children in the schools in an area, estimation of the target group size is always going to be an approximation. The issue becomes more crucial for a project dealing with the ultimate target group. It is recommended consequently that all projects attempt to make accurate estimates of the numbers they can expect to avail of the services offered. A second issue in relation to target groups relates to the means of contact used. Since the findings show that some project managers felt they were relying too much on personal contact, for the future, it is recommended that the emphasis be shifted from current informal methods and that more systematic means of making contact be explored.

Establishing Benchmark Measures

Benchmark measurements, taken prior to project initiation, are a key factor in enabling a project, at a later stage, to make a useful assessment of what impact the project has on its participants. Yet only four out of ten project managers reported that they took benchmark measures. It is recommended that the projects be encouraged to consider outcome evaluation at the planning stage and that the LDTF give the guidance, assistance and resources necessary to explore and develop benchmark measurements appropriate for their particular activities/services.

IMPLEMENTATION

Staffing

The findings reveal that, at the implementation stage of project development, one of the critical issues arising was the staffing of the project. Many project managers identified "committed staff" as one of their project's main strengths. Committed staff enable the delivery of projects and attainment of objectives. Conversely, lack of appropriate staff is identified as a pitfall for some projects and is a significant factor constraining project delivery and attainment of

objectives. The resolution of issues related to staffing was identified as critical for the future success of projects.

Given the crucial importance of staffing, the NDST must address the fact that the majority of projects experience staffing levels as less than adequate and that half of the project managers admitted to having problems with staff. It is recommended that staffing requirements – in terms of numbers and type of staff – should be clarified by the projects at the planning stage so that requirements are properly reflected in the costing of the project and the funding sought.

In order to address staff turnover and attract appropriately qualified staff, it is recommended that pay scales be examined by the NDST to ensure that they are commensurate with job demands and are comparable to what is offered in other sectors. Insecurity of tenure and lack of career structure related to short-term funding are further issues which have to be addressed. It is therefore recommended that training and support be made available to project managers and management committees with regard to employment policy and practice.

Apart from staff levels, staff must be appropriately qualified and/or have experience for the positions they hold. While most projects attempt to provide training, they will continue to be hampered in this effort if issues of accessibility, cost and time are not addressed. The cost and time involved in providing staff training needs to be taken into account by those providing funding and projects need to consider this at the planning stage of project development. A related issue identified by the project managers is the question of finding substitute staff for those who are away on training courses.

Many projects have volunteers involved in their operation. It is not clear whether the use of volunteers is an attempt to compensate for low staff levels or an intentional development. In either case, it is recommended that the roles these volunteers play, the effectiveness of their involvement and their relationships with paid staff should be explored.

Funding

As might be expected, funding plays an important role in the effective operation of the projects. Funding was identified as the projects' main 'need' from the LDTF's and lack of funding was identified as a constraining factor in the attainment of objectives and project delivery. Project managers reported dissatisfaction both with the level of funding and the system of funding. If projects want more funding they must be in a position to make a compelling case that shows what will be done with the money and what will be lost if the money is not given. It is important to note, however, that two-thirds of projects received the funding they initially sought. This finding suggests that projects may not have budgeted appropriately in the first place and highlights again the importance of the quality of the initial planning process. It is recommended that at the planning stage of project development, prior to commencement of service-provision, guidance

and assistance in budgeting are offered, by the LDTF's, to project promoters - to ensure all items of cost are considered, including those which many of the current projects seem not to have considered adequately such as the cost of collecting information and carrying out necessary research, the cost of providing training and finding substitute staff, the cost of participation in networks and the cost of instituting evaluation measures.

With regard to the system of funding, it is recommended that the suggestions from the project managers be taken on board including the introduction of more long-term funding (such as three-year funding), the implementation of a speedier procedure overall and the introduction of greater clarity in procedures generally.

Premises

It emerges from the findings that the issue of premises was a major concern for project managers. Lack of appropriate premises was identified as the main reason why some services/activities have been dropped. Lack of adequate premises affected attainment of objectives and constricted project delivery. Inadequate premises were identified as one of the more frequent pitfalls experienced and were also identified as the main weakness by many project managers. It was further noted that premises were the key deciding factor in enabling improvement of current services and the provision of additional services and are a critically important factor in the future implementation of any similar projects.

These findings again highlight the importance of initial planning and the need for guidance of the projects to enable them to identify the resources they will need at the start of project development. Once needs in relation to premises have been clarified, it is then the joint responsibility of the project and the LDTF in consultation with the NDST to ensure that these needs are met.

