

Soilse Annual Review 2010

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Executive summary

Soilse, the HSE addiction rehabilitation programme in Dublin North Central, experienced another challenging year in 2010. However, despite budget constraints and logistical and building difficulties, we prioritised the needs of recovering drug abusers with considerable success. Throughout the year, we had enquiries, referrals, programme uptake and successful outcomes.

In terms of addiction, the problems are as enduring as ever with complex needs and limited progression opportunities. The rehabilitation strategy published in 2007 has had no practical effect. Yet Soilse saw a clear and positive impact from our work in terms of:

- stabilising service users;
- achieving detox;
- encouraging participants to move from our prescribed medication to our drug-free service; and
- consolidating these outcomes.

Our evidence base continually validates our approach with people who want to become independent of services being facilitated to do so.

Soilse did well in 2010 in terms of educational and vocational outcomes, particularly through FETAC but also through comprehensive care planning. We faced protracted difficulties as a result of the staff moratorium and budget cuts, but continued to deliver a professional service, keeping morale and performance high.

Our service is based on the following practice standards:

- holistic assessment
- care planning
- care management
- interagency work
- quality assurance, and
- customer service involvement.

Our 2010 performance targets

Governance

- To introduce a performance management system including regular supervision;
- To encourage staff development despite budgetary constraints;
- To introduce a policy on the use of volunteers;
- To manage the service environment where we provide care in terms of health and safety, fire and environmental health;
- To develop a site specific safety statement;
- To implement a fire policy for both buildings;
- To put in place an environmental health policy for the kitchen.

Programme

- To make sure that all participants in 2010 have the option to have their care planning accredited as a FETAC Level III module in interpersonal skills.

Participants

- To continue to expand participant feedback opportunities through suggestion boxes, satisfaction surveys, focus groups and community meetings.

Staff

- To make sure that CDVEC staff receive the mandatory training that HSE staff receive.

Accommodation

- To move our drug-free programme to new premises in Green Street;
- To refurbish the kitchen and toilets in our Henrietta Place building.

Our 2010 achievements

Governance

We looked at performance management targets and systems through our Quality Improvements Plans which were actioned, reviewed and evaluated on a quarterly basis.

We introduced staff supervision and addressed staff development by designing an individual training framework for staff. We also adopted a volunteer policy.

We scrutinised the service environment, health and safety, fire and environmental health. We also drafted a site specific safety statement for Henrietta Place (and will do a similar one for Green Street in 2011).

Programme

We developed a FETAC Level III module in interpersonal skills to recognise the quality of our care planning. This was assessed by FETAC in November and now this care planning approach is being mainstreamed in both buildings for all service users.

Participants

We made major gains in our customer services in 2010. These included:

- suggestion boxes in both buildings;
- fortnightly community meetings in both buildings;
- a newsletter every 8 weeks promoting the views and concerns of service users;
- ongoing group evaluations and reviews.

Focus groups did not occur. However, we did qualitative interviews with four service users who said that the benefits of the programme for service users were substantial and included:

- increased self esteem;
- greater confidence;
- better interpersonal skills; and
- a sense of empowerment.

Staff

It was agreed that CDVEC staff would receive the same mandatory training as their HSE counterparts.

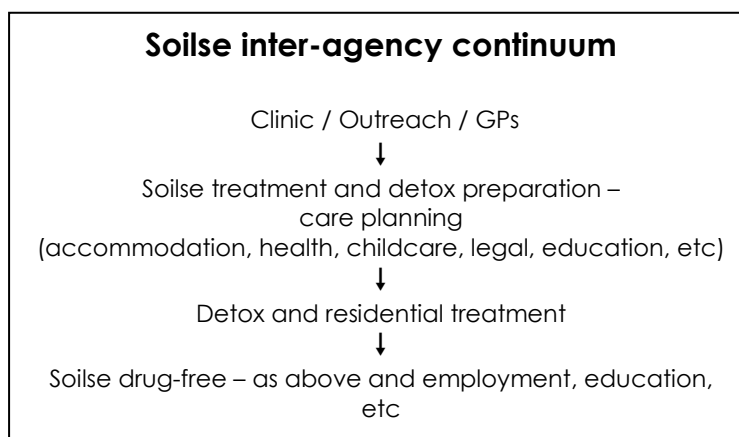
Accommodation

Soilse successfully moved from North Frederick Street to Green Street just before Christmas 2010 although there is still a lot of work to be done in developing the building. Unfortunately, the guarantees given by HSE Estates for refurbishment of Henrietta Place were not honoured in 2010.

