

# Soilse Annual Review 2013



**Minister of State Alex White at a graduation ceremony in Soilse on 28 February 2013**

Pictured from left: Mel McGiobúin, Co-Ordinator, North Inner City Drugs Task Force (NICDTF); Martin Keane, Health Research Board; Gerry McAleenan, Head of Services, Soilse; Prof. Joe Barry, chairman of the NICDTF; Tom O'Brien, HSE Addiction Services Manager

## What they say about us...

“From my experiences working with Soilse it is very clear to me that there is a highly professional, approachable, positive and dynamic culture within the team in Soilse. From my experiences engaging with service users it is also clear that Soilse is a highly valuable, person-centred service which supports, listens and resources the person from managing stability and the challenges of daily living to maintaining recovery and actualizing potential.”

Jason Farrell, Acting Manager  
Cuan Dara Detoxification Centre, Ballyfermot

“Soilse is an active member of the North West Inner City Network and plays a key role on NWICN's Drugs Working Group ensuring that issues affecting the delivery of frontline addiction services are relayed to the North Inner City Drugs Task Force. NWICN acknowledges the professional, holistic service delivered to local people by Soilse and the contribution the team makes to the network and the wider community. Their collaborative approach to working towards building adequate addiction services in our community is very much appreciated.”

Gráinne Foy, Social Inclusion Co-ordinator  
North West Inner City Network

“Soilse, inclusive of its programmes, service users, staff and management, has worked tirelessly over 22 years and has led in progressing the principles of rehabilitation and in ensuring that every person entering the service has an opportunity to grow and awaken their own thoughts, desires and dreams free from addiction. It remains one of the ‘jewels’ in the addiction services that is effective and respectful to the needs and rights of service users.”

Siobhán Rooney, Consultant Psychiatrist  
HSE Addiction Service, Dublin North

We found the experience [of providing CBT training to Soilse staff] very productive – working closely over a period of months with all the members of a relatively small team is a valuable educational opportunity. We were very impressed with the commitment and quality of the team and welcomed their active participation in the training process.

Eoin Stephens, President  
PCI College

We would like to thank all the staff and participants in the Soilse Project and congratulate them on the wonderful work they have done over the years. We look forward to continuing to work with them in the future.

Carmel Brien, Manager, Gateway Project

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## Summary

2013 was a year of consolidation and change at Soilse. Our Henrietta Place programme slowly came back on stream following its closure for the last six months of 2012 due to a lack of staff. In response, we reconfigured staff and made recovery the core focus of our activities. This was manifested in several ways:

- The EU Lifelong Learning Grundtvig proposal on recovery and adult education, in which we are involved along with four other European counties, was accepted by Brussels.
- We identified eight ‘recovery coaches’ who are training in Dublin City University (DCU) in a course also sponsored by Finglas Addiction Support Team (FAST).
- We placed a bigger recovery emphasis into the programme in terms of groups, aftercare, fellowships and so on.
- We began working on a paper to illustrate the potential of recovery in an Irish context (see Principles of Recovery, Appendix 2).
- We held a Recovery Week for Henrietta Place participants before Christmas focusing on relapse prevention, treatment, CBT, planning for Christmas, NA meetings and recovery education.

Our links within the HSE Northern Area continuum improved significantly due to greater dialogue and co-operation. Uniquely in Ireland, this continuum consists of a detox preparation programme (Soilse), a detox (Cuan Dara), a therapeutic residential treatment (Keltoi) and a drug-free programme (Soilse). This is supported through the process by the Rehabilitation Integration Service (RIS).

We continued our partnership with the City of Dublin Education and Training Board (formerly CDVEC), offering service users literacy support, career guidance and the opportunity to attain Level 3 FETAC awards including a full certificate. We formalised our partnership with Gateway Women’s Project. In addition, we audited the incorporation of NDRIC protocols and guidelines into our care planning procedures and documentation. This work will continue in 2014.

In the latter part of the year we devoted considerable energy to the issues of housing and homelessness. These had a substantial impact on our service users due to the acute lack of transitional and permanent accommodation and the reconfiguration of homeless services which saw the withdrawal of ‘step down’ facilities.

### Critical factors and challenges in 2013

For service users, the most critical factor in 2013 was the ‘reconfiguration’ of homeless services which created no options for recently drug-free people to get ‘step down’ accommodation. Progression pathways were also challenging as learning supports have dried up in many instances. Corporate factors in the HSE outside our control such as the lack of redeployment and refurbishment of our Henrietta Place premises were not forthcoming for yet another year – making four years in total – despite the best efforts of our line managers.

## Evidence base / practice issues

Soilse's practice and activities are informed by the following evidence base:

1. *Review of the Dublin North City and County Addiction Service*<sup>1</sup>. This review looked at the organisation, structure and content of the addiction services to identify key resources, and training and support needed to ensure the effective delivery of services. The recommendations are included in Appendix 3 and the full document can be downloaded from [www.drugsandalcohol.ie/21143](http://www.drugsandalcohol.ie/21143).

2. *The Evaluation Report of the National Drugs Rehabilitation Framework*<sup>2</sup>. Undertaken by Prof. Joe Barry and Ms Jo-Hanna Ivers of the Department of Public Health and Primary Care, Trinity College Dublin, this report looked at pilot sites which had begun to implement the NDRIC framework and examined procedures and processes rather than outcomes. It found that service users were generally satisfied with the services they received. The main recommendations dealt with: client centeredness; organisational change; written care plans; training; identifying gaps and blockages; and improved structures for integrating and delivering services. This document can be downloaded from [www.drugsandalcohol.ie/21600](http://www.drugsandalcohol.ie/21600).

