

**FROM RESIDENTIAL
DRUG TREATMENT
TO
EMPLOYMENT**

AN INTERIM REPORT

BY

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(1999)

The Merchant's Quay Project
EMPLOYMENT INTEGRA one of the Human
Resource Initiatives of the EU

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FOREWORD

The social and economic difficulties experienced by an individual 'out of work' do not occur within a vacuum. They operate against the backdrop of national policy and the provision of developments at a European level. Promoting the integration of groups excluded or at risk of exclusion from the labour market has been a primary objective of the European Union since 1984. Numerous strategies at both national and international levels aim to overcome this marginalisation of groups. One such approach; targeted employment strategies, has been recognised by the EU to have the ability to work alongside social exclusion processes.

European Union intervention has meant the availability of EU structural funds at a national, regional and local level to promote the employability of these marginalised groups. For example, the provision of such funds has enabled the establishment of Employment- INTEGRA, an E.U initiative, which was launched in 1995. It provides community organisations with an opportunity to design and test innovative routes to employment for those most at risk of exclusion. More specifically, it supports local programmes in combating discrimination within training and employment, which in turn promotes the empowerment of marginalised groups. Central to the Integra Initiative is the 'bottom up' approach and the partnership between statutory and voluntary sectors and local and national structures. INTEGRA also promotes the participation of those most affected by the process of exclusion. It develops new opportunities to challenge and respond to the personal and labour market circumstances of people who are long term unemployed.

To this end, the Merchant's Quay Project responded by developing the Integra Programme 'From Residential Drug Treatment to Employment' which commenced its operational phase on January 1st 1998. This Programme responded to a gap in service provision which highlighted the difficulty of former drug users in accessing employment opportunities once they have acquired a drug free status. In addition, the Integra Programme undertaken by the Merchant's Quay Project seeks to engage employers and training providers in a process of education, which will assist them in coping with issues surrounding drug use and ease the insertion of former drug users into the labour market.

INTRODUCTION

From the inception of Merchant's Quay Project as a service to drug users, a motivating aspect of our work has been the belief in an individual's right to full participation in society. However even the most cursory analysis of Irish society today cannot fail to highlight the distressing levels of exclusion experienced by a significant minority of our citizens. Exclusion is experienced in many different ways, it can be social, economic, or political.

In the negotiations between the social partners that gave rise to the Partnership 2000 agreement, the issue of tackling social exclusion was seen as a priority, they had this to say:

Social exclusion is one of the major challenges currently facing Irish society. To minimise or ignore this challenge would not only result in an increase in social polarisation, which is in itself unacceptable, but also an increase in all the attendant problems such as poor health, crime, drug abuse and alienation, which impose huge social economic costs on our society.

The vast majority of people who access our services here in Merchant's Quay Project are coming from a background of poverty, unemployment and minimal education. Our work is not about reintegrating former drug users back into society; sadly, it is in fact about integrating a section of society who have been ignored and rendered powerless by the mainstream of society. The presumption is so often made that once we 'process' a drug user through a treatment facility and render them 'clean' then the work is done. It is our experience that the process of integration only begins once the person leaves the treatment facility.

At the other end of the social spectrum is a large section of society who are unaware and uneducated around the issues of social exclusion and its attendant problems. In the effort to tackle polarisation and integrate the former drug user we are confronted by discrimination based on fear and ignorance.

As an 'Employment *Integra*' funded programme we have undertaken this innovative pilot project to bring some of the key players together with a view to overcoming some of the major obstacles to integration. As a drugs treatment agency the experience of working with employers in the world of commerce and business has been a new and challenging experience. We have had to address some of their genuine fears and concerns around drug users.

This leads me to acknowledge our gratitude at this interim stage of the two-year programme to the many people and organisations that have supported and facilitated this innovative venture. What we have learned in the past year will shape our actions in the final phase of the programme.

Bearing in mind that this is a pilot programme I would like to offer a sincere thanks to the employers, the training agencies and more importantly the former drug users, for taking the risk and working with us on this programme.

I would like to thank the members of our Consortium/Advisory Board who have given of their time and wisdom motivated purely by a desire to build a better future for former drug users.

We have been challenged and we have encountered some obstacles over the past twelve months but what has kept us going is a belief in the rightness of what we are doing. The desire of the former drug users to take their place in society and everyone's right to participate and contribute to that society.

Gabriel Kinahan

Assistant Director

Merchant's Quay Project, Dublin.

EXECUTIVE SUMMARY

INTRODUCTION

The social and economic difficulties experienced by an individual 'out of work' do not occur within a vacuum. They operate against the backdrop of national policy and the provision of developments at a European level. Promoting the integration of groups excluded or at risk of exclusion from the labour market has been a primary objective of the European Union since 1984. European Union intervention has meant the availability of structural funds at a national, regional and local level to promote the employability of these marginalised groups. The provision of such funds has enabled the establishment of Employment- INTEGRA, an human resource initiative of the E.U, which was launched in 1995. It provides community organisations with an opportunity to design and test innovative routes to employment for those most at risk of exclusion. More specifically, it supports local programmes in combating discrimination within training and employment, which in turn promotes the empowerment of marginalised groups.

To this end, the Merchant's Quay Project responded by developing the Integra Programme 'From Residential Drug Treatment to Employment' which commenced its operational phase on January 1st 1998. This Programme responded to a gap in service provision which highlighted the difficulty of former drug users in accessing employment, training and educational opportunities once they have acquired a drug free status. In addition, the Integra Programme undertaken by the Merchant's Quay Project seeks to engage employers and training providers in a process of education, which will assist them in coping with issues surrounding drug use and ease the insertion of former drug users into the labour market.

THE STRUCTURE OF THE REPORT

The Interim report presents an account of the first operational year of the Integra Programme. **Chapter One** provides the rationale for the Integra Programme and firmly locates the need for such an intervention within the current social and economic climate. International research has repeatedly linked drug use with poverty and unemployment. Moreover, Irish research has clearly shown that heroin use in Dublin occurs disproportionately in communities characterised by high levels of social deprivation and social exclusion. Locating drug use within this larger context means that 'treating' an individual's drug use is only addressing one problem area. The levels of social exclusion experienced within these communities mean that being drug free does in itself enable participation in mainstream society. Extrinsic factors, at a local and national level inhibit the integration of those socially excluded. For former drug users, accessing training, employment, and educational opportunities are hindered by the fear, ignorance and the stigma associated with drug use. This is further compounded by the fact that many problem drug users have low educational attainment, no qualifications, lack of work experience and criminal records.

Chapter Two provides a detailed description of the origins and development of the Programme. This chapter identifies the target groups of the intervention; former drug users, trainers and employers. It details the specific aims and objectives relating to each of these target groups. It also presents the progression of clients through the Integra Programme from 'Re-entry' to the 'Day Programme'. The implementation of primary actions are presented. Start-up operations, establishment of the infrastructure, management structure, staffing levels and roles and recruitment of participants. The development and operation of the transnational activities are also outlined. Finally, the chapter ends with a brief overview of the factors that impeded the progress of the Integra Programme over its first operational year.

