The Soilse-Rutland Partnership programme:

an evaluation of the second phase of operation

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• Many thanks to all the participants of the Soilse-Rutland Partnership project who came for interview. Thanks also to all of the staff of Rutland Centre and Soilse for giving freely of their time and for always being available to answer queries.

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Executive Summary

The aim of the report is to evaluate the effectiveness of the Soilse-Rutland Partnership programme as model of intervention. The Partnership's programme was funded by the North Inner City Drugs Task Force (NICDTF) and commenced operation in late December 1997. Phase I of the programme ran from December 1997 to April 1999, during which time 17 people from the north inner city came for assessment and 10 engaged with the programme; a further seven people from outside the north inner city also engaged with the programme, these were not funded by the NICDTF and are referred to as the 'multiplier' effect. An independent evaluation of Phase I of the programme was completed in May 1999 which concluded: that the Soilse-Rutland Partnership programme was a model of good practice; that the continuum of care approach was an effective model of intervention; and that lack of co-operation and co-ordination of agencies impeded movement towards the integration of services. The National Drug Strategy Team (NDST) also conducted an evaluation of the programme in early 2000, and the Partnership received notification in mid-2000 that the programme had been deemed a Category A project recommended "to be mainstreamed with no modification required." This report is an independent evaluation of Phase II of the programme, which ran from May 1999 to October 2000. The report also provides analysis of progress of Phase I participants in order to gauge the long-term effectiveness of the programme. In Phase II, 25 people from the north inner city were assessed; funding was provided for 10 people and 21 'multipliers' also engaged with the programme.

The Soilse-Rutland Partnership was established with the aim of providing a holistic and strategic response to drug abuse based on a continuum of care model utilising a case management approach (incorporating care plans), and a total drug-free philosophy. The continuum of care model recognises that drug addicts have complex needs, and unless a substantial number of these needs are met, the addict will find it very difficult to become and remain drug-free. The programme is an innovative response to the drugs problem faced by the north inner city, by two organisations in a public (Soilse) private/voluntary (Rutland Centre) partnership arrangement. The Partnership programme continued to be

funded on an interim basis throughout Phase II. At the time of completing this report it had entered its fifth interim period, which terminates in June 2001.

The service providers identified the following enhancements to the Partnership programme in Phase II: (1) greater overall numbers of referrals; (2)strengthening of the assessment process; (3) consolidation of the Adult Education approach within Soilse; (4) a more structured implementation of the care plan; (5) greater understanding of, and dialogue on the needs of participants; (6) greater link-in by Soilse with participants undergoing residential treatment; (7) a Rutland Centre After-Care group established in Soilse; (8) employment of a liaison worker; and (9) the increase in multipliers further strengthening group cohesion in Soilse.

The service providers identified the following as factors negatively affecting participation in the programme: (1) accommodation difficulties; (2) lack of childcare services; (3) economic factors; (4) legal matters/custodial sentences; and (5) funding restrictions. Finally the service providers' appraisal of the outcomes for the Partnership in Phase II highlighted the following two aspects: consolidation of the Partnership, and an increased awareness of treatment options in the north inner city.

The outcomes of the programme for participants in Phase II are very positive. Nine of the ten are drug free and one is currently in relapse. Indicators of positive change were very strong in relation to the participants' lifestyle changes, accommodation arrangements, family relationships, and in diminished interaction with the Judicial System

Six of the Phase I participants completed the programme; four did not. However, three of the four remain in contact with Soilse. The majority of NIC Phase I participants are achieving positive outcomes, in particular those who completed the full programme.

The analysis shows greater success generally for NICDTF-funded participants in Phase II by comparison with Phase I NICDTF-funded participants. This is likely to be related to the enhancements to the programme in Phase II that arose out of the implementation of recommendations from the Phase I independent evaluation.

Participants interviewed were very positive about their experiences on the programme. Their comments indicated strong levels of learning and self-development. The respondents in appraising the programme identified the most valuable elements of Rutland Centre's treatment programme to be: (1) being part of a therapeutic community; (2) the residential aspect of Rutland Centre's approach; (3) family input; and (4) After-Care. Respondents were unanimous in the view that treatment without a rehabilitation component would greatly reduce the chances of recovery. Most emphasised the importance of being able to engage with Soilse as a stabilising structure at the point of completing residential treatment. The respondents identified the following aspects of the Soilse programme as being most beneficial to them: (1) a safe place to go to; (2) establishing new social networks; (3) continuity of support on leaving treatment; (4) developing communication and interpersonal skills; and (5) fostering of independence and self-direction. The lack of (1) secure and safe accommodation, and (2) suitable childcare provision impacted negatively on respondents.

All eight of the Phase II respondents have a drug free status. They reported that their understanding of the nature of addiction had changed significantly through what they learned on the Soilse-Rutland programme. The respondents were unanimous in the view that a substance-free approach is the best solution to addiction. All reported fundamental lifestyle changes: two respondents are in fulltime education; two are in fulltime employment; and two are engaged with the Soilse fulltime programme. One respondent, who had left the programme early to take up employment has since left that employment and is considering returning to complete the Soilse full-time programme. The eighth respondent was heavily engaged in family restoration work. These lifestyle changes, accompanying the start of the recovery process, are profound, with respondents moving from the chaos of addiction and, sometimes, criminal involvement to re-integration with education, employment and family structures.

Four of the five Phase I respondents (NICs and multipliers) are drug free. The fifth respondent started re-using alcohol after leaving the programme early, but has not used other drugs. Most respondents spoke about how their knowledge and understanding of the nature of addiction changed through what they learned on the Soilse-Rutland programme. An aspect of this was greater awareness of cross addiction, i.e. the potential for substituting one compulsive addiction with another. The respondents were unanimous in

the view that a total drug-free approach is the best solution to addiction. All, bar one, of the respondents pursue a total drug-free lifestyle. Four of the five respondents are currently employed and the fifth is engaged in full-time education. The importance of building new social networks was emphasised by respondents. Respondents articulated expansively on improvements in their self-esteem and progress to self-direction. Respondents reported ease in their dealings with people now, although some claimed that they feel more comfortable with other recovering addicts than they do with others. There was also evidence of greater awareness of health status and issues amongst the respondents.

The report concludes that the Soilse-Rutland Partnership programme has established an effective continuum of care. The compatibility of ethos, and complementarity of services, across the service providers have contributed to the effectiveness of the Partnership programme. The programme is an innovative and efficient use of resources. The Partnership programme is a model of best practice. The programme is clearly effective in the short-term. Analysis of the outcomes for the participants of Phase I plus the findings from their interviews indicate that the programme is effective in the long-term.

The following are the recommendations arising out of the evaluation report:

- The Soilse-Rutland Partnership programme should be mainstreamed without delay
- Funding should be provided for childcare provision
- Access to the Soilse-Rutland Partnership programme for those seeking treatment outside the NICDTF be increased
- Promotion of the continuum of care approach
- Funding committed to the provision of secure transitional accommodation
- The Soilse-Rutland Partnership model should be replicated in other areas and organisations
- Soilse and Rutland Centre to develop partnerships with other organisations where compatibility of ethos is present

The report concludes that continuum of care approach, on which the Soilse-Rutland Partnership programme is based, provides a pathway to recovery where the likelihood of positive outcomes is increased. Movement toward the integration of services is necessary

to enhance the functioning of a continuum of care. It is recommended that the continuum of care model must be promoted by all treatment and rehabilitation sub-committees of LDTFs and adopted by all drug intervention agencies.

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Chapter 1: Introduction

The Soilse-Rutland Partnership was established in 1997, to provide a holistic and strategic response to drug abuse, based on a continuum of care model and a total drug-free philosophy. The aim of the Partnership is to provide a quality treatment and rehabilitation programme for drug abusers over eighteen years of age, from the north inner city. The Partnership's programme was funded by the North Inner City Drugs Tasks Force (NICDTF) and commenced operation in late December 1997. Phase I of the programme ran from December 1997 to April 1999, during which time 17 people from the north inner city came for assessment and 10 engaged with the programme; a further seven people from outside the north inner city also engaged with the programme, these were not funded by the NICDTF and are referred to as the 'multiplier' effect. An independent evaluation of Phase I of the programme was completed in May 1999, and the National Drug Strategy Team (NDST) also conducted an evaluation of the programme in early 2000. This report is an independent evaluation of Phase II of the programme, which ran from May 1999 to October 2000. In Phase II, 25 people from the north inner city were assessed, funding was provided for 10 people and 21 'multipliers' also engaged with the programme.

1.1 Aim of the report

This report aims to:

- Evaluate Phase II of the Soilse-Rutland Partnership programme in terms of its impact on the participants and its efficacy in the treatment and rehabilitation of recovering drug addicts
- To assess the outcomes of the project, both for participants - in terms of their progress toward self-direction - and for the Partnership - in terms of the learning process undergone
- To provide a longitudinal study of the effectiveness of the Soilse-Rutland Partnership approach by examining the current life situation of participants from Phase I of the programme
- To review the implementation of the recommendations outlined in the evaluation of **Phase** I

- To examine the programme's overall effectiveness as a model of intervention
- To examine the partnership approach adopted by Soilse and Rutland Centre
- To study the effectiveness of the continuum of care approach

1.2 Methodology

The methods used to evaluate the programme were:

- In-depth semi-structured interviews with eight Phase II north inner city participants and one Phase I participant
- In-depth semi-structured interviews with four facilitators: two from Soilse and two from Rutland Centre
- A focus group interview with four participants of Phase I of the programme.
- Analysis of documents and reports, proposals for funding and minutes of meetings
- Ongoing consultation with the service providers on findings from interviews

Interviews were conducted on a one-to-one basis and were an hour to an hour and a half long. The focus group was conducted with four past participants and was an hour and a half long. All interviews were taped and transcribed, and confidentiality and anonymity were assured. Eight out of the ten north inner Phase II participants were interviewed; the remaining two were not chosen because one was in relapse and the other was too early into the programme. One of the Phase I participants could not attend the focus group and, therefore, was interviewed separately. (See Appendices 1 to 3 for interview schedules for facilitators and participants).

A qualitative methodology was chosen because this is more appropriate to understanding individuals' perceptions of a given situation. Qualitative research is concerned with insight, whereas quantitative research studies the relationship of one set of measures, or 'facts', against another. Furthermore, because of the sample size it would have been nonsensical to undertake quantitative research: any findings could not be generalised out, or seen as representative of a larger population.

Dissatisfaction with classic evaluation strategies, mainly from within the community development field, has resulted in a shift towards qualitative methods of evaluation.

Classic evaluation is conceptually linked with models of efficiency and end-product as posited in managerial economics. Employing these strategies for evaluating service programmes results in their decontextualisation, in other words, the network of social relations in which they are located is effectively overlooked. Qualitative methods, such as in-depth interviews permit respondents to reflect and construct their lived experience in accordance with their own terms of reference rather than those set by the dominant discourse. Paget (1983) claims that in-depth interviews are contextual, i.e. the questions and answers form an ongoing interactive process for both interviewer and interviewee, one which is sensitive to nuance and the creation of meaning.

Assessing successful outcomes for participants takes into account the perspective of the service providers, that recovery is process rather than goal oriented. Indicators of progress established by the Partnership are used, therefore, as a means of assessing participants' progress and, hence, the effectiveness of the programme. These indicators are:

- Secure drug-free status
- Lifestyle changes
- Acquisition of new skills for work or education
- Health and social gains
- The meeting of agreed, identifiable social needs
- Self-motivation, self-confidence and self-esteem
- Family involvement
- Community involvement
- A knowledge and understanding of addiction

Since each participant has an individual history and recovery trajectory, analysis of data accords as much weight to participants' perceptions of their progress and the effectiveness of the programme as to predetermined successful outcomes. Chapter 3 utilises the above indicators as a means of assessing objectively participants' progress and the programme's effectiveness; while in Chapter 4, the results of interviews with participants are used as subjective indicators of the effectiveness of the programme. Recommendations are based on appraisal of the issues put forward at interview by facilitators and participants, and ongoing consultation with the service providers.

1.3 Contents of the report

Chapter 2 describes the Soilse-Rutland Partnership programme: the aim, philosophy, ethos and communication mechanisms are outlined; and the methodology utilised by the Partnership and the structure and timescale of the programme are discussed in detail.

Chapter 3 gives the service providers' evaluation of the Programme. The emphasis in this section is on the Partnership's perceptions and analyses of the project. The chapter profiles the 20 NIC participants funded by the NICDTF since the programme's inception. Outcomes for the participants are examined; the service providers' appraisal of the factors affecting participation is given; and the outcomes for the Partnership are also discussed.

Chapter 4 contains the participants' evaluation of the project. The focus in this chapter is on participants' perceptions of the effectiveness of the Partnership programme and the difficulties they encountered. Outcomes for participants of Phase II and Phase I respectively are discussed.

Chapter 5 contains: a summary of each chapter along with the conclusion and the recommendations arising out of the report.

1.4 Explanation of terminology

In the report all participants funded by the North Inner City Drugs Task Force (NICDTF) are referred to as the north inner city participants, or 'NICs'. Outside of these 20 participants (10 in Phase I and 10 in Phase II) an additional 28 people engaged with the Partnership programme (seven in Phase I and 21 in Phase II). These participants are referred to throughout the report as 'multipliers', in recognition of the fact that the amplification of the numbers participating in the programme is a multiplier effect.

1.5 The context of the Soilse-Rutland Partnership programme

1.5.1 Policy context

Traditionally, the emphasis in drug policy was to keep people in, or restore people to, a drug free lifestyle. In the mid 1980s, however, the emphasis shifted to drug prevention programmes and the minimisation of risk behaviour. This was precipitated by the

increasing concern about the rise in reported HIV/AIDS cases and the recognition of the link between needle sharing and the transmission of HIV. This resulted in an expansion in the number of service options provided. The focus of these service options, however, was on harm reduction through methadone treatment programmes rather than therapeutic treatment (residential or out-patient) and rehabilitation options.

The *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996)* introduced a series of new structures to direct and co-ordinate drugs policy. This was closely followed by the *Second Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996),* which focused mainly on prevention strategies and recommended that an expert group be established to examine the effectiveness of current policies. It was acknowledged that therapeutic communities should form part of the range of therapeutic and rehabilitation services available. It also recommended that research into drugs issues be examined and expanded and that an advisory group be established to address these issues.

The Local Drugs Task Forces (LDTFs) formed part of a series of new structures introduced to direct and co-ordinate drug policy following the *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* (1996). The other elements put in place were, a Cabinet Sub-Committee on Social Exclusion and Drugs, a National Drugs Strategy Team (NDST) and a Regional Co-ordinating Committee.

As a result of the two reports a shift occurred in drugs policy. There is now greater emphasis on; the need for an integrated approach by all the agencies concerned, and a greater involvement of community groups in the structural and organisational implementation of drugs policy, programmes and services at a local level. There is also greater recognition that the focus must be directed at communities worst affected by drugs.

In May of 1999, the Rehabilitation Blueprint Committee of the (then) Eastern Health Board commissioned a research study as part of a process to better inform the planning of rehabilitation services. Three perspectives were looked at in the study (Dorman/Jones - July 1999): the clients' perspective, the staffs perspective and the community groups' perspective. The following key points emerged:

- The need for a re-evaluation of the services available, especially questioning the place of methadone, which did not appear to be operating within a rehabilitative framework
- Rehabilitation responses need to be comprehensive considering all aspects of a clients life, especially their relationships, accommodation, contact with the law, basic resources such as money and food, and the personal issues underpinning the addiction
- Rehabilitation should be client centred, taking each as a different case with different needs
- Rehabilitation should be delivered within the context of an integrated multi-disciplinary service
- Rehabilitation needs to cover a range of responses to cover the range of needs. It should be well resourced and allow fast access
- A major public education programme is needed to if a climate conducive to rehabilitation is to be achieved
- Rehabilitation should be participative, engaging clients in appropriate levels of decision making and allowing recovered addicts to play a part in designing and delivering the service
- Rehabilitation needs to offer hope

The importance of combating social exclusion is recognised at EU level, as is the role of the Community and Voluntary sector. A White Paper is to be published shortly by the EU Commission on the role of the public and private/voluntary sector in combating social exclusion, with an emphasis on the need for the sectors to work in a more integrated way.