3. *Drug Policy Profiles: Ireland* published by the EMCDDA<sup>3</sup>. This profile describes the evolution of drug policy in Ireland, the co-ordinating mechanisms to this multi-faceted problem and current national strategies. It concludes that Ireland has a balanced drug policy with strong supply and demand reduction features. The document can be downloaded from [www.emcdda.eu/publications/drug-policy-profiles/ireland](http://www.emcdda.eu/publications/drug-policy-profiles/ireland).

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<sup>1</sup> Pilling, S and Hardy, R. (2013) *Review of the Dublin North City and County Addiction Service*. Psychological Interventions Research Centre and University College London, Dublin. Available at [www.drugsandalcohol.ie/21143](http://www.drugsandalcohol.ie/21143)

<sup>2</sup> Barry, J and Ivers, J. (2014). *Evaluation Report of the National Drugs Rehabilitation Framework*. Health Service Executive, Dublin. Available at [www.drugsandalcohol.ie/21600](http://www.drugsandalcohol.ie/21600)

<sup>3</sup> (2013) *Drug Policy Profiles: Ireland*. European Monitoring Centre for Drugs and Drug Addiction, Lisbon



## Our 2013 performance targets

<b>Governance</b>	<ul style="list-style-type: none"> <li>▪ Arrange external audit of care plans</li> <li>▪ Submit in conjunction with EU partners a Grundtvig proposal to develop a best practice programme around recovery and educational progression</li> <li>▪ Rewrite our code of practice</li> </ul>
<b>Programme</b>	<ul style="list-style-type: none"> <li>▪ Standardise timetables</li> <li>▪ Provide more outings for service users</li> <li>▪ Offer a greater range of extra-curricular activities</li> <li>▪ Provide aftercare support</li> </ul>
<b>Service users</b>	<ul style="list-style-type: none"> <li>▪ Review service user policy</li> <li>▪ Review service user continuum options</li> <li>▪ Research outcomes of 110 people who finished the drug-free programme over the last 3 years (see Appendix 1).</li> </ul>
<b>Staff</b>	<ul style="list-style-type: none"> <li>▪ Undertake training in suicide prevention (ASIST), group work, mental health and alcoholism</li> <li>▪ Reorganise our administration activities and structures</li> <li>▪ Seek redeployment of staff into Soilse</li> <li>▪ Encourage all staff to use HSEland, the HSE's online learning and development resource</li> </ul>
<b>Facilities</b>	<ul style="list-style-type: none"> <li>▪ Arrange ongoing access to the Soilse bus</li> <li>▪ Install security cameras in both buildings</li> <li>▪ Upgrade kitchen, showers and electrics in HP – or move premises</li> </ul>

# Our 2013 achievements

## Governance

### a) External audit of care plans

An audit of a sample of 20 care plans conducted in late 2013 using the NDRIC framework found inconsistencies in paperwork and filing. A number of changes were introduced as a result. These included:

- changes in documentation to reflect NDRIC protocols;
- clearly defined responsibilities regarding completion of paperwork;
- procedures around the handover of files; and
- monthly care plan meetings.

Overall, there was a very high degree of adherence but the files will be reviewed and audited again in mid-2014 for full compliance.

### b) Grundtvig partnership

Soilse collaborated with colleagues from the UK, Cyprus, Italy and Romania to re-submit a trans-European research and development project for funding under the EU's Grundtvig Programme. The project seeks to identify barriers to sustained engagement in adult education by recovering adults. This is against a backdrop of the changing policy focus for addiction treatment away from a medication-based approach and towards recovery strategies.

The submission was successful and preparatory work and meetings took place in 2013. Soilse's role will be to develop participant and facilitator material for an access to learning course, evaluate the materials and produce a final facilitation pack. Most of this work will take place in 2014 and 2015 and will be one of Soilse's main operational targets for 2014.

### c) Code of practice

We reviewed and updated our Code of Practice in 2013. We will update the code again in 2014 due to ongoing policy changes.

## Programme

### a) Standardise timetables

A lot of work was done in 2013 to improve the quality and standardise the content of sessions. This means that all key workers will be using the same content and processes with participants. We have also tried to standardise times for sessions and will continue to be innovative in what we offer.

### b) Provide more outings

- A staff member who is a dedicated hill-walker organised regular hill-walking trips to the Dublin mountains for participants from Henrietta Place. The aim was to improve fitness levels.



- Outings were organised to Howth and the beach for badminton and football. These outings helped to cement strong bonds among the participants and to engender a strong sense of group identity
- A range of cultural outings were organised to introduce participants to new places and ideas. Venues visited included:
  - Hugh Lane Gallery - Home Rule exhibition
  - Chester Beatty Library, Natural History Museum, National Gallery
  - Civic Offices - Aerial photography: From War to Town Planning
  - Collins Barracks museum - Asgard exhibition, Lockout Tapestry and Union Banners
  - Kilmainham Goal
  - Trinity College – Science Lab and European Satellite Interactive Exhibition
  - National Photographic Archive – various exhibitions

#### **c) Increase extra-curricular activities**

- We encouraged participants to join a weekend hill-walking group run by a staff member. This gave participants an opportunity to improve their health and fitness levels, challenge themselves by engaging in an unfamiliar activity and build social skills by interacting with people who were not in addiction recovery.
- We opened our gym from 4pm to 6pm Tuesdays and Thursdays to past-participants as well as current service users. Again, this was an opportunity to improve health and fitness and was enthusiastically supported by current and former service users.
- We began hosting regular NA meetings in both buildings.

