

Soilse Annual Review 2016



National Recovery Walk 2016, Dublin

Contents

Summary	3
Our 2016 performance targets	5
Our 2016 achievements	5
Governance	5
Programme	6
Service users	7
Staff	8
Facilities	8
Other activities and achievements in 2016.....	9
Events.....	9
Awards	9
Committees and meetings	9
Training	10
Conferences, workshops and information sessions.....	10
Recovery coaches.....	11
Visits.....	12
Partnerships	12
Activity levels and outcomes 2016	13
Referrals, assessments, completions	13
Henrietta Place programme.....	14
Drug screens	14
Educational and occupational progression – Green Street	14
Progression – Henrietta Place	15
QQI	15
Literacy and dyslexia	15
Educational support	16
Career guidance – Soilse	16
Career guidance – ICRG.....	17
Outbound activities.....	17
Looking ahead to 2017	18
Appendix 1.....	20
RECOVEU Project Activities in 2016	20
Appendix 2.....	21
Key points from Soilse submission to the Mulvey Report	21
Appendix 3.....	23
Report of visit by Soilse to Scottish recovery services	23

Summary

2016 was a challenging year for Soilse. Organisationally, we were down staff which significantly undermined our capacity to work with groups and individuals. At the same time, the number of drop-ins by former participants increased substantially which further increased pressure on available staff time.

The drop-ins were due to the huge and often insurmountable difficulties people faced securing basic needs such as housing and educational supports. In many cases this resulted in relapse. Among the many issues faced by this excluded and vulnerable group were: isolation, deteriorating mental health, a lack of options for women and children, an absolute shortage of affordable, secure or adequate accommodation, few drug-free accommodation options, poverty, and a reliance on food banks. This is against a backdrop of easy access to and availability of drugs on the streets, a climate of violence and intimidation in communities especially in the north inner city, and gambling, the sex trade and internet abuse.

We have given our views and possible solutions to these problems to stakeholder and policy groups such as Mulvey¹ (see Appendix 2) and the National Drug Strategy². Given the culture of individualism, it is glaringly evident that solutions to these issues would be more likely in a civic-minded, active and engaged society. Such a society would challenge stigma and inequality, name problems and promote social inclusion and recovery. It would enable people to build their recovery capital by engaging in social organisations and networks for mutual benefit and social connectedness. This is at the core of recovery activities.

In 2016, there was a growing understanding in Soilse of what recovery could offer in addressing many of the problems we, and our service users, experienced during the year. This understanding was underscored by a very beneficial visit to Glasgow where staff met policy-makers, service co-ordinators and drug services staff and witnessed their various responses to drug problems. (We also have links with drug services in England, Europe and America).

In Glasgow, the emphasis for drug services was to base service provision on recovery. This is a holistic, integrated response involving all relevant stakeholders to meet the person's needs. These psycho-social interventions complement treatment services with an emphasis on prevention, protecting children affected by parental drug abuse and providing opportunities to access treatment. Importantly, the reality of recovery is embedded in policy. Recovery activities in Glasgow include publicising individual stories, building recovery networks and social activities, strengthening families and providing awareness training. Housing, training and work are also part of the response with financial and mentoring help available. A big emphasis is placed on accessing mutual aid groups, pop-up cafés and recovery colleges, celebrating recovery, and holding public events with the support of public figures such as First Minister of Scotland, Nicola Sturgeon.

Recovery is about changing the culture and hopes of those we work with. To this end, Soilse was heavily involved in the activities of the Recovery Academy of Ireland in 2016. We integrated some of these activities into our work and saw their benefits. For example, we used recovery coaches, promoted social events and mutual aid groups, and provided

¹ Kieran Mulvey, *Creating a Brighter Future: The Social and Economic Regeneration of Dublin's North East Inner City*, 2015

² National Drugs Strategy 2009-2016, Department of Community, Rural and Gaeltacht Affairs, PN.A7/0508

information and training options in response to identified needs. It's noteworthy that apart from adequate staffing, all our problems are external and environmental.

Among other achievements in 2016, Soilse won its fourth STAR Award in eight years from Aontas, the national adult learner organisation. This was for the education approach in our detox preparation programme. Aontas described this work as an 'unrivalled and outstanding feat'. Our submission demonstrated the efficacy of our practice of using a 'soft skills' educational approach to build people's confidence and awareness which in turn helps them to get into detox. Importantly, service users spoke of their experiences to the judging panel. This highlights the centrality of recovery stories to our work.