As has been highlighted in previous reviews, the problems with our facilities were an ongoing feature of 2010. A capital grant of €110,000 was “guaranteed” to renovate the toilets and kitchen in Henrietta Place along with some other minor upgrades. This did not transpire and, as in previous years, the correspondence we received from Estates was not of an acceptable level for the health service. Similar intra-agency weaknesses affected the move from North Frederick Street to Green Street.

Interagency and committee work

A major strength of Soilse is our interagency work. We strongly believe in the principle of integration and the benefits that accrue to the individual service user when agencies co-operate. At Soilse, we always work in this way, particularly in following a continuum of care for people who are trying to recover from drug addiction and achieve social inclusion.



Soilse has partnerships with:

- detox agencies,
- residential treatment centres,
- drug treatment programmes,
- community drug programmes,
- housing associations,
- health and welfare providers,
- local drugs task forces (LDTFs),
- referral services,
- rehabilitation providers,
- financial advisors,
- guidance services, and
- literacy agencies.

HSE committees

Soilse took part in the following HSE committees in 2010 (time and resources permitting):

- sector team,
- ISQC,
- hygiene and infection control, and
- clinical governance.

Soilse committees

Soilse's committee structure is designed to give feedback, engage staff and review service users' needs and how we meet them. The aim is to communicate effectively about our participants, plans, premises and projections. The committee structure consists of:

- care planning meeting (weekly);
- business meeting (weekly);
- admin meeting (monthly);
- health and safety meeting (monthly);
- full staff team meeting (monthly);
- facilitators' meeting (quarterly); and
- management meeting (monthly);
- community (participant) meeting (fortnightly).

In 2010, care planning and business meetings took place weekly in both buildings. The admin meetings did not happen as often as expected. Health and safety meetings took place as planned until the last two months of 2010 when meetings about the building move were prioritised. In all, there was a huge number of meetings and this needs to be reviewed in terms of attendance and impact.

The quarterly facilitators meetings took place. Management meetings exceeded their targets for 2010, with 15 meetings taking place. The full staff meetings, which were scheduled to take place monthly, were reduced to quarterly at staff request. In hindsight, this was a major mistake and contributed to a fracturing of team approaches, planning and service delivery.

Staff

Staff departures

As a result of the 'early retirement and early redundancy' schemes introduced across the HSE towards the end of 2010, we lost two long-standing staff members:

- our Grade V admin worker; and
- our Grade VII Rehabilitation Education Officer.

Both of these staff members made a huge contribution to the running and vision of Soilse and will be sorely missed.

CDVEC staff to depart in 2010 included:

- our education development worker; and
- one of our job-sharing career guidance workers.

Staff training

Due to budget constraints, the only training that took place in 2010 was mandatory management training for four Grade VIIIs.

Other achievements in 2010

Document and file review

Documents were reviewed and updated as necessary in 2010. In addition, there was a comprehensive review of participant files in both buildings. As a result, a new archive system has been put in place.

Research

Soilse is involved in ongoing research with the Health Research Board. Senior HRB researcher Martin Keane has codified and written up most of the material from the interviews he conducted into the relationship between adult education, social exclusion and recovery from addiction. The aim is to publish this research in the first half of 2011.

A separate study (Developing a Framework of Service User Involvement in an Addiction Rehabilitation Programme) was carried out in the first half of 2010. Using a mixed methods approach, the primary objective of this study was to examine Soilse's existing service user involvement (SUI) structures with a view to developing them. Thirty-five service users completed an electronic survey and four took part in interviews which explored their experiences of SUI in Soilse. The main themes that emerged were: factors that promoted and hindered SUI, the process of SUI, methods of SUI and participants experiences of SUI in other services.

