Assertive Outreach Action Research Project

External Review

Contents

Introduction

This document is an external review of a piece of action research that was carried out in the South Inner City area of Dublin in 2021.

Aims and Objectives of the Action Research

Public use of drugs and alcohol in Dublin has long been a focus of concern for many stakeholders.[1] For example, residents of city centre areas that see a significant amount of drug and alcohol use may worry about the dangers or unsightliness of discarded drug litter. Equally, services and policymakers may be concerned that they are not reaching the people they hope to reach. Building on work that had been completed in 2020,[2] Community Response (CR) and the South Inner City Local Drug and Alcohol Task Force (SICDATF) put in place an action research project focused on public use of alcohol and drugs across 'hotspots', primarily in the Liberties area of the SICDATF catchment.

The project aimed to:

> "…engage people and determine why people are using 'hot spots' predominantly in the Liberties area. The intention is to establish their needs and where possible, encourage people to avail of the appropriate services and supports."[3]

By doing this, the project hoped to:

> "…help to inform how all the services in the SIC can provide a unified response to some of the most vulnerable people in the community and seek a response to their needs that will be of benefit to them and the community."[4]

To achieve its goals, the project had seven objectives:

> "1. To engage with people using hot spots that have been identified by the community where people are using drugs, and alcohol and discarding drug-related litter.
>
> 2. To establish the number of people using these sites.

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[1] See, for example *Strategic Response Group. (2012) A better city for all. A partnership approach to address public substance misuse and perceived anti-social behaviour in Dublin city centre. Dublin: Strategic Response Group.*

[2] *Devaney, E., 2020. The New Communities Street drinking assertive outreach project: an evaluation of the pilot project. Dublin: Community Response and CKU Centre for Counselling and Therapy.*

[3] Contained in the job description for the outreach worker

[4] *Ibid.*

3. To establish if people are using other services or if they wish to have support, information, or referral to appropriate services.

4. To work with the project management group to agree on relevant KPIs that will help inform the work of the SICDATF and services in the area.

5. To reinforce inter-agency work that will benefit the service users and the community.

6. To collate all the gathered data

7. To liaise with community groups, networks, and services"[5]

The project ran during the period May-December 2021. A staff member was recruited to carry out the work under the supervision of the Community Response Team Leader. For ease of reference, the staff member is referred to as the 'Outreach Worker' in this report. A project management group comprising Community Response and SICDATF staff provided overall project oversight and governance.

Key findings of the Action Research

The findings of the action research are set out in more detail in the project's final report. In total, the project initially engaged 80 individuals (59M; 21F). Of these, 63 were aged 35 or older and there were no participants younger than 25. A large majority (70/80) had access to social welfare services, with almost 3 in 4 (58/80) having a medical card. Less than 20% (14/80) did not have a GP or other access to a doctor. Despite the fact that all were actively using drugs or alcohol and 50/80 indicating that they would like support around their alcohol or drug use, only 34/80 reported that they were currently linked in with addiction services.

People reported a wide range of reasons as the primary driver behind their using drugs or alcohol in the public domain – from necessity *(I needed to use/drink (6/80))* to feelings about the space *(I feel comfortable/safe here (12/80); It is hidden / discreet (10/80))* to social reasons *(Meet friends / partner / social aspect (11/80)).*

Of the original 80 participants, 59 agreed to be contacted with follow-up questions and a randomly selected cohort of 20 participants from this group was selected for follow up. The follow up focused

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[5] Contained in the job description for the outreach worker

on service engagement and revealed that only 2/20 participants were working on an active care plan, and only 3/20 had had any engagement with services over the previous month.

About this review

The Outreach Worker running the project produced a final report on the project's work, which has been made available to key stakeholders. Additionally, SICDATF and CR wished to have an independent external review of the project's work. This document is an external review and provides an analysis of the project's work, along with some learnings that can be carried forward to inform future work with people engaged in street-based drug or alcohol use in the Liberties area.