#### **d) Provide aftercare support**

The 2013 plan committed to re-establishing aftercare in Soilse and a staff member was dedicated to this task. Two groups were set up in 2013, one operating in late afternoon, the other in the evening. New protocols and procedures governing aftercare were also put in place. A review was planned for early 2014 to improve the quality of the process.

### **Service users**

#### **a) Review service user policy**

During the last quarter of 2013 we established a Service Users Forum in each Soilse building. The Soilse team designed and agreed a policy using the NDRIC guidelines as a template. A Service Users Representative was nominated and shadowed while he established himself with the groups. Each group elected its own representatives to represent them. We had six weekly meetings with the group representatives and the Soilse manager as well as individual meetings within the groups. These meetings allowed a range of subjects and themes to be raised and gave staff and management an opportunity to address issues from both buildings.

#### **b) Review continuum options**

We held a number of meetings with Cuan Dara detoxification centre and Keltoi, a residential treatment centre, and enhanced our commitment to work together to



achieve improved case management. We also held discussions with the Rehabilitation and Integration Service with a view to further developing the continuum in 2014.

### **c) Research outcomes**

This internal review of the outcomes of 110 participants who completed the Soilse programme found that a considerable number were still drug-free 2.5 years later. Of the 104 who were available for follow-up, 84 were drug-free at the time of contact and of these only two had re-offended (both non-custodial offences). Most had achieved one or more minor FETAC awards and 69 had achieved a major award.

These outcomes show the value of both a continuum of care model (from detoxification preparation to drug-free rehabilitation) and integrated care planning in sustaining abstinent outcomes. They also provide compelling evidence that the Soilse programme has a huge impact on stopping re-offending and creating tangible progression routes into adult learning and away from addiction. It suggests funding and services should focus on outcomes. See Appendix 1.

## **Staff**

### **a) Training, workshops and conferences**

Funding for staff training continued to be severely limited in 2013. However, the following HSE-funded training did take place:

- Safe Talk (suicide prevention awareness);
- ASIST (suicide prevention); and
- Brief alcohol interventions (SAOR).

In addition, some staff attended one or more of the following training courses, seminars and conferences:

- Research Techniques, Martin Keane, Health Research Board
- You bet your life: Gambling and Addiction, Stephen Rowan, addiction consultant
- Cognitive Behaviour Therapy (CBT) in Group Settings, run by PCI College, Dublin;
- Treatment Outcome Profile (TOPS) – this is the national tool for treatment in England;
- Training for designated safety representatives;
- Mental Health in Primary Care Settings (team-based approaches to supporting mental health in primary care), Dublin City University;
- Dual diagnosis conference, St. Vincent's Hospital, Fairview
- The social economy: exploring employment possibilities in a sector that employs 45,000, Congress (Irish Congress of Trade Unions);
- Tackling Harmful Drinking is Crucial for Improving Mental Health, Alcohol Ireland;
- Library training;
- Pompidou training.

One staff member is studying for a Postgraduate Diploma in Cognitive Therapy at the Belfast Cognitive Therapy Centre.

**b) Reorganise administration structures**

The plan for reorganising administration structures could not be realised because the anticipated redeployment of admin staff was not forthcoming.

**c) Redeployment**

Soilse was promised a Grade 5 administrator and a General Assistant (GA) but these positions did not come through. However, three staff were deployed through the Soilse – Gateway partnership to work on mutual service user needs.

**d) Use of HSEland**

We had hoped to avail of online training in 2013 through HSEland, the HSE's online learning and development resource. Unfortunately, our computers were too slow to facilitate this. We would hope to access online training when our computers are upgraded, a target for 2014.

**Facilities**

- A staff member was licensed in 2013 to drive the Soilse bus. This meant we could increase the number of outings for participants.
- Funding was made available to install security cameras in on the external doors in Green Street and Henrietta Place. It is hoped that work will start in 2014.
- Funding was made available to refurbish the kitchen, toilets, showers and electrics in Henrietta Place. It is hoped that this work will start in 2014.

**Other achievements in 2013****External review**

The recommendations of the review which was carried out by an external facilitator in 2012 were fully implemented by the end of 2013. These included:

- developing progression pathways for participants;
- agreeing client contracts;
- co-facilitating groups;
- reviewing FETAC modules;
- emphasising recovery; and
- enhancing service user involvement in the programme.

**Research involvement**

Soilse was one of the main research sites for a study conducted by the Department of Public Health and Primary Care, Trinity College Dublin which continued in 2013. The research is the largest detoxification study in Ireland to date. It tracks the progress of a cohort of patients who successfully completed detoxification in one of the three largest drug dependency units in the country. Each patient is followed up at 3, 6 and 9 months. The study takes a bio-psycho-social approach and employs a three-arm, mixed methodology to comprehensively examine outcomes post-detoxification.



