Soilse Annual Review 2014

The Soilse Recovery Boot Camp in the Phoenix Park, Dublin, one of many activities organised by Soilse in September 2014 to celebrate International Recovery Month

“Unless you try to do something beyond what you have already mastered, you will never grow”
— Ralph Waldo Emerson
What they say about us…

“Soilse began in 1992 and over the years has been one of the best recovery resources for addiction services to avail of, whether for client stabilization or long-term treatment pathways. The service is professional, streamlined and works seamlessly with other agencies involved in client care. The service has adapted to the ever-changing drug use scenarios and treatment approaches without compromising its high standards of care.”

Joseph Merry, Senior Outreach / Rehabilitation Counsellor
HSE National Drug Treatment Centre, Trinity Court

“Having completed a social care college placement in Soilse, I can say that it offers a unique and one-of-a-kind service. I found the holistic approach used of great benefit in addressing all the ways that addiction can affect an individual. The participants are supported while also being empowered through every step of the addiction recovery process in a person-centred service with staff that are thoroughly committed to making a difference.”

Sharon Culligan, placement social care student
Institute of Technology, Blanchardstown

“Soilse offers recovering drug users the opportunity to experience second-chance education and address any literacy issues they may have. Specific learning difficulties are common among this group and this can have an impact not just on the individual but also on their families. The holistic, individual learning plan developed by the team in Soilse – the literacy, career guidance, tutors and key workers – supports the individual to progress with confidence on their journey to recovery.”

Joyce Gough, Adult Literacy Organiser
CDETB Parnell Adult Learning Centre

“Soilse is central to the continuum of care both before and after Keltoi. Soilse is widely respected for its professionalism, its interagency work and excellent outcomes which we have always valued. All this hugely benefits our service users.”

Peter Sherry, Acting Manager
Keltoi

“What I like about Soilse is that they apply very good science to produce very good results. I like talking about the science of addiction and clients love to hear about it.”

Dr. Hugh Gallagher, GP Co-ordinator
HSE Northern Area Addiction Services
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Summary

Welcome to the Soilse Review for 2014.

Our work in 2014 was dominated by three main issues: recovery, homelessness and the European Union Grundtvig project of which we are the Irish partners.

Recovery: We are placing a greater emphasis in the Soilse programme on recovery in line both with an emerging focus within addiction services internationally on recovery and the findings of *Addiction Recovery: A Contagious Paradigm!* (2014). We provided placements for eight recovery coaches (all former Soilse participants); organised a range of activities for International Recovery Month in September; launched *Addiction Recovery: A Contagious Paradigm!* in the Mansion House, Dublin; helped organise a conference on the re-orientation of drug services to a recovery model and introduced more recovery themes to the Soilse programme.

Homelessness: The issue of housing and homelessness came to public prominence in December 2014 with the death of homeless man Jonathan Corrie a short distance from Leinster House. However, the dearth of safe, drug-free or drug-stable accommodation has long had a major blockage effect on the progression of recovering drug users to sustainable drug-free lives. Much of our time during 2014 was spent intervening in acute homeless situations which should have been prevented.

Grundtvig: In 2014, we began work on RECOVEU, an international project funded by the European Union’s Grundtvig adult learning programme. The aim of RECOVEU is to develop educational modules on recovery for recovering drug users by the end of 2016.

Aside from these areas of focus, we introduced fellowship meetings to Soilse in 2014. We also provided more sessions on gambling and online gambling to help counter the massive exposure people have to betting.

The Soilse programme remained robust during the year despite cuts and the effects of austerity. There was an increase in people from our stabilisation programme deciding to detox and go to residential treatment as well as an increase in those leaving Soilse drug free. Our educational outcomes improved too in terms of the number of major QQI Level 3 awards achieved by participants.

You will find more details about our activities and outcomes later in this review.
Our evidence base

Addiction Recovery: A Contagious Paradigm!

In 2014, Soilse and its partners launched *Addiction Recovery: A Contagious Paradigm!* (2014), a report which will inform the ethos and emphasis in Soilse in the future.

The report stated that in Ireland and internationally there is an emerging focus on recovery from addiction. It cites the theoretical background, including how the concept of recovery was introduced into the addiction research literature by Granfield and Cloud (1999). Their theory of recovery capital comprises 4 elements which are the sum of the resources needed to begin and sustain recovery from substance abuse. These elements are:

- Social Capital – the resources that people have as a result of their relationships and the groups to which they belong;
- Physical Capital – tangible assets such as property and income that may increase recovery options;
- Human Capital – education, skills, positive health, aspirations and hopes;
- Cultural Capital – the values, beliefs and attitudes that enable people to fit into mainstream society.

In reviewing addiction policy in Ireland over the last decade, the report states that stakeholders felt that service users should not be kept on methadone indefinitely but assisted in moving on (2005). It referenced the Report of the Working Group on Rehabilitation (2007) which said that services should “maximise the quality of life, re-engagement, independent living and employability of the recovering problem drug user in line with their aspirations”. Keane (2011), the HSE Dublin North Addiction Service Review (2013) and the Evaluation Report of the National Drug Rehabilitation Framework Pilot (2013) show there is a momentum towards building a recovery response in Ireland.

The report explains the principles of recovery from substance abuse developed by Sheedy and Whitter (2009). [These are included in Appendix 1 of this review]. The report also contains four case studies on recovery, which describe journeys of hope and fulfilment. In addition, it outlines findings from four workshops held in Soilse looking at:

- barriers to pursuing addiction recovery approaches;
- what works in achieving addiction recovery objectives;
- barriers service users face in pursuing and achieving addiction recovery objectives; and
- how to reduce or remove those barriers.

The document concludes with a series of recommendations outlining how recovery can be advanced in Ireland. You can download the report at www.soilse.ie (click on Publications and scroll down).

Let’s Talk About Recovery

A conference entitled “Let’s Talk About Recovery” took place in September to a large audience of local service representatives. Run by the Northwest Inner City Community Development Network (NWICDN) and supported by Soilse, it heard from a variety of speakers exploring the theme of recovery from both a service and a community perspective. The conference also had workshops on these themes (see Appendix 7).
Martin Keane, senior researcher at the Health Research Board, outlined the research on recovery from an Irish and international perspective. In particular, he emphasised the importance of listening to service users. Quoting Neale (2012), he said:

“Personal accounts are very good for generating debate, highlighting common concerns and combating unhelpful myths and stereotypes. They can also reassure, improve and motivate others. By reporting the actual words of [people in recovery] we [can] produce an accessible resource for those who want to understand how recovery is really experienced from the perspective of drug users themselves” (Neale et al. 2012:14).