In September 2000 the Government published the *White Paper on a Framework for Supporting Voluntary Activity*, with the objective of putting in place a more cohesive framework for the support of the Community and Voluntary sector. The White Paper gives formal recognition to the Community and Voluntary sector as essential partners in economic and social development and it outlines strategies designed to enable the Community and Voluntary sector to work in partnership with other agencies, including those in the statutory sector. The report articulates a commitment to multi-annual funding (to replace ad hoc funding schemes) for agreed priority services and community development activities.

It was in the context of these policy developments that the Soilse-Rutland Partnership programme was established. The programme is client-centred and needs-based; it is an innovative use of resources; it involves a multi-disciplinary team; it has established a continuum of care from detox through rehabilitation by following the integration of services approach; and it stands as a model of best practice in public-voluntary (Rutland Centre has charitable status) partnership service provision.

1.5.2 Social context

Data available through the National Drug Treatment Reporting System, which collects information on people who receive treatment for problem drug use, shows that problematic opiate use is concentrated mainly in the Dublin area in locations with high levels of socio-economic deprivation. The *Report on The Lord Mayor's Commission on Drugs* also highlighted this fact: "Drug use is related to disadvantage. This is clearly evident from the high levels of unemployment, poverty and early school leaving displayed in areas where drug problems are prevalent." (1997: page *1).* The north inner city area of Dublin exhibits all of the features of socio-economic deprivation, and has a high incidence of drug and alcohol dependency within the population.

1.5.3 The continuum of care approach

The Soilse-Rutland Partnership programme is based on the continuum of care model and utilises a case management approach incorporating individual care plans. The continuum of care model is based on the premise that drug addicts have complex needs, and unless a substantial number of these needs are met, the addict will find it very difficult to become and remain drug-free. Drug addicts from deprived communities are doubly disadvantaged, and, therefore, require more than basic drug intervention work to become full and active members of society. The continuum of care model incorporates a range of strategies, all of which function together to address the complex needs of the addicted person and facilitate reintegration into society. The continuum of care model incorporates four strands or progressions:

- Detoxification (which may involve drug-substitution treatment)
- Addiction treatment
- Rehabilitation
- After-Care

These strands do not represent discrete stages of a prescribed recovery trajectory. Rather they are *complementary strands that may overlap* in the course of an individual's recovery trajectory according to his or her needs.

Detoxification (detox) refers to tolerance and withdrawal syndrome, both being medical phenomena and requiring medical attention. Detox is, more often than not, a constituent part of treatment, and may involve drug-substitution treatment in order to stabilise the addicted person and get him/her off a more harmful drug: for example methadone is often used to stabilise and detox heroin addicts.

Treatment means coming to terms with addiction and starting the process of developing strategies to cope with a life without drugs. The early stages of treatment, as mentioned above, may involve drug-substitution treatment in order to stabilise and get the addict off a more harmful drug. This may have only limited value, however, if not supported by one-to-one counselling, group therapy and addiction awareness workshops. It is important to distinguish between drug-substitution treatment and addiction (or psychological) treatment, for a correct understanding of what treatment should mean. Treatment can involve residential and/or day-care.

Rehabilitation (rehab) is the process of reintegration with society, which is only possible through developing and enhancing strategies to facilitate this process and which does not include the use of addictive substances. The *Oxford English Dictionary* defines rehabilitation as: 1) Restore to effectiveness or normal life by training, etc. 2) Restore to former privileges or reputation or a proper condition. Other definitions include: 1) To help a person readjust to society after a period of illness, imprisonment, etc. 2) Make fit again. 3) Reinstate.

After-Care can be a formal process appended to a programme or an informal process near the end of the continuum, which places emphasis on further development.

The provision of treatment programmes without care planning or holistic engagements such as follow-on rehabilitation programmes, may result in the addicted person remaining

stuck at the early stages of the recovery process and never moving to full and active participation in society.

- Rehabilitation is about recovery from addiction
- Rehabilitation is a process of development
- Rehabilitation is a progression route to reintegration into society
- Rehabilitation requires action in different areas
- Rehabilitation is multi-disciplinary
- Rehabilitation is person-centred
- Rehabilitation is environmental, i.e. responsive to the individual's economic, social and cultural background
- Rehabilitation should be available to all in treatment

Client group interaction with drug services across a full continuum of care is plotted in Figure 1.1 overleaf, and is derived from the Total Care Plan Matrix illustrated in the *Report on The Lord Mayor's Commission on Drugs* (1997: pages 11-12). The model illustrates the diversity and range of services that need to be developed in order to address fully the needs of recovering addicts.

Figure 1.1: The Care Matrix

REF. NO.	1, 2	2,3, 4,5, 6,7	2, 3, 5	5	6,7	8,9, 10	7,8, 9,10	8,10		4,8, 9,11	8,9, 10, 11	9,10, 11	10, 11	12	
Client Group	Pre-addiction intervention	Harm Reduction Services	Crisis Intervention	Primary/Medical Services	Respite/Stabilisation/Detox Services	Counselling	Residential Treatment	Addiction Education/Information	Regaining Control	Social Integration Programmes	Family Therapy	Relapse Prevention	After-Care/Self Help	Employment/Education/Training	**Modes of Intervention**
Community	X							X							Education & information Materials, Public Drug Awareness Programmes
Families	X	X	X	X	X	X	X	X		X	X	X	X	X	Family Therapy, Counselling, Drugs Awareness, Literature and Seminars, Self-Help Support Groups
Drug Experimenters	X	X	X					X							Education, Information & Advice, Health Promotion Services, Harm Reduction Services, Distraction/Diversion Programmes
Active Drug Users	X	X	X	X	X	X	X	X		X	X				Alternative Therapies/Activity Programmes, Sports & Leisure, Interactive Therapies including Music, Art & Drama Therapy, Social Skills Training, Literacy, Basic Education, Information, Drop-Ins, Detox and Stabilisation
Drug Users In Treatment		X	X	X	X	X	X	X		X	X	X		X	Structured Day Programmes, Sport and Leisure Activities, Medical Care, Counselling, Family Therapy, Stabilisation Programmes, Detox Maintenance Programmes, Skills Training Programmes, Nutrition and Dietary Advice
Drug Free						X	X	X		X	X	X	X	X	Addiction Specific Non-Residential Day Programmes, Residential Therapeutic Communities, Family Therapy, Complimentary /Holistic Therapy, Nutrition, Money Advice, Legal Advice, Housing Support, Vocational/Employment Training Career Guidance, Voluntary Work

The reference numbers denote the following service categories:

1. Pre-addiction Services.
2. Outreach Services.
3. Emergency Day & Night Care..
4. Activity Prigrammes.
5. Medical Care Programmes.
6. Methadone Maintenance Programmes.
7. Detoxification Programmes.
8. Social Rehabilitation.
9. Psycho-social Services.
10. Psycho-Therapeutic Treatment.
11. Voluntary Self-Help Groups
12. Pre-employment/Skills Training Programmes

1.6 The Stakeholder: The North Inner City Drugs Task Force

The North Inner City Drugs Task Force is one of 13 Local Drugs Task Forces (12 in Dublin, 1 in Cork) set up to provide a strategic, locally-based response to the drugs problem in those areas worst affected by heroin abuse. The LDTFs embrace representation from across the spectrum of the statutory, community and voluntary sectors.

The timescale for the existence of the LDTFs is not prescribed and consequently funding of the LTDFs is on an interim basis. At the time of completing this report the NICDTF had just entered its fifth interim period since its establishment in 1997.

1.6.1 Rationale for the funding of the Soilse-Rutland programme

The function of the NICDTF is to facilitate effective co-ordination of programmes and services at local level, involving the community in the development and delivery of locally based anti-drugs strategies. The Government allocated £10 million in 1997 to support proposals recommended for funding in the service development plans of Local Drugs Task Forces. Proposals were approved for funding by the Government, following evaluation by the National Drugs Strategy Team. The Soilse-Rutland Partnership programme was funded by the North Inner City Drugs Task Force (1) because of Soilse's long engagement with the north inner city community within which it is based; (2) because both agencies in the partnership have established track records in their respective fields of treatment (Rutland Centre) and social rehabilitation (Soilse); and (3) because it is the first programme to provide a continuum of care through its unique partnership approach involving a statutory agency (Soilse) and an agency from the private/voluntary sector (Rutland Centre).

1.6.2 Funding arrangements

Funding initially was provided to the Partnership for a one-year period. The funding allocation was for 10 north inner city participants to take part in the programme in Phase I. A further 10 were funded for Phase II of the programme and the programme is now entering Phase III with the same funding allocation expected. Funding allocations beyond the first year of operation were assessed according to the project's perceived effectiveness and impact within the North Inner City Drugs Task Force area.

1.7 The service providers

1.7.1 Soilse

Soilse is the dedicated social rehabilitation programme of the Northern Area Health Board (NAHB) and was established in 1992. The organisation has an excellent reputation in the field of drug rehabilitation and has established many links with community organisations both national and international. It has been involved with some European programmes and seeks, where possible, to work in an integrated way with other organisations. Its mission statement is: to provide a comprehensive and holistic rehabilitation service which will empower the recovering addict, facilitating his or her growth and development towards a drug free and non-dependent lifestyle.

Soilse operates both drug free and non-drug free programmes as well as detox support options. The non-drug free programme takes place at 1/2 Henrietta Place, Dublin 1. The drug free programme takes place at 6/7 North Frederick St, Dublin 1. Soilse is active in outreach intervention providing information to individuals, family members, community groups and other drug services about rehabilitation options available to them at Soilse. In recognition of the fact that the recovery continuum extends beyond its programme duration, Soilse operates an 'open door' with respect to past participants. The agency's resources and facilities may be accessed by past participants on a drop-in, or appointment basis.

1.7.2 Rutland Centre

Rutland Centre is a residential centre specialising in the treatment of alcohol, drug, gambling and other dependencies. The centre is located at Knocklyon Road, Templeogue, Dublin 16. It has been in existence for twenty-two years and has an international reputation in the field of drug treatment. Treatment at Rutland Centre focuses on the primary nature of addiction and its harmful consequences for the dependent person and his or her family. Treatment is designed to enhance coping skills and to help clients achieve personal integrity and inner security, so that a commitment to lasting recovery is possible.

There are in total 25 beds in Rutland Centre, and the intake is approximately 220 per year. The Eastern Regional Health Authority funds 36 places per annum outside of the 10 places per annum currently funded by the North Inner City Drugs Task Force through the Soilse-

Rutland Partnership programme. Intake is on a 'first come first served' basis, whether public or private and the Centre has approximately 215 clients per annum.

1.8 Programme overview

Phase I (December 1997-April 1999):

In Phase I, 17 people from the north inner city were assessed and 10 were funded by the NICDTF to engage with the programme. Seven multipliers from outside the north inner city also participated in the programme, hi the course of Phase I two separate evaluations of the Soilse-Rutland Partnership programme were conducted: the first was an independent evaluation conducted in May 1999 (see section 1.9 below); the second evaluation was conducted by the National Drug Strategy Team (NDST) in 2000 (see section 1.10 below).

Phase II (April 1999- October 2000):

In Phase II, 25 people from the north inner city were assessed and 10 engaged with the programme. Twenty-one multipliers also engaged in phase II. Four of these were from the north inner city area, six were from the greater north city area, with the remaining 11 coming from various other parts of Dublin. At the time of researching the report, one client has just begun part-time in Soilse and pre-entry Rutland Centre, which marks the start of Phase III of the Partnership programme. The Partnership programme continued to be funded on an interim basis throughout Phase II. At the time of completing this report it had entered its fifth interim period, which terminates in June 2001.

1.9 Summary of the evaluation of Phase I of the Soilse-Rutland programme

An evaluation of Phase I of the Soilse-Rutland Partnership programme was completed in May 1999. The aims of the report and the methodology used were similar to those in the evaluation of Phase II.

1.9.1 Summary of the findings from the Phase I evaluation

The most successful aspects of the Partnership programme were identified by the service providers as:

- The experience for participants of living in a safe and nurturing environment and being part of a therapeutic community in Rutland Centre
- Participants building personal relationship and peer networks, and having their opinions listened to and validated in Soilse
- The existence of a continuum of care from detox, through treatment to rehabilitation for participants to engage with

The three prime factors militating against recovery for the north inner city participants were found to be environmental/cultural factors, identified as:

- Homelessness or unsafe living arrangements
- Family alcohol/drugs abuse
- Lackofchildcare

Other factors that impeded full and active participation were:

- Difficulties in accessing social services
- Health issues
- Emotional issues
- Cross-addiction and total abstinence from mood-altering substances

The service providers claimed that the first year of operation had involved a significant learning curve. Throughout the year, as gaps were identified in the service, strategies were put in place to improve the programme. Most of the learning was associated with the environmental/cultural problems faced by participants, the level of preparedness of participants and the lack of referrals from community and statutory organisations. Strategies that were implemented during the course of the programme were as follows:

- Strengthening the assessment procedures
- Keeping participants for a longer period in part-time Soilse and pre-entry Rutland
- Greater liaison between Soilse facilitators and participants during their stay in Rutland
- Developing stronger group cohesion in Soilse part-time
- Working for longer with participants from the Training Unit in Mountjoy Jail
- Negotiating on behalf of participants with statutory agencies about benefits and entitlements

1.9.2 Conclusions of the evaluation of Phase I

- That the Soilse-Rutland Partnership programme is a model of good practice
- That the continuum of care approach is an effective model of intervention
- That lack of co-operation and co-ordination of agencies impedes movement towards the integration of services

1.9.3 Recommendations arising from the evaluation of Phase I

Short-term improvements to the programme were identified as:

- A Rutland Centre After-Care group based in the north inner city
- Fine-tuning of assessments and screening to be undertaken
- More preparatory work with participants

The report strongly articulated the necessity of funding the following resources in the short to medium term:

- A half-way house for participants with accommodation difficulties
- Provision of childcare facilities
- Support worker(s)

1.10 Recommendations and outcomes of the NDST evaluation

In early 2000 the NDST conducted a study of projects funded under its aegis, in each of the 13 Local Drugs Task Forces. The purpose of the study was "to examine the projects' experience of implementing their aims and objectives; to identify enabling and constraining factors in this process; and to identify principles of good practice"; the aim being, to "enable identification of key issues and provide the basis for building on current strengths and ensure optimal use of potential." The Policy Research Centre of the National College of Ireland was contracted to design research tools and co-ordinate the study, and a number of independent evaluators were employed to carry out the individual studies of each of the projects concerned.

The Soilse-Rutland Partnership programme was selected as one of the projects funded by the NICDTF to be evaluated for the study, and Dr Mark Morgan was the independent evaluator.

In mid-2000, the Soilse-Rutland Partnership received notification that the programme had been deemed a Category A project by the NDST. Category A projects were recommended "to be mainstreamed with no modification required." To date, however, the Partnership has not received official notice of the date mainstreaming funding is to commence, of how the funding will be arranged or confirmation of the amount of funding it will receive under the initiative.

1.11 Summary

The aim of the report is to evaluate the effectiveness of the Soilse-Rutland Partnership programme as model of intervention. A qualitative methodology was chosen because this is more appropriate to understanding individuals' perceptions of a given situation. The Partnership programme was developed in a policy context underpinned by recognition of the need for an integrated approach to drug intervention by all agencies concerned, and a greater involvement of the community sector in the structural and organisational implementation of drugs policy, programmes and services at a local level. There is also recognition that the focus of intervention must be directed at communities worst affected by drugs. The programme is an innovative response to the drugs problem faced by the north inner city, by two organisations in a public (Soilse) private/voluntary (Rutland Centre) partnership arrangement. The Soilse-Rutland Partnership programme is based on the continuum of care model and utilises a case management approach incorporating individual care plans. The continuum of care model recognises that drug addicts have complex needs, and unless a substantial number of these needs are met, the addict will find it very difficult to become and remain drug-free.