Chapter Three discusses the research methodology employed in evaluating the Integra Programme. This evaluation component has been conveyed to be an integral part of the pilot project. It presents an analysis of the research instruments employed, which were designed, piloted and modified during the first year of the Integra Programme and have been in use since January 1999. These research instruments present a combination of evaluating processes and outcomes. Process evaluation assesses the implementation of the intervention and the reaction of participants to the project. On the other hand, outcome evaluation attempts to measure the 'success' of the intervention. Chapter Three is largely concerned with the quantitative research methodology and it details the four designed research instruments.

In **Chapter Four** the quantitative data collected over the first year of the Integra Programme is presented. This data provides a brief client profile in terms of socio-demographic characteristics and examines the success of the Integra Programme in reaching its client target population. Thereafter, the qualitative data is examined. Client case studies are presented in order to illustrate the diversity of the client group and their differing needs. This qualitative data also illustrates the difficulties encountered during the implementation of the programme, and Integra's ability, in as far as possible, to respond flexibly. The experiences of three employers involved in the Integra programme are also presented.

Chapter Five details some of the issues encountered during the initial year of the Programme, and the follow-up measures undertaken by the staff and management of Integra. It presents these issues as areas of development which will be specifically targeted in the final year. Client issues include; referrals, housing, and family support. More targeted recruitment of employers and details on the provision of external training are also discussed.

The Report concludes with **Chapter Six** providing a brief but concise overview of the Integra Programme.

PROGRAMME EFFECTIVENESS

The achievements of the Integra Programme at the end of its first operational year are;

- Attracting a high proportion of clients who were long term unemployed
- Attracting a large percentage of clients under the age of 25 years
- Attracting individuals with low educational attainment
- Attracting a high proportion of female clients
- Retaining 86% of clients in the 'Re-Entry' phase
- Retaining 84% of clients in the 'Day Programme' phase
- Achieving a 73% completion rate in its first operational year
- Securing educational, training or employment opportunities for 88% of clients who completed the Programme
- Securing work placements for 75% of clients whom completed the Programme
- Securing full-time employment for 63% of clients who completed placement.

CONCLUSION

The Integra Programme has the ability to provide the clients with the support, training and job placement opportunities necessary to ease their insertion into the labour market. This in turn, has the potential to provide former drug users with the chance- in many cases for the first time- to participate, through employment, in mainstream society.

The Integra Programme has inevitably experienced difficulties over its first operational year. However, producing the Interim Report, has afforded the management and staff of the Integra the luxury of reflecting on the progression of the Programme. This has permitted the modification and improvement of the Integra Programme, to ensure that the service lives up to the needs and expectations of its clients.

CHAPTER ONE

SETTING THE SCENE

1.1 INTRODUCTION

Former problem drug users¹, who while maintaining a drug free status experience immense difficulties accessing and securing training and employment opportunities. While considerable progress has been made in the area of drug treatment, this has tended to focus primarily on therapeutic and socio-medical interventions, with little focus on reintegration into employment or training, once their drug use is stabilised or they are drug free. Lakin (1994) argues that several factors contribute towards reducing stabilised or former problem drug users chances of finding and maintaining employment. These include;

- the *stigma* associated with being a (former) drug user or ‘junkie’ which can be further compounded by the fact that many are also ex-offenders, and have criminal records and experience of imprisonment;
- the *fear* and *ignorance* of problem drug use and HIV/AIDS among employers and trainers. Many employers assume that problem drug users are unreliable, untrustworthy and incapable of work. However, former drug users and individuals stabilised on methadone have the ability to maintain a ‘normal’ life-style;
- *lack of recent work experience and job skills*, a checkered work history, and few qualifications reduce the likelihood of ex-drug users finding employment. This is compounded by the fact that many drug users are long-term unemployed and;
- *personal barriers*, such as reduced self-esteem and lack of confidence also impact on the employability of the individuals.

In Ireland the government has been slow to deal with the drug problem within the context of larger social problems such as unemployment, social deprivation and poverty. Yet international research consistently makes links between environmental conditions - in particular unemployment - and the growth of heroin use among young people (Parker *et al*, 1998; Pearson, 1991). The Merchant’s Quay Project recognises that there is a need for more dynamic forms of treatment which reach into the environment in which the use of drugs has become endemic. One such approach is tackling the environmental conditions which lead to drug misuse, through adopting economically orientated solutions. Such solutions involve interventions aimed at impacting on integrative measures such as employment, education and training. In order for such interventions to be effective the Merchant’s Quay Project believes that there is a need for a multi-agency partnerships approach to the

¹ The language used to describe individuals who take drugs and/or the consequences of their drug use can be very emotive. More often than not the terms ‘drug abuser’, ‘drug misuser’ or ‘problem drug user’ are used without any explanation. However, Hartnoll (1995) argues that it is essential to define the terms used, as the haziness surrounding definitions has important implications for the interpretation and generalisation of results. In this Report the term ‘problem drug user’ refers to an individual who as a result of taking psychoactive drugs suffers either medical, psychological or social complications. This term recognises that illicit drug use can cause a range of problems among regular consumers. This term does not refer exclusively to injecting opiate users, however the majority of individuals who take part in the Integra Programme do fall into this category. However, the terms ‘drug user’ is also used in this Report. The authors believe that this term is less moralistic than drug abuse or misuse, and illustrates that harm to individuals and society is not inevitable.

complex issue of the integration of problem drug users into mainstream society. Such an approach could help to reduce the tendencies of different agencies to perceive a given problem solely or even largely from their own perspective and to offer a solution to it cast in traditionally narrowly focused terms.

Recognizing the need for such interventions, the Merchant's Quay Project established the pilot programme, *'From Residential Drug Treatment to Employment'* on January 1st 1998. This intervention which operates under the EU initiative of Integra-Employment, attempts to provide additional support to former problem drug users, enabling them to actively participate in society. This relates primarily to areas of Education, Training and Employment. The Programme contributes to meeting the main aim of Integra-Employment, by improving access to the labour market and the employability of people excluded or at risk of exclusion from it by virtue of social and economic disadvantage. At its most basic level, Integra operates on the premise that in order to integrate drug users it is essential to remove any blocks which are perceived by users as standing in the way of their return to 'normal' economic life.

The promoting agency, the Merchant's Quay Project was established in 1989 by the Franciscan Community in response to an increase in the number of problem drug users seeking help within the locality. Since, its inception, the Merchant's Quay Project has striven to be an organisation that provides creative and innovative responses to the drug problem in Ireland. As a voluntary organisation the Project is receptive to the needs of its service users and has the flexibility to respond accordingly. The Project provides a range of services, operating across a broad spectrum of treatment philosophies, thus providing a holistic approach to drug treatment. It has the ability to engage with the drug user at all levels, by providing services geared towards crisis intervention, harm reduction, stabilization and detoxification.

In 1996 the Merchant's Quay Project established a residential drug treatment programme, at High Park in Dublin, in response to an identified gap in service provision. In the three years since, this Programme has operated very successfully and has sustained high levels of client admissions with demand for access outstripping available places². However, the Project recognises the difficulties clients encounter in rebuilding their lives following completion of such a residential programme. Maintaining a drug free life style can prove difficult for many, due to barriers that prevent social and economic integration into mainstream society. The Merchant's Quay Project attempted to address one such barrier by piloting the Integra Programme. This pilot project attempts to address some of the difficulties encountered by former problem drug users upon leaving a residential setting. To this end, Integra aims to provide a training and education programme which maintains a strong therapeutic element, thus facilitating clients integration into society. This Interim Report provides a detailed account of the implementation and progress of the Merchant's Quay Integra Project at the end of its first operational year.