Barbara Condon of Finglas Addiction Support Team (FAST) outlined her research titled “An Undertaking of Recovery in Addiction and the Potential for Recovery Initiatives” (2014). Her aim was to explore the experiences, perceptions and views of people in recovery plus key stakeholder and recovery initiatives at FAST. She found that recovery was:

- difficult to define,
- a personal process,
- more complex than abstinence, and
- about quality of life.

She suggested that building recovery capital was the way forward.

Aoife Davey of the HSE National Social Inclusion Office discussed two themes:

- “How does national policy support the Recovery Agenda?” and
- “How relevant is Recovery in Ireland?”

She pointed out that recovery has been evident in Irish national drugs policy over the last 40 years. The 2010 National Drug Rehabilitation Framework (NDRF) and Quality on Alcohol and Drugs Services (QUADS) gave shape to the emerging practice of recovery.

She said that the NDRF is a person-centred framework which seeks to integrate options and tailor responses to meet the needs of service users along a developmental pathway. The provision of rehabilitation pathways is a shared responsibility of education, training and employment services alongside health, welfare, housing, nongovernmental organisations, communities, families and individuals themselves. She, too, emphasised that service users must be at the centre of the process. You can download the report at www.soilse.ie (click on Publications and scroll down).
Our 2014 performance targets

<table>
<thead>
<tr>
<th>Governance</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>• Ensure compliance with NDRIC protocols and requirements from initial assessment to exit</td>
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<td></td>
<td>• Introduce a proposed HSE Performance Management System for staff (once this has been agreed between the HSE and the unions)</td>
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<td></td>
<td>• Enhance the HSE Northern Area continuum with a dedicated contact / governance structure</td>
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<td>Programme</td>
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<tr>
<td></td>
<td>•Retention of 75% in drug-free programme</td>
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<td></td>
<td>•Prepare 20 for detox and treatment</td>
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<tr>
<td></td>
<td>•Get more hours for the Education Support Service from CDETB</td>
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<tr>
<td></td>
<td>•Enhance Soilse-Gateway Partnership</td>
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<tr>
<td></td>
<td>•Grundtvig – a three-year programme. Year 1 to analyse Irish and EU drug policy and prepare a questionnaire for focus groups on recovery</td>
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<tr>
<td>Service users</td>
<td></td>
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<tr>
<td></td>
<td>•Bi-monthly community meetings (key workers and participants)</td>
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<td></td>
<td>•Progression options for recovery coaches until the end of 2014</td>
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<td></td>
<td>•Advocate for drug-free / methadone accommodation for service users</td>
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<tr>
<td>Staff</td>
<td></td>
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<tr>
<td></td>
<td>•CBT training for staff</td>
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<td></td>
<td>•Mindfulness-Based Intervention (MBI) training for staff</td>
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<td></td>
<td>•Redeployment</td>
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<tr>
<td>Facilities</td>
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<tr>
<td></td>
<td>•Refurbish kitchen, toilets and electrics in Henrietta Place</td>
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<tr>
<td></td>
<td>•Install security cameras in both buildings</td>
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<tr>
<td></td>
<td>•Upgrade ICT facilities</td>
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Our 2014 achievements

Governance

a) **Ensure compliance with NDRIC**
   We reviewed the National Drug Rehabilitation Implementation Committee (NDRIC) evaluation (of December 2013) and attended the NDRIC rollout in September 2014 in Osaman House. We comply with NDRIC requirements from the National Drug Rehabilitation Framework (2010) and have twice audited our practice around protocols to measure compliance.

b) **Introduce a proposed HSE Performance Management System for staff**
   This has not yet been rolled out by the HSE.
c) **Enhance HSE Northern Area continuum with a dedicated contact / governance structure**

Soilse participates in the HSE Northern Area Continuum of Care Committee with new structures formalised in 2014. The continuum comprises:

- Cuan Dara, a detoxification facility;
- Kelto, a residential therapeutic treatment centre; and
- the Rehabilitation Integration Service (RIS) which works to socially include people in mainstream activities or resources.

Soilse has two facilities: one prepares people for detoxification, usually in Cuan Dara; the second works with drug-free people to consolidate their recovery and build their recovery capital.

The role of the HSE Northern Area Continuum of Care Committee is to:

- forge seamless working relationships and progression among services;
- ensure standardisation where possible; and
- ensure a high quality of performance in our work.

Service users are central to this work. See Appendix 3 for an outline of the continuum.

**Programme**

a) **Retention of 75% in drug-free programme**

75% of participants completed our drug-free programme in 2014. This is a highly positive achievement as, unlike residential programmes which have a captive audience, retention in day programmes is challenging. This is because people have to return to their environment each evening, relying on relapse prevention techniques and lessons learned in recovery to survive opportunities to use drugs and alcohol.

b) **Prepare 20 for detox and treatment**

A total of 12 people were prepared for detoxification and 19 for therapeutic treatment from our detox preparation facility.

c) **Get more hours for the Education Support Service from CDETB**

Our Education Support Service received funding for five more hours each week from CDETB which was welcome.

d) **Enhance Soilse-Gateway Partnership**

The Soilse-Gateway Partnership saw a significant level of collaboration in 2014. The most important was five women who progressed from Soilse to Gateway to take part in their much-respected education and training programme. Soilse also has a representative on the management committee of Gateway. Another significant joint initiative was the basing of a Soilse recovery coach in Gateway dealing with and supporting women around recovery issues.

To Gateway's extreme credit they have played a leadership role in the northwest Dublin inner city community around advancing women into the mainstream, highlighting and
continually addressing women’s needs, building recovery capital, working with other providers around childcare and challenging gender inequality. They were one of the leaders successfully campaigning against onerous fees imposed on community projects for education accreditation and for the retrospective validation of students’ certification, which had been lost in the Fás/Department of Social Protection/Solas reconfiguration.

e) **Grundtvig**
Soilse began its three-year commitment to the Grundtvig RECOVEU project with a series of activities. These are outlined in Appendix 2.

**Service users**

a) **Bi-monthly community meetings (key workers and participants)**
A series of service user meetings occurred in 2014 and plans were developed to improve this system for 2015. We also used evaluations, one-to-ones and feedback from check-ins and wind-downs to find out how service users viewed the Soilse process and what areas they considered could be improved.

b) **Progression options for recovery coaches until the end of 2014**
Soilse had eight recovery coaches in the Finglas Addiction Support Team (FAST) and Dublin City University (DCU) course which finished in mid-2014. A Soilse worker supported and mentored all the recovery coaches in their studies. The recovery coaches successfully completed the course and progression options were sourced for all of them. Soilse staff felt there was a real dividend from the skills and energy that the recovery coaches developed and this had a positive impact on other Soilse service users.

c) **Advocate for drug-free / methadone accommodation for service users**
A major concern in 2014 was the dearth of accommodation for both drug-free people and those stable on methadone. This issue has been well documented but despite relentless advocacy by Soilse (to implement a recovery model and follow international practices for providing suitable, safe, drug-free and drug-stable accommodation), we spent the year ‘fire-fighting’ for accommodation on behalf of homeless service users in recovery. This was not only time-consuming but also resulted in people being exposed to unnecessary risk due to the way their accommodation needs were managed.