The Partnership's programme was funded by the North Inner City Drugs Tasks Force (NICDTF) and commenced operation in late December 1997. Phase I of the programme ran from December 1997 to April 1999, during which time 17 people from the north inner city came for assessment and 10 engaged with the programme. A further seven people from outside the north inner city also engaged with the programme, these were not funded by the NICDTF and are referred to as the 'multiplier' effect. An independent evaluation of Phase I, which was completed in May 1999 concluded: that the Soilse-Rutland Partnership programme is a model of good practice; that the continuum of care approach is an

effective model of intervention; and that lack of co-operation and co-ordination of agencies impedes movement towards the integration of services. This report is an independent evaluation of Phase II of the programme, which ran from May 1999 to October 2000. In Phase II, 25 people from the north inner city were assessed, funding was provided for 10 people and 21 'multipliers' also engaged with the programme. The NDST undertook an evaluation of the Partnership programme in early-2000, and the Partnership received notification in mid-2000 that the programme had been deemed a Category A project recommended "to be mainstreamed with no modification required." The Partnership programme, however, continued to be funded on an interim basis throughout Phase II. At the time of completing this report it had entered its fifth interim period, which terminates in June 2001.

Chapter 2: The Soilse-Rutland Partnership Programme

2.1 Introduction

This chapter describes the Soilse-Rutland Partnership programme: it explicates the aims, objectives, ethos and communication mechanisms of the programme; it analyses the methodology applied; and it discusses in detail the structure and timescale. Certification opportunities are also outlined.

2.2 The aim of the programme

The aim of the programme is to offer drug abusers from the north inner city and their families the opportunity to liberate themselves from drug dependence. Specifically, the programme aims to provide a continuum of intervention from detox to After-Care through an integrated response, combining practice and resources, in order to facilitate treatment and recovery. The programme seeks to create a continuum of care through the partnership approach adopted by the two constituent agencies. The programme involves detox, family mobilisation and intervention, treatment, rehabilitation and After-Care, and incorporates group therapy, life skills training, vocational training, creative expression and practical socialising, over a one-to-two year period.

2.3 The objectives of the Soilse-Rutland Partnership programme

fa To work with people who wish to pursue a drug-free, non-dependent lifestyle

- To realise the full potential of the individual in a holistic fashion

© To provide an abstinence-based response to drug misuse

- To strategically enhance the operations of both organisations by working in partnership

@ To establish the Partnership as a model of good practice in the field of drug intervention

- To contribute to a drug-free counter-culture in communities, by awareness building on the nature of recovery from addiction

- To promote recognition within organisations and communities of the primary nature of addiction

2.4 The programme philosophy

There are two fundamental tenets to the philosophy underpinning the programme:

- The recognition of the primary nature of addiction
- The recognition of total abstinence as the best and surest way to achieve lasting recovery

The constituent agencies of the Partnership acknowledge that addiction is a recognisable condition with identifiable symptoms: mental obsession, physical compulsion and sincere **denial** or delusion. In recognising the primary nature of addiction the Partnership acknowledges that regardless of what other problems drug addict have, until or unless they address their addiction, it will continue to generate further problems. Accordingly the programme is based on the principle that it is only by understanding, accepting and taking responsibility for this condition that an individual can arrest the downward spiral of addiction and engage in the recovery process.

Total abstinence in the context of the Partnership programme means not using drugs of any **kind.** The definition of 'drugs' in this context includes all mood-altering drugs, both legal and illegal, including alcohol.

2.5 The ethos of the Partnership

The Partnership is based on a compatibility of philosophy and mutual respect **and** recognition of each organisation's area of expertise. Moreover, it recognises the complementarity of each organisation's practice and the need for the provision of **a** continuum of care for recovering drug addicts. The relationship is characterised by openness, effective communication structures and trust. The Partnership's ethos, characterised by compatibility of philosophy, complementarity of practice, and mutual **respect, is** deemed to be a critically important condition in ensuring the success of the Partnership.

2.6 Communication mechanisms

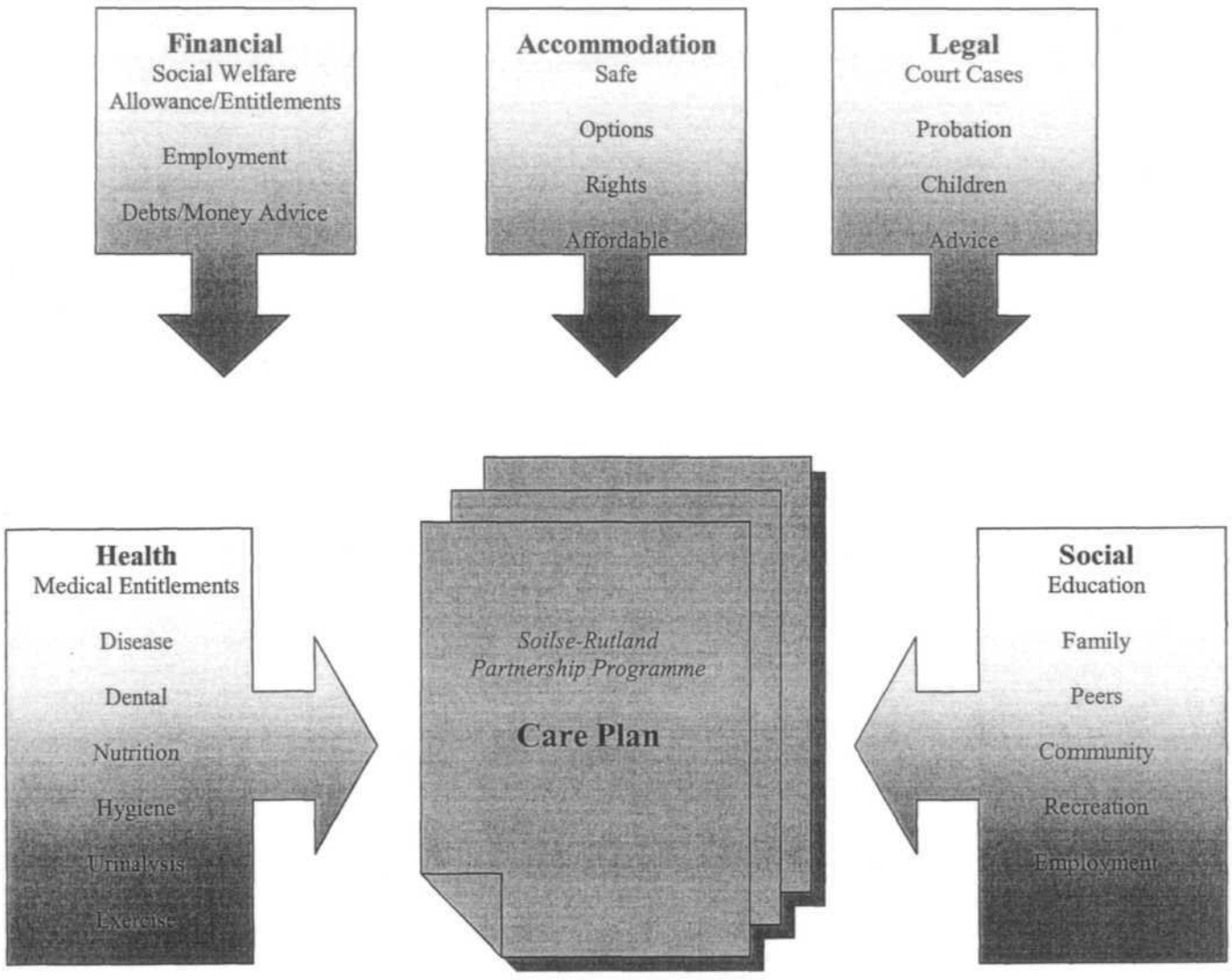
There is a very high level of communication between facilitators in the two organisations on an informal basis. Relevant information regarding the progress of a participant, or any other matters arising, is shared and discussed by facilitators across the Partnership organisations. In order to be speedy and responsive in addressing issues this communication often takes place by phone, or when Soilse facilitators are in Rutland Centre to meet with participants. A Soilse facilitator visits Rutland Centre on a regular basis.

2.7 Methodology

The methodology applied by the Partnership is that of case management utilising ***individual care plans*** **within a** ***continuum of care model*** **of treatment and rehabilitation.**

As addiction affects all areas of a person's life, individuals presenting for treatment and rehabilitation will have a myriad of needs (training, education, health, financial, social, accommodation and/or legal) that should be addressed. A comprehensive care plan is constructed by the individual, in partnership with a Soilse facilitator to identify needs and establish short and long term goals when in the part-time/pre-entry stage of the programme. This care plan is constantly referred to and updated by the individual and relevant facilitators in both organisations as he/she progresses through treatment and rehabilitation. The case management approach recognises the unique history, circumstances, identity and needs of an individual, and the use of care plans supports the client-centred, needs-based orientation of the programme. Utilising their individual care plans enables participants to identify obstacles to on-going recovery and to identify progress made; it also enhances the development of the programme as a needs-based intervention by illuminating clients' needs. Diagram 2.1 outlines categories and subcategories of needs that may be addressed within an individual care plan.

Diagram 2.1: The Care Plan



This emphasis on care plan development is harmonious with the findings of Dorman and Jones (1999) *Rehabilitation Research Report,* which emphasises that rehabilitation programmes must offer a range of responses in order to address the range of needs of recovering drug addicts, particularly those from deprived communities: "rehabilitation needs to be comprehensive, considering all aspects of a client's life, especially their relationships, accommodation, contact with the law, basic resources such as money and food, and the personal issues underpinning addiction."

Central to the concept of the continuum of care is the understanding that recovery from drug addiction takes time, that individual recovery rates differ and that the changing needs of individuals in transition from drug dependence to independence require support and an integrated service response appropriate to the different stages of recovery.

Soilse's methodology:

Soilse aims to address the personal, social and vocational needs of the individual. Moreover, the programme recognises the primary nature of addiction and promotes a substance-free outcome for all participants. The programme is designed to provide people with skills, both resistance skills and normative skills, to stay off drugs. The programme takes into account early school leaving, time spent away from education, lack of development of educational skills and the fact that adult learning processes are distinctive. Though the programme is non-residential, its ethos is based on the therapeutic community paradigm.

The programme is derived from, and delivered using, an Adult Education philosophy and methodology premised on group-based learning. It utilises the experience of the individual, which become the focus of learning transactions. Adult learning within the context of rehabilitation from drug dependence is a sustained learning process designed for, and appropriate to, the needs of those challenging dependency. This needs-based programme recognises that addiction is a sincere but harmful attempt on the part of the drug user to meet felt needs. The Adult Education approach augments the rehabilitation process in promoting outcomes of empowerment and self-direction through discovery of meaningful, non-harmful ways to meet needs.

All dimensions of adult learning are reflected in the programme: education, recreation, creativity, therapy, and communication. There are three main components to the programme: (i) creative, (ii) education, and (iii) addiction education.

The creative emphasis is an important component of the programme as it provides a channel for self-exploration and self-expression. Lack of creative development is particularly evident where drug use commences in early adolescence and is also strongly associated with social exclusion. Creative expression fosters the development of soft skills

such as the ability to work with others, good communication skills, problem solving and increased self-esteem.

There are two groups in Soilse: the pre-entry group and the full-time group. There is a maximum of 15 clients in a pre-entry group and 12 in a full-time group at any one time. Participants are entitled to a weekly 'top-up' payment of £20, which does not affect their social welfare entitlements and lunch is provided on the premises. A weekly crèche allowance, may be accessed where necessary. Bus passes are provided for participants domiciled outside a two-mile radius of Soilse and all materials required for participation in workshops are supplied.

Rutland Centre's methodology:

Treatment in Rutland Centre focuses on the primary nature of addiction and the harm it causes the individual and the family of the addicted person. It is also very much part of the philosophy that addiction is a family condition, therefore, involvement of the families of those undergoing treatment is encouraged. The methodology is based on the Minnesota Model (which is an elaboration of the 12-step programme), and the importance of the therapeutic community. This treatment model incorporates:

- A basic philosophy of total abstinence
- An understanding of the human being who is addicted, as a person who deserves to have their needs met and to be able to meet the needs of others
- A method of treatment that can bring the addict to awareness of their own needs, and their need to take care of others in relationship
- A recognition that addiction destroys that capacity
- A recognition of the need to recover
- Group work, as a means whereby people offer each other support, feedback, insight and awareness in a credible way
- Working in a residential, drug free, therapeutic community that really understands addiction

Treatment in Rutland Centre is on a residential basis and thus clients are removed from the immediacy of the environment that sustains their addiction. The core component of the residential approach is the therapeutic community: all clients are asked to come together

and live within the principles of mindfulness, respect, co-operation, support, feedback, non-violence, honesty, acceptance and non-judgement. This is a new way of relating for most addicts, and through this they begin to access core human experiences. Maintaining the safety of the environment of the therapeutic community is crucial, so clients must agree to abide by five basic rules: no drugs, no alcohol, no gambling, no violence and no sexual contact.

2.8 The programme structure and timescale

Diagram 2.2 overleaf gives a visual representation of the Soilse-Rutland Partnership programme structure.

2.8.1 Intervention and assessment

Assessment of potential participants is undertaken separately by both Rutland Centre and Soilse on an on-going basis.

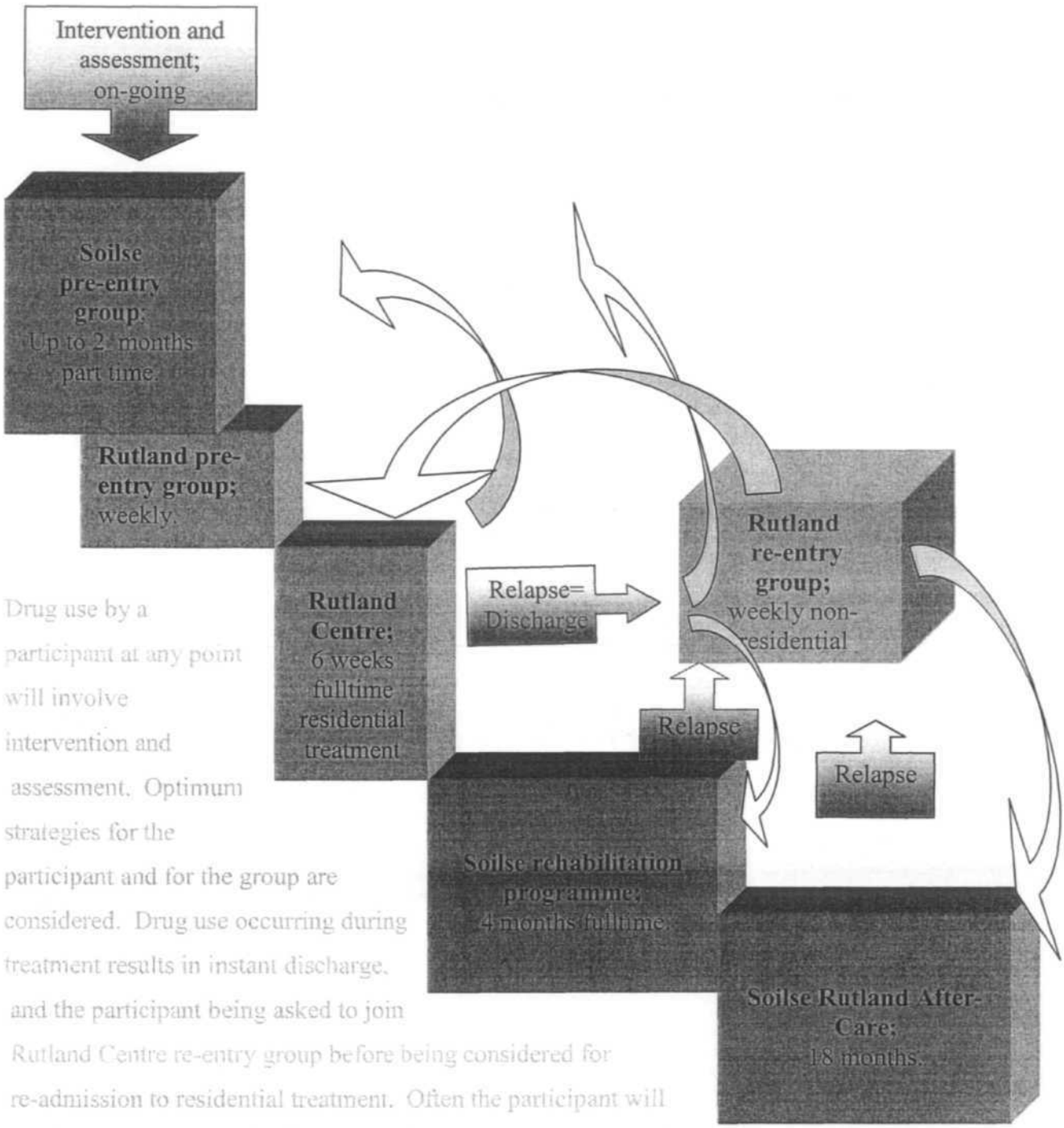
The focus of the Soilse assessment is on establishing the needs and circumstances of the client and to communicate to them, as potential participant, what the programme entails. The main criteria on which the potential participant is assessed are:

- Ability to participate; circumstantial, physical, and psychological
- Willingness to participate; motivation, interest, and commitment
- Drug status; stability

For assessment in Rutland Centre the client is asked to bring a family member or 'concerned person' along to assist in providing relevant information. The assessment seeks to ascertain:

- The extent of the addiction problem
- The feasibility of treatment
- The readiness or capacity of the prospective participant to engage in intensive group therapy.