Our 2016 performance targets

Governance	<ul style="list-style-type: none"> • Review our work against procedures • Review our meeting effectiveness and respond accordingly • Make a submission to the forthcoming national drug strategy
Programme	<ul style="list-style-type: none"> • Review the programme in Green St and Henrietta Place • Integrate the learning from the EU Grundtvig project into the programme • Develop options and opportunities for women in Soilse
Service users	<ul style="list-style-type: none"> • Fulfil all service user commitments (reps, meetings, reports, and so on-within Soilse and the HSE Continuum of Care Group) • Support the work of the Recovery Academy of Ireland which prioritises the voice of the service user or person in recovery • Develop our care planning and case management work on participants' housing needs
Staff	<ul style="list-style-type: none"> • Replace staff who have left • Build links with recovery groups and services in the UK • Continue to build our competence through relevant training
Facilities	<ul style="list-style-type: none"> • Refurbish the toilets and upgrade the electrics in Henrietta Place • Clean up the rest of the building • Refurbish Green Street facilities, including installing new flooring in the tea room and reconfiguring offices and training rooms

Our 2016 achievements

Governance

- a) **Review our work against procedures**
Staff have reviewed our work against our Code of Practice, Primary Care Standards, Health and Safety, and so on.
- b) **Review our meeting effectiveness and respond accordingly**
We reviewed all our meetings with full stakeholder consultation. We produced a document using HSE requirements: purpose, time, attendance, regularity. This covered the spectrum of all areas of Soilse's internal work.
- c) **Make a submission to the forthcoming national drug strategy**
Soilse contributed to the HSE Northern Area submission to the pending National Drug Strategy. We alerted service users to this opportunity to influence policy. We also fed into the HSE response to Kieran Mulvey's report, *Creating a Brighter Future: The Social and Economic Regeneration of Dublin's North East Inner City*. (See Appendix 2).

Programme

a) Review the programme in Green St and Henrietta Place

There were five meetings to review the programme in 2016 and a further three meetings with CDETB. Following the meetings, evaluations and service user feedback, the following themes emerged:

- The Green St programme is seen by service users as too educational and one-dimensional and needs to be broader and more creative. During 2016, health issues were addressed: food and nutrition, sexual health, internet abuse, smoking cessation, anger management, family systems, positive mental health, gambling, and so on.
- Service users have asked for higher level QQI modules, more outings and to stay longer in the programme.
- In Henrietta Place there is a desire to do more recovery and therapeutic work.
- There is a need for community-based education activities such as cooking.
- Adopting some of the models used in Scotland would be useful particularly to support those on medication and create recovery pathways for them. See www.scottishrecoveryconsortium.org.

We have addressed some of these requests (sexual health, internet abuse, anger management and positive mental health) and will implement more in 2017, resources permitting.

b) Integrate the learning from the EU Grundtvig project into the Soilse programme

The EU RECOVEU programme finished at the end of 2016 after three successful years of international co-operation. During 2016, there were two Management Committee meetings, one each in Rome and Nicosia. The learning materials, facilitators' pack and evaluation toolkit were completed. These are now online at www.recoveu.org.

We began incorporating some of these learning materials into the Soilse programme in 2016, specifically those around internet safety and recovery, and hope to incorporate more in 2017.

c) Develop options and opportunities for women in Soilse

- A women's group was created to deal with items that particularly affect women. This group met several times to discuss issues and these meetings were followed by a lunch to help develop social bonds and mutual support among the women.
- Three Soilse graduates were employed in the Women's Transitional House, a new short-term housing facility for recovering drug users based in Dublin.
- Staff and the recovery coaching team provided help and support for female service users.
- There was more drop-in support for women and children.
- Women and children's needs were constantly highlighted and advocated for, for example childcare, homelessness and appropriate accommodation.
- Soilse staff met the co-ordinator of the Suaimhneas Women's Recovery House, a new initiative set up and co-supported by the HSE Addiction and Social Inclusion Services and DePaul Trust. It operates as part of the HSE

continuum of care. Four of the six residents of the house were referred by Soilse.

Service users

a) Fulfil all service user commitments

- In 2016, Soilse undertook a compliance exercise with the National Standards in Primary Care – Theme 1: Person-Centred Care and Support. This meant we evaluated our service user involvement in Soilse looking at the evidence of our work in this area and identifying what we need to improve. Areas looked at included service user involvement, access, rights, shared decision-making, informed consent, respecting privacy and dignity, embedding a culture of kindness, consideration and respect, managing service user feedback, and health and wellbeing.
- A revised structure for service user involvement was put in place in 2016. Groups elected representatives, got involved in the review of the Soilse programme, made suggestions to improve the programme, and provided feedback regarding the programme and recovery issues generally.
- Regular meetings were held with two representatives from each group in Soilse co-ordinated by a staff member. Notes were taken and issues prioritised for delivery.
- We followed the Standards in Primary Care requirements for service users. Issues and any progress made on them were logged and sent to HSE Ballymun.
- Due to staff pressure, Soilse had to withdraw from the HSE Continuum of Care Group, but we still work in an integrated way with those services (Cuan Dara, Keltoi, RIS, medical, counselling and housing).

b) Support the work of the Recovery Academy of Ireland (RAI) which prioritises the voice of the people in recovery

The work of the RAI in 2016 is documented in their annual review to be published at their AGM in May 2017. Highlights include:

- a heavily-attended public information meeting held in the Mansion House in April 2016 with a range of speakers discussing recovery issues, including representatives from Changes, a Birmingham-based recovery group;
- training of 18 recovery coaches;
- organisation of a Recovery Walk to celebrate International Recovery Month in September;
- legal constitution of the academy as a co-operative and establishment of a management committee and other structures;
- official launch of the academy in November at an event in City Hall;
- publication of a ground-breaking piece of research, *A Community Scoping Exercise in Dublin's North Inner City*, by newly trained community researchers overseen by two academics, Dr. Patricia Doyle and Dr. Jo-Hanna Ivers.