NETWORKING

The process of 'networking' emerged throughout the study as a key issue for the projects. Networking was mentioned as an important factor in attainment of objectives and in enabling project delivery. The opportunity for networking was identified by the project managers as an important 'need' from the Local Drugs Task Force.

It appears from the findings that the projects are active in attempting to develop a network of contacts but it is not possible to tell from the present study what meanings are attached to the term "networking" or how it currently operates. Since the sharing of ideas, experience and expertise among projects, voluntary organisations, statutory and other agencies is vital, it is recommended that further research be carried out, by the NDST, to explore more fully how

networking operates and how the links are developed; to identify what networking can realistically achieve; to identify the obstacles that can operate; and to determine the best means of setting up and operating a network that is both supportive and challenging.

Project managers identified personal contact as the most important factor enabling networking to take place. For the future, as networks grow bigger and more complex, it will be necessary to consider factors other than personal contact and to consider what relationships need to be developed. If networking is important, then the NDST and the LDTF's, along with the projects themselves, must take on the responsibility of setting about it in a considered, systematic fashion rather than allowing it happen haphazardly and must ensure that the supports needed, by all the parties involved, are in place.

The present findings show that networking is demanding in terms of time and human resources. These costs must be taken into consideration by project managers at the planning stage and must be allowed for by the funding body.

Finally, while this study did not look at the relationships and 'chain of communication' between the relevant parties involved in the National Drugs Strategy – Project Managers, LDTF, NDST, Inter-Departmental Group on the National Drugs Strategy and the Department of Tourism, Sport and Recreation – undoubtedly these are significant factors and need to be considered more fully for the future.

COMMUNITY INVOLVEMENT

The findings clearly show that community involvement is a significant element of the projects. The support of the community was identified as important for enabling project delivery and attainment of objectives and was identified as a key factor for success in future implementation of similar projects. Many project managers also identified the creation of community goodwill and support as one of their key strengths, while community involvement was noted as a major outcome by some project managers.

Given the critical role of community support, it is important that the community be involved from the planning stage of the project. The findings show that the principal means of community involvement is through representation on the management committee. It is recommended that research be carried out on these management committees to explore their composition, current functioning and effectiveness in enabling community involvement.

Being able to 'bring the community with you' requires effort both on the side of the project and the community. On the one hand, there is a confidence issue whereby projects must make it evident why it is worthwhile for the community to be involved and, on the other hand, there is a need for capacity building in the community to enable participation. Capacity building,

however, demands an input of time and staff and the NDST and the LDTF's must acknowledge that these are resources that many projects currently do not have.

While the findings give an indication of how the project managers view community involvement, it is recommended that further research be carried out to examine the community's experience and perceptions. In view of findings from other research which show that the number of people volunteering has decreased over the 1990's, it is important to discover the motivation for voluntary involvement and the factors that enhance retention.

PREPARATION FOR EVALUATION

Once the issues arising in the planning and implementation stages have been addressed, the challenge of measuring the outcomes and the impact of the projects begins to come to the forefront. Many of the projects are young and for these projects the focus up to now has been on the planning and implementation stages. But all projects, sooner or later, have to engage in evaluation of outcomes and impact.

At project level, the project manager has the responsibility of ensuring that the planning and implementation stages are monitored and that, from the outset, evaluation of outcomes and impact is built into the project's information systems and is taken into account when determining the funding and resources required. Support, in the form of resources, funding, expertise, guidance and training must be provided to the projects by the NDST and the LDTF's if they are to carry out this responsibility effectively. The level of support will vary necessarily according to the experience, size and nature of the project. Projects which are many years in the field and have already had experience of carrying out evaluation will require, of course, different forms of support compared with a small project that is at the start-up stage. It is essential for the future that this support is provided from the very beginning of project development so that projects are prepared for later monitoring and evaluation.

The collection of consumer feedback is recognised in many policy documents – for example, Shaping a Healthier Future (Department of Health 1994) -as being central to the measurement of outcomes, impact and quality assurance. Because it is only in recent times that the consumer has occupied centre-stage, obtaining consumer feedback still poses a challenge for any social care project; it is a particularly difficult challenge for projects engaged with drug abuse. The NDST and the LDTF's need to explore ways of obtaining consumer feedback that involve the project's clients in a meaningful and productive manner. Projects will require guidance and assistance in developing procedures appropriate for their particular needs. An effective networking system and systematic information collection procedures, established at the planning stage, would serve to make the challenge more manageable.