Scope

The scope of the review as set out in the Request for Tender documentation, and specified that this review should consider the following aspects:[6]

"1. Desktop review of the collected data, questionnaires, KPIs and service reports.

2. Comment on job specifications and compatibility with the work executed to date.

3. Model of practice, i.e. the in-reach work into services and the outreach work, to question if this was an effective engagement practice.

4. Feedback from stakeholders - to utilise a questionnaire.

5. Feedback from service users where possible.

6. To identify blocks and gaps in the model of practice to engage with people.

7. Recommendations learnt from the pilot.

8. To review any secondary data.

9. To determine if interagency work occurred and its effectiveness, e.g. Did the pilot engage well with services and community groups?"

Methodology

The methodology for review was agreed with SICDATF and CR in advance. Essentially, this report has been developed using information from two sources. First, all existing project documentation was made available and reviewed accordingly. Second, key stakeholders were identified and approached

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[6] Contained in the request for tender materials

for an interview, with 9 interviews taking place in February and March 2022, and incorporating the views of the following stakeholder groups:

- A person who had engaged with the project as a client
- Staff members from CR who had been engaged in the running of the project
- Representatives from several partner agencies who had been involved in joint outreach with CR throughout the project
- A representative from a key community stakeholder organisation who had an interest in the project's work
- A representative from SICDATF

Interviews were semi-structured in format, with broad areas for questioning set out in advance, but with the flexibility to explore any interesting and relevant items as they arose during the interviews. One interview took place by phone, and handwritten notes were taken; all others took place on the Zoom platform and were recorded with the consent of the interviewee to facilitate later review and analysis. Interviewees were sent an information sheet by email ahead of the interviews; a sample copy of one such sheet is available in Appendix A. Interviewees did not receive any compensation for participating in the interview.

Findings

This section presents the key findings of the external evaluation. Findings are structured to cover the requirements set out in the request for tender and are based on a review of the available documentation and the interview data.

Model of practice

General

In assessing the model of practice, it's important to remember what the project was trying to achieve. In essence, the work was a piece of action research aimed at connecting with people who were using alcohol or other drugs in the public domain. There was no requirement for the project to maintain ongoing relationships with those people it engaged with – the focus was not on providing ongoing support as would be the case with a key working or case management project.

Before engaging in any data collection, the project carried out a set-up phase, including the development of the tool that would be used to collect data, and the building of relationships with agencies who were already engaged with the client group on the ground in the Liberties area, particularly Merchants Quay Ireland (MQI) and Coolmine Therapeutic Community (CTC). These items were linked, with the partner agencies on the ground providing feedback on the development of the tool, which was also tested with peers in Community Response's other services. In addition to providing input on the tool, the Outreach Worker went on outreach patrols with partner agencies in the area before carrying out any direct work with participants, to:

> "customise [themselves] with the area; with the locations with the hotspots…engaging with other outreach teams [to] gain some of their expertise, utilise some of the pre-existing relationships they would have had with the clientele"

This led to some early insights, including the need for information cards in different languages, which were developed with the assistance of partner agencies. During project set-up, the Outreach Worker was also briefed internally in Community Response on relevant policies such as those around lone working, confidentiality and outreach, as well as being introduced to relevant networks, such as the relevant subgroup in SICDATF.

Once the initial set-up was complete, the project focused on data collection. This was achieved by going to the identified hotspots on outreach. The Outreach Worker went out on outreach sessions most days during the data collection phase, either with staff from partner agencies or with another staff member from Community Response. Regardless of the precise format of each session, the same approach was adopted for data collection – once a person was identified as potentially suitable for the study, they would be approached and asked if they'd like to participate. If so, the Outreach Worker would speak with them privately and interview them. No personally identifiable data was collected in the interview, although participants had the option to consent to a follow-up interview if they wished, in which circumstances they would complete a separate written consent form. Participants were given a €15 supermarket voucher for their participation. There was no additional payment provided for agreeing to a follow-up interview. To ensure consistency, the Outreach Worker was on all outreach sessions, and only the Outreach Worker or another staff

member from Community Response familiar with the project completed the interviews with participants. Participants were offered follow up support as required.