The Recovery Academy of Ireland contact details are:

Web: www.recoveryacademyireland.ie

Twitter: [@IreReveryAcad](https://twitter.com/recoveryacademyire)

c) Develop our care planning and case management work on service users' housing needs

Housing is still the most fraught problem with little product despite huge advocacy from Soilse to this end. In 2016, we worked with the Simon Community's Housing Action Team (HAT) worker to complete eligibility documentation on behalf of homeless participants. However, getting people into accommodation has been discouraging and the overall nature of housing need is still relatively unaltered.

Staff

a) Replace staff who have left

There has been extremely slow progress on replacing staff who have left in recent years or who are on indefinite sick leave. This has been noted in previous annual reviews. This delay has had a severe effect on the numbers of service users we can take on the Soilse programme. In 2016, this equated to 60 full-time places in Green Street which could not be provided.

b) Build links with recovery groups and services in the UK

Staff continued to build links with recovery groups in the UK. We met with colleagues in Birmingham and Glasgow (see Appendix 3). We also received briefings from colleagues from a project in London and established links with an award-winning recovery café / social enterprise in Nottingham.

c) Continue to build our competence through relevant training

In January, staff had a one-day workshop on sexual health delivered by HSE health promotion staff. Other training was on an individual basis and included first aid and dyslexia awareness. See separate section on training, conferences and workshops attended.

Facilities

a) Refurbish the toilets and upgrade the electrics in Henrietta Place

The toilets, shower and kitchen were upgraded in Henrietta Place. In addition, offices, kitchen and some other rooms were repainted and new carpet was laid in the offices and corridor. We are still awaiting an upgrade of the electrics and refurbishment of the entrance area.

b) Clean up the rest of the buildings

There were clean ups and skips filled on several occasions during the year.

c) Refurbish Green Street facilities, including installing new flooring in the tea room and reconfiguring offices and training rooms

The reception area was reconfigured to give two new rooms for meetings and interviews. The ICT room was moved from Henrietta Place to Green St.

Other activities and achievements in 2016

Events

- International Women's Day, 8 March 2016. Soilse organised a workshop on gender equality (*Gender Equality: Exploring the role of women in recovery*) targeting current and former participants. This was followed by a light lunch.
- Recovery walk and family event – 10 September 2016. In conjunction with the Recovery Academy of Ireland, Soilse participated in this national event to celebrate recovery. The walk took place along the River Liffey from O'Connell Street Bridge to Islandbridge where an afternoon of music and family-friendly activities took place. About 1,400 attended from groups and communities across Dublin.
- Recovery Academy of Ireland launch. Soilse provided advice, guidance and logistical support for this landmark event which took place in City Hall in Dublin on Wednesday, 23 November 2016. About 200 attended.
- Soilse provided input into a CDETB review of local CDETB educational services³.

Awards

In 2016, Soilse's Detoxification Preparation programme in Henrietta Place won a prestigious Aontas STAR in the Leinster 'large organisations' category. The AONTAS awards recognise outstanding work in adult education. Soilse won for its work to support the developmental needs of service users. The education programme in Henrietta Place consists of 'soft skills' development using art, relaxation, mindfulness, health and fitness, literacy and personal development to nurture confidence and motivation. These are supported by one-to-one and group sessions.

Committees and meetings

Soilse participated in the following committees or attended the following meetings.

- National Drugs Strategy Consultation, St. Andrew's Hall, Dublin, September 2016
- National Drugs Strategy Consultation, Alexander Hotel, Dublin, September 2016
- Drug Working Group, sub-committee of the North West Inner City Network (NWICN)
- AONTAS Community Education Network (CEN) meetings. These addressed continuous professional development training for those providing adult learning responses, quality assurance processes in adult education and exploration of Transformative Community Education approaches. CEN also highlighted the need for increased spending on adult education to engage learners, deal with learning needs, and participate in economic recovery in the knowledge economy. Aontas ran a Learner Story Campaign publicising adult learner journeys back into education and using social media to highlight the voice of learners.
- Peter McVerry Trust. We had several organisational meetings with the Peter McVerry Trust in 2016 around ongoing work co-operation.