Comprehensive understanding of the outcomes and impact of the projects requires research into the many dimensions involved. The individual project cannot be assessed fully outside the context of the totality of activities taking place at LDTF level and the multiplicity of extraneous factors that can influence the project's impact. Similarly, the work of a particular LDTF cannot be assessed adequately outside the context of the nature and effectiveness of the links with other elements of the Drugs Strategy structure. The NDST must carry the overall responsibility for ensuring that the resources are available to enable the appropriate research to be conducted into all of the dimensions involved. The LDTF's also have a research responsibility to ensure that the totality of what is happening at LDTF level is properly monitored and assessed and to provide guidance and assistance for research into individual projects. In order to fulfil this role, it is recommended that each LDTF should have a trained research worker dedicated to the research function.

CONCLUSION

The findings presented in this Report give an indication of the scale and diversity of the work carried out by the projects funded through the Local Drugs Task Forces. Despite difficulties and pitfalls, the majority of projects perceive that they are succeeding in implementing what they have set out to do and many are providing activities/services that are additional to their original proposal. The critical concern now is to consolidate the work being done.

The findings show that if consolidation and integration of the projects is to occur, there are several issues that need to be addressed, related to:

- initial planning
- staffing
- funding
- premises
- networking
- community involvement
- preparation for evaluation of outcomes and impact

There is a need to affirm the importance of research and information gathering as an integral aspect of projects at all stages of their development and implementation. Research is needed in order to:

establish the nature, extent and distribution of the problem being tackled; assess the need for the project; make decisions on the most effective strategies; monitor and review the implementation of the services/activities; record and assess outcomes; and measure the impact of what is being done. Training and guidance must be available to projects in order to ensure that the necessity of research and information gathering is understood and taken on board and can be put into practice. Projects must, where necessary, be given training and technical assistance by the LDTF in the most effective means of collecting, storing, analysing and using data. Projects

may undertake some or all of this research using their own personnel or they may need to bring in outside expertise. Research is an item of cost that must be built into the project's budget from the start and the resources – both financial and personnel – must be made available by the funding body. It is important to use whatever research materials already exist and the NDST and the LDTF's must ensure that they are readily accessible and in usable form for the projects.

Projects will need support in addressing the concerns that have arisen and in facing the challenges of the future. While increases in funding and changes in the system of funding are an important element of the required support – and are vital in addressing issues related to premises and staffing – funding per se is not sufficient. Support is also needed in the form of access to reliable data, guidance and training to enable capacity building, access to research expertise and networking opportunities. The LDTF's are clearly a critical source for provision of these different supports. An important support from the NDST is the provision of guidelines and standardised procedures that can be applied across projects with scope for modification to suit individual project needs. Finally, the projects need the support of their local communities in terms of goodwill and willingness to be involved.

SUMAAARY OF RECOMMENDATIONS

INITIAL PLANNING:

In relation to Information Collection, it is recommended that:

- Projects collect more systematic information on the extent, nature and distribution of the drug problem they are attempting to tackle and on the number of people affected by the problem.
- The LDTF's in consultation with the NDST provide technical support, guidance and training to the projects to develop their information-gathering skills.
- The LDTF's ensure ready access to existing relevant information along with a clearly identified central place for the pooling of information and reliable data.
- The LDTF's in consultation with the NDST provide opportunities for training in the skills of collecting, analysing, using and storing data and that they ensure that the projects have the necessary technological resources.
- The projects conduct systematic needs assessment and the LDTF's provide guidance, training and technical assistance to enable projects undertake this responsibility.
- The LDTF's provide opportunities for projects to share experiences and expertise with regard to the most effective means of conducting assessment of drug-related needs in a local community.

In relation to the Selection of Services and Activities, it is recommended that:

- The LDTF's provide information to the projects to enable them select services and activities appropriate to their objectives while taking into account services/activities already being offered by other local projects and taking due note of the boundaries around what they can realistically offer.
- Projects explore what the literature says about similar projects already in place and examine the empirical evidence for the success of the services and activities they plan to offer.
- The LDTF's support and assist the projects in terms both of enabling projects develop their own research skills and ensuring they have access to available literature.

In relation to the Determination of Target Groups, it is recommended that:

- Projects attempt to make accurate estimates of the size of the group being targeted in order to budget appropriately and obtain adequate funding.
- Projects do not continue to rely heavily on personal contact as the means of reaching the desired target group but also explore other means of making contact.

In relation to Establishing Benchmark Measures, it is recommended that:

- Projects take benchmark measurements prior to project initiation.
- The LDTF's provide support to projects to enable them to explore and develop benchmark measurements appropriate to their particular service/activity.
- Project managers, at the planning stage of project development, begin to put systems in place in preparation for the eventual evaluation of outcomes.