Diagram 2.2: The Soilse-Rutland Partnership programme structure



Drug use by a participant at any point will involve intervention and assessment. Optimum strategies for the participant and for the group are considered. Drug use occurring during treatment results in instant discharge, and the participant being asked to join Rutland Centre re-entry group before being considered for re-admission to residential treatment. Often the participant will also be asked to attend the Soilse part-time group. Intervention in response to an incident of drug use after the residential treatment stage of the programme may involve the participant attending the Rutland Centre re-entry and /or the Soilse part-time group.

From the initial contact, Rutland Centre and Soilse engage in dialogue with and about the individual. Following the assessments, a joint case conference is held and a care plan is drawn up focusing on the needs of the individual. The care plan has to take into account issues such as the potential participant's children (childcare arrangements, etc.), living arrangements, length of time in detox and the person's involvement with other agencies. A judgement is then arrived at as to the readiness of the individual to engage with the programme.

The participant need not be drug free when attending for assessment (many prospective participants were on methadone maintenance when first referred to Soilse), but they must undergo detox in the first weeks of the programme.

2.8.2 Pre-entry

Participants attend Soilse on a part-time basis - three times a week. The programme duration is up to two months but individuals will sometimes progress to treatment within that period if they are assessed to be ready for it (assuming, of course, that a bed is available at Rutland Centre). The programme is comprised of regular drug screenings, group work, creative modules and talks (See Appendix 4 for Soilse's part-time/pre-entry schedule). Participants are encouraged during the pre-entry period to attend a weekly Rutland Centre pre-entry group, which take place at Rutland Centre one afternoon per week, prior to commencing treatment.

2.8.3 Residential treatment

Treatment is provided on a residential basis at Rutland Centre. Participants are assigned to a group; the average number in a group is eight and two counsellors are assigned to each group. The duration of the treatment is six weeks and consists of twice-daily intensive group therapy, individual counselling, daily lectures and videos on addiction and recovery, writing assignments, pastoral care, relaxation therapy, routine medical examinations and a comprehensive family programme. Tuesdays are 'CP' (concerned persons) days, where family members and other concerned people are invited to attend for talks and joint therapy. Clients are also encouraged to attend any, or all of the 12-step fellowship meetings (NA, AA, GA and FAA) that take place in the centre. The centre also offers men's and women's groups which address the specific needs of men and women in recovery. (See Appendix 5 for Rutland Centre timetable.)

2.8.4 The Soilse full-time programme

After completing treatment, participants re-engage with the Soilse programme: some may enter the full-time programme directly or may attend the part-time programme until a full-time programme commences. The full-time programme takes place between the hours of 10am and 5pm five days a week and lasts for a period of four months (See Appendix 6 for Soilse's full-time schedule). Participation in all sessions is mandatory. Modules are timetabled on a weekly basis under the following headings:

- Addiction rehabilitation: Group workshops and guest speakers on various subjects from health, nutrition, exercise, sexuality, legal matters, financial matters and social welfare issues
- Health and fitness, and stress management: e.g. relaxation techniques, football, aerobics. (There is a gym on the premises.)
- Personal development/Life skills
- Creative modules: e.g. art, drama, video, photography, creative writing
- Information technology. (Computers are also available for use by participants outside of scheduled workshop times)
- Outings and field trips, e.g. theatre, exhibitions etc.

Literacy classes are also provided on a non-mandatory basis, as deficiencies in reading and writing skills are common amongst the client base.

Participants may access professional career guidance on an individual basis. During the latter stages of the full-time programme, participants are encouraged to put in place concrete steps towards further training/education or work options

Soilse does not have counsellors on staff but does assist participants in accessing counselling services where required. Facilitators are readily available to participants to advise and assist in tackling difficulties encountered. A high degree of interaction between facilitators and participants is a strong feature of the programme. The facilitators actively promote a self-directive lead by participants in charting their recovery and in solving problems that arise on the way. Work on the care plan is on-going: evaluation of participants' individual recovery trajectories is an integral part of the weekly group sessions, and one-to-one meetings with facilitators are available where necessary.

2.8.5 After-Care

The Rutland Centre After-Care programme takes place on a once-weekly basis at a number of centres throughout Dublin, and in recent months an After-Care group has been established in the Soilse premises. Participants are actively encouraged to attend After-Care for at twelve to eighteen months after residential treatment ends. After-Care involves weekly group therapy conducted by facilitators trained the by Rutland Centre. Participants may also continue, or be invited to attend specific therapeutic focus groups (e.g. the men's groups or women's groups) at Rutland Centre.

Outside of the formal Rutland Centre After-Care programme, Soilse provides After-Care in the form of an open-door policy with regard to use of the resources and access to the facilitators by past-participants.

2.8.6 Relapse

Intervention occurs following drug use by a participant and is designed to balance the needs of the participant with the safety of the group. If drug use occurs during the course of residential treatment at the Rutland Centre the client is instantly discharged. This is deemed necessary in order to maintain the safety of the therapeutic community. This is not a common event during residential treatment, but where it does occur a discharged participant normally enters a Rutland Centre re-entry group where group work aids the individual to gain insight to, and understanding of, the factors precipitating the occurrence of drug use. Subsequently the participant may be assessed for re-admittance to residential treatment. At the same time as attending the re-entry group, the participant also re-engages with the pre-entry Soilse programme, again to focus on examining the reasons for the relapse, and also to assess the preparedness of the participant to commit to the programme.

If relapse occurs while on the Soilse full-time programme the participant may be asked, in some cases, to return to the pre-entry programme in Soilse; the participant is also asked to move from the Rutland Centre After-Care group to the re-entry group.

2.8.7 Certification

Many of the participants have no qualifications when they come to Soilse, and for some the programme gives them a chance to acquire them. In recognition of this Soilse had

established links with the Extra-Mural Department, Centre for Adult and Continuing Education, St Patrick's University, Maynooth, in 1992. An option of undertaking modules through the National Council for Vocational Awards (NCVA) and City & Guilds is also offered. The provision of NCVA is useful because it is recognised both academically and in the job market. The emphasis of the Soilse-Rutland Partnership programme, however, is *process* rather than *goal* orientated, therefore participants are given the choice whether to undertake NCVA or not. Soilse is registered as an NCVA level II Centre.

2.9 Summary

The Soilse Rutland Partnership programme is an integrated, needs-based response, combining practice and resources to facilitate treatment and recovery for drug abusers. The aim of the Programme is to offer drug abusers from the north inner city and their families the opportunity to liberate themselves from drug dependence. The methodology employed by the Partnership is that of case management, utilising individual care plans, **and a** continuum of care approach to treatment and rehabilitation. The methodology used by Soilse is derived from an Adult Education philosophy, premised on group-based learning. Treatment in Rutland Centre is on a residential basis and the core component of the approach is that of the therapeutic community. Participants' progress is assessed throughout in consultation with the individual. Drug use by a participant at any stage will prompt strategic interventions focusing on the factors precipitating the lapse into drug use. Intervention strategies are engaged which seek to balance the needs of the individual with the needs of the group. Soilse is registered as an NCVA level II Centre and participants have the option of undertaking modules through the National Council for Vocational Awards (NCVA).

Chapter 3: The service providers' evaluation of the Programme

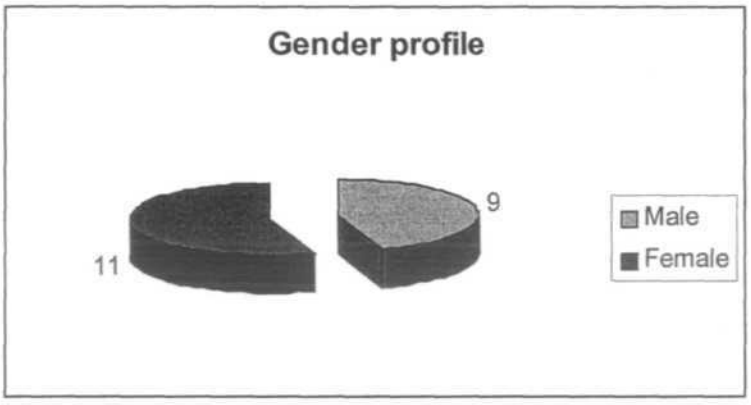
3.1 Introduction

The emphasis in this section is on the Partnership's perceptions and analyses of the project based on: in-depth interviews conducted with four facilitators (two from Rutland Centre and two from Soilse); examination of documents; and consultation with the service providers. (See Section 1.2 for an in-depth discussion on the methodology employed.) The chapter profiles the 20 NIC participants funded by the NICDTF since the Programme's inception. Outcomes for the Phase II participants are explicated, the focus being concentrated on the 10 NICDTF-funded participants. In order to assess and monitor the long-term effectiveness of the Soilse-Rutland Partnership programme the outcomes for 16 of the 17 Phase I participants are included (information was incomplete on one of the participants at time of writing). The service providers' appraisal of the factors affecting participation in Phase II, and the outcomes for the Partnership is also discussed.

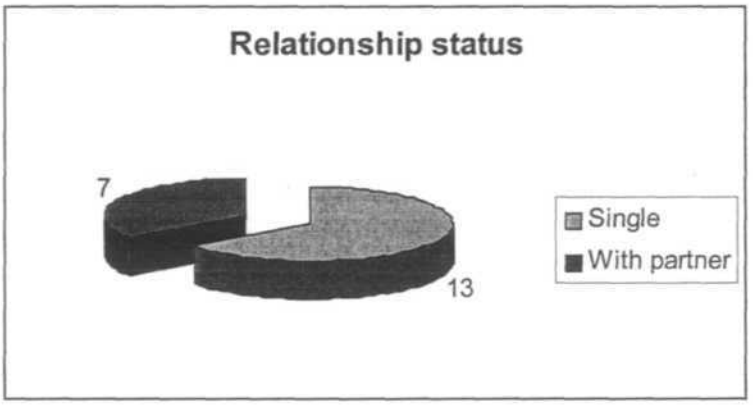
3.2 Profile of the NIC participants (Phases I and II)

This section profiles the 20 NICDTF funded participants at the point of their initial engagement with the Soilse-Rutland Partnership programme.

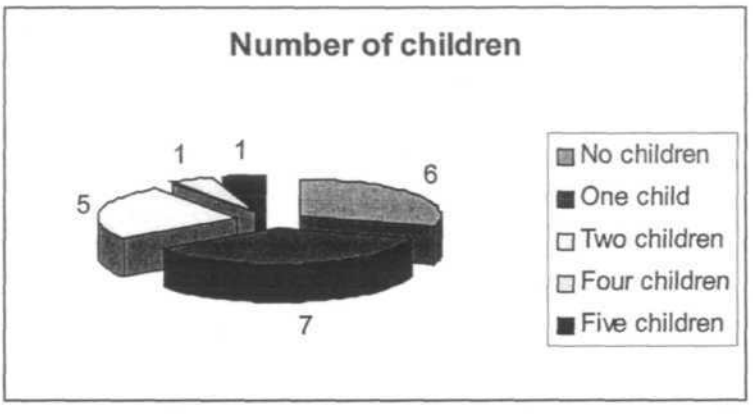
The spread in Phase I shows one participant significantly younger than the others.



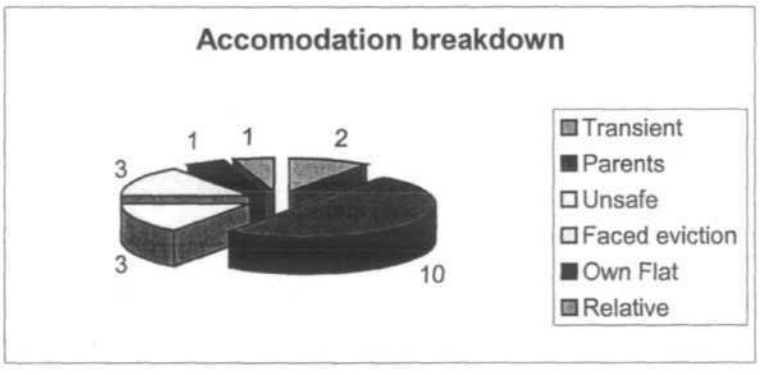
The pie chart shows the gender profile over the two phases. Gender breakdown in each of the respective phases are broadly similar.



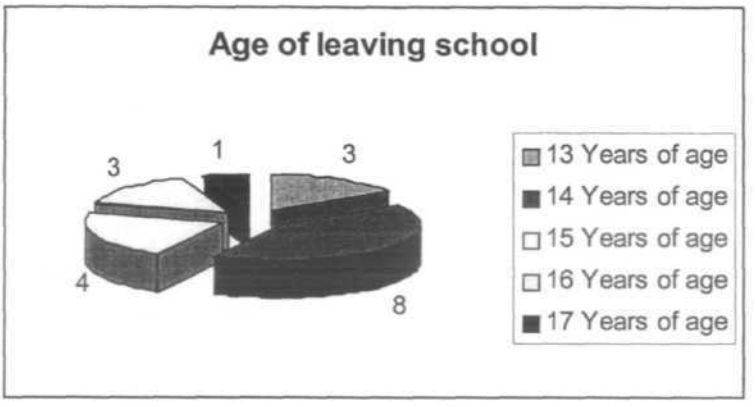
Of the seven participants with partners the breakdown of the partners' drug status is as follows: one is in recovery; two attend a methadone clinic; one is in active drug use; one is in prison; the remaining two were not active drug users.



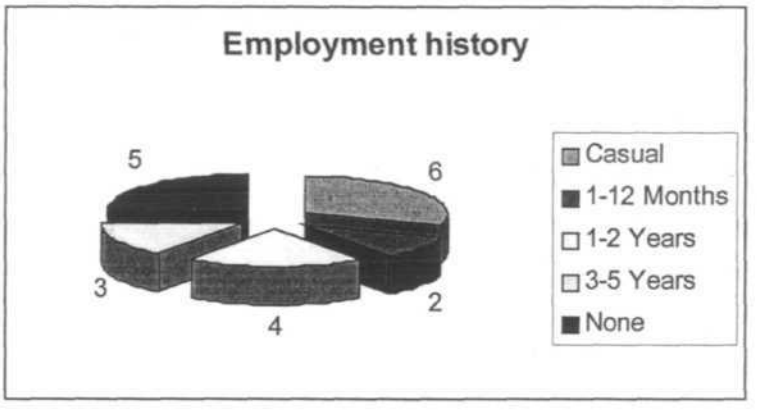
The vast majority (14 of the 20) of the participants had one or more children. A fifteenth has since become pregnant.



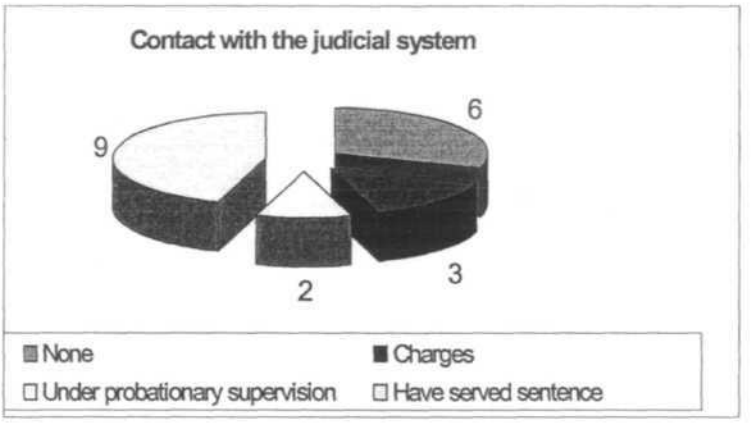
Two NICs were transient. Ten the participants were dependent on the family home for accommodation. One lived with a relative. Three were in accommodation categorised as unsafe (2 lived with partners on methadone maintenance, 1 with a partner in early recovery). Three faced eviction/repossession. One had independent accommodation.