**Staff**

a) **Cognitive Behavioural Therapy (CBT) training**
All available staff undertook this 10-month course in CBT which was run by PCI College. A variety of themes and practices related to our work were studied.

b) **Mindfulness-based Intervention (MBI) training**
This was deferred to 2015.

c) **Redeployment**
The issue of redeployment of staff into Soilse to fill gaps which incurred due to cutbacks was explored without success. We also discussed enhancing staffing from CDETB without any significant outcome. This affects the Soilse programmes both in terms of the numbers we can cater for and the breadth of work we can undertake.
Facilities

a) Refurbish kitchen, toilets and electrics in Henrietta Place
   Plans to refurbish the toilets, kitchens and electrics in Henrietta Place were unfulfilled despite repeated advocacy on the urgency of this work.

b) Install security cameras in both buildings
   Security systems were upgraded and cameras installed in both buildings.

c) Upgrade ICT facilities
   All staff personal computers were upgraded.

Other achievements in 2014

Events

• February – Aontas Adult Learners’ Week. As part of Soilse’s annual commitment to the Aontas Adult Learners’ Week, Soilse hosted a symposium titled Recovery is the Pathway to Education. This featured presentations from three Soilse recovery coaches, who spoke of their own experience of education and the different routes they took to get back into education. More than 70 people attended.

• July – Barbecue and FETAC awards. Soilse hosted a barbecue in Henrietta Place in June to celebrate the awarding of QQI/FETAC certificates to Soilse graduates. Fr Peter McVerry (pictured left), local TD and former Task Force chairperson, Maureen O’Sullivan, and local community Councillor Ciarán Perry (pictured sitting) presented the awards. In his keynote speech, Fr McVerry spoke about the importance of education and the impact of homelessness on people trying to rebuild their lives.

• July – Launch of Addiction Recovery: A contagious paradigm! in the Mansion House, Dublin. Dublin City Councillor Mannix Flynn, substituting for Lord Mayor Christy Burke, launched the report which was written by Martin Keane, senior researcher in the Health Research Board, Prof. Joe Barry of Trinity College Dublin and Gerry McAleenan, head of Soilse. The report reflects the views of people in recovery in Ireland including former Soilse participants and advocates for a move to a recovery-focused approach to addiction. The report is described in more detail on page 5.

• September – National Recovery Month. Soilse either organised or was involved in a range of activities to celebrate National Recovery Month. These included:
  o a conference on the re-orientation of drug treatment services to a recovery model. More than 100 people from services and voluntary and community groups in the north inner city attended the “Let’s Talk About Recovery”
conference which was held in the Aisling Hotel, Dublin (see page 5 for more details);
  • a recovery boot camp in the Phoenix Park to which 150 service providers and current and former service users from local projects were invited. It was a resounding success;
  • a presentation to the Northwest Inner City Network’s monthly ‘Food for Thought’ information session on the benefits of recovery coaching and how it can benefit the community;
  • a presentation on recovery and recovery coaching to Tallaght Treatment and Rehabilitation Committee;
  • a Dublin Recovery Walk

• September – RECOVEU meeting in Romania. This meeting was part of Grundtvig European Union Lifelong Learning project called RECOVEU which is developing education modules to facilitate access to learning courses for adults in addiction recovery. Soilse is the Irish partner in the five-nation project.

• December – graduation of recovery coaches. Eight former Soilse participants were among the graduates of a one-year, part-time course called ‘Recovery Coaching and Addiction in the Community’. The course was developed by Finglas Addiction Support Team and Dublin City University and was accredited by DCU at NQF Level 8. It is the first course of its kind in Ireland.

Awards
Soilse was shortlisted for the Rehabilitation Centre of the Year, part of the Irish Healthcare Centre Awards 2014.

Media
• Soilse newsletter – we produced two newsletters in 2014. These dealt with recovery and coincided with National Recovery Month. The newsletters were well received and can be downloaded from our website, www.soilse.ie.
• Soilse website (www.soilse.ie). Our website received 8,284 total page views in 2014 compared with 7,441 in 2013, an increase of 11.33%. The average time spent on the website also increased slightly.
• Facebook (www.facebook.com/SoilseHSE). Soilse had 524 Facebook ‘friends’ at the end of 2014, up from 429 at the end of 2013. We use our Facebook pages to let people know about upcoming events.
• WIFI – installed in Green Street premises.

Service User Forum
2014 was the first full year of the Service User Forum. The elected service user representatives met frequently with the service user co-ordinator and raised a variety of issues such as outings and activities, urine screens and healthier lunch options. The feedback was that service users enjoyed being able to give their input to the programme.
Gym
In 2014, Soilse began running gym classes two evenings a week and on Saturdays for current and former participants as a way of encouraging and supporting their efforts to move to a healthy, drug-free lifestyle. The classes have been enthusiastically supported by participants.

Committees and meetings
Soilse is a member or was actively involved with the following HSE and other committees in 2014:

- Clinical governance (HSE)
- ISQC (HSE)
- North Inner City Local Drugs Task Force (NICLDTF) Treatment and Rehab committee
- North West Inner City Network Steering Committee
- North West Inner City Network (NWICN) Drug Working Group
- Community Education Network (CEN)
- Back to Education Initiative (BTEI) Co-ordinator meeting
- Task Group Examining the Development of a Pathways Support Model to Homeless People Experiencing Addiction
- Gateway Management Committee
- HSE Continuum Committee

Training
Mandatory training
- Data Protection Information Session - Ballymun
- Hand hygiene – an e-learning programme

Other training
Some staff attended the following training:
- Cognitive Behavioural Therapy (CBT) – this intensive training programme, open to all staff, was held over 10 months.
- Use of the Treatment Outcome Profile (TOPs) – key workers only – for two training workshops
- Lobby for Learning Advocacy Training, Aontas, Dublin
- CBT in Practice Across Ireland, the Irish Association for Behavioural and Cognitive Psychotherapies

Conferences, workshops and other events
- Hidden Harm (Changing trends in providing Hepatitis C care to service users)
- Women and Recovery workshop, SAOL, Ballybough Community Centre, Dublin
- Changing trends in drug use, Community Awareness of Drugs, All Hallows College, Drumcondra
- Coolmine Therapeutic Community annual review launch
- Expo Day, Irish Prison Service, the Training Unit, Mountjoy Prison, Dublin
- Launch of Recover Me, Saol, Dublin
Partnerships

HSE National Drug Treatment Centre (NDTC). Soilse has had a long working relationship with the NDTC through Joe Merry via committee work and a case management approach to mutual clients. The NDTC Outreach and Rehabilitation Worker has given workshops on addiction, recovery and detox preparation to our Henrietta Place participants. The workshops critically examine the participants’ care plan – where they are now, their goals and the tools they need to get there. Feedback from participants has been excellent and we will continue to develop our NDTC relationship.