IMPLEMENTATION:

In relation to Staffing of Projects, it is recommended that:

- Projects clarify staffing issues at the planning stage of project development so that staffing needs are adequately reflected in the costing of projects and the funding sought.
- The NDST examine pay scales to ensure they are commensurate with job demands and comparable to rates in other sectors.
- The LDTF's, in consultation with the NDST, provide training opportunities to project managers and management committees in relation to employment policy and practice.
- Projects consider at the planning stage the cost and time involved in providing opportunities for staff training and that this be taken into account in the funding given by funders.
- The NDST and the LDTF's examine the issues of access arising in regard to training opportunities
- The NDST commission research on the nature and effectiveness of the role of volunteers in the projects.

In relation to Funding and Premises it is recommended that:

- The LDTF's, prior to commencement of service provision, offer guidance in budgeting to ensure that all items of cost are given due consideration.
- The NDST re-assess the system of funding and the clarity of procedures related to the allocation and transmission of funding.
- Projects be given guidance in identifying more clearly at the start-up stage the premises they will require.
- The LDTF's and the NDST acknowledge the importance of premises and ensure that adequate funds are allocated for this purpose.

NETWORKING AND COMMUITY INVOLVEMENT

In relation to networking and community involvement, it is recommended that:

- The NDST commission research into networking to determine the meanings attached to it, the way in which it operates and the factors that facilitate or obstruct effective networks.
- The NDST and the LDTF's provide opportunities to projects to cultivate links with other projects, voluntary organisations and statutory and other agencies.
- Projects consider how best to involve the local community in the planning stage of project development.
- The NDST commission research to examine the operation of management committees and their effectiveness in supporting community involvement.
- The LDTF's, in consultation with the NDST, allocate resources to build the capacity of the local community to be involved in the projects.
- The NDST commission research into the community's experiences and perceptions of the LDTF projects in their area.

PREPARATION FOR EVALUATION

In relation to preparation for evaluation, it is recommended that:

- Project managers ensure from the outset that procedures for ongoing monitoring and evaluation of outcomes are built into the projects' information systems.
- Project managers include the cost of conducting evaluation research into their initial proposals.
- The NDST and the LDTF's, from the outset, provide the resources – expertise, guidance, training, funding – to enable the projects prepare for future evaluation of outcomes and impact.
- The NDST and the LDTF's explore ways of obtaining consumer feedback that involve the project's clients in a meaningful and productive manner.
- The LDTF's conduct research into the totality of initiatives taking place at LDTF level.
- Each LDTF should have a trained research worker dedicated to the research function who can carry out research at the LDTF level and who can train, guide and assist the individual projects in their particular research endeavours.

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Appendix One

INTERVIEW SCHEDULE

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Interview Schedule
Local Drugs Task Force Projects

Date: ....

Evaluator: ....

Project's code: ....

Interviewee (name, position and length of time involved in project):

Policy Research Centre
National College of Ireland
Sandford Road
Ranelagh
Dublin 6
01 4068123

Interview Schedule

1- BACKGROUND INFORMATION ON PROMOTER

1. **Name:** ....

2. **Address:** ....
....
....
....

3. **Nature of Promoter:**
❑ Voluntary/community
❑ Statutory
❑ Partnership of voluntary and statutory
❑ Other (**please specify**) ....
....
....

4. **Length of time in existence?**
....

II- BACKGROUND INFORMATION ON PROJECT

5. **Name of project:**

6. **What is the legal form of the project:**
❑ Company Limited by Guarantee
❑ Unincorporated Association
❑ Other (please specify)..
....
....
....

7. **Was the project in existence prior to LDTF funding?**

❑ Yes ❑ Yes in part ❑ No

8. **Does the project comprise:**
❑ A single service/activity
❑ Multiple services/activities

9 How long has the project been in operation?

....

....

10 Is this project: ❑ Recurring ❑ One-off ❑ Continuous

11 What area does the project serve:

- ❑ The LDTF area
- ❑ Sub-area LDTF
- ❑ Area Larger than LDTF
- ❑ Cross-LDTF

12 Is the project:

- ❑ Stand alone
- ❑ Part of a larger programme run by the promoter

13 Does the project have a management committee?

❑ No **What other management structure is in place?**

....

....

....

❑ Yes How many members ....

What agencies/bodies/groups are represented?

....

....

....

14 Which of these diagrams best represents the management structure of the project?

- ❑ Diagram 1
- ❑ Diagram 2

15 Please indicate the three most important guiding principles of the project

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III- CONCEPTUALISATION AND PLANNING

OBJECTIVES

16 **(a) What are the objectives of the project?**
(present written objectives and check whether these are still operating)

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(b) If objectives are different from those written down, probe why this is so

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17 **Who was involved in deciding the objectives?**

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18 What was the rationale for the choice of the activities which make up the project?