In general, this was a very effective model of engagement, as evidenced by the fact that the Outreach Worker engaged with 80 individual participants over the course of the project, and 59 agreed to be contacted for follow up. This can be attributed to the preparatory work the project carried out in terms of engaging with existing services on the ground and benefiting from their pre-existing relationships with many of the participants and knowledge of the local area. The project also showed flexibility in terms of the locations it targeted; as one interviewee noted, the gap between community stakeholders initially raising the issue of hotspots with SICDATF and the project commencing outreach meant that *"not all of them were relevant"* anymore, and the project sought an updated list prior to commencing work, as well as being informed by the work as it progressed. Interviewees who participated directly in the outreach aspect of the work felt that the engagements went well – *"most of the time people are pretty open; people are friendly"*.

Interagency work

There was a significant amount of interagency work during the project. Most obviously, the project's outreach work was typically carried out jointly with other agencies, and the project had sustained engagement with these partner agencies from its inception. The project also engaged with several other local agencies in its early stages, but understandably this faded over time as the focus became more operational and picked up again towards the end of the work.

A driver behind the strong interagency work is likely to be the enabling role of the SICDATF subgroup, the membership of which included all the agencies which were involved in joint outreach, in addition to other stakeholders. In this regard, it's worth noting that this group has an operational, rather than a thematic or strategic focus, and this particular piece of work is built on projects that had gone before, including outreach, support in hostels and work with new communities. The organisations that had been involved in this earlier work were still engaged with the subgroup and provided resources for joint outreach to the project.

The interagency approach was very effective as a tool for this project in relation to carrying out its work – the support and engagement of existing outreach teams provided a platform and capacity

without which it would have been difficult for the project to engage with as many people as it did. In fact, as an outreach of this manner cannot generally be undertaken by a lone worker, linking with existing services was essential to the work. The project also engaged well with a variety of local services and stakeholders as it established itself. Beyond this, the project linked well with the SICDATF subgroup, and one interviewee noted the operational nature of this group may have been a factor, noting a *"massive change"* in the willingness to work in an interagency fashion between engaged services in recent years.

That said, it is also worth noting that the project in itself was particularly suited to interagency working in this fashion; it was a good fit with the partner agencies that were already experienced in carrying out outreach in the area, given that it offered the opportunity to evidence and articulate some of the challenges that are inherent in meeting the needs of people who are engaged in public drinking or drug use, without overly impacting on the ability of the partner agencies to deliver on their outreach work. As one interviewee from a partner agency noted:

> *"We're on call so we explained at the start that if we got a call it took priority and we might need to cut short the engagement…"*

While the contribution of the partner agencies greatly facilitated the work of the project, it wasn't entirely a one-way street in terms of benefits – while it was generally the case that the project engaged with people the outreach teams knew already, this wasn't always the case:

> *"If we didn't know them, we'd always […]when he was finished check in with them and advise them of any services we could offer.."*

Further, it's important that projects such as this one properly leverage their findings and communicate any key learnings effectively to the broader sector. This is partly a resourcing issue – the focus is often on the carrying out of the work and writing up the report; when this is complete and the money has been expended, there can be a resourcing gap in ensuring follow-on. As one interviewee noted:

> *"There's a channel of communication there which is possibly not being used as well as it could…"*

Blocks and gaps

The project did good preparation work with local services and was thus effective at engaging with people in the target cohort, both in terms of the number of interactions and in the context of the information people provided. However, there are still a couple of blocks and gaps that are worth mentioning.