³ *From Patchwork to Network: the Process of Research and Review of specific CDETB-funded Services and Projects in the North Inner City of Dublin*, compiled and written by John Farrelly (and published in March 2017)

Training

Relevant Soilse staff attended one or more of the following training and information sessions:

- *Sexual health*, HSE health promotion staff, Soilse, January 2016
- *Low self-esteem*, Belfast Cognitive Therapy Centre
- *Harnessing the Power of a Story*, Aontas/Léargas, November 2016
- *Dyslexia*, Dyslexia Association of Ireland
- *Database Layout*, LINK System Training, 28 January 2016
- *Occupational First Aid refresher training*, Dr. Steeven's Hospital, 23 February 2016

Conferences, workshops and information sessions

Relevant Soilse staff attended one or more of the following conferences and workshops:

- RECOVERU: An Access to Learning Course Developed with People in Addiction Recovery across Europe, Cyprus, 3-4 November 2016 (an international conference which formed part of the three-year, Grundtvig-funded RECOVERU project)
- *Promoting Recovery: Exploring how addiction services can be more recovery focused*, South East Regional Family Support Network, Wexford, 11 November 2016 (Soilse gave a talk on recovery capital)
- *Overcoming Insomnia using CBT*, British Association for Behavioural and Cognitive Psychotherapies
- *Target moods in depression and anxiety using CBT*, British Association for Behavioural and Cognitive Psychotherapies
- *The ADHD Tsunami? Global Perspectives*, international conference, University College Dublin, 14 October 2016
- *Family and Recovery: the knock-on effect when one member of the family gets into recovery*, Mansion House, 28 September 2016, part of the Rutland Centre's Recovery Month activities
- *Family Intervention Workshop*, Rutland Centre, 17 September 2016, part of the Rutland Centre's Recovery Month activities
- *Information session*, Recovery Academy of Ireland, Mansion House, Dublin, April 2016
- *Enfranchising Ireland? Identity, citizenship and state*, Royal Irish Academy, 20 October 2016
- *1916-2016-2116: How do we get the democracy we want?* Lourdes Youth and Community Services, 1 March 2016. One of the Soilse groups attended this conference with their key worker.

Other events

- **Boxing Clever.** In December 2016, Soilse took part in a panel discussion following the launch of a film on Boxing Clever organised by the Ballymun Local Drug and Alcohol Task Force. The Boxing Clever programme combines physical fitness with academic learning at QQI levels 4 and 5. Reviews of the programme are footnoted^{4,5} below. The panel discussion focused on:

⁴ *Boxing Clever: Exploring the impact of a substance use rehabilitation programme*, Ballymun Youth Action Project, 2015

⁵ Morton, S; O'Reilly, L and O'Brien, K (2016). 'Boxing clever: utilizing education and fitness to build recovery capital in a substance use rehabilitation program. *Journal of Substance Use*.

- how education, fitness and mentoring can be integrated into service delivery and initiatives;
 - how challenges can be overcome through understanding and use of 'recovery capital'; and
 - how stakeholders, policy-makers and service commissioners can be positively influenced about these issues.
- **Active citizenship.** Soilse promotes active citizenship for all service users and the acid test of that is voting. In 2016, 31 Soilse service users registered to vote. A staff member was trained to deliver a six-week, 18-hour citizenship education programme with other services in the north inner city. Some 22 Soilse service users took part in two separate active citizenship courses.
 - **Medical students.** Soilse staff met a class of medical students from Trinity College and gave them an overview of addiction and recovery. As is central to our approach of empowering the service user, we had four former service users give presentations about their experiences in clinical services. Each was on a clinic for nearly two decades. The meeting highlighted to the trainee doctors the importance of building a therapeutic alliance with service users which would be a catalyst for them to become drug free, if they so wish.
 - **Information session for doctors.** We gave a similar information session, including service user presentations, to a group of doctors from Trinity Court as part of their continual professional development.
 - **Injecting Rooms.** Soilse staff have read and discussed the international evidence on Medically Supervised Injecting Centres (MSIC) as well as a position paper on injecting rooms from the Anna Liffey drug project, and responded accordingly. We were under the impression that the Housing First Service for rough sleepers was to deal with street injectors, giving them a safe place to live with proper wraparound services. We are not philosophically opposed to injecting rooms if there is a proven need. Our concerns are around the detail – how they will work, the numbers of service users, staff, other supports, and the provision of wraparound services and costs.

Recovery coaches

In July, Soilse facilitated a five-day training course for budding recovery coaches on behalf of the Recovery Academy of Ireland. A total of 18 recovery coaches completed the course. In addition, the Academy organised the following workshops for recovery coaches:

- *Learning together, working together*, Talbot Centre, Dublin, 6 October 2016
- Toast Masters, Soilse, 12 October 2016
- *Restorative Justice*, North West Inner City Network, 21 November 2016

Subsequently, four recovery coaches completed placements in Soilse. Others undertook placements in the Thompson Centre, the Rutland Centre, Chrysalis Drug Project, Boxing Clever (Ballymun) and Cuan Dara, among others. Their varied roles included giving talks on recovery coaching, setting up fellowship meetings, doing gym and art sessions, serving as a

community rep on the North Inner City Drugs Task Force, supporting service users, and organising the 2016 Recovery Walk .

In addition, two recovery coaches developed and delivered an eight-week programme, 'From Addiction to Recovery' in the Thompson Centre, a local clinic for people stable on methadone.

Visits

Soilse has had ongoing links with recovery services in Scotland for some time and has hosted visits here on several occasions. Scotland has a long history of community development. In November 2016, we visited the Scottish services to learn more about their strategies on drugs and recovery and approaches to adult education. See the report in Appendix 3.