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TARGET GROUPS

19 (a) For whom was the project originally intended i.e. what was the original target group? Was it

- ❑ Ultimate target group (those most at risk from the drug problem),
- ❑ Intermediate target group (parents, teachers, general population)

(b) How many people did the project intend to reach?

....
....

(c) Did you know the socio-economic profile of the target group(s)

- ❑ No
- ❑ Yes **Please describe:** ....

....
....

(d) If target group concerns drug users are these:

- ❑ Problematic drug user
- ❑ Stable drug user
- ❑ Recovering drug user

20 (a) What means were used to make contact with the target group?

....
....
....
....
....
....

(b) How satisfactory were the means of contact?

- ❑ Satisfactory
- ❑ Fairly satisfactory
- ❑ Not satisfactory

(c) If less than satisfactory: why was this?

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....
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....

IV- INFORMATION SYSTEMS

PRE-PROJECT INITIATION

21 Before the project began, to what extent did you know

	Comprehensive	Some	Little or none	Don't Know	
Extent of problem					
Nature of Problem					
Distribution					
Number of People Affected					

What were the sources of the information?

....
....
....
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....

22 Did you conduct an assessment of the need for the project before it started?

- ❑ No
- ❑ Yes What did it consist of?

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....
....

What were the main needs identified?

....
....
....
....

23 (a) Were any benchmark measures taken prior to project initiation?

- ❑ No Why was this?

....
....
....

- ❑ Yes Please describe: ....

....
....
....

DURING PROJECT

24 (a) What system(s) do you have in place for monitoring on-going implementation?

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....
....
....
....
....

(b) How useful have these proved?

- ❑ Useful
- ❑ Fairly useful
- ❑ Little or no use

POST-PROJECT

25 Do you have systems for assessing the outcome of the project?

- ❑ No
- ❑ Being developed/planned
- ❑ Yes **Please describe** ....

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....
....

FOLLOW-UP

26 Do you collect details on your clients/participants when they join the project

- ❑ No
- ❑ Not applicable
- ❑ Yes Attach copies of any forms used

27 (a) Are there any means for following-up on Clients/Participants?

- ❑ No
- ❑ Being developed/planned
- ❑ Not applicable
- ❑ Yes Has any follow-up ever been carried out?
  - ❑ Yes
  - ❑ No
  - ❑ Being developed/planned

V-PROCESS

28 (a) Does the project have links with other projects/agencies/bodies?

- ❑ No
- ❑ Yes with whom (tick all relevant)
  - ❑ Other projects in LDTF
  - ❑ Projects in other LDTF areas
  - ❑ Other drug projects
  - ❑ Voluntary/community groups
  - ❑ Statutory bodies
  - ❑ Policy making bodies

In the case of each one: what is the nature of the link?

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....

(b) What in your view helps you to network effectively with others?

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....
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....

(c) What in your view prevents you from networking effectively with others?

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....
....

29 What have been the project's main needs in relation to the LDTF?

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....
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....
....

To what extent have these needs been met?

❑ Great extent ❑ Some extent ❑ Little or none

If less than great, what changes would be needed?

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....
....
....
....

30 (a) Is the local community involved in the project?

❑ No

❑ Yes **What mechanisms are used for local community involvement?**

....
....

(b) Are you satisfied with the current involvement?

- ❑ Satisfied
- ❑ Fairly Satisfied
- ❑ Unsatisfied Why?..

....

....

31 What are the critical factors in involving the local community?

....

....

....

32 Do you provide feedback to the local community on the project?

❑ Yes ❑ No ❑ Being developed

33 What means do you use to provide information to the public on the project?

....

....

....

VI- INPUTS: STAFFING AND RESOURCING

STAFFING

34 (a) How many paid staff work on the project?

- ❑ Full-time posts...
- ❑ Part-time posts...
- ❑ Interviewer check whether dedicated staff or shared)

(b) Who is the employer? ....

....

....

35 Are there any sessional staff?

- ❑ No
- ❑ Yes **How many?** ....
- ❑ **On Average how much time in hours per month does a sessional worker give?**

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....

....

36 (a) Are there any staff on employment schemes?
(eg. CE schemes or Job Initiative?)

- ❑ No
- ❑ Yes **What roles do they play?** ....

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....
....
....

37 (a) Is training provided for staff?

- ❑ Yes
- ❑ No
- ❑ For some but not all

(b) If no/some: is training necessary?

- ❑ Necessary
- ❑ Fairly necessary
- ❑ Unnecessary

(c) If yes: what kind of training is provided?

38 What are the critical factors:

Enabling training..
....
....