1.2 DRUG USE IN IRELAND

Illicit drug use in Ireland is a relatively recent phenomenon. It was not until the late 1970s and early 1980s that the use of illicit drugs, particularly heroin, in Ireland became a recognised social problem. In 1979 the National Drug Treatment Centre - Jervis Street - treated 55 heroin users. In 1980, 213 heroin users were treated and this rose to 417 in 1981 (Butler, 1991). The numbers seeking treatment steadily increased to epidemic proportions throughout the 1980s and 1990s. In a five-year review of treated drug users, O'Higgins and Duff (1997) reported that in 1995 the total number of treatment cases in Dublin was 3,593, the overwhelming majority of whom were opiate users. This increased to 4,283 in 1996 (Moran *et al*, 1997). In a recent review of the Treated Drug Misuse Data, O'Higgins (1996) noted that the rate of those receiving treatment for the first time had doubled, from

² For more information on High Park, the Merchant's Quay Project Residential Programme Report (1999) is available from the Research Office.

1.5 to 3.0 per 100,000. While one cannot ignore the possibility that the increase in the number of problem drug users presenting for treatment may reflect a development of service provision, it may equally reflect a very real increase in the number of individuals engaged in illicit drug use.

Most of the available Irish data is based on drug users who actually present for treatment and it is generally recognised that only a small proportion of problem drug users are in contact with treatment services (Hartnoll *et al*, 1985). One Irish study has however attempted to estimate the prevalence of opiate use in Dublin (Comiskey, 1998). Comiskey employed a capture-recapture methodology using data from three different sources; The Central Patient Methadone Treatment List, the Hospital Inpatients Enquiry Database and Police Arrests. This research estimated that the total number of opiate users in the Greater Dublin Area in 1996 was 13,460. Comiskey's findings indicate that the number of opiate users in Dublin are comparable to those in other European cities and the reality of the extent of the problem had not previously been acknowledged.

1.2.1 Profile of Drug Using Population

The available treatment data does however provide valuable information on the problem drug using population of Ireland. This information indicates that the 'drug problem' disproportionately affects certain communities in urban areas, most notably Dublin. Moran *et al's* (1997) report clearly shows that not only is there a regional difference in the incidence of problem drug use, but also in the type of drug used. Opiates (in particular heroin) are the primary drug of choice among treated drug users in Dublin. Outside the Dublin area cannabis and stimulants are the most commonly reported drugs. The data also suggests that there are other crucial differences between the populations of drug users in treatment in the Greater Dublin Area and outside that area, in terms of gender, age educational background and employment status (O'Higgins and Duff, 1997; Moran, et al, 1997). Research in the UK has shown that the heroin problem is highly scattered and localised not only with distinct regional variations as illustrated above, but also with a tendency for heroin misuse to be densely concentrated in certain neighborhoods and not in others (Pearson, 1991; Cullen, 1997). Within the Greater Dublin Area problem drug use³ disproportionately effect certain communities (Cullen, 1997). These communities tend to exhibit very high unemployment rates, limited social mobility, and other indices of social deprivation.

The average age of drug users in treatment in Ireland is 24, the lowest in Europe (EMCDDA, 1996). According to the Health Research Board in 1995 38.7% of the treatment population were under 20 years of age and 31% were between 20 and 24 years old (O'Higgins, and Duff, 1997). National treatment data illustrates that 46% of the first treatment contacts in 1996 were under the age of 20 and 35% were between 20 and 24 years. While there is a clear relationship between drug use and age, Irish research has also shown that age is related to risk behaviour (Cassin *et al*, 1998). Irish treatment data also illustrates very high unemployment rates, 83% of the drug users in treatment reported being unemployed in 1996 (Moran *et al*, 1997). Levels of educational attainment were also very low. Of the total treatment group 58% had left school at or before the legal age of 15 years. Moran *et al* (1997) argue that the high unemployment rates combined with the low levels of educational participation suggest reduced access to societal resources among this group.

Unemployment rates in the UK among the drug using population have been found to be as high as 87% (Parker *et al*, 1987). Research in the UK studying the British heroin epidemic has repeatedly made the link between environmental conditions (in particular unemployment), social deprivation and heroin use (Pearson *et al* 1985; Parker *et al*, 1998). No doubt the link between economic and social disadvantage and drug problems works both ways. Moreover, the presence of endemic drug problems in an area and the acquisitive crime and crimes of violence that accompany dealings in drugs do have knock on effects in deepening and intensifying processes of exclusion. Areas with

³ As illustrated above, problem drug users in Dublin are primarily although not solely opiate users, more specifically heroin users.

endemic drugs problems are not the kinds of localities which attract inward investment. The challenge at a local and national level is to introduce policies and strategies to tackle problem drug use which also take into consideration the economic and social circumstance involved in the causal chain.

1.3 SOCIAL EXCLUSION AND DRUG USE

Social exclusion refers to a process whereby certain groups experience an accumulation of poverty and disadvantage, which thereby excludes them from participation in common aspects of everyday life (Walsh *et al*, 1998). The term social exclusion implies that someone or something is doing the excluding. The argument presented, is that people can either be pushed into exclusion by mainstream society or they can consciously exclude themselves through anti-social behaviour, such as problem drug use. Moreover, groups excluded from participating in mainstream society may live within a 'sub-culture' that has its own rituals, norms and values⁴. In reality, the route to social exclusion is a mixture of these 'push' and 'pull' factors (Gilman, 1998). What is indisputable is that those individuals that are socially excluded are outside the bounds of normative structures and they have no, or very little stake in our society

Within the concept of social exclusion, the emphasis is on the interrelationships between individual, familial, and communal disadvantage, and more specifically on the structural forces that can exclude certain groups of individuals from participating in active society. Unemployment, low educational attainment and poor occupational skills can give rise to a pattern of cumulative disadvantage (Nolan *et al*, 1994). Non-participation in the labour market can ultimately lead to a clustering of poor households in urban localities. Approximately 5 per cent of young people almost exclusively from lower working class backgrounds leaving school each year without basic qualifications. The consequences of both unemployment and early school leaving age can culminate in a risk of permanent exclusion from the labour market. These are not causal factors of social exclusion but may be regarded as important factors in locating and influencing strategies to combat social exclusion. An individual drug using history can further compound this disadvantage.