Talbot Centre. Soilse has worked continually with the Talbot Centre in north inner city Dublin around issues of mutual interest for over 20 years. Talbot provides a unique service to families and young people threatened by addiction, and has always provided Soilse with much-valued insight and support when required.

Policies, procedures and other important documents

In 2014, we continued to review and update our policies, procedures, handbooks, forms and other documents, as needed. These included the following:

- Drug screening policy and procedures
- Admin handbook
- Care plan
- Application and assessment forms
- File management system
- Treatment Outcome Profile (TOPs)
- Code of Practice.

Activity levels and outcomes 2014

As explained in previous reports, we are required to use eight separate data sets to measure progress. Some of these data sets are electronic, others are paper-based files. We are also required to use separate HSE and CDETB systems. The eight data sets are: National Drug Treatment Reporting System (Pompidou returns), DAIS, care planning files, Treatment Outcome Profile (TOPs), literacy outcomes, career guidance outcomes, Back to Education Initiative (BTEI) records and drug screens. There is a need for one joined up information system.

Adding to the problem is that groups may start in Soilse in one calendar year and finish in the following year. This means that the number of people who start in a given year is not necessarily the same as the number who leave the programme in that year.

For instance, in our Green Street programme in 2014:

- 34 participants started in 2013 and 21 of these completed the programme in 2014 (13 participants left for various reasons during the programme)
- 46 participants started in 2014 and 38 of these completed the programme in 2014 (8 participants left during the programme)
- 24 participants started in 2014 and 17 of these completed the programme in 2015 (7 participants left during the programme)

As far as possible, the figures in the table below indicate the people who either started or finished in Soilse in 2014.
## Table 1: Referrals, assessments, completions - 2014

<table>
<thead>
<tr>
<th></th>
<th>Green Street</th>
<th>Henrietta Place</th>
<th>Total</th>
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<tbody>
<tr>
<td>Referrals</td>
<td>198</td>
<td>281</td>
<td>497</td>
</tr>
<tr>
<td>Assessments</td>
<td>100</td>
<td>86</td>
<td>186</td>
</tr>
<tr>
<td>Started programme</td>
<td>80*</td>
<td>66</td>
<td>146</td>
</tr>
<tr>
<td>Finished programme</td>
<td>59**</td>
<td>48</td>
<td>107</td>
</tr>
<tr>
<td>Aftercare in Soilse</td>
<td>32</td>
<td>32</td>
<td>64</td>
</tr>
<tr>
<td>Education support</td>
<td>70</td>
<td>70***</td>
<td></td>
</tr>
<tr>
<td>Detox referrals</td>
<td>12</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Residential treatment referrals</td>
<td>19</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>Drug screens</td>
<td>2,892</td>
<td>1,420</td>
<td>4,312</td>
</tr>
<tr>
<td>Career guidance (former</td>
<td>21</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>participants)</td>
<td></td>
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*Some of these will finish in 2015  
** Some of these started in 2013  
*** This is a cumulative figure to May 2014, not an annual figure

### Drug screens

Soilse conducts twice-weekly drug screens with all participants. Applicants must also submit drug screens before they are accepted onto the Soilse programme. In 2014, Soilse conducted a total of 1,420 drug screens on 89 individuals in Henrietta Place and 2,892 screens on 122 people in Green Street.

As can be seen from the table below, the vast majority in our drug-free programme in Green Street tested negative for drug use while on the Soilse programme. As would be expected, there was a somewhat higher number of positive screens in our drug stabilisation programme in Henrietta Place as service users prepared for detox.

## Table 2: Urine screens

<table>
<thead>
<tr>
<th>Drug</th>
<th>Henrietta Place</th>
<th>Green Street</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Negative</td>
<td>Positive</td>
<td>% Positive</td>
</tr>
<tr>
<td>Opiates</td>
<td>1,334</td>
<td>60</td>
<td>4</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>900</td>
<td>494*</td>
<td>35</td>
</tr>
<tr>
<td>Cannabis</td>
<td>1,249</td>
<td>145</td>
<td>10</td>
</tr>
<tr>
<td>Alcohol</td>
<td>342</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>1,393</td>
<td>1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1,385</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Total screens</td>
<td>1,420</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total clients</td>
<td>89</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*This may include prescribed medication
Educational and occupational progression – Green Street

The following table shows vocational progressions and indicates where the 59 participants who completed the Soilse Green Street Back to Education and Training Initiative (BTEI) programme in 2014 went. This figure includes some who started in 2013.

Table 3: Progression for 2014 Green Street graduates

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third level education</td>
<td>3</td>
</tr>
<tr>
<td>Fás training / apprenticeship programme</td>
<td>2</td>
</tr>
<tr>
<td>Employment (full-time and part-time)</td>
<td>11*</td>
</tr>
<tr>
<td>Further education / training</td>
<td>40**</td>
</tr>
<tr>
<td>Prison</td>
<td>1</td>
</tr>
<tr>
<td>Relapsed</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>59</td>
</tr>
</tbody>
</table>

*8 full-time and 3 part-time

**Includes 30 at PLCs, 8 at FAST-DCU Level 8 and 2 training schemes

Of the 21 people who left before completing the Soilse drug free programme, 2 went to employment, 4 went to further education, 6 relapsed, 1 died and 4 were asked to leave the Soilse programme. The others 4 left for personal reasons.

Progression – Henrietta Place

Participants who complete the Henrietta Place programme may progress to detox, stabilisation, other programmes or employment. Most participants in Henrietta Place are on methadone but some are drug-free and progression for them may mean residential treatment in Keltoi. In 2014, 12 successfully competed detox and 19 residential treatment. Many others stabilised in their drug use.

QQI/FETAC

In 2014, 71 participants from Soilse’s Drug-Free Programme (Green Street) received a combined total of 305 QQI/FETAC awards at levels 3 and 4. Of these, 34 achieved a Major Level 3 General Learning Award.

Subjects taken by participants at levels 3 and 4 included: communications, maths, personal and interpersonal skills, computer literacy, health-related fitness, art and ceramics. Communications, maths, personal and interpersonal skills and computer literacy are core modules which enables the learner to progress to FETAC Level 4.

Table 4: QQI awards for Soilse Green Street Participants in 2014

<table>
<thead>
<tr>
<th>Participants</th>
<th>Awards</th>
<th>Major Awards*</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>305</td>
<td>34</td>
</tr>
</tbody>
</table>

*Equivalent to Junior Cert

For those on methadone (our Henrietta Place programme), Soilse offers a non-accredited programme comprising outings, social activities, one-to-one support, group work, art, mindfulness, yoga, exercise and nutrition. This programme aims to connect the individual
with a positive and enjoyable adult learning experience. Its goal is to give service users the confidence, knowledge and skills to undertake detox and treatment.

