

## **Citywide and Athru Education & Training Submission to the NDST CE Working Group**

**29<sup>th</sup> November 02**

Community Employment Drugs Projects are aiming to develop and deliver appropriate and relevant rehabilitation services for drug users in their communities. The aims of drug rehabilitation services are:

- a) To provide supports and services to people who are in treatment to enhance the effectiveness of treatment
- b) To work with people in identifying their progression needs in relation to personal supports, family support, education and training etc.
- c) To facilitate access for people to whatever options are required in integrating them back into normal community life
- d) To provide ongoing support for people as they move from treatment to other options

The following is a broad outline of the work undertaken by drugs projects.

### **First Stage**

Prior to commencement on programmes a detailed referral process takes place. This assessment stage is done with the referral agency to ensure all agencies are clear regarding their responsibilities around the development of care plans/progression routes for the participant. These agencies could include the local treatment/satellite centre, Probation and Welfare Service, FAS, An Garda Siochana local GP's and other community/voluntary groups etc.

### **Assessment Process**

The assessment process will decide whether the programme is the right place for the participant. It will look at the suitability of the participant by seeking information from the medical team regarding the drug stability of the participant. The project workers will work with the referral agency to ensure a smooth transition onto the programme. At this stage the participant could engage in some group work to ensure they are able to commit to the programme. If a participant is brought onto a programme that is not suitable or they cannot commit to, the likelihood of them dropping out of the programme is very high.

The assessment process takes approximately a month

## **First Year of Programme**

In the first year the participant will begin to become part of the participant group and become familiar with the organisation. At this stage the staff build a working relationship with the participant. Through the care plan process the staff with the participant begin to identify achievable time measured goals.

### **These goals could include:**

Relapse prevention

Personal Development

Confidence/Self Esteem Building

Identifying educational /social needs e.g. literacy, basic numeracy/computer training

Working with the home school liaison officers

Helping children with homework

Dealing with legal issues

Housing issues

Rebuilding family relationships

Working with social workers/ probation officers etc.

## **Second Year of Programme**

The care plan is reviewed with the participant and staff on a regular basis to ensure goals are realistic and achievable. The care plan is used to develop an individual programme for each participant. This involves the participant reviewing previous goals and adjusting to suit their current needs. The care plan can and often does vary from one participant to the other. For one participant a goal may be re-developing relationships with family members, for another it may be returning to education. Responsibility is taken by the project and participant to ensure goals are met.

During the second year while the focus is still on personal development academic modules are introduced

### **These can include:**

Computer literacy

Personal Effectiveness

Personal & Interpersonal Skills

Communications

Caring for Children

Personal Care (hygiene/health etc)

All of the above modules are accredited by FETAC. Participants at this stage can begin to integrate into mainstream education and training programmes on a part-time basis or day release e.g. web design, floristry etc. During this stage particular attention is paid to relapse prevention and one to one support and counselling is ongoing. VEC tutors are also used to deliver some of the above modules.

## **Third Year of Programme**

Again while the focus is on personal development, education and training projects now begin to explore the possibilities of work experience for some participants.

### **Some of the accredited modules include:**

Career Guidance

Preparation for Work

Maths

Consumer Awareness

Some of the participants will be linking with local LES offices and working with mediators to plan the next stage of their progression. This progression could be into the workplace or on to further education and training.

Throughout each of the years emphasis is placed on the individuals' needs and a holistic method of recovery, which could include acupuncture, body wellness etc. The development of a creative aspect to the programme is done by providing creative activities such as Art/Drama and creative writing etc. There is also an emphasis on physical wellbeing and therefore participants take part in swimming and physical fitness programmes.

At any of the above stages a participant can relapse into addiction and therefore throughout their programme attention must be given to their addiction in the form of relapse prevention, counselling, group work and one to one support.

FAS Community Employment Programme is particularly suitable as a mechanism for providing rehabilitation. **The benefits of using Community Employment are: -**

- The programme is community based which allows participants easy accessibility
- Its part-time nature is particularly suitable for people who are availing of drug treatment services as they can continue to access these services while participating fully in the programme.
- Projects can act as advocates for participants around housing issues, legal issues, medical issues etc.
- Educational modules can be specifically designed and delivered to aid the recovery/progression process
- VEC tutors can be brought in to deliver specific modules
- Addiction Counsellors can provide support and relapse prevention modules

- It allows participants to avail of a mainstream FAS programmes that other members of the community are familiar with. This leads to greater integration.
- It allows community based projects to develop programmes that respond to the needs of their areas
- Payment of participants enables them to engage in rehabilitation
- Locally based FAS staff who have an understanding of issues surrounding rehabilitation and local issues that affect projects
- The projects through open days, launches, public events etc. are actively engaged in presenting communities with a positive message about the benefits of treatment and the potential for people to live with and move on from their problems with drugs.
- It is an essential element of progression that people have an opportunity to move on from services that are specifically drug focused. The location of CE within the broader context of work experience and placement provides an important stepping stone for people on to a wider range of opportunities.

**These are some of the difficulties experienced by projects**

- Participants can not avail of secondary allowances making it difficult for them to remain on programmes
- CE is focused on employment / getting people job ready
- Special Drugs Projects are competing with other marginalised groups in their communities.
- Projects are experiencing pressure with regard to filling places which does not take into account the assessment / induction process which is crucial to participation.
- FAS CE structures do not allow for the variety of skills required by staff to deliver such a complex programme.
- The participants who engage in these programmes will in many cases have left school early and will not have been through any formal education systems. Consequently their educational needs can be very broad. The projects need additional training budget to enhance their ability to reintegrate into society.

Any re-focusing of the programmes must look to Dept. of Education and Science and the Dept. of Health and Children to ensure specific areas of the programmes that are most related to their departments are implemented.

This might include the Dept of Health and Children funding certain aspects of a programme i.e. relapse prevention, counselling services and the Dept. of Education and Science making available programmes suitable to the needs of the client group.

### **Implications of re-focusing CE**

While it is clear that there are different stages that participants progress through, it is essential that the three years CE programme stays under the remit of FAS. It is important to emphasize that continuity of the staff team is crucial if progression is to occur. Other relevant departments need to contribute to ensure successful outcomes.

The implications for participants if CE was re-focused would be to remove the easy accessibility and the opportunity to integrate into other mainstream programmes.

The CE structures, which gives a three programme allows for consistency in the delivery of the programme. Staff in projects are aware of the needs of the participants and can intervene at an early stage if a participant shows signs of returning to illegal drug use. They liaise with the medical team and other key agencies to ensure the participant receives additional supports.

This intervention in many cases can result in a participant remaining on the programme and not going back into addiction. The creating of an environment, which allows for the growth and development of individuals, is the key to the successful progression of participants.

The drugs projects network that is facilitated by CityWide all agree that the CE Programme is beneficial to their participants. Although the projects have identified some difficulties with the programme it is generally accepted that CE is an ideal conduit to deliver rehabilitation services to drug users in their communities.