There are a number of factors that contribute to the overall exclusion of problem drug users from actively participating in society, such as low educational attainment, lack of medical contact and homelessness. Within the field of drug research and treatment practices, the exclusion of problem drug users from participating in mainstream social and economic life is relatively new area of concern. However, the increase in the rates of homelessness among drug users has helped to position the drug user firmly in the context of social exclusion (Seddon, 1998). Homelessness is the sharp end of social exclusion and lack of housing is often compounded by exclusion from health services, employment and many of the things considered central to a decent quality of life. Some studies have found very high rates of illicit drug user among the homeless population (Carlen, 1996; Hammersley and Pearl, 1997). For example Flemen (1997) found that rates of drug use among young homeless people in London was at least twice that of their non-homeless peers. This is supported by the fact that hostels and other homeless services report contact with a significant number of problem drug users (Seddon, 1998). For most homeless drug users, accessing stable accommodation is an immediate priority. It is argued that only when stable accommodation is secured can a drug problem be addressed. Temporary or emergency accommodation such as hostels often have exclusion policies for residents which mean that any use, dealing or possession of drugs leads to eviction. At a national level in Ireland, the 1996 Housing Bill with its anti-social behaviour clause, has the potential to further contribute to the exclusion of drug users.

In order to combat the social exclusion of drug users from mainstream society it is essential to identify the routes into social exclusion and addiction and to find methods to divert young people

⁴The role of sub-cultures as a means of establishing both individual and group identity should not be underestimated. Many individuals may prefer to be part of this sub-culture, rather than actively participating in the dominant culture.

away from these destructive cul-de-sacs. To this end, Gilman (1998) employs the 'onion model' of drug intervention to inform both preventative and treatment measures. The onion is a system of layers or rings. At the centre of these rings is the individuals with their own psychological or mental set. This psychological ring is bound by the layer which represents the individuals family, friends and/or 'significant other'. This ring is in turn bound by the third layer which is concerned with ethical matters of spirituality, religion, politics morals and values. At its most basic level this represents the individuals and their significant others understanding of 'right' and 'wrong'. The fourth and final ring is about education, vocation and aspirations. Put simply a good education will increase your chances of a good job and will entrust you with clear aspirations for a place as a future citizen. Without education a future can be bleak.

It is this fourth layer with which the Merchant's Quay Integra Programme is concerned. For the last two decades the missing dimension in national policy has been the failure to focus on the link between economic and social disadvantage and the development and maintenance of a serious drug problem in urban communities of Dublin. A comprehensive and effective national response to the drug problem must extend beyond the health care sector and address the relationship between social and economic deprivation and problem drug use.

1.3.1 Social Inclusion of Drug Users

The flip side of social exclusion is social inclusion and in terms of drug use the degree to which someone is included or excluded from mainstream society is largely dependent on their pattern of use (Gilman, 1998). Although some recreational drug⁵ users may be pushed towards exclusion by contact with the criminal justice system, most are social, sensible, morally aware, thoughtful and quite discriminating about the use of drugs and their place in their lives and cultures (Perri *et al.*, 1997). On the other hand, problem drug users are more likely to be socially excluded, and as Currie (1993) argues draws the vast majority of its recruits from "all along the faultlines of our society".

One approach to promoting the social inclusion of former drug users into mainstream society is through training and creating employment opportunities. Both training and employment can fulfill several latent functions, such as, social contact, activity, status, purposefulness, time structure and opportunity for control. However as illustrated previously several factors inhibit their chances of finding and keeping a job. These include the stigma attached with being a former drug user, the fear and ignorance of drug misuse and of HIV/AIDS by employers, lack of recent work experience, inconsistent work history, few qualifications, unfinished training and personal barriers, such as, low self confidence (Lakin, 1994).

1.4 INTEGRA AS A STRATEGY FOR SOCIAL INCLUSION

The Merchant's Quay Integra Programme "*From Residential Drug Treatment to Employment*" was set up to promote the inclusion of former drug users into mainstream society, in particular employment and training services. This Programme is a two year pilot project which was established in January 1998 and will finish in December 1999. It operates on the premise that the Integra Programme working in a multi-agency partnership with organisations, such as Probation and Welfare Service, Eastern Health Board, local employers and training agencies can encourage former drug users to actively participate in society. Furthermore, this multi-agency approach permits a more holistic and integrated approach to groups excluded or at risk of exclusion from the labour market. Moreover, this approach can potentially influence policy measures at a national level.

⁵ Recreational drug users are not novice users. It is a more experienced form of drug use and control has been established over what, where, when and how much of a drug is used.

The primary target group selected for the Integra Programme is *former drug users*. It is essential that clients who having successfully negotiated their way to being drug free will be in a position to access appropriate training /re-training/education or employment opportunities as a means of facilitating the re-entry and inclusion into active society. The second target group are *local employers*. The engagement of employers in a process of education will attempt to convey a more favourable image of former drug users and will lead to the taking of 'positive risks' with regard to their employment and such training has proved very successful in the past (Cox and Lawless, 1998). The final group are, *training agencies*. In order for training agencies to design and structure training courses which are to benefit former drug users, it is essential that they work in close co-operation with personnel in the drugs field. The provision of Drugs Awareness Training Programmes to training agencies can influence their practice and provision of training in favour of the above client group. This multi-agency approach is considered an integral part of the Integra Programme and has the ability to promote an integrative drug policy.

1.5 THE STRUCTURE OF THE REPORT

This report presents an account of the first operational year of the Integra Programme. **Chapter Two** provides a detailed description of the origins and development of the Programme. This chapter identifies the target groups of the intervention and details the aims and objectives of each element of the Integra Programme. The development and operation of transnational activities are also presented. Finally, the chapter ends with a brief overview of the factors that impeded the progress of the Integra Programme over its first operational year. **Chapter Three** discusses the research methodology employed in evaluating the Integra Programme. It illustrates that the evaluation component of the Programme was an integral part of the pilot project. Evaluating the Integra Programme involved a combination of evaluating processes and outcomes. Process evaluation assesses the implementation of the intervention and the reaction of participants to the project. On the other hand, outcome evaluation attempts to measure the 'success' of the intervention. Combined qualitative and quantitative research methodologies were employed in undertaking the evaluation. Chapter Three is largely concerned with the quantitative research methodology and it details the four designed research instruments. These instruments were designed, piloted and modified during the first year of the Integra Programme and have been in use since January 1999.

In **Chapter Four** the quantitative data collected over the first year of the Integra Programme is presented. This data provides a brief client profile in terms of socio-demographic characteristics and examines the success of the Integra Programme in reaching its client target population. Thereafter, the qualitative data is examined. Client case studies are presented in order to illustrate the diversity of the client group and their differing needs. This qualitative data also illustrates the difficulties encountered during the implementation of the programme, and Integra's ability, in as far as possible, to respond flexibly. The experiences of three employers involved in the Integra programme are also presented. **Chapter Five** presents an overview of the developmental issues raised during the first year of the Integra Programme. The Report concludes with **Chapter Six**, which presents a brief but concise conclusion.

CHAPTER TWO

DEVELOPMENT OF INTEGRA PROGRAMME

2.1 INTRODUCTION

The Integra Programme aims to provide former drug users with a continuum of supports to ease their inclusion into mainstream society. As illustrated in the previous chapter, low educational attainment, lack of work experience and prolonged periods of unemployment limits an individuals ability to participate actively in society. These factors combined with problem drug use and associated criminal behaviour, results in the exclusion of many drug users from ‘normal’ society. This is further compounded by the stigma and fear surrounding the employment of former drug users. Although the Integra Programme relates primarily to Education, Training and Employment, it is designed to impact on all the aforementioned areas which place individuals at greater risk of social exclusion.