**Literacy**

Soilse conducted 100 literacy assessments for participants in 2014. Of these, 75 were for men and 25 for women. Ten of those assessed attended both Green Street and Henrietta Place. One person was assessed for Green Street but did not start in the full-time programme.

**Green Street (post-treatment programme)**

In 2014, a total of 67 participants had an educational and literacy assessment. Of these, 8 had no formal educational qualification. Literacy levels reflected this with 5 scoring at Level 1-2, indicating poor literacy skills and a further 20 scoring at Level 3-4, indicating basic competency but with a need for skills development.

Soilse provided weekly one-to-one or small group support in literacy or numeracy for participants and past participants.

**Henrietta Place (stabilisation and detox preparation programme)**

A similar pattern applied in Henrietta Place where 33 participants were assessed. Of these, 12 had no formal educational qualification, and a further 8 had a partial Junior Cert. Three scored at levels 1/2 with a further 14 scoring at literacy levels 3/4.

**Table 5: Literacy assessments 2014**

<table>
<thead>
<tr>
<th>Literacy assessments</th>
<th>Green Street</th>
<th>Henrietta Place</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formal qualifications</td>
<td>8</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td>Partial Junior / Inter Cert</td>
<td>4</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Literacy levels 1 – 2 (poor literacy skills)</td>
<td>5</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Literacy levels 3 – 4 (basic competency)</td>
<td>3</td>
<td>14</td>
<td>17</td>
</tr>
</tbody>
</table>

**Dyslexia and learning difficulties**

Twenty participants had dyslexia screenings in 2014, 15 males and 5 females. The 30-minute screening assesses five tasks:

- non-verbal reasoning;
- verbal reasoning;
- lexical access;
- phonological processing; and
- working memory.

The results suggested that 11 had a high indication of dyslexia (9 male and 2 female). Of these, 2 have had a full educational assessment with the Dyslexia Association of Ireland and
4 more are on a waiting list. Five were referred to Career Paths for Dyslexia in Leixlip, Co. Dublin and 3 of these were expected to start in February 2015.

**Educational support**
The education support service provides ongoing, practical academic support to current and former participants who have secured, or hope to secure, a place on college or university courses. This entails working with students on a one-to-one basis and also providing online support to those who cannot – due to college time constraints – attend Soilse in person.

By the end of the academic year in May 2014, a cumulative total of 70 students had used the service since October 2011.

Some of the original students have moved on from the service and are negotiating their own paths through with the educational system, including one who completed first year in NUI Maynooth with an overall first class honours result. Others use the service as required. This need for specialist intervention indicates the need for and the overall success of the educational support service.

**Career guidance – Soilse**
Soilse provides a limited drop-in service for former participants who are contemplating or applying for third-level and further education. Depending on participants’ needs, this may include advice together with assistance with college and grant applications. In 2014, Soilse provided this service to 21 former participants.

**Career guidance – ICRG**
The Career Guidance Service of the Inner City Renewal Group (ICRG) meets with Soilse participants to look at options beyond educational progression which is the primary vocational progression aim in Soilse in conjunction with the City of Dublin Education and Training Board (CDETB).

In 2014, the service made a presentation to all groups going through the Soilse Green Street programme. A total of 61 participants had at least one follow-on appointment with the ICRG Career Guidance Service. The service also works with many former Soilse participants who get in touch when they want or need guidance on career-related issues.
Looking ahead to 2015

2015 will be a busy year and the demands on the Soilse service will be acute. In 2014, Soilse had numerous referrals to both our pre-treatment and drug-free programmes. While many did not meet the entry criteria, it still shows a degree of motivation among service users to progress their recovery. We expect a similar large number of applicants in 2015.

In 2015, we will continue to advocate within the HSE for the development of a recovery perspective in Ireland’s next drug strategy due for publication in 2016-2017. We will also advocate for targeted resources for dyslexia screening, career guidance, aftercare and drug-free accommodation for service users in early recovery.

Management and staff time will also need to be set aside to work on Soilse’s segment of an international education project targeting adults in addiction recovery. The project is part of the European Union’s Lifelong Learning Programme (Grundtvig).

One of the challenges facing Soilse in 2015 will be to replace staff who leave or take maternity leave. Without a full complement of staff, it is unlikely that we will be able to offer the planned number of groups as outlined below.

Groups
Soilse plans to offer 112 full-time places in 2015 of which 40 will be in Henrietta Place and 72 in Green Street. They will be organised as follows:

- 2 ongoing detox preparation groups in Henrietta Place with continuous intake;
- 8 drug-free closed groups in Green Street (including 4 roll-over groups);
  - 1 September 2014 to 20 February 2015
  - 3 November 2014 to 10 April 2015
  - 5 January 2015 to 5 June 2015
  - 2 March 2015 to 31 July 2015
  - 4 May 2015 to 2 October 2015
  - 6 July 2015 to 4 December 2015
  - 7 September 2015 to 5 February 2016
  - 2 November 2015 to 1 April 2016.

The Green Street groups will last 22 weeks.

We will also offer places on our part-time programme and we will keep providing continuing care through one-to-one engagements and an aftercare group. We will also work with recovery coaches (former Soilse participants who have gone on to study recovery coaching through Dublin City University).

Targets
Our targets for 2015, which comply with QUADS (Quality in Alcohol and Drug Services) priorities, are outlined below.
<table>
<thead>
<tr>
<th>2015 Targets</th>
<th></th>
</tr>
</thead>
</table>
| **Governance** | ○ Review time investment and return for staff  
○ Assess participant outcome measurements  
○ Implement Quality Improvement Plans (QIPs) based on HIQA standards  
○ Provide documentation for consultation (on recovery) for the upcoming National Drug Strategy Steering Group  
○ Explore the application of Social Impact Bonds |
| **Programme** | ○ Develop recovery themes and make the programme more dynamic  
○ Develop aftercare into continuing care  
○ Design the Grundtvig pilot module, run data analysis and prepare a draft module |
| **Service users** | ○ Advocate on homelessness, housing, childcare, education, work and health needs  
○ Secure better inclusiveness and effectiveness via service user structures and involvement  
○ Support service user involvement in the HSE Continuum of Care |
| **Staff** | ○ Implement a staff training and development programme  
○ Visit recovery projects in Liverpool  
○ Draw up a Healthy Workplace Plan |
| **Facilities** | ○ Upgrade kitchen, toilets and electrics in Henrietta Place  
○ Upgrade Green Street to meet fire standards and add 2 more rooms  
○ Upgrade gym equipment |
Appendix 1

Principles of recovery from substance abuse

Many countries are adopting recovery principles. These principles are more inclusive and accessible than a formal definition of recovery. They fit well with health promotion and social inclusion. An example comes from Sheedy and Whitter\(^1\) (2009) and is based on 20 years of research and widespread consultation. The explanatory notes are Soilse’s.