First, the project was restricted to running during normal working hours – 9.00 to 17.30, Monday to Friday. This is a limitation in terms of capturing the full scope of public drug and alcohol use in the area, insofar as the people the project was seeking to engage with don't tend to be around until later in the day, limiting the hours during which the project could collate data. As one interviewee noted:

> *"We identified early on […] that we weren't meeting anyone in these hotspots at 10 o'clock in the morning…"*

Similarly, a normal working hours schedule will inevitably miss any episodes related to the night-time economy. In this regard, it's worth noting that while issues related to public drug and alcohol use are often considered in the context of daytime use and associated with people who are homeless or otherwise in the public domain during the daytime, behaviours associated with public drug and alcohol use are in no way limited to these periods or this cohort.

Second, the project adopted a flexible approach to outreach and targeting, either accompanying other teams on their outreach patrols or targeting places based on information received from other sources like community groups or participants. While this is a good approach (particularly considering the limited resources and the fact that the Outreach Worker could not have engaged with people as a lone worker) and the project engaged with a significant amount of people, the project could also have been considered a structured approach to covering the area, which could have provided further insights on how different locations were used over time.

Finally, the project engaged directly with people with lived experience of using drugs and alcohol in the public domain and produced good insights as a result, as well as evidencing some of the needs people were experiencing. However, its brief was only to carry out the research, and thus the project

report stopped short of making policy recommendations; given the close contact the project had with people with lived experience, this was an opportunity that might have been leveraged further.

Desktop review

As part of the review, the files from the project were made available for review. Comments in this area are separated into general notes and comment on the job description for the role, which was to be a specific focus for review.

General

In general, the files for the project were well organised. All key records – outreach sessions, questionnaires, responses, follow-ups, consents – were evidenced and a spot check on a limited selection of data points was consistent with what was reported. There was evidence of reporting to key stakeholders like the project management group and the subgroup of SICDATF on progress. There was some evidence of KPI selection, utilising metrics that previous pieces of work in similar domains had used, although – understandably in the context of the work – these were not tied to hard numerical targets.

Job Specification

The role in actuality and the role as set out in the job specification matched well. In an interview, Outreach Worker indicated that the specification was a good fit for the role as performed. The job specification set out the key duties of the role and these are replicated below with a brief comment on each:

1. Provide outreach services by directly approaching people in their environment or at specified 'hot-spots' in the SICDATF area, to establish relationships and explore their engagement with existing services.
   This duty was relevant to the role as performed. Given that the focus of this role was on action research, further work in the area would likely focus less on exploring the engagement with existing services.
2. Establish the level of awareness and engagement that these individuals have with existing support services, structures, and mechanisms.

This duty was relevant to the role as performed. This duty is effectively an extension of the first duty, further defining how the relationship with existing services should be explored. It was a primary focus of the work and the report produced from the project sets out the awareness and engage people on the street have with services and structures in the local area. As with the first duty, this might be less relevant in the future if the focus was to shift from action research.

3. Provide these clients with the skills, information, and options they need to be empowered and make informed choices (about selecting services that are appropriate to their needs).

   This duty was relevant to the role as performed. The project staff were well informed about local services, created information sheets in different languages, and engaged with and carried out brief interventions with the people it engaged with throughout the project. The fact the project was carried out jointly with other agencies, meant that the people the project engaged with could benefit from the input of those services also.

4. Connect clients to substance misuse, housing, health, mental health, and other mainstream services, through supported referrals or other appropriate means.

   This duty was relevant to the role as performed. The project offered support to everyone it encountered, and where that person sought support around an issue, a brief intervention took place to assist. In this regard, the language of the duty might require revision if the work was to be replicated as the project provided brief intervention and signposting support but didn't take on ongoing work such as taking control of supporting a client around an entire referral process which usually involves multiple engagements. It's also important to note that the project was always going to be limited in this area, simply as a result of the gaps in the service landscape, discussed further below in the learnings section.

5. Develop networks and work collaboratively with local support services, state agencies and other appropriate service providers to provide clients with seamless and 'joined-up services.