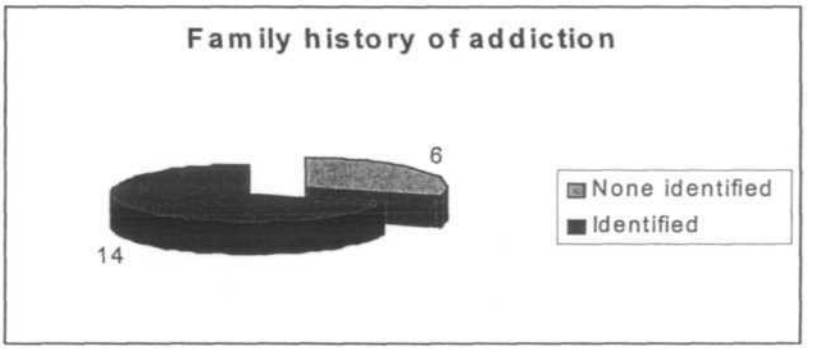
Eleven of the NIC participants had left school by the age of fourteen. Another 7 left between the ages of fifteen and sixteen. Only 1 attended school to the age of seventeen. Note: 1 participant had received no schooling.



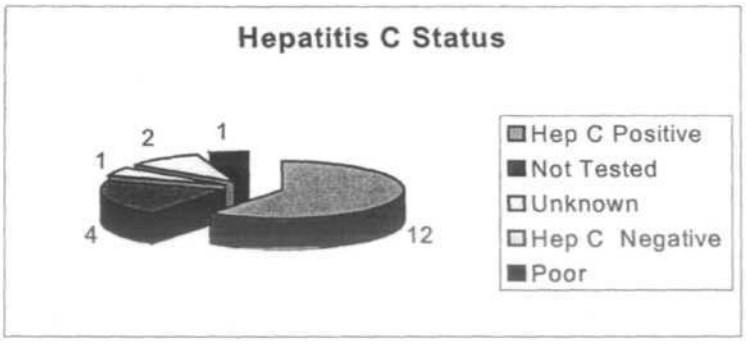
A quarter of the NIC participants had no employment history. Six had an intermittent history of casual work. A further six had less than two years work experience. Three NIC participants had between 3 and 5 years work experience.



Fourteen of the twenty had a history of contact with the Justice system: 9 having served one or more terms in prison; and 5 having faced charges but not incarceration.



The vast majority of NIC participants come from home environments where addiction is present.



Twelve of the NIC participants tested positive for Hepatitis C. Five had not tested or the status was unknown. One participant tested negative. In the last case the health status of the participant was categorised as poor.

3.3 Programme enhancements in Phase II

Phase II has been characterised more by consolidation of, rather than major adjustments to, the programme. Facilitators identified the following enhancements to the partnership programme in phase II.

3.3.1 Greater number of referrals

Facilitators reported a substantial increase in referrals to the programme. This increase in Phase II reflects greater awareness of the Partnership programme, both in the NICDTF catchment area and beyond. Referrals came from a number of sources - Cuan Dara, General Practitioners, community workers, social workers, the Mountjoy Prison Training Unit, self-presentation - but there are three main sources evident in the referral profile, they are:

- The Inner City Organisations Network (ICON) Drug Support Programme
- Self-presentation (through 'word of mouth')
- An increasing number of referrals from Cuan Dara

Referrals from methadone clinics remain poor to non-existent. Arguably, this can be explained by the focus on drug-substitution treatment, rather than addiction treatment and rehabilitation, predominant in clinics.

Of the 10 Phase II, NICDTF-funded participants, five self-presented - two of these having heard of the Partnership programme through an outreach talk while attending Cuan Dara; the other three self-presented at Soilse on the recommendation of friends, though they were not in all cases aware of the Partnership programme. Four were referred to Soilse through the ICON Drug Support Programme. One participant was referred to Soilse by a

social worker in the Community Care Area. There was a significant increase in the number of multipliers engaging in the programme during Phase II - a total of 21. At the time of writing, 14 had completed the programme, 3 were in the Soilse full-time programme, and the remaining four were stood down from the programme

3.3.2 Strengthening of the assessment process

There is consensus among staff of both organisations that the assessment procedure is working well. All of the interviewees stressed the importance of adequate appraisal of participants' preparedness for the programme during the pre-entry period. Facilitators also agreed that participants' preparedness for the rigours of residential treatment is a factor determining the outcome of treatment. The Partnership organisations concurred that both organisations had learned from the early stages of Phase I of the programme, and throughout Phase II had greater clarity in terms of appreciating and assessing "the readiness of people going in [to treatment]". All the facilitators stated that they would rather delay residential treatment if they had doubts about a participant's readiness. One Rutland staff member commented that referrals from Soilse always provide good information and background on the client by contrast to a referral from, for example, a GP who may have little information about the client, and that most people coming from Soilse are very well prepared for residential treatment.

Having completed residential treatment, participants who, for example, are very emotionally unstable or face difficult living situations, may be encouraged by the Soilse facilitators to re-enter the part-time programme, rather than enter the full-time programme immediately. This clearly demonstrates that the learning from Phase I has informed the Partnership's methods throughout Phase II. It also illustrates the centrality of the case management approach adopted by the Partnership, which is sensitive to individual recovery rates and the changing needs of the individual.

3.3.3 Consolidation of the Adult Education approach within Soilse

The counselling elements within Soilse were removed at the beginning of Phase II and greater emphasis was placed on the social, creative and educational components of the programme. In other words, the focus shifted wholly to social rehabilitation through experiential group-centred learning, which is central to the Adult Education approach. This adjustment to the Soilse programme was as a result of the learning undergone in

Phase I. Participants, however, are encouraged and facilitated in accessing counselling services outside the programme, if required.

3.3.4 A more structured implementation of the care plan

Although a case management approach operated from the beginning of the programme, in Phase II care plans were incorporated into the programme as a practical method of working with clients: a care plan workbook is issued to each participant, and facilitators work with participants from day one on their care plan. This has proved a practical and effective method of actively involving participants in directing their own recovery process.

3.3.5 Greater understanding of, and dialogue on, the needs of participants

The implementation of the care plan necessitated and facilitated greater dialogue between staff of both organisations, on the needs of participants. "Rutland would have a strong understanding of the practical needs of the particular kind of group that would be coming from Soilse and even start looking at that from the beginning in their dialogue. So [they're] more involved than originally in looking at the plans for somebody." Soilse provides information to Rutland Centre on the particular circumstances of participants, including accommodation arrangements, relationship difficulties, education difficulties, and so on, so that "counsellors have a better sense of what is a positive outcome for somebody".

3.3.6 Greater link-in by Soilse with participants undergoing residential treatment

In Phase II, Soilse increased the amount of contact it had with participants who were undergoing treatment in Rutland Centre. This necessity was identified during Phase I of the programme, in order to better prepare participants for return to the non-residential environment of Soilse.

3.3.7 A Rutland Centre After-Care group established in Soilse

Discussions between the service providers on establishing a Rutland After-Care Group in Soilse, and training of suitable facilitators for that undertaking were ongoing in Phase II. The first After-Care Group based in Soilse will commence on January 17th 2001. This programme was implemented in order to eliminate difficulties, travel costs in particular, which participants were encountering in accessing the After-Care groups in other areas of the city.

3.3.8 Employment of a liaison worker:

The Soilse-Rutland Liaison Worker is intended to be piloted as a new initiative in 2001. The Liaison Worker will have the following brief:

- Based in the north inner city community, working from Soilse
- Working with both prospective and partaking participants
- Liaising with families
- Creating a sustainable network in the community in order to enhance people's recovery and to consolidate the continuum
- Linking through from Soilse to Rutland Centre, and vice versa

A monitoring committee comprising of Soilse/Rutland Centre, the NAHB and the NICDTF will supervise the Liaison Worker. This committee will also evaluate the process upon the first year's completion.

3.3.9 The increase in multipliers further strengthening group cohesion in Soilse

It was noted by one facilitator that the additional flow through of multipliers has strengthened group cohesion. That is, the increased number of Partnership participants in Phase II (realised through the increase in multiplier participants) supports greater group cohesion particularly evident throughout the Soilse full-time programme. Strong group cohesion is a factor that supports and enhances the functioning of the Partnership programme.

3.4 Outcomes of the programme

The Partnership's emphasis is **that** recovery is process oriented rather than goal oriented. However, in order to measure the outcomes of the programme, the Partnership have established a set of 'indicators of progress' to aid in the interpretation of outcomes for participants.

3.4.1 Indicators of progress

- Secure drug-free status
- Lifestyle changes
- Acquisition of new skills for work or education
- Health and social gains
- The meeting of agreed, identifiable social needs
- Self-motivation, self-confidence and self-esteem
- Family involvement
- Community involvement
- A knowledge and understanding of addiction

In line with the philosophy of a client-centred, needs -based programme, and in order to make outcomes meaningful for participants, indicators of progress are interpreted bearing in mind the extent of difficulty experienced by an individual in any particular area.

3.4.2 Outcomes for NIC participants: Phase II

Nine of the 10 NIC Phase II participants are achieving successful outcomes. The tenth participant was discharged in relapse from the programme and is not currently engaged with the programme, although the service providers are endeavouring to maintain a channel of communication with the participant.

Drug status:

All nine of the NIC Phase II participants who have, or are, completing the Partnership programme have a drug-free status. The tenth left the programme in relapse and is believed to be currently using drugs.

Current activity:

Two of the participants are in full-time education and three are in full-time employment. It is worth noting here that all, bar two, of the Phase II participants had left school by fifteen. Two are at present completing the Soilse full-time programme. Another participant who left the Soilse full-time programme early to take up employment is currently considering returning to complete the full time programme. The ninth participant is occupied in large part by extensive family restoration work. Current activities of the tenth participant (whose treatment was interrupted by relapse) are not known.

Accommodation arrangements:

Four of the NIC Phase II participants were categorised on starting the programme as having unsafe accommodation circumstances. The problems associated with unsafe arrangements were homelessness/transience, threat of repossession, or the presence of a partner either using drugs or in early recovery. In all four cases the participants are now in safe independent accommodation. Two of those who were dependent on the parental home for accommodation at the point of engagement with the programme have now found independent accommodation. Three of the participants remain domiciled in the parental home at present. The accommodation circumstances of the last participant, who is active, are not known.

Family restoration:

For three of the participants where abandonment or separation (forced or unforced) from children had occurred during active addiction, the programme outcomes included the restoration of those relationships. Family restoration, particularly in cases where children were estranged or in care, is seen as a very powerful outcome. Furthermore the restoration of drug-free homes for children of addicts provides protection for them (and by extension their communities) from a harmful environmental factor associated with the development of addiction.

Interaction with Judicial system:

There was a history of contact with the Justice system for half of the Phase II participants at their point of engagement. Four of the ten were facing charges and the fifth had been incarcerated many times over a long number of years. There have been no further charges or offences for any of these participants since engaging with the Soilse-Rutland Partnership programme.

3.4.3 Outcomes for participants: Phase I

(1) PhaselNICs:

Six of the Phase I participants completed the Programme; four did not: one was discharged from Rutland, one left early to take up work, one left while engaging in alcoholic drinking and the fourth left Soilse in relapse. Three of the four are in contact with Soilse. The six NIC participants who completed the programme are achieving positive outcomes. It was a documented fact arising out of the independent evaluation of Phase I that the Partnership had undergone a significant learning process during Phase I. One particular area, strengthened during the course of Phase I, was the assessment procedure, particularly with regard to participants' preparedness for the programme. All of the six participants who completed the programme and are achieving successful outcomes engaged with the programme during this strengthening process.

Drug Status:

Five of the ten Phase I participants who completed the Programme are now more than two years drug free, a sixth has engaged in drinking alcohol though not other drugs. Three of the four who did not achieve a drug-free outcome relapsed during engagement with the programme. In this context, it is important to note that the assessment procedure to determine the readiness of clients to engage in treatment and rehabilitation was fine-tuned throughout Phase I and into Phase II.

Current activity:

Six of the ten participants are working: five full-time and one part-time. One of these six also undertook further training on completion of the Soilse programme. These participants had little or no employment experience before engaging with the Programme.
Furthermore, four of the six had left school by 14 years, the remaining two leaving at 16 years. Again, these are the six that completed the Programme. The remaining four are not known to be in any form of employment. Two of the four have been hospitalised, one for twelve months.

Accommodation arrangements:

Of the six participants who completed the programme, five have secure accommodation outside of the family home. At the point of engaging with the programme four of these six were dependent on parents or a relative for accommodation, a fifth was transient, and the

sixth had her own flat. Two of the four who did not complete the Programme faced eviction during the course of their engagement with the Programme. The third lived with a parent. The fourth lived with a partner who was attending a methadone clinic.

Family restoration:

Of the eight Phase I participants who had children, five were separated from them - in two cases the children had been taken into care; two were estranged; and in the last case the children resided with their mother. In two of these cases, family restoration was an outcome of the Programme: in one case where the child had been estranged; in the other case, where the children resided with their mother, full family restoration was the outcome and the participant now lives with his partner and their two children. The three cases where family restoration was not an outcome were participants who relapsed and did not complete the programme.

Interaction with Judicial system:

Eight of the Phase I participants had been in prison and another was on probation. Four of the eight have not re-offended. One of these four is a participant who did not complete the programme.

(2) Phase I multipliers:

This is a summary of progress of six of the Phase I multipliers. (Information on the seventh was not available.)

Drug Status:

All six are more than 2 years drug free. One of the six had a five-week lapse before engaging with the Rutland re-entry group but has sustained a drug-free status since.

Current activity:

Two are in full-time employment. A third is self-employed, having set up a small business. Two are in full-time education. The sixth is working part-time and is also engaged in part-time education.

Accommodation arrangements:

All six are in independent accommodation.

Family restoration:

Family restoration was completed in two cases.

***Interaction with** Judicial system:*

None of the multipliers have re-offended.

3.5 Factors affecting participation in the programme in Phase II

3.5.1 Accommodation difficulties

All the facilitators expressed deep concern about the ongoing issue of accommodation shortages or difficulties faced by the majority of participants: "[Accommodation] is definitely a problem. And it's one that doesn't seem to be going away". Problems associated with accommodation are recognised as a primary factor in destabilising participants' recovery. It is of such concern that one facilitator asserted that it necessitates a full-time dedicated worker. There are two dimensions to this issue: homelessness, and unsuitable or unsafe living environments. Some of the participants on the Soilse-Rutland Partnership programme were homeless before coming onto the programme and some were homeless for certain periods of the programme, and it was recognised that this posed serious obstacles to their ability to stay drug-free. Not having a place to live causes severe distress to most homeless people, but the additional strain experienced while trying to stay drug free can strongly militate against any significant progress in early recovery. Most hostels and/or bed and breakfasts have a high percentage of severely distressed clients using their services; alcoholics, prostitutes, the mentally ill and drug abusers. Such surroundings directly expose a person in recovery to destabilising threats.

The profile of most participants features alcohol/drug abuse in their immediate living environment - in their homes by partners or other family members, and in their communities. Participants are often reluctant to return from treatment into previous living situations because of the presence of a person or persons who are 'active'. Such environments present an immediate and a serious threat to recovery. Although Rutland Centre does recommend avoidance of "people, places and things" associated with their drugs usage, participants can become very isolated while working to establish new social networks. Thus the need for After-Care and support is particularly acute at this stage.

All service providers articulated the need for a halfway house or provision of some type of secure sheltered accommodation for short to medium-term stays. Provision of secure transitional housing where participants could be housed for a period, and from which they could engage with the Soilse rehabilitation programme, would benefit all participants in early recovery. This would provide a safe living environment and help participants forge new peer and social networks.