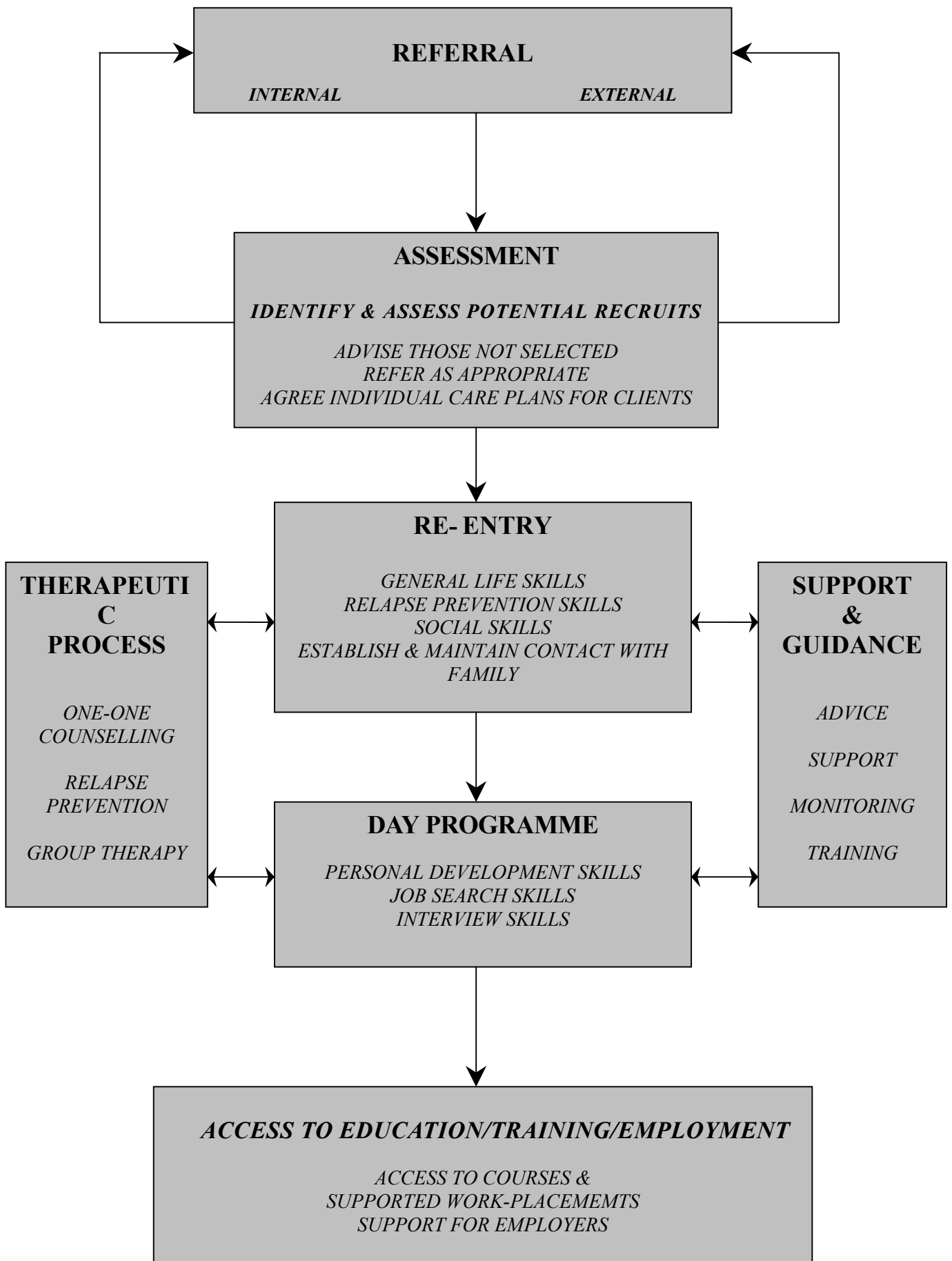
The Merchant’s Quay Project secured funding from the EU to pilot it’s innovative project “*From Residential Drug Treatment to Employment*”. The Integra Programme commenced in January 1998. Since its inception the Integra Programme has had to adapt to many events and circumstances. However, as a fluid social intervention the need for flexibility within the programme was anticipated and was used to direct programme improvement and development. In its first operational year, Integra was afforded a certain amount of autonomy, in terms of identifying specific aims and objectives. This permitted the Programme to adapt to the needs of clients and staff which ultimately lead to the identification and formulation of Programme aims and objectives. This chapter focuses primarily on the development of the Integra Programme from its inception to its present day structure and activities.

2.2 PROGRAMME STRUCTURE

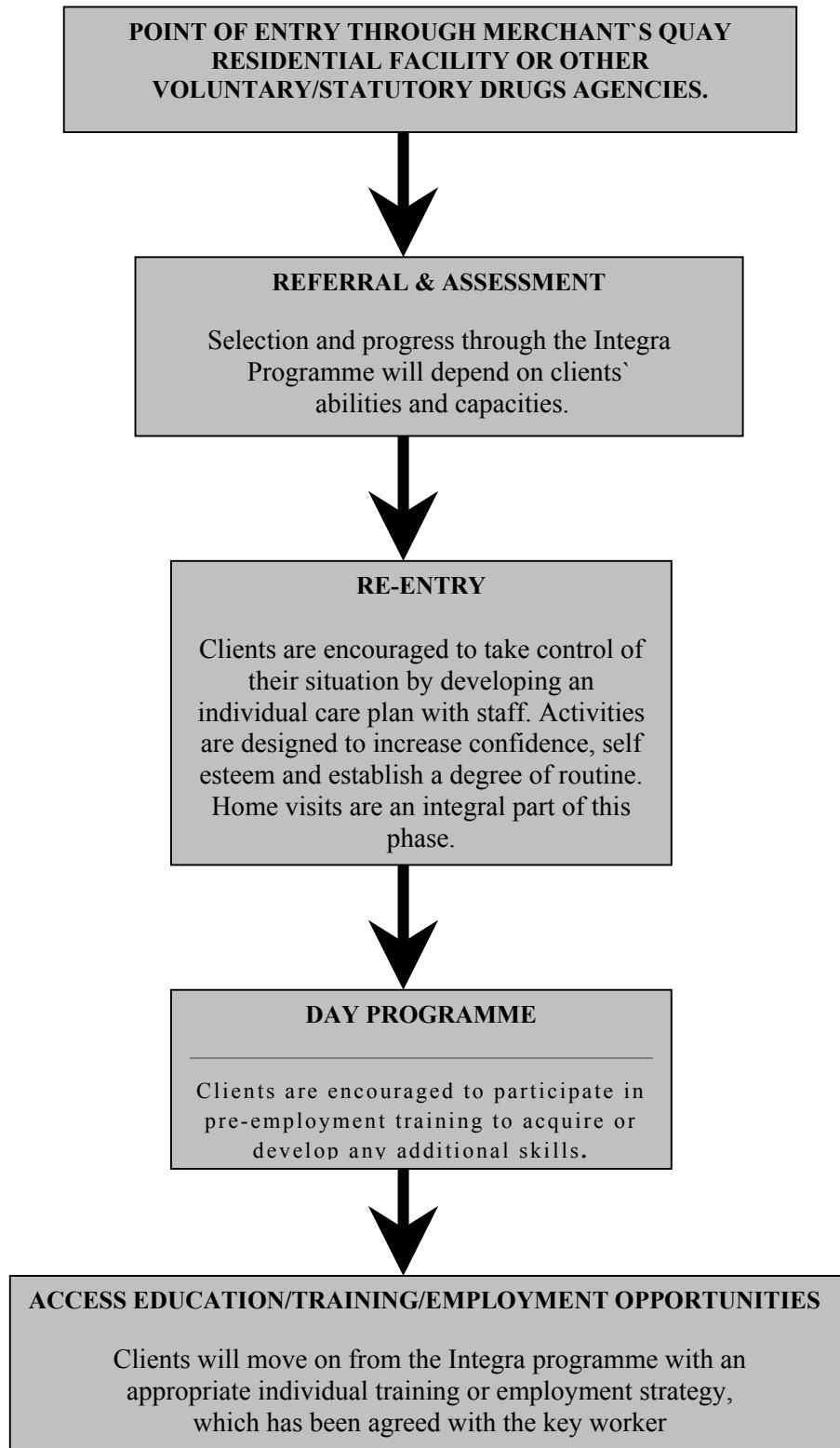
Clients over 18 years of age, who have completed a residential drug free programme and who have been drug free for at least two months are eligible to be assessed for the Integra Programme. Individuals who have not undertaken a residential programme but who have had extensive exposure to group work are also considered suitable to be assessed for Integra. **Figure 2.1** presents the structure of the Integra Programme, while **Figure 2.2** clearly illustrates the progression of clients through the Programme, from the point of referral to Programme completion.