There are many pathways to recovery

- There are different ways recovery can occur, from formal treatment to a religious conversion, from attending fellowships to individual, natural recovery. Recovery is a highly personal journey.

Recovery is self-directed and empowering

- The service user should be the agent of their own change and development, exercising choices and making decisions to secure their own recovery goals.

Recovery involves a personal recognition of the need for change and transformation

- When people enter treatment, they have a strong motivation to change. Abstinence is a goal many service users recognise, set and achieve. It requires a complete change in the way they lead their lives.

Recovery is holistic

- The process of recovery is about more than just abstinence. It is about life change that involves addressing the person’s physical, spiritual, emotional, social and mental health needs.

Recovery has cultural dimensions

- Many people who are addicted have cultural beliefs and traditions that must be considered in facilitating recovery. They include immigrants, Romanies and Travellers, and lesbian, gay, bisexual and transgender people, all of whom may experience unintended cultural bias in services.

Recovery exists on a continuum of improved health and wellness

- Recovery is about continual growth and improved functioning which involves developing relationships, becoming independent, gaining employment, feeling good, leading a meaningful life, and cultivating wellness in mind and body.

Recovery emerges from hope and gratitude

- People in recovery become models of success. They are change champions who will motivate and influence others, gaining hope and gratitude from those who share their experiences of recovery.

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Recovery involves a process of healing and self-redefinition
- People are engaged in multiple recoveries, healing the hurt emotions behind drug use and reconstructing a sense of self that together lead to a complete identity transformation.

Recovery involves addressing discrimination and transcending shame and stigma
- Drug use is a discredited identity. Recovery means developing access points into mainstream society and a shift in social functioning in pursuit of mainstream activities.

Recovery is supported by peers and allies
- New relationships emerge in recovery including new social networks, fellowships and family involvement.

Recovery involves (re)joining and (re)building a life in the community
- Recovery creates the conditions for people to move from chaos to control in their lives. They rejoin and rebuild their lives both in their own communities and in recovery communities.

Recovery is a reality
- There is an emerging evidence base that demonstrates that recovery works. Recovery is contagious!
Appendix 2

Recouve (EU Grundtvig project) timeline

2013
• Partners agree consortia: UK (lead partner), Republic of Ireland, Cyprus, Italy, Romania
• Proposal submitted: “A participative approach to curriculum development for adults in addiction recovery across the European Union”
• Proposal accepted by the European Union Grundtvig Lifelong Learning Programme
• Submission included:
  o Aims and objectives
  o Methodology
  o European added value
  o Impact, dissemination, exploitation and sustainability
  o Actions and programme information
  o Work plans and work packages including deliverables – outputs, products and results (see www.recouve.org)

2014
January to June
• Kick-off meeting in England – roles in the project and their organisation profiled
• Project plan agreed. This included a communication plan, a consultation and resolution process, protocols for data collection and analysis, monitoring procedures, administrative procedures and risk analysis to identify any problematic issues that may arise with strategies and ways to respond
• Ethical approval received
• Six-month internal evaluation report completed
• Ongoing work conducted on the following work packages (WPs):
  o WP1 – Management structures, processes and performance indicators;
  o WP2 – Quality assurance-evaluation and quality processes;
  o WP3 – Policy and practice review of drugs and social inclusion in the five partner countries;
  o WP4 – Focus group plans for producing data;
  o WP9 – Dissemination plan: logo, leaflet, website, press, social networks and so on;
  o WP10 – Exploitation, post-project sustainability for the learning materials.

July to December 2014
• Management committee meeting in Romania including focus group plan decided
• Recovery leaflet circulated (www.recouve.org)
• Operational progress report
• Skype meeting with partners
• Website (www.recouve.org)
• Interim evaluation
• WP3 policy and practice review concluded (www.recoveu.org)
• First RECOVEU newsletter produced (www.recoveu.org)
• External evaluation undertaken. Themes were: project progress/partnership
  collaboration/project management/own project contribution/challenges/lessons
  learned
• Focus groups undertaken in five partner countries. Themes explored were:
  what is learning /the role of adult education in recovery /community/participation
  in learning/ what makes learning successful/ what an access to learning course for
  those in recovery should involve/barriers to learning
Appendix 3

HSE Northern Area Continuum of Care Pathway
(Or an overview of a SU’s path to recovery)

**Phase 1**
- Outpatient Stabilisation
  - Soilse / Henrietta Place Detox Preparation Recovery Programme
  - Target Population: Person on prescribed medication, abstaining from illegal drugs / alcohol seeking stabilisation / detoxification preparation

**Phase 2**
- Inpatient Detoxification
  - Beaumont, St Michael’s Ward
  - Cuan Dara
  - Target Population: Person seeking detoxification from all substances

**Phase 3**
- Residential RX & Rehabilitation
  - Keltoi, residential therapeutic rehabilitation centre
  - Target Population: Drug free person seeking rehabilitation

**Phase 4**
- Recovery & Reintegration
  - Soilse / Green Street Drug Free Recovery Programme
  - Keltoi, after Care program
  - RIS team
  - Target Population: Recovering person seeking reintegration

**Phase 5**
- Maintenance & Stabilisation
  - NDTC
  - Drug Treatment Centres
  - Satellites Clinics
  - Inpatient Stabilisation programme: Beaumont, St Michael’s Ward or Cuan Dara
  - Target Population: Active drug user seeking stabilisation on MMT and/or prescribed medication

**CKW / RIS / CP / C**
- Assessment, Care Plan, Urinalysis, Interagency / Case Management, Specialist Interventions

**CKW**: Clinical Key Working (team members)
**RIS**: Rehabilitation Integration Service (team members)
**CP**: Consultant Psychiatrist
**C**: Counsellors

**NDTC**: National Drug Treatment Centre
**MMT**: Methadone Maintenance Treatment
Appendix 4

Evaluations of Soilse by recent participants

What were the key benefits of attending the Soilse programme?

Participant 1: I got a chance to engage in my own emotional development and get the opportunity to work through my past within a safe environment. One of the greatest lessons I learned in Soilse is that others’ behaviour shouldn’t always have to change just to suit how I’m feeling. The urine tests were also a big help. I found the ability to be punctual and reliable in Soilse and regained good physical and mental health.