- Arm one is a large quantitative study using a battery of clinical instruments to measure outcomes at 3, 6 and 9 months.
- Arm two uses qualitative methodology to capture the process of recovery for the patient at 3, 6 and 9 months.
- Arm three employs MRI brain scanning to examine possible correlations between brain function and structure, and post-detoxification outcomes at 3, 6 and 9 months.

Almost two-thirds of the study cohort had participated in the Soilse programme either before or after detoxification.

## Events

As part of our annual commitment to the Aontas Adult Learners' Week, Soilse held a symposium on dyslexia. Three former service users spoke at length about how they suffered from dyslexia and how they overcame this debilitating condition. They also outlined how their awareness of the condition helped identify a similar occurrence in their children and the benefits this had not only for their children but also in creating awareness on dyslexia in the children's schools. See Appendix 4 for a former participant's personal story about dyslexia.

## Media

- **Soilse newsletter** – this has been discontinued but we produced 1 newsletter in 2013.
- **Soilse website** ([www.soilse.ie](http://www.soilse.ie)). Our website received a total of 7,441 page views in 2013, down 10% from 2012. However, the amount of time spent on the Soilse pages per visit increased by 15%, indicating an increase in engagement.
- **Facebook** ([www.facebook.com/soilse](http://www.facebook.com/soilse)). Soilse had 429 Facebook 'friends' at the end of 2013. We use our Facebook pages to let people know about upcoming events.

## Committees and meetings

- Soilse was involved with the following HSE and other committees in 2013:
  - 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 on Homelessness
  - Gateway Management Committee
- Soilse also met with the Integrated Service Management Team in Mountjoy Prison to exchange information on developing closer working relationships and the technical requirements needed to do so. In addition, we discussed the

potential for detox, progression, drug-free wings, needs around release, education, training and housing.

- Soilse also supported the Green Ribbon Campaign organised by See Change- the National Mental Health Stigma Reduction Partnership which encourages open discussion of mental health.

## **Soilse – Gateway Partnership**

The Gateway Project is a Pre-Employment Training Programme in the North West Inner City which has been supporting women from the local community into employment through training and education for the last 14 years. It provides a CE programme with FETAC-accredited training, from Level 3 to Level 5.

Gateway encourages social inclusion for women in the local community recovering from addictions. It is tailored to meet the whole of the client's needs, providing a comprehensive package of education, work skills training and social supports to enable participants to progress onto further education and secure employment.

In 2013, Soilse and Gateway Women's Project formalised a partnership to work together in areas of mutual interest. These included:

- Training
- Progression for female participants
- Staff exchanges
- Care planning and drug interventions
- Information sharing
- Identification of blocks and gaps for women
- Aftercare and support
- Recovery coaches
- Childcare referrals to local crèches
- Links to local organisations to help secure work placements for participants.

In addition, a Soilse staff member sits on the Gateway Board of Management.

## **Other partnerships**

Soilse also promotes the needs of women through other relevant fora including the North West Inner City Community Network where Soilse has a staff member on the management committee.

## **Smoking cessation**

The smoking cessation service continued in 2013, using a mix of formal sessions and informal one-to-one support depending on participant needs and preferences. Awareness was heightened around smoking as another addiction and some participants began dealing with this while in Soilse. Others were not ready to address their smoking but the majority expressed an interest in doing so in the future when they are further along in their recovery.

In all, 19 participants engaged with the smoking cessation officer for at least one session. Some continued to attend weekly, others only came once.

### **Gambling group**

In recent years, Soilse has noted that increasing numbers of participants have issues with gambling in addition to their drug addiction. Increasingly, this was proving to be a contributory factor in relapse. In 2013, we piloted a gambling support group to address this emerging trend. In all, 15 participants took part in the support group for varying lengths of time.

The response from participants was positive. Some reported complete abstinence from gambling following attendance at the group. Others reported increased awareness. Feedback suggested an array of topics to address in future groups: coping mechanisms, stress, financial insecurity, manipulation, denial, consequences, sense of entitlement, justification, relapse, prevention, crime and gambling, cognitive aspect of gambling addiction, honesty, and the neuroscience of addiction. The group also said that regular weekly sessions were important if the group was to work effectively.

Among the lessons learned: gambling needs to be assessed at first assessment using a simple screening tool and a regular flow of new group entrants are needed to keep the group running. It is intended to continue the gambling support group in 2014.

### **Return to learning (RtL) programme**

In 2013, Soilse ran its fourth Return to Learning Programme for service users who planned to go to college in 2013. There were 12 participants and the programme ran over four mornings each week for 20 weeks.

We took a functional literacy approach to help service users to transition from the Soilse programme into college. This was done by creating a learning culture, dealing with expectations, setting deadlines similar to college, undertaking college site visits, facilitating study aids and techniques, and teaching ICT, communications and sociology. In addition, participants undertook a FETAC Level 5 Addiction Studies module and a Level 4 Health and Fitness module.

Ten participants completed the programme and all went on to further studies in September 2013. The Return to Learning programme has been reviewed and is regarded as a model of good practice.

## Activity levels 2013

As explained in previous reports, it is difficult to provide accurate outcomes for participants as we are required to use seven 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 seven data sets are: Pompidou returns, DAIS, care planning files, literacy outcomes, career guidance outcomes, Back to Education Initiative (BTEI) records and drug screens. This does not include the PASS system for homeless.