Clients are referred both internally and externally and are then required to undergo an assessment procedure with the Integra Facility Leader and a full-time staff member. Those who are successful in this, commence the initial stage of the Programme. The Integra Programme can be divided into two phases; ‘Re-Entry’ and the ‘Day Programme’.

2.1 PROGRAMME STRUCTURE



2.2 CLIENT FLOW



- ◆ *Re-Entry* is a six-week residential programme located in North County Dublin. This aims at facilitating clients to adjust to moving back into the Community, in a planned and structured way, with the support of a ‘key’ worker. Support with relapse prevention, housing/legal issues, and general life skills are provided. All clients are encouraged to maintain contact with their family through weekend home visits. *Re-Entry* allows a former drug user to gain greater control of their lives and to move towards the achievement of their goals.

The Day Programme is located in a premises in North Dublin. This phase of the programme lasts for a six-week period subsequent to the completion of the re-entry phase. Sessions are tailored specifically to meet clients’ individual needs and designed to assist them in gaining appropriate training and employment. This includes areas such as, job-search skills, interview techniques, self-assertiveness training and personal development workshops. Clients who wish to pursue further educational or job-placement opportunities are strongly encouraged and supported in doing so.

Although the ‘Re-Entry’ and the ‘Day Programme’ have their own specific focus, the Integra Programme promotes a structured linkage between the two, in that it encompasses various strategies for the inclusion of former drug users based on their differentiated needs. Despite the fact that Integra represents a highly structured programme, clients’ individual needs largely direct the focus for each stage within the Programme. Primary skills such as general life skills, communication skills, interpersonal relationship skills, and social and leisure planning are considered compulsory and are vital components of all aspects of the Programme.

2.3 AIMS AND OBJECTIVES OF INTEGRA

Having established the structure of the Integra Programme, it was then necessary to identify and formulate the aims and objectives of the Programme. To this end the following definitions were employed;

- The *aims* of the Programme are defined as general statements often expressed as abstract goals.
- The *objectives* of the Programme are more specific than aims, in that they are measurable statements regarding the desired outcomes-behaviour changes - of the intervention.

The overall aim of the Integra Programme ‘*From Residential Drug Treatment to Employment*’ is to develop, evaluate and disseminate a model of good practice in relapse prevention using a locally based holistic programme which facilitates the integration of former drug users into mainstream training/work placement and employment opportunities. However, as mentioned in Chapter One the target groups are former drug users, trainers and local employers and as such each of these groups maintain their own specific aims and objectives.

Social interventions such as the Integra Programme are often quite nebulous. Aims and objectives are often vaguely formulated, and working practices unclear. As will be discussed in Chapter Three, evaluation requires that the aims and objectives of an intervention are clearly outlined, and it is the researchers task to clarify these in conjunction with programme staff. This enables the appropriate evaluation strategies to be adopted, including the specification of outcome measures. Interviews and focus groups were the primary methodologies employed with Programme staff in identifying Integra’s aims and objectives.

2.3.1 Client Aims and Objectives

Table 2.1 illustrates the specific aims of the Integra Programme in relation to the client group of former drug users. Assisting the clients in locating suitable accommodation is of particular relevance to those in the ‘re-entry’ stage of the programme as the clients usually require further long term accommodation following their stay in residential drug treatment. On the other hand aims associated with education, training and employment activities are of importance to clients on the ‘Day Programme’. It is essential that clients acquire the ability to communicate their skills, experience and job suitability to employers.

Table 2.1 Client Aims of the Integra Programme

To provide a safe and caring environment
To improve social functioning
To reduce the incidence of relapse
To develop general life skills
To assist individuals in locating suitable accommodation
To promote healthy living
To assist clients in gaining appropriate training
To assist clients in gaining appropriate employment
To provide the client with the support structures to deal with arising ‘issues’
To develop social support structures

Table 2.2 presents the objectives of the Integra Programme, which are categorised under the following headings; integration, social stability and training and employment. These objectives are unique to each client, and are reviewed on a regular basis.

Table 2.2 Client Objectives of the Integra Programme

Integration	To develop relapse prevention skills
	To increase clients ability to interact with non-drug users
	To increase clients ability to form and maintain friendships
	To provide information on housing issues
	To increase clients confidence at group-work
	To establish social support structures

Social Stability	To secure stable housing To obtain and maintain welfare entitlements Strengthen family relationships To develop and maintain friendships To reduce offending behaviour To improve clients self-esteem To increase self-awareness
Training & Employment	To increase job skills To provide assertiveness training To provide self-development training To develop interview skills To provide pre-employment training To enhance access to mainstream training To assist clients to undertake job placements

The Integra Programme recognises that the process of self-development within a safe and caring environment can be of immense importance in ensuring the sustained integration and social stability of former drug users. Interventions cannot end with a client becoming drug free, the process of `real` integration must also focus on their training and employment needs.

2.3.2 Trainers Aims and Objectives

While achieving client objectives is central to the Integra Programme, so too are the aims and objectives of the secondary target groups; training agencies and local employers. **Tables 2.3** and **2.4** illustrate the aims and objectives of the Integra Programme with relation to the Training Agencies involved. It is essential that the Integra Programme provides the Trainers with awareness on drug use and related issues, as to influence the practice and provision of training in favour of former drug users. These aims and objectives can best be achieved by the provision of a Drugs Awareness Training Programme.