Constraining training

....
....
....
....

39 (a) Are there any volunteers involved in the running of the project?

- ❑ No
- ❑ Yes
- ❑ How many? ....

On average how much time in hours does a volunteer give in a typical month?

....
....

What kind of activities do the volunteers carry out?

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....
....

Do volunteers undergo training of any sort?

- ❑ No
- ❑ Yes

What are the key issues in the management of volunteers?

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....

40 Have you any particular support systems for staff

- ❑ No Why not? ....
....
- ❑ Yes Please specify. ....
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....

41 How adequate is the current staffing level?

- ❑ Adequate
- ❑ Fairly adequate
- ❑ Inadequate

If less than adequate: what changes are needed?

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....
....

42 (a) Have any problems been experienced in relation to the staffing of the project?

- ❑ No
- ❑ Yes **Please describe** ....
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....
....
....

Have any attempts been made to resolve these difficulties?

❑ No ❑ Yes

43 What are the critical factors in effective staffing of the project?

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FUNDING

44* What total funding has the project received since it became a LDTF project?

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....
....

45* What were the sources of funding and the amount from each source?

Source	Amount of funding

46 (a) Do you keep financial accounts?

- ❑ No
- ❑ Yes **Who are these made available to?**...

....
....
....

(b) Who is responsible for the project's financial management

....
....
....
....

47 What procedures do you have for financial tracking ?

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....
....

48 Did the project get the level of funding initially sought?

- ❑ No
- ❑ Yes

49 How adequate is the current level of funding?

- ❑ Adequate
- ❑ Fairly adequate
- ❑ Inadequate

If less than adequate: how is this managed?

50 Have you experienced any delays between submission of plan and funding availability?

- ❑ No
- ❑ Yes **What were the reasons for this?**..

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....
....

51 How satisfactory is the present system of funding?

- ❑ Satisfactory
- ❑ Fairly satisfactory
- ❑ Unsatisfactory

If less than satisfactory, what changes are needed?

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FACILITIES

52 (a) **How satisfactory is the space available to the project?**

- ❑ Satisfactory
- ❑ Fairly satisfactory
- ❑ Unsatisfactory

If less than satisfactory: what is required?

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(b) **Were any problems encountered in securing space?**

❑ Yes ❑ No

53 **What other resources does the project have available to it and how necessary is each one?**

Resource	**Availability**		**Necessity**		
Resource	**Yes**	**No.**	**Nec.**	**Fairly nec.**	**Unnec.**
Telephone					
Fax machine					
Photocopier					
Computer					
e-mail					
Internet access					
Alarm					
Other (specify)					

54 **How adequate are the resources available to the project?**

- ❑ Adequate
- ❑ Fairly adequate
- ❑ Inadequate

If less than adequate: what are the main requirements?

....
....
....
....
....

VII- OUTPUTS

55 * What activities/services does the project carry out? Please describe in detail

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....

Are there any activities/services in the original plan that have:

- ❑ never been delivered
- ❑ delivered and dropped

If so: please indicate why this is so

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....
....
....

Are there activities/services not in the original plan which are now being carried out?

❑ Yes ❑ No

56* How many clients/participants have been served by the project since LDTF funding was obtained?

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....
....
....
....

**57*	In the case of each activity/service, please indicate (where applicable):**

Activity/Service	**Start date**	**Duration**	**Time involved for client**	**No. of times took place** ***(since LTDF funding)***

**58*	In the case of each activity/service please indicate (taking the last run of the service as the time frame)**

Activity/Service	**Client capacity**	**No receiving activity/ service**	**No on waiting**	**Drop-out Rate**

**59*	Is there any information available on client response to the activities/services**

- ❑ No
- ❑ Yes, on all activities/services
- ❑ Yes, on some activities/services

If yes, how was this information obtained?

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What are the results?
(interviewer get copies of any relevant materials)

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60* **Please describe the characteristics of your clients/participants?**
(Interviewer note the level of detail available)

- ❑ Age

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....

- ❑ Gender

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....
....

- ❑ Employment status

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....
....

- ❑ Educational level

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....
....

- ❑ Additional if client group is drug users) **Are the clients:**
- ❑ Problematic drug users
- ❑ Stable drug users
- ❑ Recovering drug users

61 **How does this profile compare with planned target group?**

- ❑ Well
- ❑ Fairly well
- ❑ Not well

If less than well what are the reasons for this?

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....
....

62 Are there any services not being provided that you would like to see being provided?

- ❑ No
- ❑ Not sure
- ❑ Yes **Please describe** ....

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....

....

What are the difficulties in introducing such services?

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63 Are there any services being already provided which you would like to see improved?