3.5.2 Access to childcare

The lack of adequate childcare facilities is a barrier to entry to the programme for some participants, in particular women. Cultural issues associated with leaving children in care are also a factor. These difficulties are particularly problematic for the residential treatment period. Limited childcare arrangements may also affect participants' capacity to engage fully with the programme. "Childcare is a huge factor. Childcare is an issue that comes up again and again not only for people going to treatment but for people engaging **[in Soilse]."**

3.5.3 Economic factors

The main reason for not completing the Soilse fulltime programme was cited as participants wishing to take up employment. Pressure exerted by the families of participants to get a job was also cited as a push-factor for some participants leaving the **programme** to take up employment. The strength of the economy provides a pull-factor **for** participants towards available employment opportunities. Moreover, some participants experience real financial difficulties. It is the experience of facilitators that, apart from a small number of participants, those opting for work too quickly invariably run into difficulties. Soilse facilitators expressed the desire to develop a programme dedicated to career guidance, mentoring and work placement. Additional resources to permit an increase in the training allowance paid to participants could reduce the need for participants to seek employment prior to completion of the programme.

3.5.4 Involvement with the Justice system

Legal matters concerning participants are addressed within an individual's care plan. However, participants who are subject to court proceedings because of prior criminal involvement may have to disengage from the programme if sentenced to a term in jail. This was the case for one of the multipliers on the Soilse-Rutland programme. Jail is neither an appropriate nor a supportive environment for an addict in early recovery. While recognising that criminal activity cannot be viewed lightly, the Partnership asserts that participation on a reputable programme should be taken into account in the passing of sentences.

3.5.5 Funding

Funding for the programme continues to be allocated on an interim basis. Though the Partnership programme was cleared for mainstreaming in mid-2000 following the NDST evaluation, the mainstreaming has not yet commenced. The interim funding arrangement generates a degree of anxiety about the future of the programme and makes it very difficult to plan ahead. Permanent and secure funding is needed so that the programme may further consolidate, and to expand the number of places available. Both service providers commented that they would like to see places on the programme increased, and recognition be given to the benefits to people from disadvantaged communities of accessing the continuum of care provided by the Partnership. As one Soilse facilitator remarked:

"As far as I'm concerned the Rutland Centre is one of the best treatment centres we have in the State, and to be able to access that for people in the north inner city is useful ... Those people would probably never actually have the opportunity to access that particular treatment centre ... The fact that the LDTF were able to do that is really positive."

3.6 Outcomes for the Partnership: Phase II

3.6.1 Consolidation of the Partnership

Facilitators reported great harmony within the Partnership, and two facilitators cited the compatibility of philosophy and ethos as major factors in this. Another emphasised the complementarity of the organisations as being the basis of the good working relationship between the partners: "we really are complementary ... It really feels like a true partnership." Communication is ongoing and is not dependent on formal structures or committees.

Facilitators in the constituent organisations continue to emphasise the benefits arising out of the Soilse-Rutland Partnership programme, in particular:

- Participants returning to Soilse after treatment have increased capacity to engage in rehabilitation
- The support provided by Soilse is a crucial factor in preventing relapse, and in facilitating self-direction on completion of residential treatment

This supports the argument that the continuum of care approach provides a pathway to recovery where the likelihood of positive outcomes is increased.

The service providers continue to emphasise that the Soilse-Rutland Partnership programme is a model of best practice and should be replicated in other areas of the city and country.

3.6.2 Increased awareness of treatment options in north inner city

The evaluation of Phase I of the programme identified certain factors as influencing the low referral levels to the programme: the prevalence of a strong methadone maintenance and detox solution to drug intervention in the north inner city and the lack of preparedness of individuals for treatment and post-treatment obligations. Increased numbers self-presenting due to a 'word of mouth' effect in Phase II arguably shows a degree of erosion in the belief in methadone maintenance as the solution to addiction. Notably, this increased awareness appears to be driven by a 'word of mouth' effect on the experience of participants and not by active promotion of the Partnership programme by clinics.

However, the 'word of mouth' effect is limited by the small numbers funded by the North Inner City Drugs Task Force. Capacity building through increased funding of the programme would further increase the awareness of treatment options in the North Inner City. It is also likely that these referrals, based as they were on experience, albeit second, third or fourth hand, would have generated individuals with a greater understanding, and therefore preparedness to undertake the treatment and post-treatment obligations inherent in the Partnership programme. This extension of awareness of the programme into drug-affected communities is a positive outcome of the programme. It is indicative of networks being established and beginning to function at a grassroots community level.

Other important factors influencing low referral levels in Phase I were: the lack of referrals from other agencies, and competition from other agencies. The increase in the numbers of referrals from ICON Drug Support Programme, which is active in drug awareness promotion at the community level, plus the development of referrals from Cuan Dara, a statutory agency, is a positive outcome in Phase II. However, a far greater level of referrals across statutory agencies is a necessary condition for movement toward integration of services in the drugs intervention field.

3.7 Summary

Profiles of the 20 NICDTF-funded participants at point of entry show that the vast majority were aged between 23 and 29 years. The gender breakdown was 11 females and 9 males. The vast majority (14 of 20) of the participants had one or more children. Three of the NIC participants were in accommodation categorised as unsafe; three faced eviction; and two were transient. Eleven of the NIC participants had left school by 14 years and one had received very little schooling. Five of the participants had no employment history; six had less than two years work experience; and six had an intermittent history of casual work. Fourteen of the twenty had a history of contact with the Justice system. The vast majority of the NIC participants come from homes where addiction is present.

The service providers identified the following enhancements to the Partnership programme in Phase II: (1) greater overall numbers of referrals; (2) strengthening of the assessment process; (3) consolidation of the Adult Education approach within Soilse; (4) a more structured implementation of the care plan; (5) greater understanding of, and dialogue on

the needs of participants; (6) greater link-in by Soilse with participants undergoing residential treatment; (7) a Rutland Centre After-Care group established in Soilse; (8) employment of a liaison worker; and (9) the increase in multipliers further strengthening group cohesion in Soilse.

The outcomes of the programme for participants in Phase II are very positive. Nine of the ten are drug free and one is currently in relapse. Indicators of positive change were strong in relation to the participants' lifestyle changes, accommodation arrangements, family relationships and in diminished interaction with the Judicial System. The analysis shows greater success generally for NICDTF-funded participants in Phase II by comparison with Phase I NIC participants. This is likely to be related to the enhancements to the programme in Phase II that arose out of the implementation of recommendations from the Phase I independent evaluation.

Six of the Phase I participants completed the programme; four did not. However, three of the four remain in contact with Soilse. The majority of NIC Phase I participants are achieving positive outcomes, in particular those who completed the full programme. Analysis of the outcomes of Phase I multipliers indicates very successful and sustained positive outcomes: they remain drug-free, are fully engaged with employment and /or education, have independent accommodation, have not offended/re-offended, and in two cases the participants have had their families restored.

The service providers' identified the following as factors affecting participation in the programme: (1) accommodation difficulties; (2) lack of childcare services; (3) economic factors; (4) legal matters/custodial sentences; and (5) funding restrictions. Finally, the service providers' appraisal of the outcomes for the Partnership in Phase II highlighted the following two aspects: consolidation of the Partnership, and an increased awareness of treatment options in the north inner city.

Chapter 4: Participants' evaluation of the programme

4.1 Introduction

This section contains the participants' evaluation of the project. Interviews were conducted with eight NIC Phase II participants; and in order to ascertain the long-term effectiveness of the programme a focus group was conducted with four Phase I participants and a fifth Phase I participant was interviewed separately. (See Section 1.2 for an in-depth discussion of the methodology used in the study.) The focus in this chapter is on participants' perceptions of the effectiveness of the Partnership programme and the difficulties they encountered. Outcomes for participants of Phase II and Phase I respectively are discussed. The chapter concludes with a note on the Fellowships.

4.2 Participants' appraisal of the programme in Phase II

Respondents were very positive about their experiences on the programme. Their comments indicated strong levels of learning and self-development. One respondent summarised the learning path as follows: 'The Rutland helped me understand addiction. Soilse helped me understand me."

4.2.1 The Rutland Centre programme

All of the respondents were strongly supportive of Rutland Centre's treatment programme. One respondent summed-up the impact of the programme in the following way: "I realised that I was after finding a way out and that the world isn't such a small place as a block of flats and all my problems aren't solved by taking drugs." Most of the respondents found the treatment programme at Rutland Centre very challenging. Respondents perceived the following aspects of the programme as important factors in the effectiveness of the Rutland Centre treatment programme:

- Being part of a therapeutic community
- The residential aspect of Rutland Centre's approach
- Family input
- After-Care

Being part of a therapeutic community:

Group therapy was frequently cited by respondents as the best part of the treatment programme. For many of them the most important facet was the process of learning to trust others: "I found it very hard to trust people. That would have been one of the main things for me going into a group." The growth of trust is an important factor in determining the capacity of an individual to engage fully in group therapy. Half of the Phase II respondents spoke of their increased confidence arising out of their experience in group therapy: "Before I went into the Rutland you'd get two words out of me for the whole group, 'I don't know', 'I'm alright', and that'd be it, whereas now I can sit in a group and tell you how I am." The other important facet of group therapy identified was the sharing of experiences: "I wouldn't tell anyone what actually went on for me 'til I went into the Rutland Centre. Sharing things that you are after doing and that." Most of the respondents displayed an awareness of the crucial fact that a person has to work at group therapy for it to be effective: "I knew if I sat back it wouldn't have worked."

The residential aspect of Rutland Centre's approach:

All of the respondents cited the safety of the environment in Rutland Centre as a very important requirement for ensuring success in treatment. Treatment on a residential basis removes threats from environmental/cultural factors that may jeopardise recovery. Examples of such factors are, proximity to drugs users and peer pressure. "The safety is unbelievable"; " I think their approach to addiction is very good ... the safety, the environment they create ... and that's what distinguishes them from any other centres I've been to."

Family input:

There was very strong support among the respondents for CP day. Respondents cited the importance of understanding the effect their drug taking had on their families: "Addicts don't see the reality of the hurt and harm they cause to themselves and their families". Hearing what their drug addiction was like for family members "gave me a better insight that people really do get affected." Most respondents commented that CP days affected them greatly: "I think that's what broke me. To have somebody come in and say 'this is what happened and this is what it was like for me.' It took an awful lot out of me but actually it makes me realise where I'm after coming from". One participant noted the importance of CP day in giving the families of addicts a "better insight into addiction."

For one respondent the fact that she had nobody who could attend on CP days caused problems. This respondent felt that the lack of family involvement curtailed her participation in CP day: "It made me sit back ... I didn't really feel I was part of it."

After-Care:

Respondents emphasised the importance of After-Care as a stabilising support, particularly in dealing with the emotional debris post-treatment: "I wouldn't be here without it." Some respondents stated they are often nervous on the day of their After-Care group: "I wake up with a knot in my stomach," but said they always "feel much better after going". "I walk out of there every Thursday like my batteries are after being re-charged."

4.2.2 The Soilse programme

All the respondents reported experiencing anxiety and feelings of vulnerability on losing the security of the residential setting on completion of the Rutland Centre programme. Furthermore, most maintained that having a programme such as Soilse's to come to allayed some of these feelings: "I can imagine how people feel who don't have Soilse after, it must be so hard for them. I definitely couldn't have coped without Soilse." Most emphasised the importance of being able to engage with Soilse as a stabilising structure at that point. The respondents identified the following aspects of the Soilse programme as being most beneficial to them:

- As a safe place to go to
- To establish new social networks
- For continuity o f support
- For developing communication/interpersonal skills
- In fostering of independence and self-direction

A safe place to go to:

Many of the participants live in unsafe accommodation situations, and all experienced vulnerability and anxiety when detoxed. All claimed that Soilse provided a safe, nurturing environment where they could begin to grow, and develop new ways of behaving.

Establishing new social networks:

For many of those in recovery isolation from friends and family, especially those using drugs or alcohol, is often both inevitable and necessary. Participants sometimes need to avoid people or places they associate with drug taking and this can lead to social isolation, which in turn may jeopardise recovery. Many of the respondents maintained that meeting new friends in Soilse, plus the support of the facilitators broke the social isolation and helped them develop new social networks which didn't revolve around drugs or drink. Participants also spoke of the value of being around others in recovery.

The continuity of support:

All of the respondents asserted that being able to come back to Soilse after residential treatment meant that they could continue to explore emotional issues while at the same time developing new skills and establishing new ways of living: 'The Rutland would have only opened things up for you, whereas you can deal with them in [Soilse]". Participants continually referred to the support they received in Soilse in examining areas of their life in which they had difficulties. The main areas identified were; health issues, accommodation difficulties and accessing social welfare benefits.

Developing communication/interpersonal skills:

Most of the respondents cited the importance to them of learning to interact with others, which participation in the group-based learning processes fostered.

The fostering of independence and self-direction:

All of the respondents claimed that the Soilse programme had helped them develop new horizons and had opened up possibilities unimaginable while in active addiction: "It gives you some sense of direction and the confidence to know that you can do that if you want to". Work-related skills development was considered an important facet of the programme, and the information technology module was noted as being of particular value in this regard.

4.3 Difficulties encountered while on the programme: Phase II

4.3.1 Accommodation issues

Many of the respondents were residing in unsafe living environments, characterised by prevalent drug and alcohol abuse: "For me I think the hardest thing was going back into the same circumstances where my brother was in active addiction. That was really, really hard. A lot of people are in that situation. It's really hard, especially when somebody is sitting beside you [using drugs] and you're feeling down, it can make it look attractive again." Another respondent reported difficulty in going back to the place she lived in before treatment because of, "a lot of bad memories and sadness", plus it was a place where a number of people were using drugs.

In one case, a respondent faced homelessness on leaving treatment, and this was cited as particularly detrimental to the recovery process. Respondents were unanimous in expressing a desire to see the provision of transitional housing of some sort made accessible, particularly post treatment.

4.3.2 Childcare

Lack of crèche facilities on the premises was identified as a source of difficulty for some respondents, particularly the women. Soilse facilitators are active in helping participants access childcare, nevertheless it is an ongoing issue because of the lack of childcare places in the city. In some cases where respondents had access to childcare they experienced difficulties in synchronizing journeys and time restrictions associated with their childcare arrangements, with commitments to the programme. In one case, where a participant was the main carer for children, lack of suitable childcare arrangements limited full participation in the programme.

4.3.3 Financial difficulties

Financial difficulties exist for some of the respondents. Money management is covered as part of the course content but some carry debts dating from their active addiction and this was identified as a source of strain. In one respondent's case this influenced her decision to leave the programme early to take up employment. This is an example of the push factor of financial pressures and the pull factor of an expansionary economic climate combining to result in a participant leaving the programme prior to completion. It is worth

noting, however, that the above mentioned respondent has now re-engaged with the programme.

4.3.4 Judicial proceedings

One respondent cited an impending court case as a factor impeding his participation in the programme. There is the possibility of a custodial sentence and anxiety about this is taking its toll on him and his ability to participate fully in the programme's activities.

4.4 Outcomes for participants in Phase II

At the time the interviews took place, five of the eight respondents had completed the Soilse-Rutland Partnership programme and were attending Rutland After-Care; two were engaged with the Soilse fulltime programme (having completed treatment at Rutland Centre); the eighth respondent had completed residential treatment, but left without completing the Soilse fulltime programme in order to take up employment. This respondent remained linked into the programme and is now considering re-entry into the full-time programme.

4.4.1 Awareness of addiction

All respondents reported a deeper understanding of the nature of addiction since coming onto the programme. Most respondents spoke about how their understanding of the nature of addiction changed through what they learned on the Soilse-Rutland programme: "The first week [in Rutland Centre] I couldn't get my head around why I was in a room with people who had a food addiction or gambling. After the first week I was relating to people and [seeing] that they were doing the same thing that I would have done".

The respondents were unanimous in the view that a substance-free approach is the best solution to addiction: " I really believe alcohol is a drug. It's the first thing I ever used. I used to give up the gear, and just start drinking, and then go back on the gear. The reality is that I know that the drink would take me back to drugs". Another respondent had this to say: "There is no difference [between alcohol and drugs], they are all the same".

4.4.2 Lifestyle changes

Two respondents are in fulltime education; two are in fulltime employment; and two are engaged with the Soilse flilltime programme. One respondent, who had left the programme early to take up employment, has since left that employment and is considering returning to complete the Soilse full-time programme. The eighth respondent was heavily engaged in family restoration work: "I have a direction. So much has happened to me. I'm after getting a connection back with my daughter. I hadn't got when I came here. I hadn't even got my daughter when I left here. I just left her with my Ma and never came back". These lifestyle changes, accompanying the start of the recovery process, are profound, with respondents moving from the chaos of addiction and, sometimes, criminal involvement to re-integration with education employment and family.