   This duty was relevant to the role as performed. The project is a good example of interagency work on a local level. However, as with the prior duty on connecting clients, the wording of this duty could be reviewed if this project or a similar one was to be developed in the future, simply because it is a big ask of a single role to develop networks in a meaningful way, particularly when the focus is directly on client engagement as opposed to sectoral development.

6. Generate and maintain appropriate and accurate records and administration systems associated with the programme.

   This duty was relevant to the role as performed.

7. Through an agreed reporting structure, feedback data to the SICDATF and associated projects and services.

   This duty was relevant to the role as performed.

8. Provide co-facilitation support for Community Response's alcohol support groups.

   This duty was not strictly relevant to the action research element of the role, but was obviously relevant to the broader context, and contributed to the Outreach Worker's knowledge of the client group and the service landscape. In practice, support for the alcohol support groups was clustered towards the beginning of the project, with the focus switching to the outreach work once the project was established. This duty would not need to be included in any iterated role with a focus purely on outreach.

Learnings

As noted in the introduction, the action research project sought to:

> *"…help to inform how all the services in the SIC can provide a unified response to some of the most vulnerable people in the community and seek a response to their needs that will be of benefit to them and the community."[7]*

The project engaged with a sizeable cohort of people with lived experiences of using drugs or alcohol in the public domain. For the reasons noted above, it is unlikely that the cohort engaged with is fully representative of all people engaged in street-based drug use; nonetheless, the insights people gave are extremely relevant to planning and to how policymakers think about drug and alcohol use in the public domain. In this regard, it is interesting to note that very few of the people engaged were naïve to social and health support services in the area – as a general consideration, people know of the services that are available and either engage with them, or can access information on how to use them, both from professionals and peers. As one interviewee noted:

> *"No one was screaming out "I need support".*

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[7] Contained in the job description for the outreach worker

However, while people may not have been screaming, this does not mean that they would not have accepted support if it was available. In this regard, there is a gap between what services can and do offer and what is required; three examples from the interviews can illustrate this point.

First, while the media portrayal and public perception of street-based drug use and drinking can often focus on the chaotic and dangerous, it is also the case that the reality is often far more mundane. One person who engaged with the service noted that their public drinking really only took place once a week when they had some spare cash – much of their income went towards rent in a hostel and family-related expenditures. For them, the public drinking was a social event, a respite from the day-to-day pressures of trying to get stable accommodation and make other positive changes in their lives. For many people, the lack of a home of their own, or a space in which they can socialise can be a driver behind public drug or alcohol use.

Second, the current service landscape does not reflect the reality that people who do need support around addiction, do – by definition – use alcohol or other drugs. Unless the services that exist can and do permit such use inside premises, many people who live much of their lives in services – such as in lower threshold accommodation settings and day services – will continue to have no option but to use in the public domain. While there are some services that can facilitate on-site alcohol use and the process to open a safer consumption facility is stalled in legal processes but still in progress, the current landscape of service provision generally is not geared toward reducing the incidence of drug and alcohol use in the public domain. As one interviewee noted:

> "The options are limited. There's nowhere to use that's safe"

Third, not only is the current service landscape not set up for providing off-street places where people who are currently struggling with addiction can both use drugs and engage with support services but there are access bottlenecks that can be difficult to pass through as a person moves through the continuum of care from lower threshold services like opioid substitution treatment, needle exchange and drop-in and information centres, to more clinical, higher-threshold services like detoxification or residential services. This can lead to a mismatch in what is available to offer people and what people see themselves as needing. Almost one in three (18/57) people who engaged in addiction supports expressed a desire for detoxification or treatment; however, these more intensive supports can be more difficult to access, either because a person is not considered

clinically suitable – as one interviewee noted the treatment system can be risk-averse, and there can be instances where services might *"Give them the chance [to detox] first, before denying them the chance"*, but this doesn't happen*;* or simply because services can triage potential clients by location, meaning that some services are available to people in one area, but not in another:

> *"They can't get it because they're on the wrong side of the Liffey, which is fruitless and it's unfortunate and it's upsetting that they know "Oh, there is this service that I can actually go into that will help me but I'm on the wrong side of the city so that's out"*

It's important to note that the barriers to service provision and access such as those noted above are not easy to solve – in a world of scarce resources, policymakers often need to make choices that are less than perfect and not what they would wish. However, recognising that these issues exist is an important step in understanding the drivers behind public drug and alcohol use – people can become stuck at points where the system struggles to provide services that are relevant to them at that point in their lives. As one interviewee noted, people can end up with *"Nothing to do and all day to do it in"*.

Finally, it should be remembered that while overt drug or alcohol use in the public domain may be a public order issue, in many cases it is not. As noted earlier, one of the gaps in this work was the timing of outreach, which resulted in drug and alcohol use in the night-time economy not being captured. There are plenty of examples of public drug and alcohol use that are not typically viewed as problematic - a glass of wine with a picnic in a park, or drinking on the streets outside licensed premises on a Friday evening, for example – in considering how communities respond to street-based drinking and drug use, its important to remember that, as one interviewee put it, there can be *"…a difficulty with public space and people's understanding of public spaces; at the end of the day, everyone has a right to use public spaces…"*.

Recommendations

This section sets out some recommendations for consideration. As a general point, consideration should also be given to including people with lived experience in the implementation of any recommendations which are adopted.

1. DATA COLLECTION

   Agencies in the area should continue to seek feedback from people engaged in public drug and alcohol use. Having up-to-date information on the challenges people face is useful both in planning services, and also in communicating to the broader community. In this regard, the model used in this project of having an independent role carry out this work on outreach functioned well; by partnering with agencies on the ground, the worker was able to reach and engage with people that might have been missed by work through onsite services alone, and without impacting on agencies' capacity for direct service delivery. Having a dedicated role that was focused on carrying out this work on an ongoing basis is an option that could be explored.

2. COMMUNICATION

   Seek to proactively communicate the key issues facing people and services working in the area to key stakeholders, including the local community. In doing so, focus on the fact that complex issues such as housing, the current alignment and availability of services, and the diverse reasons as to why people may be on the streets mean that the use of the public domain is an issue to be managed, not a problem to be solved. As part of this, consider training for key stakeholders – services, community members – on key issues, such as rights as they relate to housing, barriers to service access and the utilisation of public space as appropriate.

3. FORMALISING ROUTES INTO POLICY STRUCTURES

   In addition to communicating generally, also seek to bring timely information and pragmatic suggestions to policy makers and service planners. Build on the good interagency work evident in the membership of the SICDATF sub-group, that forum can be used as a starting point to take the insights generated through recommendation 1 and advocating for progress

as appropriate in fora such as Local Policing Forums, Joint Policing Committees, or through the Strategic Implementation Groups or Research Subcommittee of the National Drugs and Alcohol Strategy. Where possible, this work can focus in a practical way on removing barriers to – or geographical inconsistencies in - service accessibility to ensure that the person-centred vision of Sláintecare policy is fully vindicated as it pertains to people who are engaged in drinking or using drugs in the public domain.

4. BUILDING A MORE COMPLETE PICTURE

Work to build a more complete picture of street-based drug and alcohol use in the SICDATF area. As noted, the current project only captured that activity that was ongoing during normal working hours and engaged with a particular cohort of people, many of whom are already known to and engaged with addiction services. This excludes public alcohol and drug use which takes place in the nighttime economy. As government seeks to further develop this economic area,[8] understanding the full health burden of public drug and alcohol consumption in the SICDATF area is important to service planning, particularly as SICDATF's geographical remit includes much of Dublin's south inner city, one of the country's key areas for nighttime economic activity.

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[8] See, for example, https://www.irishtimes.com/news/social-affairs/nightlife-revamp-plan-longer-opening-hours-extended-alcohol-sales-for-debate-1.4674155