Participant 2: It gives you structure in your day. Being part of a group gave me a sense of responsibility and commitment. Screening of urines was a good incentive to stay clean. Access to staff and staff actively encouraging participants back into education. All staff offer support with recovery and education. The weekly cheque and a sandwich daily. Also, coming to understand that relapse is a part of the recovery journey too. It doesn’t have to be, but it doesn’t mean the end. With support, it can be overcome. This is the best thing about Soilse. I haven’t seen Soilse give up on anyone. They will do everything to support anyone even after multiple relapses. Very understanding.

Participant 3: The key benefits of attending the Soilse programme are:

a. awareness around addiction – I also learned that alcohol is a drug too;
b. relapse prevention – this was very important to me. I learned how to think when the craving came;
c. structure – Soilse gave me a great structure and supports (emotional, too);
d. education; and
e. groups – where the challenges happened and feedback.

Participant 4: Soilse is a great confidence builder because my confidence wasn’t great, especially coming off heroin. Being here has boosted my confidence immensely! The most benefit I got was all the supports I have while here and when I leave. I found the whole programme very enjoyable. The staff were very friendly and polite.

Participant 5: The key benefits I got out of Soilse was awareness around my drug use and what it done to me, my family and relations with friends. Soilse gave me great structure in my day. I was so grateful to have somewhere to come
every day even though I didn’t want to come some days. Soilse sets you up great to head into treatment. I didn’t know what I learned in there till I was in treatment and wasn’t afraid to assert myself in group. I started here for something to do during the day and never thought I would get drug free but as time went on and I learned more about addiction, the more I wanted [to be drug free]. Looking back, I really liked it [in Soilse] and met great people.

Participant 6: First and foremost, I received an in-depth knowledge of the disease of addiction and by ‘in-depth’ I mean an opening of my mind to the whole concept of starting over again and doing it one small step at a time and the fact I knew nothing at all. I also received and was supported with an education, academically, physically and emotionally. I received great advice on nutrition and exercising and I received the tools to start a 12-step programme for when I leave Soilse. It is only beginning for me, thanks to Soilse. The structure and screens were beneficial too. I can’t speak highly enough of the staff at Soilse and their patience and tolerance.

Participant 7: I learned how to speak around people. I got treated like a person. I learned there was more to life than drugs. Going on hill walks, I felt I belonged to the group, doing hobbies like normal people. When I went to detox, I had a better understanding than the others there because of what I had learned in Henrietta Place. Soilse doesn’t care about your past, just how they can help you plan for your future. I also got educated and found out that I could learn at my own pace. This gave me the belief that I could go on to college. What else? Soilse helped me understand my family better and how I could help and not blame. They gave me a belief in myself.

Mostly I learned that if you put in the work, you can get clean and if you do the things they suggest, you can stay clean. The best bit was the realisation that there is more to life than the madness of drugs and feeling alone. I’d advise anyone coming to Soilse to listen to staff, trust in the process and be open to what’s on offer.
Appendix 5

My time in the Soilse aftercare programme

I started in the Soilse aftercare programme almost two years ago. I decided and it was suggested that I would benefit from attending an aftercare group to help me progress in my recovery and strengthen my foundation to a drug-free lifestyle. I was just over two years clean when I joined the group.

During my time in this aftercare and looking back over the last two years I can honestly say that I enjoyed being a part of this group. More importantly, however, I have realised that as a result of attending this aftercare I have grown a lot and have strengthened my recovery in ways that I don’t feel could have been achieved anywhere else.

The facilitators were honest, understanding, very helpful and patient. They, along with the other participants in the group, created an open and safe environment that enabled me to talk, get into and start a process of dealing with issues that affected how I behaved and thought, and that were also a source of pain. I think this is the most important and beneficial thing that I have gained from being in this aftercare.

My time in this aftercare enabled me to form new relationships with people, become a more confident and [drug:]free recovering addict and step further away from active addiction and everything that comes with it. This aftercare provided me with a very important support over the last two years and I am very grateful for this.

A former participant
Appendix 6

Evidence base on housing for homeless drug-free people

2014 was the year when Ireland’s homeless / housing problem came to the fore. This is an extract from a submission which looked at the needs of newly drug-free people. It is the type of response that is inherent in comparable policy abroad (England, for example) on providing suitable accommodation to those in need.

In 2005, the National Advisory Committee on Drugs examined a sample of 355 homeless people living in hostels. Of these, half were current drug users. The Report of the Working Group on Drug Rehabilitation (2007) saw housing, if not addressed, as increasing “the likelihood of relapse following rehabilitation” (p. 17). Indeed The Homeless Agency (2010) acknowledged alcohol and substance misuse may be the primary cause of their homelessness.

In 2009, Kertesz et al reviewed the studies concerning ‘Housing First - Pathways to Home’ in the United States. They stated that current research data in the US was insufficient to identify optimal housing and rehabilitation approaches for clients with addictions. Indeed, they concluded that the existing US research overreaches itself, is generalised to people with addictions and fails to distinguish their needs. This is the model Ireland is following. In fact, the Comptroller and Auditor General (2009) found that those who had completed treatment and are drug free should ideally be accommodated separately from those misusing drugs.

As part of the Comptroller and Auditor General’s review, three facilities were visited and managers reported “demand for accommodation places exceeded the number of places available”. Tsemberis (2010) found there was “not as yet any real evidence that Pathways to Home is effective at countering worklessness or social isolation”. Remarks of the UK Expert Group on Recovery (2012) which endorses the approach of transition stated: “there is a balance to be struck in providing independent housing to someone to support their recovery and providing it too early in their recovery journey”.

The report of the EMCDDA (2012) stated that Ireland was one of 17 out of 28 countries where transitional/halfway and supported living provision was available for clients who had completed drug treatment. Conspicuously, it continued: “the need and demand far exceeds provision of this type of service, although this was only reported explicitly by Ireland” (p. 185). Therefore, the principle of ‘step-down’ or transitional accommodation is not only recognised by Ireland at a national level but also has been used to inform EU research and policy. It is thus essential to provide step-down accommodation to meet the needs of drug-free people in Ireland who are in early recovery.

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2 Submission to the Task Group Examining the Development of a Pathways Support Model to Homeless People Experiencing Addiction, Unpublished
Appendix 7

Let’s Talk About Recovery – Conference Workshops

Recovery and Services – How can our services be part of the recovery journey?