Partnerships

NWICN

We are on the board of the North West Inner City Community Network (NWICN), our local community development association, and its Drug Working Group. As part of this partnership in 2016, NWICN:

- published *Let's Talk 2* (first published online in 2015) and submitted it to the working group on the 2017 National Drug Strategy (NDS) consultation process as a voice of local service users;
- made a submission to the 2017 National Drug Strategy;
- paid for publication of research for the Recovery Academy of Ireland;
- assisted with training in Soilse including anger management, social media and self care; and
- supported a Soilse recovery coach to work in the Gateway project as a recovery coach.

Activity levels and outcomes 2016

As explained in previous reports, it is difficult to provide accurate outcomes for participants as 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 Profiles (TOPs), literacy outcomes, career guidance outcomes, Back to Education Initiative (BTEI) records and drug screens.

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 Table 1 indicate the people who either started or finished in Soilse in 2016.

Referrals, assessments, completions

Table 1: Referrals, assessments, completions - 2016

	Green Street	Henrietta Place	Total
Referrals	141	116	257
Assessments	90	47	137
Started pre-entry programme	58	47	105
Started full-time programme	52 ¹	57 ²	109
Finished programme	26 ³	45	71
Education support	16 ⁴	n/a	16
In-patient stabilisation referrals	n/a	2	2
Detox referrals	n/a	20	20
Residential treatment referrals	n/a	21	21
Drug screens	2,050	1,324	3,374
Career guidance (current and former participants)	58 ⁵	n/a	58

¹ Includes 13 who started in 2016 but who will rollover into 2017. They will be accounted for in the 2017 figures

² 20 of these started in late 2015 and carried over into 2016

³ Includes 5 who started in 2015 and 7 who finished in early 2016

⁴ New students who accessed the service in the academic year to May 2016. They do not include former service users already in college who continued to access the education support service.

⁵ Includes 7 former participants

Henrietta Place programme

Full-time group. Staff worked with 57 participants on the full-time programme in 2016. Of these:

- 20 had carried over from 2015;
- 12 carried over to 2017;
- 21 were women.

Completions

A total of 45 participants completed the Henrietta Place programme in 2016 (57 less the 12 who carried over to 2017). Of the 45:

- 20 were referred to in-patient detox in Cuan Dara and 90% of these successfully completed detox;
- 21 went on to residential treatment and 86% successfully completed treatment (the other 14% are still drug-free);
- 2 went to in-patient stabilisation and both completed this;
- 15 transferred to the Green Street programme.

Drug screens

Soilse conducts twice-weekly drug screens with all participants. Applicants must provide drug screens before they are accepted onto the Soilse programme. In 2016, Soilse conducted a total of 1,409 drug screens on 71 service users in Henrietta Place and 2,103 screens on 86 people in Green Street.

Table 2 table shows that the vast majority (98%) in our drug-free programme in Green Street tested negative for drug use while on the Soilse programme. Only 2% tested positive for opiates. As would be expected, there was a higher number of positive screens in our drug stabilisation programme in Henrietta Place as service users prepared for detox.

Table 2: Urine screens

Henrietta Place				Green Street			
Drug	Negative	Positive	% Positive	Drug	Negative	Positive	% Positive
Opiates	1,239	85	6	Opiates	2,018	31	2
Benzodiazepines	1,096	238	18	Benzodiazepines	2,044	5	<1
Methadone	397	927*	70	Methadone	2,043	6	<1
Cannabis	1,227	97	7	Cannabis	2,049	1	<1
Alcohol	316	2	1	Alcohol	1,552	1	<1
Amphetamines	1,319	5	<1	Amphetamines	2,040	9	<1
Cocaine	1,287	37	3	Cocaine	2,048	2	<1
Total samples	1,324			Total screens	2,050		
Total clients	71			Total clients	86		

*This may include prescribed medication

Educational and occupational progression – Green Street

Forty-nine participants undertook the Soilse Back to Education and Training Initiative (BTEI) programme in 2016. (This included 11 who started in 2015 and rolled over into 2016). Of the

49 on the programme, 31 went on to some form of further education or training, as can be seen in Table 3. A further 17 left the programme before completing and one died.

Table 3: Progression for 2016 Green Street graduates*

Progression	No.	%
Third level education	2	4
Fás training / apprenticeship programme	3	6
Employment (full-time and part-time)	3	6
Further education / training	13	26
Further day programme	10	21
Left the programme	17	35
Deceased	1	2
Total	49*	100

*Includes 11 who started the Soilse programme in 2015 and finished in early 2016

A further 13 people started BTEI in 2016 and rolled over to 2017. They will be accounted for in the 2017 annual report.

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.

QQI

In 2016, 21 participants from Soilse’s Drug-Free Programme (Green Street) received a combined total of 118 QQI awards at level 3. Of these, 9 achieved a Major Level 3 General Learning Award. Subjects taken by participants at level 3 included: communications, maths, personal and interpersonal skills, computer literacy, health-related fitness, art and ceramics, career preparation and community participation.