Table 2.3 Trainers Aims of the Integra Programme

To increase participants knowledge
To change participants attitudes
To increase participants skills

Table 2.4 Trainers Objectives of the Integra Programme

A greater understanding of the issues surrounding drug use
A greater understanding of problem drug use and it's causes
A greater understanding of dealing with those with problem drug use
An increase in the understanding of terminology and street names
An increase in the knowledge of existing drug services and resources

2.3.3 Employer Aims and Objectives

Tables 2.5 and 2.6 below, illustrate the aims and objectives of the Integra Programme in relation to the participating local employers. The Integra Programme seeks to engage employers in a process of education to overcome negative attitudes that will convey a more favourable image of former drug users, and will ultimately encourage them in taking 'positive risks' with regard to their employment. In addition, employers require support structures if they are to accept former drug users within their organisation.

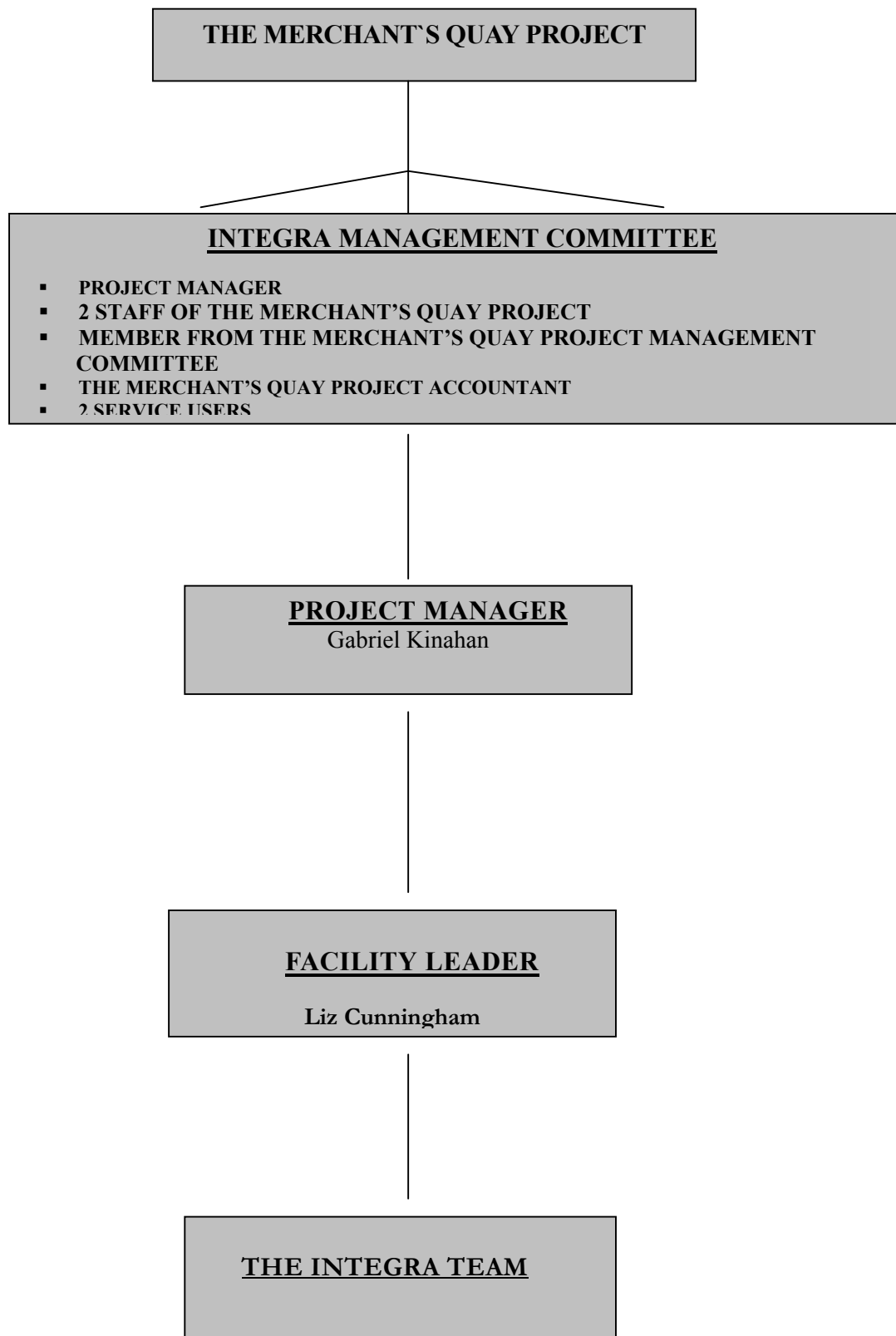
Table 2.5 Employer Aims of the Integra Programme

To increase levels of awareness on drug use and related issues
To encourage requests from employers for training on drug use
To encourage job-placements of former drug users
To encourage the employment of former drug users

Table 2.6 Employer Objectives of the Integra Programme

To provide a drugs awareness training programme
To practice the drugs training received within the organisation
To offer support mechanisms to participating employers
To create a panel of interested employers

2.3 MANAGEMENT STRUCTURE OF THE INTEGRA PROGRAMME



2.4 PROGRAMME IMPLEMENTATION

This section details how resources were organised to undertake the actions planned by the Programme and to achieve the objectives set for the Programme. It will include management structure, start-up operations, the establishment of the infrastructure, staffing levels and roles, recruitment of participants, delivery of programme actions and relationships with other agencies. Transnational activities that were undertaken in the first year of the Integra Programme are also presented.

2.4.1 Management Structure

The Management Committee⁶, as represented in **Figure 2.3** below, assumes the operational responsibilities of the Integra Programme e.g. recruitment, delivery, finances, and monitoring and review. It also ensures that the progress of the Programme is properly recorded and that it complies with the requirements of the National Authority, the European Commission and the Support Structures. The Management Committee is chaired by the Project Manager and meets monthly. The Project Manager is responsible for the recruitment of a Facility Leader who manages the Integra Programme on a daily basis.

In addition to the Management Committee a Consortium Group exists. The Consortium represents a voluntary, statutory, private, and social partner membership reflecting a broad range of diverse expertise and a model for inter-agency collaboration at local level. It includes members from Dublin Inner City Partnership, FAS (National Training Agency), Irish Congress of Trade Unions, Local Employment Services, Probation and Welfare Services, Soilse and South West Inner City Network. Its responsibility is to oversee the strategic development of the Programme and to act in an advisory capacity for the management committee. The Project Manager is also represented in the consortium, as is a member of the Merchant's Quay Project Management committee. This ensures a structured linkage between the two entities. The Consortium meets on a six-week basis.

2.4.2 Start-Up Operations

Set up office premises in the existing Merchant's Quay re-entry house.

Negotiated to acquire the premises attached to the Merchant's Quay Residential Facility for the Day Programme, and involved clients in the refurbishment of these Premises.

Developed Diagnostic plan for Transnational Partners

2.4.3 Establishing The Infrastructure of The Project

Developed Re-Entry and Day programmes

Liased with Integra consortium members

Recruited Staff

⁶ At the time of writing this Report Integra was in the process of finalising the Management Committee.

Set up financial systems

Set up management systems i.e. staff supervision, team meetings etc.

Set up systems for record keeping, monitoring and evaluation.