- ❑ No
- ❑ Not sure
- ❑ Yes **What would you need to be able to improve services?** ....

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64 What pitfalls, if any, were experienced or narrowly avoided in delivering the project?

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If pitfalls, what was done to avoid them?

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65 What are the main factors in:

Enabling project delivery

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Constraining project delivery

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VII- ATTAINMENT OF OBJECTIVES

66 In the case of each of the objectives listed in Q. :16

(a) What indicators could you use to assess achievement of this objective?

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(b) To date, has any information been collected on these indicators?

❑ No Why not? ....
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....

- ❑ Yes **What means were used to collect the information?**

(please give details of findings. Get copy if possible) ....

....

....

....

....

- ❑ In train ....

67 To what extent do you consider project objectives have been reached?

- ❑ Great extent
- ❑ Some extent
- ❑ Little or no extent

If less than great: what are the three principle obstacles?

....

....

....

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....

....

68 Have there been any unexpected outcomes?

- ❑ No
- ❑ Don't Know
- ❑ Yes **Please describe** ....

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69 What are the main factors:

Enabling attainment of objectives

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....

Constraining attainment of objectives

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IX- REVIEW

70 What are the critical issues for the project over the next year? Please describe the three major ones.

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71 What, in your view, are the three major outcomes of the project since its initiation?

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72 What, in your view, are the three main weaknesses of the project since its initiation?

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73 What in your view are the strengths of the project?

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74 Do you have any suggestions for the future implementation of similar projects?

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Appendix Two

ADDITIONAL TABLES

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Table 3.1 a

Type of Project by Project Status

	Project Status		
Type of Project	**Stand Alone**	**Part of a Larger**	**Programme Total**
Education and Prevention	16%	35%	51%
Treatment and Rehabilitation	18%	18%	36%
Education and Prevention/ Treatment and Rehabilitation	5%	2%	7%
Research and Information	1%	2%	3%
Supply Control	1%	2%	3%
Total	**41%**	**59%**	**100%**

Table 3.1b

Type of Promoter by Type of Project

	Type of Project					
Type of Promoter	**E&P**	**T&R**	**E&P/T**	**SC**	**R&1**	**Total**
Voluntary/Community	27%	25%	3%	2%	1%	58%
Partnership of Vol. and Statutory	11%	6%	3%	0%	2%	22%
Statutory	4%	2%	0%	0%	0%	6%
Other	9%	3%	1%	1%	0%	14%
Total	**51%**	**36%**	**7%**	**3%**	**3%**	**100%**

Table 4.7a

Intended Target Group by Projected Size Target Group

	Projected Size of Target Group						
Intended Target Group	**50 or less**	**51-100**	**101 – 500**	**More than 500**	**Unknown**	**No Answer**	**Total**
Ultimate	26%	7%	2%	5%	5%	6%	51%
Intermediate		3%	3%	1%	3%		26%
Both	6%	2%	3%	2%	6%	4%	23%
Total	**42%**	**12%**	**8%**	**8%**	**14%**	**16%**	**100%**

Table 5.1 a

Number of Full-Time Staff According to Project

	Number of Full-Time Staff						
Project Type	**1 only**	**2 only**	**3-5**	**More than 5**	**None**	**Staffed By Promoter**	**Total**
E&P	15%	6%	7%	2%	19%	2%	51%
T&R	10%	7%	7%	2%	9%	1%	
E&P/T&R	2%	2%	3%	0%	0%	0%	7%
R&I	2%		0%	0%	1%	0%	3%
SC	2%	1%	0%	0%	0%	0%	3%
Total	**31%**	**16%**	**17%**	**4%**	**29%**	**3%**	**100%**

Table 5.1b

Number of Part-Time Staff According to Project

	Number of Part-Time Staff				
Project Type	**1 only**	**2 or more**	**None**	**Staffed By Promoter**	**Total**
E&P	10%	8%	32%	1%	51%
T&R	8%	7%	20%	1%	36%
E&P/T&R	0%	1%	5%	1%	7%
R&I	1%	0%	2%	0%	3%
SC	1%	0%	2%	0%	3%
Total	**20%**	**16%**	**61%**	**3%**	

Table 5.1c

Number of Full-Time Staff According to Funding Level

	Number of Full-Time Staff					
Funding Level	**1 only**	**2 only**	**3-5**	**More than 5**	**None**	**Staffed By Promoter**	
£10,000 or less	0%	2%	0%	0%	5%	1%	8%
	14%	2%	1%	0%	16%	1%	34%
Over £50,000	17%	12%	16%	4%	8%	1%	58%
Total	**31%**	**16%**	**17%**		**29%**	**3%**	**100%**