Table 4: QQI awards for Soilse Green Street Participants in 2016

Participants	Awards	Major Awards*
21	118	9

* 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 and dyslexia

Some 40 participants had an individual literacy assessment in 2016 to see if they need additional literacy or numeracy support. In addition to the Level 3 QQI maths and

communication modules, Soilse also offers one-to-one and small group literacy and numeracy support.

The results indicated that some participants may have dyslexia. Dyslexia screenings were conducted with 13 participants. Of these, 6 showed a high likelihood of dyslexia.

Table 5: Literacy and dyslexia assessments 2016

	Green Street	Henrietta Place	Total
Literacy assessments	29	11	40
Literacy levels 1 – 2 (poor literacy skills)	16	5	21
Literacy levels 3	13	6	19
Dyslexia screenings	13	0	13
High likelihood of dyslexia	6	0	6

Table 6: Educational attainment of Soilse participants

	Green Street	Henrietta Place	Total
No formal 2 nd level qualifications	5	5	10
Partial Junior Cert / Inter Cert	5	0	5
Full Junior Cert	8	2	10
Partial Leaving Cert	2	1	3
Full Leaving Cert	3	1	4
Some QQI qualifications	2	1	3
Some 3 rd level	2	0	2
Completed a 3 rd level course	2	1	3

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 a college or university course. 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 2016, a cumulative total of 101 students had used the service since its inception in October 2011 compared with 85 up to May 2015. The service saw 16 new students in the year to May 2016.

Career guidance – Soilse

Soilse provides ongoing guidance for current participants plus a 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 2016, Soilse provided 182 career guidance appointments to 58 clients, seven of whom were former participants.

Career guidance – ICRG

The Guidance Service of the Eastland and Docklands (ICRG), working in conjunction with Soilse's career guidance counsellor, meets with eligible Soilse participants to look at training and employment opportunities or alternatives to further education. (Further education is the primary progression aim in Soilse in conjunction with the City of Dublin Education and Training Board – CDETБ). Following an initial information meeting with Soilse groups, career guidance at ICRG is by one to one appointment. ICRG also helps participants with CV development, job searching strategies, interview preparation and funding for college courses and work-related licences, tickets and other expenses related to work and training.

Outbound activities

Optional walks and hikes in the Wicklow Mountains for service users took place in 2016. There were also some overnight 40km treks from Tallaght to Shankill and a camping trip at Lough Dan in Wicklow. These events were led on a volunteer basis by a Soilse staff member who is an avid hiker and leads hikes most Saturdays for people in recovery. The hikes offer service users a way to build friendship, teamwork and skills in a supportive environment. For many, it is their first taste of the mountains and outdoor life.

Looking ahead to 2017

Groups

Soilse expects to work with 160 service users in 2017, both full-time and part-time. Of these, 88 are expected to progress to full-time. We also expect to work with another 160 on a drop-in basis.

- A continuous intake preparation group in Henrietta Place;
- Two ongoing full-time groups in Henrietta Place;
- An ongoing pre-entry group in Green Street;
- 6 drug-free closed groups in Green Street (including roll-over groups);
 - 2 September 2016 to 17 February 2017
 - 12 December 2016 to 12 May 2017
 - 6 March 2017 to 4 August 2017
 - 12 June 2017 to 10 November 2017
 - 14 August 2017 to 12 January 2018
 - 27 November 2017 to 27 April 2018.

These groups do not include our other work with current and former participants, which is highly time-consuming. This work includes:

- one-to-one engagements with former participants;
- drop-ins by former participants;
- work with recovery coaches; and
- emergency interventions

Targets

Our targets for 2017, which comply with QUADS (Quality in Alcohol and Drug Services) priorities, are outlined below.

Governance	<ul style="list-style-type: none"> ○ Continue to introduce Standards in Primary Care as our quality assurance framework ○ Introduce indicators that show recovery outcomes (this will involve reviewing HRB documents and what is already in place in Ireland) ○ Undertake National Incident Management Systems (NIMS) training and implement the new system ○ Develop good governance controls for social activities (such as a volunteer policy and organisation)
Programme	<ul style="list-style-type: none"> ○ Organise both Soilse programmes around recovery, including educational inputs ○ Consider Level 4 and Level 5 QQI modules again and review options to increase service user numbers ○ Provide referrals to other programmes if Soilse is over-subscribed ○ Develop 'outward bound' activities
Service Users	<ul style="list-style-type: none"> ○ Advocate on service user needs (housing, dyslexia, and so on) ○ Develop social activities / programme ○ Involve service users in the Recovery Academy of Ireland (RAI)
Staff	<ul style="list-style-type: none"> ○ Training – teamwork / group / ICT / recovery from addiction

	<ul style="list-style-type: none">○ Increase staff numbers to previous levels○ Develop Healthy Workplace activities for staff
Facilities	<ul style="list-style-type: none">○ Finish front door and upgrade electrics in HP○ Open up HP facility for community use○ Upgrade ICT

Appendix 1

RECOVEU Project Activities in 2016

This was the final year of the RECOVEU project, a five-country European Union Gruntvig project in which Soilse was the Irish partner. RECOVEU sought to encourage recovering drug users to engage with adult education as a means of social re-integration. To this end, it developed an Access to Learning course comprising five modules, an e-learning platform for digital learning and interaction, a facilitation pack for trainers, an evaluation toolkit and a 'train the trainer' module.