The study highlighted the strengths of SUI in Soilse and showed that participants value the process. A significant finding was the lack of SUI that our participants experienced in other services, particularly in essential services such as clinics, GPs, dentists, and so on. The study endorsed the SUI model currently operating in Soilse.

STAR award

Soilse's career guidance service won the 2010 Dublin Region STAR award. These awards, given by Aontas, the National Association of Adult Education, recognize outstanding, learner-centered adult and community education projects. In commenting on Soilse's career guidance service, the judges commended the guidance counselors for working in partnership with the learner to help overcome obstacles to progression.

Methadone review submission

Soilse made two submissions to the Methadone Review Group in 2010, one from staff and one from service users. Staff were also asked to make an oral submission to the review group. The submissions can be read in the full report: *The Introduction of the Opioid Treatment Protocol*, Farrell M, Barry J (2010), published by the HSE and available on www.drugsandalcohol.ie.

Outcomes 2010

Statistics (Pompidou returns)

A total of 210 people were referred to Soilse in 2010. Of these, 147 received treatment. Please see Appendix A for a full statistical breakdown.

Care planning

A comprehensive care plan is put in place for each service user who engages with Soilse, starting with a thorough holistic assessment of need which frames the care plan actions. The most important task is to determine the drug status of the participant and the work needed to stabilise, detox or secure a sustainable drug-free outcome.

Where relevant, service users also address other care planning issues such as health issues, dental, testing for blood-borne viruses, medical cards, financial, social welfare, legal, literacy, housing and accommodation, childcare, family support, recreational activities, education, training and work. (Some service users already had some of these resources in place).

In addition, a lot of emphasis is placed on building and using recovery supports, such as aftercare, one-to-one support, counselling, participating in a day programme, attending fellowships such as Narcotics Anonymous, and avoiding alcohol. Those who stay drug free in the long term use these supports.

Drug screens

Urine analysis or drug screens are an important part of the Soilse process. They enable people to progress towards drug-free status and retain this status. Drug screens also protect the programme and keep our buildings safe.

In 2010, we took 1,985 screens in our drug-free building from 101 participants. Of these, 98% were negative for opiates and 99% negative for benzodiazepines and cannabis.

In our stabilisation and detox building, we took 1,901 samples from 122 participants. Of these, 93% were negative for opiates, 82% were negative for benzodiazepines, 89% were negative for alcohol and 93% were negative for cannabis.

Increasingly, alcohol and cannabis are regarded as socially acceptable drugs. However, their use can trigger relapse onto opiates. We successfully reduced their use by participants and combated the debilitating effects of these substances.

Quality improvement

In 2010, we made major advances in achieving our Quality Improvement Plan (QIP). Some of our successful initiatives included:

- setting organisational key performance indicators;
- undertaking a stakeholder policy and audit;
- undertaking a comprehensive treatment service analysis;

- completing a staff survey on internal communications;
- adding risk management to the agenda of community meetings;
- implementing a service user involvement (SUI) policy;
- writing up the purpose of all meetings and committees;
- incorporating service users on our management committee;
- reviewing our complaints policy and procedures;
- organising management training for senior staff;
- developing and putting in place standardised document procedures for file management, ordering, maintenance, and health and safety

Career guidance

Drug-free building

Well over half (55%) of all service users who received career guidance counselling in 2010 progressed to some form of further education on leaving Soilse. Another 17% went on to either employment or a community employment (CE) scheme. The breakdown is:

Career guidance outcomes¹	
Colleges of further education (excluding universities and institutes of technology)	25
Universities and institutes of technology	10
Third level access and pre-access courses	16
Employed	6
Community employment scheme (further rehab)	6
Other community employment scheme	4
Still attending Soilse programme	8
Place withdrawn	6
Unemployed	4
Relapsed	4
Unknown	4
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Total	93

¹ *This number includes participants from Soilse's drug-free building, past participants and a couple of participants from the stabilisation and detox building. There is a large overlap with the 95 who did FETAC modules but the numbers are not comparable.

FETAC

In 2010, a total of 79 participants achieved one or more FETAC certificates. Of these, nearly half (44%) achieved a Major Level 3 General Learning Award.