Table 5.2a*

Level of Funding Received by

Whether or Not Employ People on CE Scheme

	Employ People on CE Scheme		
	No	**Yes**	**Total**
£10,000 or less	7%	0%	7%
£10,100-£50,000	24%	10%	34%
Over £50,000	29%	30%	59%
Total	60%	40%	100%

**Note: Based on the responses of 122 Project Managers*

Table 5.5a*

Type of Project by Staffing Problems Experienced

	Staffing Problems Experienced		
Type of Project	**No**	**Yes**	**Total**
Education and Prevention	20%	31%	
Treatment and Rehabilitation	18%	18%	36%
Education and Prevention/			
Treatment and Rehabilitation	2%	5%	7%
Research and Information	2%	1%	3%
Supply Control	1%	2%	3%
Total	**43%**	**57%**	**100%**

**Note: Based on the responses of 122 Project Managers.*

Table 5.10a*

Type of Project by Number of Volunteers

	Number of Volunteers					
	1 to 2	**3 to 4**	**5 to 10**		**21 plus**	**Total**
Education and Prevention		8%	17%	14%	10%	64%
Treatment and Rehabilitation	7%	7%	8%		3%	27%
Education and Prevention/Treatment and Rehabilitation		2%	2%	0%	0%	
Supply Control	0%	0%		2%	0%	5%
Research and Information	0%	0%	0%	0%		0%
Total	**22%**		**31%**	**17%**	**14%**	**100%**

**Note: Based on the responses of 63 Project Managers*

Table 5.12a

Type of Project by Level of Funding Received

	Level of funding Received			
Type of Project	**£10,000 or less**	**£10,100-£50,000**	**Over £50,000**	**Total**
Education and Prevention	5%	18%	28%	51%
Treatment and Rehabilitation	2%	12%	22%	36%
Education and Prevention/				
Treatment and Rehabilitation	0%	1%	6%	
Research and Information	0%	2%	1%	3%
Supply Control	1%	1%	1%	3%
Total	**8%**	**34%**	**58%**	**100%**

Table 5.12b

Type of Promoter by Level of Funding Received

	Level of Funding Received			
Type of Promoter	**£10,000 or less**	**£10,100-£50,000**	**Over £50,000**	**Total**
Voluntary/Community	2%	19%	37%	58%
Partnership of Vol. and Statutory	1%	10%	11%	22%
Statutory	2%	2%	2%	6%
Other	3%	3%	8%	
Total	**8%**	**34%**	**58%**	**100%**

Table 5.12c

Secured Level of Funding Initially Sought by Level of Funding Received

	Level of Funding Received			
Secured Initial Funding	**£10,000 or less**	**£10,100-£50,000**	**over £50,000**	**Total**
Yes		24%	38%	68%
No	2%	10%	20%	32%
Total	**8%**	**34%**	**58%**	**100%**

Table 5.12d

Project Type by Secured Level of Funding Initially Sought

	Secured Level of Funding Initially Sought		
Type of Project	**No**	**Yes**	**Total**
Education &Prevention	13%	38%	51%
Treatment &Rehabilitation	13%	23%	36%
Education &Prevention/			
Treatment &Rehabilitation	3%	4%	7%
Research & Information	1%	2%	3%
Supply Control	1%	2%	3%
Total	**31%**	**69%**	**100%**

Table5.12e

Secured Level of Funding Initially Sought by Adequacy of Funding

	Adequacy of Funding			
Secured Initial Funding	**Adequate**	**Fair**	**Inadequate**	**Total**
Yes	38%	12%	18%	68%
No	6%	8%	18%	32%
Total	**44%**	**20%**	**36%**	**100%**

Table 5.12f

Project Type by Adequacy of Funding

	Adequacy of Funding			
Type of Project	**Adequate**	**Fair**	**Inadequate**	**Total**
Education & Prevention	17%	14%	20%	51%
	18%	3%	15%	36%
Education & Prevention/ Treatment & Rehabilitation	5%	2%	0%	7%
Research & Information		0%	1%	3%
Supply Control	2%	1%	0%	3%
	44%	**20%**	**36%**	**100%**

Table 6.6a*

Number of Clients by Level of Funding Received

	Level of Funding Received			
Number of Clients	**£10,000 or less**	**£10,100-£50,000**		**Total**
20 or less	2%		6%	10%
21 to 50		7%	9%	20%
	0%	6%	16%	22%
101 to 200	1%		10%	18%
201 to 500	1%	3%		11%
501 plus	0%		10%	19%
Total		**34%**	**58%**	**100%**

*Note: Based on the responses of 127 Project Managers