During 2016, the following activities took place:

- RECOVEU project plan, quality standards, course pack, evaluation toolkit and 'train the trainers' module were completed;
- Academic papers were submitted to journals regarding the learning from RECOVEU;
- Articles were submitted to various practitioner publications;
- A management meeting was held in Rome in May;
- Educational modules were trialled in addiction services in each partner country;
- RECOVEU was profiled at events in the partner countries, for example at the launch of the Recovery Academy of Ireland;
- A policy and practice review was completed.
- Newsletters were produced and the website regularly updated;
- An international conference was held in Cyprus in November to explore issues around recovery, adult education and social re-integration;
- Roundtable meetings were held with stakeholders.

Appendix 2

Key points from Soilse submission to the Mulvey⁶ Report

1. **Work from a recovery paradigm in the north inner city** – continuity of care; access to detox beds, residential treatment, daytime recovery programmes and recovery housing; recovery supports such as recovery coaches and fellowships; aftercare and counselling; families in recovery supports and programmes; new recovery social networks and so on.
2. **Appointment of a recovery co-ordinator to get all projects and services working together.** Recovery is a complex journey built out of many needs that requires a broad response (welfare, education, training, employment, housing, child welfare and so on). The enablers of this are good key work and case management. Recovery can only be achieved by addressing the needs of the whole person. It can be facilitated by adopting a whole systems approach.
3. **Ensure treatment is orientated to recovery.** Those in treatment should have the highest quality standards – recovery care planning; visible recovery routes; planned, adapted and reviewed treatment with goals, opportunities and services to reduce their drug use and improve their physical and mental health. High-quality treatment protects communities.
4. The establishment of a **recovery college** to train recovering people, families, statutory, community and voluntary workers in recovery approaches, both at a knowledge and skills level. This could be manned by a skills consortium of practitioners working in the area. Training underpins the development of a recovery response and makes all services more effective which benefits the community.
5. **Communities must be strengthened and empowered with protective factors and resilience promoted.**
 - Prevention education must be widespread in all institutions – educational, health and community.
 - Stigma must be challenged. Social media and public awareness campaigns must promote recovery.
 - Mutual aid and social networks must be promoted.
 - Recovery advocates and champions must be supported.
 - Narratives of those in recovery should be used to inform an evidence base of what works.
 - Recovering people must be welcomed and facilitated to reintegrate into their communities.
 - Recovery facilities must be created.

⁶Kieran Mulvey (2016). *Creating a Brighter Future: The Social and Economic Regeneration of Dublin's North East Inner City*

- Restorative community justice approaches must be adopted to deal with drug crime rather than incarceration.
 - There should be a recovery forum in the community to discuss and develop recovery responses and issues.
6. **State funding should be redistributed to support recovery services or match funding for harm reduction on a euro for euro basis.** An assets-based approach should also be taken to develop much of these suggestions as there are existing skills, expertise and services in the community which could be reorientated to achieve a recovery response.

Appendix 3

Report of visit by Soilse to Scottish recovery services

1. Scottish Recovery Consortium

The Scottish Recovery Consortium (SRC) was set up by the Scottish Government to promote recovery from drug and alcohol addiction. It was part of the recommendations of the Scottish drug strategy policy document *The Road to Recovery* (2008).

Many of the recovery ideas had emerged from the successful mental health movement so, often, what the addiction recovery movement does is not new. There are 1,200 mutual aid meetings in Scotland – more than GP services. There are activities to generate involvement socially in recovery structures including “pop-up cafés” or events like the “Big Welcome” where 300 attended workshops and conventions. These types of events, the SRC believes, are a catalyst for mobilisation and awareness-building and this includes the Recovery Walk. A Recovery College is also in place, based on networking ideas and knowledge, by people in recovery. There is an activist’s agenda which means taking control of the recovery process. Treatment providers are also involved in the recovery process and population awareness occurs by virtue of the activities outlined. One recovering person increases the recovery network by 25%.

The SRC promotes conceptually the idea of recovery and provides leadership on this. For example, the ages and stages of recovery is a pathway to change. It is a 5-point approach:

1. Chaos of addiction
2. Invitation into recovery
3. Recovery maintenance
4. Building better than well
5. Recovery experiencing.

Recovery activities are celebrated. Graduations are positive reinforcement and acknowledge success. Opiate recovery treatment is promoted. The Recovery College offers learning opportunities. It is a step to excellence, asset-based recovery thinking, connecting with the recovery community and marketing recovery. It is run as a pop-up college.

The Recovery Walk is also important. It attracts large crowds and interest and is moved around the country. For example, it works with prisons where the walk occurs in prisons simultaneously as externally. The SRC, while acknowledging the role of harm reduction, challenges the reductionist culture of harm reduction, expounding the belief that recovery is contagious. They also have a recovery retreat centre.