Total participants	79
Number who achieved Major Level 3 General Learning Awards	35
Number who achieved one or more Component Certificates	44
Total number of portfolios submitted by 79 participants	406

Literacy

Drug-free building

In 2010, a total of 70 service users had a literacy assessment. Of these, 40% had either no formal educational qualification or only a partial Junior Cert (see Table 2). Some 11% (8) of these service users scored at the lowest literacy level with a further 21% (15) in need of some skills development (see Table 3).

Table 2: Participant educational level 2010 – drug-free building

Total Participants	Leaving Cert	Junior Cert	Part Junior Cert	No Formal Qualification
70	14	28	17	11

- Level 6 Proficient in Literacy to a Leaving Certificate standard
- Level 5 Proficient in Literacy to a Junior Cert standard
- Level 4 Basic competency, skills require development
- Level 2/3 Poor literacy skills which can give rise to difficulties in everyday life

Table 3: Literacy assessment results 2010 – drug-free building

Total	Level 6	Level 5	Level 4	Level 2/3
70	26	21	15	8

Stabilisation and detox building

Over half (55%) of service users in this programme had either no formal educational qualification or only a partial Junior Cert (see Table 4). Just over half (51%) scored at the lowest literacy level or were in need of further skills development (see Table 5).

Table 4: Participant educational level 2010 – stabilisation and detox building

Total Participants	Leaving Cert	Junior Cert	Part Junior Cert	No Formal Qualification
77	15	20	13	29

Table 5 – Literacy assessment results 2010 – stabilisation and detox building

Total	Level 6	Level 5	Level 4	Level 2/3
77	19	19	20	19

Altogether, 27 of the participants from both centres were assessed as being at the lowest literacy level. Most of these received one-to-one support. However, the 35 at the next level would also have benefited from support but, due to time constraints, this was not always possible.

Some participants attended literacy support 2-3 times a week. More would have done so if time had allowed.

In summary, over 40% of all participants would benefit from some type of ongoing literacy support.

Appendix 1

Combined Pompidou Returns 2010

Henrietta Place and North Frederick Street

Reason for referral

Drugs	207
Alcohol	3

HSE Area

Northern Area	210
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Assessed status

Unsuitable	6
Assessment criteria not fulfilled	48
Did not accept place	9
Treated	<u>147</u>
Total	210

Gender

Male	164
Female	<u>46</u>
Total	210

Age

18-19	3
20-24	22
25-29	40
30-34	72
34-39	50
40-44	13
45-49	3
50+	<u>7</u>
Total	210

Accommodation

Living alone	46
Parent or family	63
Alone with child	21

Partner alone	15
Partner and child/children	25
Friends	5
Other	<u>35</u>
Total	210

Employment status

In paid employment	1
Unemployed	205
FAS Scheme	1
Disability	<u>3</u>
Total	210

Age left school

14 or under	78
15 or over	131
Unknown	<u>1</u>
Total	210

Education level completed

Did not complete primary	7
Primary	72
Junior Cert	80
Leaving Cert	44
Third Level	<u>5</u>
Total	210

Reasons for referral

Opiates	169
Cocaine	26
Benzodiazepines	9
Cannabis	3
Alcohol	<u>3</u>
Total	210

Source of referral

Self	49
Family	5
Friends	14
Other drug treatment centres	97
GP	1
Social Services	33
Court/Probation and welfare/Gardai	7
Outreach	<u>4</u>
Total	210

Main drug problem of 147 treated

Opiates	112
Cocaine	22
Benzodiazepines	9
Cannabis	1
Alcohol	<u>3</u>
Total	147

Using more than one drug

Yes	140
No	<u>7</u>
Total	147

Number of problem drugs

One	7
Two	29
Three	35
Four	<u>76</u>
Total	147

Ever injected

Yes	92
No	<u>55</u>
Total	147

Age first injected

Under 19 years	33
20-24 years	24
25-70 years	35
Total	92

Ever shared injecting equipment

Yes	64
No	<u>26</u>
Total	92

Injected in past month

Yes	12
No	134
Not known	<u>1</u>
Total	147