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.

As far as possible, the figures in the table below indicate the people who either started or finished in Soilse in 2013.

### Referrals, assessments, completions

	<b>Green Street</b>	<b>Henrietta Place</b>	<b>Total</b>
<b>Referrals</b>	181	181	372
<b>Assessments</b>	115	69	184
<b>Started programme</b>	56	41	97
<b>Finished programme</b>	43	41	84
<b>RtL (see page 13)</b>	12 started		10 finished
<b>Education support</b>	58*		58*
<b>Detox referrals</b>		7	
<b>Residential treatment referrals</b>		8	
<b>Drug screens</b>			4,050

\*Current and former participants

### 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 2013, Soilse conducted a total of 4,050 drug screens on 194 individuals.

### Career guidance

Our career guidance service worked with 81 participants in 2013 in both one-to-one and group sessions. Some 18 of these were former participants. A breakdown of the progression status of the remaining 58 participants is as follows:

3<sup>rd</sup> Level education : 6



Further education	: 24
Training	: 4
Employment	: 8
Recovery coach	: 4
Further rehabilitation	: 2
Maternity leave	: 1
Illness	: 1
Relapse	: 5
Unemployed	: 3
	<hr/>
	58
Still on Soilse programme	: 23
Total	81

## FETAC

In 2013, a total of 43 participants received FETAC awards at levels 3 and 4. Of these:

- 43 participants submitted 241 folders at levels 3 and 4;
- 30 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.

For those on methadone, Soilse offers a non-accredited programme. This combines a motivational, therapeutic and soft skills learning approach comprising outings, social activities, one-to-one support, group work, art, mindfulness, exercise and nutrition. This programme aims to connect the individual with a positive and enjoyable adult learning experience. Its goal is to affirm our service users as people and to provide the confidence, knowledge and skills to undertake detox and treatment.

## Literacy

### Green Street (post-treatment programme)

In 2013, a total of 98 participants had an educational and literacy assessment. Of these, 27 had no formal educational qualification. Literacy levels reflected this with 17 scoring at Level 2/3, indicating poor literacy skills and a further 23 scoring at Level 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 46 participants and 7 past participants.

### Henrietta Place (stabilisation and detox programme)

A similar pattern applied in Henrietta Place where 19 participants were assessed. Of these, 12 had no formal educational qualification.

### Dyslexia and learning difficulties

Ten participants had literacy screenings in 2013. Of these, three had a full literacy assessment with the Dyslexia Association of Ireland and two more are on the waiting

list. Four were referred to Career Paths for Dyslexia in Leixlip which provided an excellent progression route for this group.

## **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.

In 2013, 58 students used the service compared with 38 in 2012. This included the 12 students who completed the Return to Learning course in 2013. Demand for the service is high as most participants who gain college places find they need extra assistance to negotiate the transition to third-level education. Unfortunately, the total number of hours allocated to the service is only six, a third of what was initially offered. This means that students often have to wait several weeks for an appointment. It also means that less time is available for each consultation. This falls well short of meeting the demand for what is a really valued and useful service.



## Looking ahead to 2014

Another challenging year looms for Soilse and all services working in social inclusion and drug rehabilitation in the light of ongoing austerity and budget cutbacks.

Soilse plans to offer the following groups in 2014:

- an ongoing pre-entry group in both Green Street and Henrietta Place;
- two ongoing detox preparation groups in HP with continuous intake;
- eight drug-free closed groups in Green Street (including five roll-over groups);
  - 19 August 2013 to 21 February 2014
  - October 2013 to 21 April 2014
  - 9 December 2013 to June 2014
  - 3 March 2014 to 31 July 2014
  - 5 May 2014 to 31 October 2014
  - 16 June 2014 to 28 November 2014
  - 1 September 2014 to February 2015
  - 3 November 2014 to April 2015; and
- 2 aftercare groups with intake from a waiting list.

Recovery will be our main theme in 2014. Our targets for 2014, which comply with QUADS (Quality in Alcohol and Drug Services) priorities, are outlined below.

2014 Targets	
<b>Staff</b>	<ul style="list-style-type: none"> <li>• CBT training for staff</li> <li>• Mindfulness-Based Intervention (MBI) training for staff</li> <li>• Redeployment</li> </ul>
<b>Service User Involvement</b>	<ul style="list-style-type: none"> <li>• Bi-monthly community meetings (key workers and participants)</li> <li>• Progression options for recovery coaches until the end of 2014</li> <li>• Advocate for drug-free / methadone accommodation for service users</li> </ul>
<b>Programme</b>	<ul style="list-style-type: none"> <li>• Grundtvig – a three-year programme. Year 1 to analyse Irish and EU drug policy and prepare a questionnaire for focus groups on recovery</li> <li>• Retention of 75% in drug-free programme</li> <li>• Prepare 20 for detox and treatment</li> <li>• Get more hours for the Education Support Service from CDETB</li> <li>• Enhance Soilse-Gateway Partnership</li> </ul>
<b>Facilities</b>	<ul style="list-style-type: none"> <li>• Refurbish kitchen, toilets and electrics in Henrietta Place</li> <li>• Install security cameras in both buildings</li> <li>• Upgrade ICT facilities</li> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>• Ensure compliance with NDRIC protocols and requirements from initial assessment to exit</li> <li>• Introduce a proposed HSE Performance Management System for staff (once this has been agreed between the HSE and the unions)</li> <li>• Enhance the HSE Northern Area continuum with a dedicated contact / governance structure</li> </ul>

# Appendix 1

## Soilse Outcome Report

### 1. Soilse Service

Soilse is the HSE daytime drug rehabilitation service. It supports people in recovery to move towards a drug-free lifestyle. The programme operates from two facilities. Henrietta Place is focused on preparation for detox. Green Street is for people who are recently drug free and who wish to pursue a successful drug-free lifestyle. The programme is heavily experiential in addressing recovery and educational needs. Care planning around psycho-social needs underpins the learning process and is facilitated by key workers.