18 November 2016, 9:30am

2. Renew

Renew is a women’s recovery pop-up café community response and operates seven days a week. There are six links workers overseeing activities, one per pop-up initiative, with about 65 volunteers. Most volunteers are recently out of treatment and can both give something back and use Renew as an aftercare function. Renew is not for people who are using drugs. It is part of the range of aftercare options when someone has finished treatment. All

volunteers are fully trained in ethics and boundaries with the goal being community safety. Volunteers check in for the day and go through the rules. Some issues may be serious so there is support for this. It offers a non-judgemental approach.

As a café, food is on offer at nominal prices. Tea/coffee is 20p, a toastie is 50p and a salad is £1. All food dispensing meets HASSP requirements. There are 3 workers per kitchen. The emphasis is not on running an industrial kitchen but rather on providing snacks. There is an 'honesty box' policy to collect the money.

Other things offered by Renew include acupuncture, mindfulness and massage; recovery groups ORT and fellowship meetings with a focus on multiple addictions – drugs, alcohol, gambling, etc. There is kinship use of services by families. Because the pop-up cafés are mobile and go somewhere else each day, they often don't have an attached or strong relationship with people. There is crèche support and there can be women's only services provided. Child protection issues can be managed.

Some funds come from government, £100,000, and other income comes through small donations for food. Renew works in an integrated way with other services to support service users – a 'hub to spoke' system. Relationships with other services provide referrals. The goal is to contact 750 people to be involved with the six staff and volunteers. It costs about £10,000 to run each cafe annually. They have been developing this initiative for five years now and, in terms of a social return on investment, they calculate that for every £1 spent there is a saving of £7. They don't get bogged down in red tape. When reflection is needed they call a conversation café to discuss ideas.

18 November 2016, 11am

3. Recovery College

The Recovery College operates two days per week. It is based in the community like a pop-up café. It is used significantly by 80% of people in recovery. It offers engagement. It is experientially based. It teaches the 'steps to excellence' course which is accredited. It also uses an assets-based mapping approach to identify and respond to needs. The college will identify appropriate locations in which to run courses. They get financial backing from Kelvin College.

4. Addiction Services South Glasgow

The Addiction Services offer an alcohol and drug partnership. There are six such partnerships in Scotland. They deal with prevention, vulnerability and recovery. They emphasise recovery. They work off a three-year plan which expires in 2016. This approach grew out of the Road to Recovery (2008). They are four years into this current work approach of raising the notion and idea of recovery, making it visible in Glasgow, to get a good understanding of what it means and what is hoped from it.

The recovery movement is volunteer-led but it costs and needs money to mobilise and create proper recovery journeys. An issue is how to create sustainable employment for people in recovery. To this end they sent a group to Norway recently for a fortnight to undertake research into 14 co-ops and SMEs run by people in recovery.

The Scottish Recovery Consortium is seen as a positive development by those involved in social inclusion services. Recovery communities – and they are strong in Glasgow – give a greater and authentic voice to the issues. It is important to break down barriers but also

offer opportunities for engagement. ORT is one such option as are women's groups. Volunteers are to the fore. People get much credit for not using drugs.

The Addiction Services agree on what collectively services can do and achieve. The main measurements at present are the growth in the recovery community, recovery activities and the number safely off medications. A recovery outcome website tool is being introduced in April 2017. Domains include service use, self reporting and progression. It is an asset-based tool. There is a strong evidence base for recovery in Glasgow. Measurement tools are part of the building blocks in that process.

There is keen interest from policy makers in the recovery issue. A tenet of thinking is to create the capacity for work. Therefore, a key factor is to use those who have personal experience of recovery to influence, mobilise and act as advocates. The NHS accepts this reality.

There is an experiential learning approach to the drug response in Glasgow with scope to try out new initiatives. For example, £200,000 is spent on employability which is supporting a smart approach to integrate people. The language of recovery is promoted and also creates better awareness. There is a caseload of 10,000 with 6,000 on opiate substitute treatment. All on caseloads have a named key person to work with. There is a recognition also that death rates are increasing so appropriate responses will be taken – 500 injectors, many of them homeless, are currently active in the city centre so plans are being considered for a medically supervised injecting room.

Family involvement is encouraged and supports from community care and community nursing engaged where necessary. Recovery is everybody's responsibility. The issue of housing and homelessness is also challenging. Plans are worked off to deal with this group and the issue of poor tenancy is constantly under the spotlight. Prisons also provide challenges to change and improve how recovery is dealt with. Recovery and remand is a difficult issue to conquer but the needs of sentenced prisoners must be more clearly addressed. Drug Courts are treatment and testing operations.

Mental health and primary care are integrated as one single entity and operated through the GP system primarily. The focus is on affirmative action primarily with health care links to other relevant social and educational services. This offers broader options such as learning programmes and work. Volunteer options also show motivation and skills accumulation. Community development is a plank of a response and businesses do take on placements. The two large employers, the city council and health service have an obligation to support recovery. Recovery based work programmes can offer options, as can work placements. Benefit supports, coaches and mentors add to the holistic response. The key priorities for change are policy and people.