Workshop 1
- Ongoing needs assessment
- Continuum of care (stages)
- Smart → (specific, measurable, attainable, realistic, timely)
- Key working (professional), care planning
- Across all services (statutory + community + voluntary)
- Outcome oriented!
- Support for families
- Women in recovery
- Cultural responses – minority groups

Workshop 3
- Better integration
- MH services: disjointed, can overlap, duplication
- Lack of co-operation between services – to be more client-focused
- Solution – case management by primary care agent/lead
- Currently worker dependent/not policy
- Block in system because of lack of communication
- Emphasis on case management versus ‘the individual’

What works
- Self-refer, maturity of the person, education as key aspect
- Client can mistrust GPs, statutory agencies
- Recovery – very much an individual thing
- Fragmentation of communication between services – deterioration
  - Common sense approach
  - Who is accountable? (how to bring more accountability into the system?)
  - Relationships can be damaged – if case falls down

Funding
- Question what’s being done
- Question the outcome potential
- Joined-up thinking
- Assessing service level agreements
- Review service level agreements
- NDRF framework – Where does this question fit into this?
- Principles, not details, of local level services
- National framework → to complement this
- Split in services – MH vs. Treatment
  - Dual diagnosis
  - historical split
- Are there enough services? Is there someone to navigate the person through this (housing etc)?
• Collective approach
• People in recovery as drivers of change
• Who drives change? Does it come from services? How to change this?
• Ask service users
• Through evaluation:
  o What works
  o Quality of...
  o Inclusion
  o How to do better
• 90% effect own recovery
• Recovery capital as driver of change
• Aftercare brings people ‘outside’ of services
• How to support people in recovery to develop networks?
• How to expand recovery coaching?
• Create options – How to?
• Social outlets group not based solely on addiction

Barrier - Childcare
• Very little services → i.e. to spend overnights with children
• Household skills are poorly resourced
• Childcare options for women going into education
• In addition – learning difficulties not being resourced
• Gaps in level of education i.e. 3-5 FETAC
• Poor progression paths
• Not enough women-only programmes for personal development, parenting
• Awareness of services is slim
  o Information limited to service alternatives
  o More information in clinics
• Services ‘plugging’ own services?
• Lack of awareness
  o Streetwork
  o Outreach
• Money into condensed services at start of recovery but when someone ‘gets through’ there is minimal choice in next step
• Bolster aftercare
• Secondary + subsequent steps in recovery
• Whole person – housing piece is missing, closures in services in drug-free aftercare, i.e. hostel accommodation following detox programmes leads to vicious circle for people
• Aftercare – very hard to capture in 2-hour group
• Longer-term aftercare services needed
• Practical assistance is needed, one-to-one’s
• Drug free workers!
• Not enough short to long-term housing
• Not enough move-on options plus the lack of private rented accommodation
• Not enough housing for active users + lack of stability /impact of this + consistent non-judgemental support
Recovery and Communities - How can our communities promote and build awareness of recovery?

Workshop 2

- Promoting idea of HOPE
- Using recovery / positive language
- Outreach to schools
- Promoting recovery coaches
- Definition of ‘community’
- What are blocks to awareness and how to address them
- Stigma for siblings of drug users
- Difference – recovery and treatment
- Recovery forum
- Services to get on board with recovery
- Educating local reps around recovery
- Unite communities nationwide around recovery
- Displacement / homelessness – huge barrier
- Anti-drug / negative feelings in communities
- Communities – more than addiction, there are other parts to it
- Develop services for people in recovery that would be leading to reintegration
- Fear plays part
- Access all parts of communities
- Recovery coaches to clinics:
  - Get information out there
  - Weekly sessions for clients
- Stigma – media reporting - positive not negative
- Visibility of recovery model
- Need services, local reps etc. to work together
- Model needs to be all inclusive
- Recovery coaches – prison service
- Develop package for users: addiction to recovery
- Case management
  - North Inner City
- GPs looking for info
- Evidence-based approaches
- Look at causes of addiction
- Use people in recovery to make changes
- Low expectations for children in working class areas
- Engage communities in wider way
- Address conditions
- Promote way out of drug use
- Promote options
- Not to stigmatise users further by promoting recovery
- Recovery vs. harm reduction continuum
- Role of education in people’s lives is unquestionable
- Promote people’s strengths
- How do we engage with statutory agencies, government, communities etc?
- Network services
- Commonality between recovery and adult education
• Working with people from where they are
• Benefit of recovery coaches taking part in task forces and subgroups
• Opportunity to get involved in local communities
• Need to promote coaches, circulate the info
  o What do they do that is different?
  o How to integrate them into services?
• Blend coaches into services
• Recovery coaches work at all levels
  o No boundaries
  o Been there
  o Have experience

Workshop 4
• Local services to promote (posters, events, café, newsletters...)
• People / families are heart of our communities
  o Communities change over time - it is necessary to move with the times.
• Recovery is not visible
• Family - Irish context (Ireland → drink/drugs)
  o Social aspect is OK at the minute
• Stigma → alcoholism in the community – openly in recovery
  o Info → recovery – experience
  o Open meeting NA→AA – NAA (people who are not in addiction but
    affected by experience)
  o Stories of struggle shared, but of hope too
• Every family in this day and age is affected by addiction
• Celebrity status – media – Why not public domain?
• Drawing a line between alcohol and drugs is not helpful
• Sub-group around recovery? Within a task force structure?.
• Are people interested if they are not affected?
• Services not available
• Court – Treatment (Medical Services) – had doctor suggested treatment
• Readiness Scale → Not ready
• Recovery Care – Should be used to:
  o Promote recovery
  o Put positive out there
  o Police stations
  o GPs – surgeries – HSE
  o Care teams – remove blockages
• Seamless recovery pathways are required – (voluntary, statutory and communities)
• Housing – excluded by Dublin City Council
• Women – barriers: crèches/childcare – social capital
• Education – addiction – info available
  o Health services
  o Mental health
• Concerned parents / stood up / community lead
• Motivation of community
• Recovery evening group
• Family Support
  o Intervention
  o Schools / education
• Have to be admired for getting help
• **Community** – Change – People → Domino Effect
• Inspiration to promote recovery
• Mental Health: Needs to be addressed
• Networking – can provide more together
• Recovery forums: How?
• People have to get together
• Recovery coaches, organisations
• Agencies, parents and families
• **Holistic Package for Recovery:**
  - Aftercare
  - Meetings
  - Info
  - Education
  - Family
  - Word of mouth – planting seed
• **Schools: Part of cure**
  - Primary School (age relevant – really young)
  - Schools - education, family, drugs, effects, health – all interconnected
  - Learning disabilities
  - SPHE – School: young people talk – better effect on kids
  - Mobilising communities (parents and kids programme – adaptable to all ages, removes the stigma)
  - Note: Don’t have to be in gutter to be an addict / alcoholic
  - Methadone services are bottlenecked
  - Communities need to take lead
  - **For Recovery** ---polar opposites → **Not Ready**
  - Don’t frighten people to change
  - Has to be community led!
  - Our community expectations – needs to be delicate
  - Creating recovery culture in communities

**Recovery Service**
- Funding
- Support
- Giving back
- Childcare: Build up trust for this service to reduce stigma / recovery + children being part of that
- Young People Services: 14 – 21 years
  - reduce the stigma
  - change media messages
  - probation / SW see drugs as means to an end
  - young people need to be educated