In the context of the discussion of progress made, and changes in life styles implemented, respondents spoke of the challenge posed by committing to fulltime attendance at the Soilse fulltime programme: "The fact that you had to get up yourself each day, walk in here, and make yourself come in and not have a nurse come and drag you out of bed. And to actually finish something, a lot of people wouldn't have never have actually finished one thing in their whole life. To finish something is a challenge, to start something and actually finish".

One respondent spoke of the life skills gained through the programme: "It gives you the ability to be a human being. It gives you the skills to live." While another respondent described the process as follows: "Rutland made me look at where I was, what I'm doing, what I have done. Soilse made me look at where I'm going, how I can get things back."

4.4.3 Development of self-esteem

Respondents articulated the emergence of a stronger sense of self in a number of ways: often with reference to the occurrence of change within themselves; awareness of greater involvement in activities and with people; increased levels of well being; and greater self-acceptance

All respondents reported increased levels of motivation: "You have to take responsibility and that's what you get through places like this. You have to do it if you want to recover. It did give me motivation to get up and go". One commented that this came with having to

have "realistic goals in life." One respondent reported that motivation came with the realisation that there are choices and options. Respondents sometimes linked increased motivation with increased confidence: "I feel a lot better... When I started the part-time here I wouldn't open my mouth." Respondents frequently referred to their growth in awareness about choices available to them and the need for them to be responsible for themselves and their addiction: "[In Soilse] you need to put the work in, but it's your choice ... it's your life, it's your responsibility, and you learn then that you have choices."

In terms of the development of self-esteem, one respondent made the following comment: "When I was in addiction I didn't see my 'self ... I was just on drugs and didn't think about having a life in any way. I didn't see any options for myself and that was the way it was going to be forever. [Now] I can honestly say I feel good about myself. Now I know that there are options out there, and there are things out there that I can do, and it's up to me whether I do them or not".

4.4.4 Relationships with others

Most respondents reported improvement in relations with others. One respondent accounted for this by saying he was "more sympathetic". Respondents also reported a greater capacity to communicate effectively with others and "how to compromise with people". Many reported improvements in relations with family members, though noting that these relationships were still difficult, especially where the respondents had returned to the parental home post treatment: "Just going back there and learning to accept that the people that are closest to you don't understand ... Trying to communicate with your family again is so hard". One respondent reported that she has more control and distance when necessary and does not "fly off the handle at things that might be said at home".

Respondents highlighted the importance of CP day in making them appreciate how their actions affect others: "I think CP day is very important. I think one of the biggest things about coming out of addiction ... is to see someone else's point of view"; "you're a different person coming out [of treatment]. It makes you think about the consequences of things which is something I never did." Two of the respondents spoke of their maturing through being on the programme.

Improvements were noted in general relationship: "I can talk to people now. I had big problems talking to people"; "Yeah ... I'm able to have relationships with people now. I'm not looking for things off them". According to one respondent participation in group processes means that, "you learn how to be mature and grow up and participate in groups ... how to compromise with people."

4.4.5 Health and fitness awareness

Many respondents reported increased awareness of health issues arising out of the programme. At the most basic level, respondents spoke of the provision of lunch in Soilse as an important factor: "little things like that you get your lunch here ... I mean you're so used to not eating for so long that you wouldn't think of eating." For another, use of the gym in Soilse was cited as an important feature of the programme.

4.5 **Outcomes for participants in Phase** I

Four of the five respondents have not used drugs since leaving the Soilse-Rutland Partnership programme. One of these four respondents did relapse after leaving Rutland - he went back drinking - but re-engaged with part-time Soilse, moved on to full-time Soilse and hasn't used any drugs since. The fifth respondent started re-using alcohol after leaving the programme early, but has not used other drugs. He cited his use of alcohol as problematic and something that he needs to tackle.

Respondents were very positive about their experiences on the programme. Their comments indicated strong levels of learning and self-development.

4.5.1 Awareness of addiction

Respondents articulated a strong awareness of what addiction means to them: "If I'm not keeping a regular check on how I'm doing I can forget I'm an addict, and it's very important not to forget I'm an addict." Most respondents spoke about how their knowledge and understanding of the nature of addiction changed through what they learned on the Soilse-Rutland programme: "I reckon if you are an addict you can get addicted to anything"; "The biggest thing I got was awareness and a better understanding about addiction"; "It's about feelings, not behaviour."

A further aspect of this was greater awareness of cross addiction, i.e. the potential for substituting one compulsive addiction with another: "… rather than looking for the drugs that people used, I learned to look at them and identify the feelings." One of the respondents found himself struggling with impulses to gamble having been through treatment for drug and alcohol misuse: "I get temptations for gambling, which I did do after the Rutland. **It's** still there the temptation."

The respondents were unanimous in the view that a total drug-free approach is the best solution to addiction. All, bar one, of the respondents pursue a total drug-free lifestyle. (The respondent who is not drug free had left the programme early to take up employment, and cites this as a factor contributing to his instability.) Alcohol is seen as one of the biggest potential threats, particularly in early recovery. "[Alcohol] is a chemical, it's mood-altering, it's going to change the way you're feeling and the way you're thinking. **And** you'll do that for so long and then think this isn't giving me the buzz I've had before ... and you'll just pick up [another drug]"

4.5.2 Lifestyle changes

Four of the five respondents are currently employed and the fifth is engaged in full-time education. One of the respondents in employment also underwent further training on completing the programme.

The importance of building new social networks was emphasised by respondents. One of the respondents cited, "the friends that I found [on the programme]", as one of the most important features of the programme.

Respondents emphasised the importance of Rutland After-Care as a stabilising support particularly in dealing with emotional fall-out post-treatment: "I wouldn't be here without it. When you go to the Rutland, after six weeks you are only getting to look at things. [Fellowship] meetings are not about that, they are not safe enough to share that kind of stuff. The After-Care gives you the strength that you need to get honest with people and put that stuff out."

4.5.3 Development of self-direction and self-esteem

Respondents articulated expansively on improvements in their self-esteem and progress toward self-direction. One of the respondents asserted that she realised that she had no self-esteem while in active addiction, but she has built it up in recovery: "I had no self worth, no self-esteem, and I didn't know I hadn't got these until I got clean. I had no comprehension of that... I always knew I felt bad, I always knew I felt miserable."

Respondents spoke of their development in terms of self-confidence and self-belief: "Soilse gave me the kick start I needed to discover myself... If I hadn't gone to Soilse I don't know if I would be here today ... It made me look at things differently ... It gave me a broader view than addiction. It gave me the belief that I could do it on my own."

Of particular importance in the development of self-confidence was the experience of being able to talk and be listened to in a supportive setting: "confidence is another huge factor, to be able to tell my story and have other people listen and not put me down or ignore what I am saying". "People were listening to me, and taking my opinions on board and that made me feel a worthy person."

One respondent summarised his progress to recovery in the following way: "I've gone to the Rutland, I've realised that I have a choice whether I want to use drugs. And I've also realised as time went on that it can be a good life as well, even though it can be difficult sometimes. So for me what's keeping me on the straight is that there can be a good life out there".

4.5.4 Relationships with others

Respondents reported ease in "dealing with people" now, although some claimed that they feel more comfortable with other recovering addicts than they do with others. Two of the respondents noted difficulties with relationships as the hardest thing to deal with in early recovery. For another respondent having no contact with his children caused upset.

Three of the respondents are, or have been involved in outreach programmes for Soilse. Three have also given ex-client talks at Rutland Centre. Respondents reported finding these experiences highly rewarding: "you're talking about what's going on with yourself, you're remembering where you're coming from ... After each session that I do, I feel really

fulfilled and I feel really in touch with what's going on. It's good for my recovery and it's good for helping other people as well". Another respondent expressed a desire to undertake further outreach work: "I'd like to do a bit of the outreach ... I don't know ... maybe women and addiction, or work with the families of people who are addicted."

4.5.5 Health and fitness awareness

One of the respondents has retrained as a fitness instructor. There was also evidence of greater awareness of health status and issues amongst the other respondents.

4.6 The Fellowships

Many respondents commented on engagement with Fellowships as an ancillary support. Focus group respondents, in particular, identified attendance at Fellowship meetings as a significant factor in sustaining recovery. The focus group respondents, for the most part, consider themselves to be in early recovery and expressed strong awareness of their need to engage with support groups. For some their attendance has decreased over time, whereas others continue to rely on the Fellowships for support

There is a stabilising function associated with the meetings: "If I don't go to my meetings I can get complacent. I can forget I'm an addict, and it's very important not to forget I'm an addict". Another respondent commented on the value of the meetings as a forum for safe social contact. The Fellowships help participants develop new friendships, which can help combat the isolation so often associated with early recovery. One respondent reported that because she has cut herself off from those she knew, her biggest support network now is Fellowship members and participants from the Partnership programme. Respondents also reported reliance on Fellowships as a support outside of normal service hours of the Soilse-Rutland Partnership programme.

4.7 Summary

Respondents were very positive about their experiences on the programme. Their comments indicated strong levels of learning and self-development. The respondents in appraising the programme identified the most valuable elements of Rutland Centre's treatment programme to be: (1) being part of a therapeutic community; (2) the residential

aspect of Rutland Centre's approach; (3) family input; and (4) After-Care. Respondents were unanimous in the view that treatment without a rehabilitation component would greatly reduce the chances of recovery. Most emphasised the importance of being able to engage with Soilse as a stabilising structure at the point of completing residential treatment. The respondents identified the following aspects of the Soilse programme as being most beneficial to them: (1) a safe place to go to; (2) establishing new social networks; (3) continuity of support on leaving treatment; (4) developing communication and interpersonal skills; and (5) fostering of independence and self-direction.

The lack of, (1) secure and safe accommodation, and (2)suitable childcare provision impacted negatively on respondents.

All Phase II respondents reported that their understanding of the nature of addiction had changed significantly through what they learned on the Soilse-Rutland programme. The respondents were unanimous in the view that a substance-free approach is the best solution to addiction. All reported fundamental lifestyle changes: two respondents are in fulltime education; two are in fulltime employment; and two are engaged with the Soilse fulltime programme. One respondent, who had left the programme early to take up employment, has since left that employment and currently considering returning to complete the Soilse full-time programme. The eighth respondent was heavily engaged in family restoration work. These lifestyle changes, accompanying the start of the recovery process, are profound, with respondents moving from the chaos of addiction and, sometimes, criminal involvement to re-integration with education employment and family.

Phase II respondents articulated the emergence of a stronger sense of self in a number of ways: often with reference to the occurrence of change within themselves; awareness of greater involvement in activities and with people; increased levels of well being; and greater self-acceptance. All respondents reported increased levels of motivation. Respondents sometimes linked increased motivation with increased confidence. Respondents frequently referred to their growth in awareness about choices available to them and the need for them to be responsible for themselves and their addiction.

Most Phase II respondents reported improvement in relations with others. Respondents also reported a greater capacity to communicate effectively with others. Many reported

improvements in relations with family members, though noting that these relationships were still difficult, especially where the respondents had returned to the parental home post treatment. Two of the respondents spoke of their maturing through being on the programme.

Many Phase II respondents reported increased awareness of health issues arising out of the programme. For another, use of the gym in Soilse was cited as an important feature of the programme.

Four of the five Phase I respondents (NICs and multipliers) have not used drugs since leaving the Soilse-Rutland Partnership programme. One of these four respondents did relapse after leaving Rutland - he went back drinking - but re-engaged with part-time Soilse, moved on to full-time Soilse and hasn't used any drugs since. The fifth respondent started re-using alcohol after leaving the programme early, but has not used other drugs. He cited his use of alcohol as problematic and something that he needs to tackle. Most respondents spoke about how their knowledge and understanding of the nature of addiction changed through what they learned on the Soilse-Rutland programme. An aspect of this was greater awareness of cross addiction, i.e. the potential for substituting one compulsive addiction with another. The respondents were unanimous in the view that a total drug-free approach is the best solution to addiction. All, bar one, of the respondents pursue a total drug-free lifestyle.

Four of the five Phase I respondents are currently employed and the fifth is engaged in full-time education. The importance of building new social networks was emphasised by respondents. Respondents articulated expansively on improvements in their self-esteem and progress to self-direction. Most spoke of their development in terms of growth in self-confidence and self-belief. Respondents reported ease in their dealings with people now, although some claimed that they feel more comfortable with other recovering addicts than they do with others. There was also evidence of greater awareness of health status and issues amongst the other respondents.

Three of the Phase I respondents are, or have been involved in outreach programmes for Soilse. Three have also given ex-client talks at Rutland Centre. Respondents reported

finding these experiences highly rewarding. Another respondent expressed a desire to undertake further outreach work.

Chapter 5: Conclusions and recommendations

5.1 Introduction

The aim of the report is to evaluate the effectiveness of the Soilse-Rutland Partnership programme as model of intervention. A **qualitative methodology** was chosen because this is more appropriate to understanding individuals' perceptions of a given situation. The Partnership programme was developed in a policy context underpinned by recognition of the need for an integrated approach to drug intervention by all agencies concerned, and a greater involvement of the community sector in the structural and organisational implementation of drugs policy, programmes and services at a local level. There is also recognition that the focus of intervention must be directed at communities worst affected by drugs. The programme is an innovative response to the drugs problem faced by the north **inner city,** by two organisations in a public (Soilse) private/voluntary (Rutland Centre) partnership arrangement. The Soilse-Rutland Partnership programme is based on the continuum of care model and utilises a case management approach incorporating individual care plans. The continuum of care model recognises that drug addicts have complex needs, and that, unless a substantial number of these needs are met, the addict will find it very difficult to become and remain drug-free.

The Partnership's programme was funded by the North Inner City Drugs Tasks Force (NICDTF) and commenced operation in late December 1997. Phase I of the programme ran from December 1997 to April 1999, during which time 17 people from the north inner city came for assessment and 10 engaged with the programme. A further seven people from outside the north inner city also engaged with the programme, these were not funded by the NICDTF and are referred to as the 'multiplier' effect. An independent evaluation of Phase I, which was completed in May 1999 concluded: that the Soilse-Rutland Partnership programme is a model of good practice; that the continuum of care approach is an effective model of intervention; and that lack of co-operation and co-ordination of agencies impedes movement towards the integration of services. This report is an independent evaluation of Phase II of the programme, which ran from May 1999 to October 2000. In Phase II, 25 people from the north inner city were assessed, funding was provided for 10 people and 21 'multipliers' also engaged with the programme. The NDST

undertook an evaluation of the Partnership programme in early-2000, and the Partnership received notification in mid-2000 that the programme had been deemed a Category A project recommended "to be mainstreamed with no modification required." The Partnership programme, however, continued to be funded on an interim basis throughout Phase II. At the time of completing this report it had entered its fifth interim period, which terminates in June 2001.

5.2 The Soilse-Rutland Partnership programme

The Soilse Rutland Partnership programme is an integrated, needs-based response, combining practice and resources to facilitate treatment and recovery for drug abusers. The aim of the Programme is to offer drug abusers from the north inner city and their families the opportunity to liberate themselves from drug dependence. The methodology employed by the Partnership is that of case management, utilising individual care plans, and a continuum of care approach to treatment and rehabilitation. The methodology used by Soilse is derived from an Adult Education philosophy, premised on group-based learning. Treatment in Rutland Centre is on a residential basis and the core component of the approach is that of the therapeutic community. Participants' progress is assessed throughout in consultation with the individual. Drug use by a participant at any stage will prompt strategic interventions focusing on the factors precipitating the lapse into drug use. Intervention strategies are engaged which seek to balance the needs of the individual with the needs of the group. Soilse is registered as an NCVA level II Centre and participants have the option of undertaking modules through the National Council for Vocational Awards (NCVA).

5.3 The service providers' evaluation of the programme

Profiles of the 20 NICDTF-funded participants at point of entry show that the vast majority were aged between 23 and 29 years. The gender breakdown was 11 females and 9 males. The vast majority (14 of 20) of the participants had one or more children. Three of the NIC participants were in accommodation categorised as unsafe; three faced eviction; and two were transient. Eleven of the NIC participants had left school by 14 years and one had received very little schooling. Five of the participants had no employment history; six had less than two years work experience; and six had an intermittent history of casual

work. Fourteen of the twenty had a history of contact with the Justice system. The vast majority of the NIC participants come from homes where addiction is present.