The model is eclectic (biopsychosocial) with the emphasis on moving from dependence to independence, along a continuum of care. Essentially, Soilse is at the forefront of re-orientating drug services and drug users into a recovery paradigm which is now emerging as the organisational construct for drug services in the US and UK. This is supported by a substantial evidence base.

#### Recovery

1/1 intervention and care plans  
Group work  
Addiction education workshops  
Guest speakers  
Aftercare  
Fellowship meetings

#### Education

Literacy  
Dyslexia screening  
FETAC Levels 3/4/5  
Return to Learning Programme  
Recovery coaching (FAST – DCU)

### 2. Methodology

This study is an internal review of 110 participants who finished the Soilse drug-free programme over a two and a half year period (2010-2012) out of 180 who started. This represents a 61% completion rate. Of the 110 who completed, 104 were successfully followed up, 5 were unreachable and 1 had died.

Baseline data was collected upon entering the programme (Time 1) and one year after leaving the programme (Time 2).

Participants signed a consent form upon recruitment to allow follow up after programme conclusion. Tracking was done by phone interview. Questions were standard.

The outcomes measured were:

- numbers completing the drug-free day programme;



- lapse or relapse;
- legal – new charges or re-offending following the Soilse programme;
- educational attainment.

### 3. Findings

Time 1 was the initial data collection point for the 110 Soilse participants who completed the Soilse course and is the focus of this report. 110 completed, 104 were successfully followed up for Time 2 interviews (5 were unreachable and 1 had died).

Referrals to the Green Street drug-free facility came along a continuum of care. The detox preparation programme in Henrietta Place had 38% referrals, High Park 14 %, Keltoi 13% and an ensemble of other services 35% (Cuan Mhuire / Self / Enfield / RIS / Rutland / Teach Mhuire / Coolmine / Turas / Cuan Dara).

Time 1 illustrated that the average age of participants who attended the drug-free programme was 32.5 years. Gender breakdown was 78% male and 22% female. Average school leaving age was 15 years. Only 24% had stayed on to Leaving Cert. 87% had legal charges, 55% being custodial. The drug of choice was heroin (74%), followed by cocaine, benzodiazepines, methadone and crack. Twenty had dyslexia and 13 had learning difficulties.

Completion: 110 had completed the drug-free programme.

Lapse or relapse: Of the 104 who responded at Time 2, 58 had remained totally abstinent of drugs and alcohol upon leaving Soilse. Eighteen had a lapse (a one-off use) and were drug free at the time of contact. Eight had a relapse (a sustained period of use) but were drug free at the time of contact. This meant that 84 out of the 104 were drug free at the time of contact. Twenty were using at the time of contact. Five were uncontactable and 1 had died. The main drug for lapse-relapse was alcohol (25), heroin (8), cannabis (2), and others (10).

Re-offending: Time 2 found that only two of the 84 had re-offended. Both were non-custodial offences (drunk and disorderly / political rally).

Education: Outcomes for educational attainment for the 110 who finished were 693 FETAC Awards. Of these, 579 awards were at Level 3, 102 at Level 4 and 12 at Level 5. There were 69 Full Awards.

### 4. Discussion

This report identifies pre-existing factors, treatment pathways and participant outcomes. It demonstrates that individuals do become and remain drug and alcohol free in significant numbers.

The report shows that a considerable cohort has followed a continuum of care model from detoxification preparation to drug free and has been successful in sustaining abstinent outcomes. This shows that integrated care planning is effective along a continuum of care.

Importantly, there is compelling evidence that the Soilse programme has a huge impact on stopping reoffending. Also, outcomes from educational achievement create tangible progression routes into adult learning and away from addiction.

The lack of drug use and reoffending plus educational gains demonstrates that the Soilse model is successful in building recovery capital which reinserts people into the mainstream. This process is explained in the study by Keane (2011) on the Soilse programme using the grounded theory model of research entitled: “The role of education in developing recovery capital in recovery from substance abuse”.

The limitations of this outcome study are in failing to identify gaps and blockages. From experience these are: adequate income, childcare, accommodation and lack of support. A report on the status of those who did not finish would add significantly to our knowledge of the efficacy of our process. Also, punctuated resources in terms of lack of staff have a telling effect on numbers engaged, throughput and programme quality which presents a negative outcome distortion.

Conversely, Soilse staff believe that many who left the programme due to reasons of using / behaviour and so on will become drug free as work done with them will have a long-term impact.

In conclusion, the report clearly creates an evidence base to substantiate that drug-free recovery is a reality in Ireland. It also represents a significant saving to the Exchequer by getting people out of addiction services and keeping them out of jail.

## Appendix 2

### Principles of recovery from substance abuse<sup>4</sup>

- There are many pathways to recovery.
- Recovery is self-directed and empowering.
- Recovery involves a personal recognition of the need for change and transformation.
- Recovery is holistic.
- Recovery has cultural dimensions.
- Recovery exists on a continuum of improved health and wellness
- Recovery emerges from hope and gratitude.
- Recovery involves a process of healing and self redefinition.
- Recovery involves addressing discrimination and transcending shame and stigma.
- Recovery is supported by peers and allies.
- Recovery involves (re)joining and (re) building a life in the community.
- Recovery is a reality.

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<sup>4</sup> Guiding Principles and Elements of Recovery-Oriented Systems of Care: What do we know from the research? August 2009, US Department of Health and Human Services



## Appendix 3

### Dublin North East Addiction Service Review<sup>5</sup>

#### Service recommendations

**Recommendation 1:** Addiction services should be delivered around clinical care pathways for drugs *and* alcohol with a focus on recovery defined for the purpose of this report as an individual, ‘person-centred journey, enabling people to gain a sense of control over their own problems, the services they receive, and their lives, and providing opportunities to participate in wider society’ (Strang, 2011).

**Recommendation 2:** Addiction services should be organised to treat all addictions (including alcohol and stimulants) around multi-disciplinary teams which are locality-based. The precise boundaries of the teams should take into account and build on the work done by the existing Drug Treatment Centres (DTCs) and the Drug Task Forces.

**Recommendation 3:** The addiction service should develop limited specialist resources which are capable of operating across the Dublin North East area and which serve primarily to support the effective delivery of services through locality-based teams. Speciality services should include dual diagnosis, assisted withdrawal for those whose needs are too complex for a community-based withdrawal, and children, young people and families.

**Recommendation 4:** Effective clinical leadership is required for the service and this requires the appointment of: (a) a clinical director for the addiction service who should jointly chair the senior management team (SMT); and (b) a designated clinical lead for each locality team and all specialist services.

**Recommendation 5:** Effective management and strategic leadership are required and are fundamental to the delivery of effective care and a service manager should be appointed who should jointly chair the senior management team (SMT). All staff working within the service should have clear lines of accountability.

**Recommendation 6:** The addiction service should be outcomes focused (that is, have in place a routine outcome monitoring programme) and the outcomes should link to agreed clinical and service performance measures.

**Recommendation 7:** A clinical governance structure should be developed to support the work of all clinicians in the addiction service.

**Recommendation 8:** The comprehensive assessment of need and regular reviews of identified need should be central to the delivery of addiction services in the Dublin North East area.

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<sup>5</sup> Pilling, S and Hardy, R with Psychological Interventions Research Centre (PIRC) and UCL Partners (2013). *Review of the Dublin North City and County Addiction Service*. Dublin: HSE Addiction Services, [www.drugsandalcohol.ie/21143](http://www.drugsandalcohol.ie/21143)

## Operational Recommendations

The recommendations below look at the operation and implementation of the service changes and are intended to provide some of the detail to underpin the service recommendations outlined above.

**Recommendation 9:** All individuals receiving treatment and support from the addiction service should have agreed care plans which should be reviewed and updated regularly and [should] react to the changing needs of the service user.

**Recommendation 10:** In addition to individual care plans, locality teams should provide a consultation and support service to those individuals with drug and alcohol problems who are treated by primary care services. This can take the form of advice, consultation and training and local service development.

**Recommendation 11:** All interventions offered by the service should be evidence based and those providing these interventions should have appropriate training and supervision to ensure their effective delivery.

**Recommendation 12:** Assisted withdrawal (detoxification) services and rehabilitation services should be developed as a part of all care pathways.

**Recommendation 13:** Service users should be central to the delivery of care with formal structures in place to enable service users to contribute to the design and evaluation of care.

**Recommendation 14:** A designated implementation manager should be appointed and a steering group established to implement the recommendations in this report. This group should include HSE management, service users, professionals delivering the service and voluntary sector representatives.

## Appendix 4

### Personal story – dyslexia

When I was young I was unable to understand what the teacher said or what was going on in class or school. I ended up messing as I couldn't relate to the way things were being taught. I thought they were flying through teaching for the people who were getting it. I spent a lot of time outside the door. I just couldn't take things in that were done in the classroom. It all became a ball of blur.

In reality my processing skills were not able to compete with others in the class. My thinking consequently became very negative – am I stupid? When I moved on to secondary school it was a fucked up time, not only my difficulties in learning but also going through the added burden of adolescence. My whole inferiority complex was reinforced by this experience so I began to opt out of school. I got a job because I thought I couldn't be educated.

I suppose it was expected or predictable that I became mixed up in drugs which lasted 20 years. I then went to Soilse and went through their continuum. I always suspected there was something there, an impediment, as I couldn't understand how others were getting it and I was not.

In Soilse I was screened for dyslexia. I was supported to go through the programme and I enjoyed much of what was an offer to me as an adult learner for the first time. I really embraced their creative approach to education such as drama. There, I learnt many things absent in formal education: the power of the group process and experiential learning; the challenge of getting up in front of others and playing a role or doing a scene especially as I am shy; overcoming a feeling of being stupid [and] replacing it with new confidence.