The service providers identified the following enhancements to the Partnership programme in Phase II: (1) greater overall numbers of referrals; (2)strengthening of the assessment process; (3) consolidation of the Adult Education approach within Soilse; (4) a more structured implementation of the care plan; (5) greater understanding of, and dialogue on the needs of participants; (6) greater link-in by Soilse with participants undergoing residential treatment; (7) a Rutland Centre After-Care group established in Soilse; (8) employment of a liaison worker; and (9) the increase in multipliers further strengthening group cohesion in Soilse.

The outcomes of the programme for participants in Phase II are very positive. Nine of the ten are drug free, and one is currently in relapse. Indicators of positive change were strong in relation to the participants' lifestyle changes, accommodation arrangements, family relationships and in diminished interaction with the Judicial System. The analysis shows greater success generally for NICDTF-funded participants in Phase II by comparison with Phase I NIC participants. This is likely to be related to the enhancements to the programme in Phase II that arose out of the implementation of recommendations from the Phase I independent evaluation.

Six of the Phase I participants completed the programme, four did not. However, three of the four remain in contact with Soilse. The majority of NIC Phase I participants are achieving positive outcomes, in particular those who completed the full programme. Analysis of the outcomes of Phase I multipliers indicates very successful and sustained positive outcomes: they remain drug-free, are fully engaged with employment and /or education, have independent accommodation, have not offended/re-offended and in two cases the participants have had their families restored.

The service providers' identified the following as factors affecting participation in the programme: (1) accommodation difficulties; (2) lack of childcare services; (3) economic factors; (4) legal matters/custodial sentences; and (5) funding restrictions. Finally the service providers' appraisal of the outcomes for the Partnership in Phase II highlighted the

following two aspects: consolidation of the Partnership; and an increased awareness of treatment options in the north inner city.

5.4 Participants' evaluation of the programme

Respondents were very positive about their experiences on the programme. Their comments indicated strong levels of learning and self-development. The respondents in appraising the programme identified the most valuable elements of Rutland Centre's treatment programme to be: (1) being part of a therapeutic community; (2) the residential aspect of Rutland Centre's approach; (3) family input; and (4) After-Care. Respondents were unanimous in the view that treatment without a rehabilitation component would greatly reduce the chances of recovery. Most emphasised the importance of being able to engage with Soilse as a stabilising structure at that point of completing residential treatment. The respondents identified the following aspects of the Soilse programme as being most beneficial to them: (1) a safe place to go to; (2) establishing new social networks; (3) continuity of support on leaving treatment; (4) developing communication and interpersonal skills; and (5) fostering of independence and self-direction. The lack of, (1) secure and safe accommodation, and (2) suitable childcare provision impacted negatively on respondents.

All Phase II respondents reported that their understanding of the nature of addiction had changed significantly through what they learned on the Soilse-Rutland programme. The respondents were unanimous in the view that a substance-free approach is the best solution to addiction. All reported fundamental lifestyle changes: two respondents are in fulltime education; two are in fulltime employment; and two are engaged with the Soilse fulltime programme. One respondent, who had left the programme early to take up employment, is currently unemployed and considering returning to complete the Soilse full-time programme. The eighth respondent was heavily engaged in family restoration work. These lifestyle changes, accompanying the start of the recovery process, are profound, with respondents moving from the chaos of addiction and, sometimes, criminal involvement to re-integration with education employment and family.

Phase II respondents articulated the emergence of a stronger sense of self in a number of ways: often with reference to the occurrence of change within themselves; awareness of

] greater involvement in activities and with people; increased levels of well being; and greater self-acceptance. All respondents reported increased levels of motivation. Respondents sometimes linked increased motivation with increased confidence. Respondents frequently referred to their growth in awareness about choices available to them and the need for them to be responsible for themselves and their addiction.

Most Phase II respondents reported improvement in relations with others. Respondents also reported a greater capacity to communicate effectively with others. Many reported improvements in relations with family members, though noting that these relationships were still difficult, especially where the respondents had returned to the parental home post treatment. Two of the respondents spoke of their maturing through being on the programme.

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Four of the five Phase I respondents (NICs and multipliers) have not used drugs since leaving the Soilse-Rutland Partnership programme. One of these four respondents relapsed after leaving Rutland - he went back drinking - but re-engaged with part-time Soilse, moved on to full-time Soilse and hasn't used any drugs since. The fifth respondent started re-using alcohol after leaving the programme early, but has not used other drugs. He cited his use of alcohol as problematic and something that he needs to tackle. Most respondents spoke about how their knowledge and understanding of the nature of addiction changed through what they learned on the Soilse-Rutland programme. An aspect of this was greater awareness of cross addiction, i.e. the potential for substituting one compulsive addiction with another. The respondents were unanimous in the view that a total drug-free approach is the best solution to addiction. All, bar one, of the respondents pursue a total drug-free lifestyle.

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confidence and self-belief. Of particular importance in the development of self-confidence was the experience of being able to talk and be listened to in a supportive setting. Respondents reported ease in their dealings with people now, although some claimed that they feel more comfortable with other recovering addicts than they do with others. Two of the respondents noted difficulties with relationships as the hardest thing to deal with in early recovery. For another respondent having no contact with his children caused upset. One of the respondents has retrained as a fitness instructor. There was also evidence of greater awareness of health status and issues amongst the other respondents.

Three of the respondents are, or have been involved in, outreach programmes for Soilse. Three have also given ex-client talks at Rutland Centre. Respondents reported finding these experiences highly rewarding. Another respondent expressed a desire to undertake further outreach work

5.5 Conclusion

The continuum of care approach provides a pathway to recovery where the likelihood of positive outcomes is increased. The Soilse-Rutland Partnership programme has established an effective continuum of care. The compatibility of ethos, and complementarity of services, across the service providers have contributed to the effectiveness of the Partnership programme. The programme is an innovative and efficient use of resources. The Partnership programme is a model of best practice.
The programme is clearly effective in the short-term. Analysis of the outcomes for the participants of Phase I plus the findings from their interviews indicate that the programme is effective in the long-term.

5.6 Recommendations

- The Soilse-Rutland Partnership programme should be mainstreamed without delay.
- Funding should be provided for childcare provision
- Access to the Soilse-Rutland Partnership programme for those seeking treatment outside the NICDTF be increased.

- Promotion of the continuum of care approach
- Funding committed to the provision of secure transitional accommodation.
- The Soilse-Rutland Partnership model should be replicated in other areas and organisations
- Soilse and Rutland Centre to develop partnerships with other organisations where compatibility of ethos is present

Mainstreaming

The Soilse-Rutland Partnership programme was recommended for mainstreaming as a Category A project (meaning that it should be mainstreamed, no modifications required) by the NDST in Mid-2000. The Partnership awaits confirmation of the proposed mainstreaming date and the magnitude of the funding commitment and the funding structure. The Partnership is hindered in its aims to capacity build and to plan with certainty by the interim nature of current funding provision. Mainstreaming for a significantly increased number of participants, with a multi-annual commitment, should be effected without delay.

Childcare Provision

Funding for the provision of childcare services should be provided as soon as possible. **The** lack of adequate childcare services impedes and/or prevents participants in engaging with the Partnership programme. Funding should be provided which would allow the planning and provision childcare services to be an integral part of the service provision. A dedicated crèche on site (at Soilse) would address many of the problems associated with accessing treatment and rehabilitation services for parents.

LDTFs funding of participants

The Partnership had proved highly effective in the treatment and rehabilitation of drug abusers from disadvantaged sectors. In recognition of this fact it is recommended that other LDFTs consider funding participants from their own areas to access the service.

Promotion of the continuum of care approach

It is recommended that the continuum of care model must be promoted by all treatment and rehabilitation sub-committees of LDTFs, and adopted by all drug intervention agencies.

Transitional Housing

That funding be sought to establish safe transitional for participants. Accommodation difficulties are prevalent among those accessing treatment and rehabilitation. The recovery process is undermined and threatened by unsafe accommodation. The provision of short-term transitional housing on exit from treatment is essential to provide a safe, supportive environment for participants in early recovery.

Replication of the Partnership model

The Soilse-Rutland Partnership model is a model of good practice and should be promoted as a model to be replicated by other organisations.

Links with other agencies

Soilse and Rutland should continue to develop partnerships with other organisations that are compatible in ethos. For example, a partnership with an agency which provides longer term residential options.

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Appendix 1: Service Providers' interview schedule

Section 1: The context

1. Can you give the background to the decision to run Phase II of the Soilse-Rutland partnership project?

2. What was the Local Drugs Task Force's role in this?

Section 2: The Project

1. Has the philosophy or ethos of the partnership or the project changed since Phase I?

2. Have the basic components of the Rutland programme changed since Phase I?

3. Have the basic components of the Soilse programme changed since Phase II?

4. Have there been any changes to the length of time a participants remains on the programme?

5. Were these changes made in consultation with the other partner?

6. Which parts of the Rutland programme have proved most effective in Phase II? And which have proved least effective?

7. Which parts of the Soilse programme have proved most effective in Phase II? And which have proved least effective?

Section 3: The process

1. Have there been any changes to the assessment process for Rutland or Soilse?

2. What criteria are used to assess participants' progress while on the programme?

3. What are the mechanisms for dealing with relapse or inappropriate behaviour?

4. What in your opinion are the main reasons why participants fail to complete the programme?

5. What are considered favourable outcomes for participants? How are these outcomes decided upon? Are they arrived at in consultation with participants?

6. Have participants on Phase II achieved successful outcomes? Hard skills, soft skills future training or employment?

7. Have you noticed any difference in the approach/motivation/progress of the north inner city participants and other participants?

8. Do the participants make good use of the aftercare programme?

9. What difficulties were encountered during Phase II and how were they dealt with?

Section 4: The input

1. Is a high degree of input required of participants? And is this achieved?

2. What is the input from the managers of the project?

3. What is the input from other staff members?

4. Is there a key worker or support worker system in operation?

5. Are one-to-one encounters facilitated or encouraged?

6. What, if any, is the involvement of family members?

7. What, if any, is the involvement of the local community?

Section 5: The Partnership

1. Is the Soilse-Rutland Partnership still a model of good practice? Why?

2. How effective is communication between the two organisations?

3. What agencies have referred prospective participants to the programme?

4. How much involvement do you have with other services? *Prompt:* Statutory, voluntary and community.

5. Do you refer participants on to other agencies or services?

Section 6: Suggestions and recommendations:

1. What measures need to be put in place to improve the overall service? *Prompt:* short-term, medium-term and long-term? Give reasons

2. Final comments and suggestions

Appendix 2: Phase II participants' interview schedule

Section 1: Profile of participants

1. Age and sex

2. Where do you come from originally?
   Where do you live now?

3. Do you live with your family of origin? A partner? Children?

4. Do you have children? How many? What ages?

5. What age did you finish school?
   What were your reasons for leaving?

6. Have you done any training or academic courses since you left school?

7. What jobs have you held in the past?

8. What age were you when you first took alcohol or other drugs?
   What drugs did you use?
   In hindsight, at what age were you dependent on drugs?

9. Is there a history of drugs or alcohol abuse in the family?

10. How did you hear of the Soilse-Rutland programme?
    What were your reasons for coming to the project?

11. What date did you start part-time Soilse?
    What date did you start Rutland?
    What date did you start full-time Soilse?

Section 2: The project

1. Which parts of the Rutland programme did you find the most beneficial?
   Which parts did you find least beneficial?

2. Which parts of the Soilse programme did you find the most beneficial?
   Which parts did you find least beneficial?

3. Do you think the partnership's programme fulfils your needs?

4. If you are still on the programme - do you think it is preparing you for when you leave?
   If you have finished the programme - did the programme prepare you for independent living?
   What have you been doing since you left?

Section 3: The process

1 Did you find the assessment for Soilse/Rutland difficult?

2 Did you find the Rutland programme challenging?

3 Did you find the Soilse programme challenging?

4 How did you manage the change from Rutland to Soilse?
Did you meet with Soilse representatives in Rutland Centre?

5 Has participation on the partnership's programme affected how you think about yourself?

6 Has the programme affected your motivation?

7 Has participating in the programme affected your relationships with others? Family members? Old friends? New friends? Others on the programme? Authority figures?

Appendix 3: Interview schedule for Phase I participants' focus group

Section 1: The present

1. What have you been doing since you left Soilse?

2. Have you been drug-free throughout the period?

3. Have you been involved with any other drugs intervention programmes since completing the Soilse-Rutland programme? As a participant, as a worker (paid/unpaid)

Section 2: The recovery process

1. Can you identify the reasons why you are drug-free today?

2. Can you identify the means and methods by which you maintain your drug free lifestyle?

3. If you relapsed since leaving the programme can you identify why this happened?

4. Do you identify a drug free status as including all drugs (including alcohol)?

5. Do you agree with the total abstinence philosophy promoted by Rutland and Soilse?

6. Has your sense of self changed since leaving the programme?

7. Have you noticed any changes in your motivation?

8. Have you noticed any changes in the way you relate to people now?
For example, family members? Old friends? New friends? Others on the programme? Authority figures?

9. What have been your greatest difficulties since leaving Soilse?

Section 3: Long-term evaluation of the project

1. With hindsight, which parts of the Rutland programme have proved most beneficial to your recovery process?
Which parts were least beneficial?

2. With hindsight, which parts of the Soilse programme have proved most beneficial to your recovery process?
Which parts were least beneficial?

3. Do you think the partnership's programme fulfilled your needs at the time? Have your opinions changed since then?

4. Did the programme prepare you for independent living?

5. Do you still attend Rutland After-care?

6. Do you/have you link/ed in with Soilse since you finished the programme? What were your reasons for this?

Appendix 4: Sample Soilse pre-entry timetable

Monday	Tuesday	Wednesday	Thursday	Friday
				Check In Art 11.00-1.00
Drug screening		Drug screening		Drug screening
Check In **Care Plan Group** 1.30-3.30		Life Skills 1.30-3.30 Wind Down		Literacy Gym 2.30-3.30 Wind Down

Appendix 5: Sample Rutland Centre timetable

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7.45 Breakfast	7.45 Breakfast	7.45 Breakfast	7.45 Breakfast	7.45 Breakfast	8.45 Breakfast	8.45 Breakfast
9.15 Lecture 10.30 Group Therapy	9.15 Lecture	9.30 Group Therapy	9.15 Lecture	9.15 Lecture	11.00 Former Client Talk	11.00 AA Meeting
12.30 Dinner	12.30 Dinner	12.30 Dinner	12.30 Dinner	12.30 Dinner	12.30 Dinner	12.30 Dinner
1.45 Community Meeting 2.30 Group Therapy	1.45 Lecture 2.30 Concerned Persons Group	1.45 Lecture 2.30 Group Therapy	1.30 Community Meeting 2.30 Mens and Womens Groups 3.30-5.30 Written Work/ Assignments	1.45 Lecture 2.30 Group Therapy	2.00-5.00 Visiting	2.00-5.00 Visiting
5.30 Tea	5.30 Tea	5.30 Tea	5.30 Tea	5.30 Tea	5.30 Tea	5.30 Tea
7.00 Former Client Talk	8.00 G.A. Meeting	7.00 Pastoral Care Group	8.30 A.A. Meeting	6.30 Relaxation	7.10 Mass 8.00 Charades	

Appendix 6: Sample Soilse Full-time timetable

Monday	**Tuesday**	Wednesday	**Thursday**	**Friday**
10.30-11.00 Check In 11.00-1.00 Information Technology	10.30-1.00 Addiction Recovery Talk	10.30-1.00 Art	10.30-1.00 Personal Development & Life Skills	10.30-12.00 Speaker 12.00-1.00 Self Directed Learning, Care Plan or Literacy
1.00-2.00 Lunch	1.00-2.00 Lunch	1.00-2.00 Lunch	1.00-2.00 Lunch	1.00-2.00 Lunch
2.00-4.30 Creative Writing Wind Down	2.00-4.30 Video Wind Down	Half Day/Sports Option Wind Down	2.00-2.45 Relaxation 3.00-4.30 Group Work Wind Down	Careers NCVA Gym
	Gym	Monthly Field **Trip**		