Soilse referred me on to a project called 'Career Paths<sup>6</sup>' in Leixlip which deals with people who have dyslexia. On going there initially the course assessor said I was very intelligent which moved me to tears. I began to learn a whole new range of skills to enable me to come to terms with my dyslexia. I learnt how to spell in a different way, breaking words down, writing, what vowels and nouns are – it was amazing. I learnt there are different types or streams of dyslexia: someone could be a visual learner or learn through hearing. I am visual – I look at something and keep repeating it. I use visual highlighters and different colours. Some dyslexics need to change the colour of the page. This heightens attention and focus as without these tricks and techniques I would wander off.

This whole process has had a huge life-changing effect on me. I can now put the work in and get through it. Also, having learning support is great. I slowly and surely began to ask questions. As my understanding of dyslexia grew, I saw my confidence grow and I became personally happy. I am no longer isolated. If I start something, I

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<sup>6</sup> Career Paths for Dyslexia, Mill Lane Business Park, Leixlip, Co. Kildare, Tel: (01) 606 0009, [www.careerpathsfordyslexia.com](http://www.careerpathsfordyslexia.com)



will finish it as a rule. Things I am shown, I practice. I am now trying to build my reading capacity and I am getting used to picking up books. I also will approach and have conversations as an equal with people I would have been in awe of previously.

I have also got involved in voluntary work. Having more belief in myself I can now offer my services and skills to help others. I volunteered to work with young people in a youth and community setting. I got my Garda clearance. I found many of the techniques I learnt in Soilse, for instance in drama, groups or personal development I could transfer to working with young people. This was especially so for the drama skills – icebreakers/activities/games etc. I am now also applying to two universities to commence a degree course. All this is a reward for my being able to access the right programmes and benefit from their expertise. I now know the real me, a motivated, outgoing person who, academically, with the correct support is as good as anyone else. It's just unfortunate my needs were never identified at school.

A former Soilse participant

## Appendix 5

### Personal story – homelessness

I was using drugs from when I was 14. I was homeless at 16. I was putting the family under too much strain and the stress of using and all that goes with it meant I also wanted out. I was on the streets, living the drug lifestyle but as I got older I got less out of drugs. I was fully aware of what I was doing.

I was living rough, in hostels or in friends' [homes] occasionally, floating around the streets, using drugs and stealing to get them. I went to prison and a judge had the foresight to let me do a 6 month treatment which was the first time I looked at myself. This came about after I met Peter McVerry in prison who showed a real interest in me and gave me support. I went back to prison to finish my sentence. Progressing away from drugs was difficult as I was surrounded by drug users. I was still only 20. When I got out I managed to stay clean for a year. However, I relapsed because I had no structure. I didn't know how to ask for or get help.

Some interventions were made. A person I know brought me to a fellowship meeting – I hadn't a clue what it was about but it was an attempt to stop using. I was in a frontline hostel for 6 months. I managed to get a room in there where I could isolate and feel safer. I could get in by 3.30 rather than 10.00 [at night] for the dorms which were unsafe. I felt I was progressing but I went back to drugs as I had too much to handle (feelings of worthlessness/shame/guilt). I didn't have the skills to deal with my issues. My mind was always racing with negativity and irrational thoughts. When I was drug free, I had huge anxiety about the change I was going through and the demons that arose for me. I lost my room in the hostel when I began using again so it was back onto the streets.

I drifted round the hostels in Dublin. I also slept a lot on the streets – I had gear and tablets which took away my fear. I actually felt safer sleeping rough on the streets than in the hostels due to drug use and violence. I began to drop into a rehab programme and they gave me good direction on what to do, where to go, who to see. I got into treatment and then got into transitional accommodation. However, I got stuck there over a year, didn't have a plan to move on, became frustrated and began to use again. I had become complacent and lost my focus and structure.

Again, I ended back on the streets. I knew I had to take responsibility so I went back into treatment and got a bed in a hostel. This was holding me back, trying to do step work in a toxic environment where people were using. Again, I got a room in a transitional accommodation facility. I put better supports in place this time, a day programme, care planning, fellowship meetings, aftercare. I reflected on my homelessness, being on the streets, doing tablets from 14, fighting, stealing, involved in anti-social behaviour, etc. My routine was to get food in Brother Luke's and some other places I knew. I was completely insecure in my homelessness, walking around, mooching, not knowing what would happen next, crime, buying or dealing drugs.

I had no family interaction in all this time as I was a threat to them. I had brought the cops into their lives and this was a relentless relationship I had when I was on the streets as I was still using. I fended for myself, slept in abandoned flats, doorways, cars, old factories. I had nothing positive.

I couldn't hold a relationship but when I began to get into recovery I managed to build a bond with my daughter which is very important to me. Having supports means, at 28, I now feel I am coming to terms with my homelessness and addictions. I am in transitional accommodation and have in place the supports I did not previously [have] which led to me relapsing and repeating the cycle of failure.

I have been able to reflect on the issue of homelessness. I think the hostels are unsafe if you are trying to stop using drugs. It sets everyone up to use. I believe transitional accommodation is important as it gives a degree of safety and security. It is really important to have structure and supports and to use them, a new network of friends who know what you are going through and will be there for you. You don't want to see people stoned or aggressive or representing what you are trying to get away from. You also need good workers helping you and a real, move-on plan into permanent accommodation with proper supports being in place. Once you are in recovery, your place of living should be called "my home" where it is safe for me to bring my child without any drug culture being evident.

A former Soilse participant