Recruited clients

Devised individual action plans for clients

2.4.4 Staffing Levels and Roles

Table 2.7 presents the staff of the Integra Programme. As stated previously, the Project Manager is responsible for the recruitment of a Facility Leader. Her primary role is to oversee the Integra Team and ensure the efficient implementation of the Programme. The Integra Team consists of 2 Project Workers and three Volunteers. The remaining staff of the Integra Programme also undertake work within the Merchant's Quay Project. External facilitators were also recruited to undertake training workshops in the following areas; literacy, parenting skills, C.V preparation, interviewing techniques and music and art.

Table 2.7 Staff of the Integra Programme

Job Title	How Recruited	Nature of Employment
Facility Leader	NEW EMPLOYEE	Full-time/Short-term
Project Worker	New Employee	Full-time/Short-term
Project Worker	Existing Employee	Part-time
Volunteer	Induction Training	Part-time
Volunteer	Induction Training	Part-time
Volunteer	Induction Training	Part-time
Training Officer	Existing Employee	Part-time
Assistant Training Officer	New Employee	Part-time
Researcher	New Employee	Part-time
Administration Assistant	Seconded	Part-time
Financial Accountant	Seconded	Sessional
Management Consultant	Seconded	Sessional
Management Consultant	Seconded	Sessional

2.4.5 Recruitment of Participants

Having established the structure of the Integra Programme, it was then necessary to recruit participants upon which the Programme could be implemented. It was decided that the primary target group; former drug users were to be recruited both internally and externally, as to maximise the availability of this client group. As stated in this Chapter, internal referrals are recruited from the Merchant's Quay Project Residential Facility, High Park, in North County Dublin. Clients externally referred must have maintained a drug free status for at least two months or have previously attended a Drug Free Residential Facility. Training Agencies and Local Employers are formally recruited and may have had previous experience with the Merchant's Quay Project.

2.4.6 Delivery of Programme Actions

As presented in **Table 2.8**, diverse ranges of activities were implemented during the first year of the Programme. Although actions, such as, start-up operations, establishment of the infrastructure of

the Programme and recruitment of staff were due to commence in the development phase (the four months prior to programme implementation) they extended beyond this time period.

Table 2.8 Main Actions in Programmes First Year

Main Actions	1998			
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Establishment of infrastructure	•			
Staff recruitment	•			
Re-entry programme development	•			
Day Programme development	•			
Delivery of re-entry programme		•	•	•
Delivery of day programme		•	•	•
Commence Transnational Visits		•		•
Delivery of supplementary TR programme			•	•
Structured liaison with employers			•	•
Liaison with Training Agencies		•	•	•
Delivery of Awareness Training			•	•
Review and Monitoring		•	•	•
Mainstreaming Actions			•	•
Disseminating Actions			•	•

Following the establishment of the infrastructure of the Programme, activities were primarily client, trainer and employer orientated.

Client activities included; designing client individual action plans, liaising with welfare, accommodation and training agencies on an individual client basis, advocating on behalf of individual clients with local employers and providing on going support to clients. Activities relating to *Training* focused on the provision of a Drugs Awareness Training Programme and it's successful delivery. In this respect, a 'Training for Trainers' course was provided in 1998. This was held in September and was attended by 15 people from a range of Voluntary and Community organisations. Representatives included;

- Trainers from Post Prison Programmes
- Local Employment Exchange Managers
- Community Training Workshop Supervisors
- Technical Trainers from vocational skills training programmes
- Government Employment Mediators
- Educators involved in Local Community Centres

It is intended to provide an additional training course in the coming year. It will target statutory sector training agencies, particularly FAS.

The aims of this training programme are illustrated in Table 2.4. Ongoing training is also provided for the staff of the Integra Programme⁷. This is necessary to ensure the provision of a high quality of training for the employer, trainer and the client.

Employer activities included identifying a panel of employers willing to employ former drug users, and providing training and support to these prospective employers. Employers who accepted clients on job-placement in 1998 were provided with continuous support. It is intended that these employers form the nucleus of a panel of employers who will have an advisory role with the Integra Programme and an influential role in attracting further employers to the Programme.

In acknowledging this need for support structures to employers of small to medium sized organisations, it highlights the inadequacy of larger organisations to deal with alcohol or drug related problems among employees. Human Resource policies must recognise that addictive behaviour is not external to the working environment and that it is within that domain that support must be provided.

2.4.8 Relationships with other Agencies

Considering that the main aim of the Integra Programme is to integrate former drug users into society by means of education, training and employment, it was necessary to ensure that a panel of prospective participating training agencies and employers was formulated. This involved liaising with employer agencies; FAS (National Training Agency), Community Training Workshop (C.T.W), Area Based Partnership, Irish Business Employers Confederation (I.B.E.C). and Irish Congress of Trade Unions (I.C.T.U). Various Drug Treatment Services, and Probation Services were also included. The provision of a Drugs Awareness Training Programme in September 1998 also proved to have a major impact on establishing relationships with individuals from the Training and Education sectors.

The Integra Programme is very fortunate in that its promoting agency, The Merchant's Quay Project, had already established strong relationships with both statutory and voluntary agencies. This proved to be a valuable resource to the Integra Programme and ensured further interest and participation within the Programme.

2.5 DEVELOPMENT AND OPERATION OF TRANSNATIONAL ARRANGEMENTS

In order for the Integra Programme to successfully achieve its specific aims and objectives, it was necessary to liaise and consult with similar programmes that were in operation. In this respect, the Integra Programme was provided with various transnational partners from EU member states. The purpose of transnationality is to learn from best practice models for implementing training and employment programmes for former drug users. It also enables the exploration of holistic responses that have been developed in other member states, which attempt to achieve the personal, social and employment needs of drug users. Collectively, transnational partners can develop an appropriate model for raising the awareness of the employers, so as to challenge the existing misinformed assumptions and encourage the employment of former drug users at a local community level. Dissemination of the findings to a national and transnational audience ensures continued interest and development within this area.

⁷ Over the first operational year, the Integra Team have received training once a month on Thursday mornings in a broad range of relevant areas including the methadone protocol, effects of drugs on the brain, motivational Interviewing, dealing with conflict, group work, and team building. In 1999 the Team will receive extensive computer training. Furthermore, two of the Team are participating in the Merchant's Quay Certificate in Counselling and Addiction Studies.

2.5.1 Transnational Partners

- 1) *VDAB (Flemish Employment and Vocational Training Service)*. This Belgian service is situated in Brussels and promotes the project 'PREVY'. The Project caters for young people who are experiencing social exclusion and poverty. They have low educational levels and high rates of unemployment. The promoting agency; Flemish Employment and Vocational Training Service, have extensive experience in working with employers and young people seeking employment and training. They will contribute to the designing of structures and supports for employers. Moreover, they will provide an insight into the involvement of employers in the designing of training programmes for young people engaged in drug prevention work.
- 2) *Centro Espanol*: This leading agency situated in Madrid operates the Programme 'Proyecto Hombre'. This Project is of immense benefit as it adopts a holistic response to the issue of drug use and can contribute their experience in the designing of the Training for Trainers Programme.
- 3) *Peoples College*: This promoting agency is situated in Nottingham, England. It provides vocational training to people aged between 16-60 years. Their experience is in the design and delivery of training and education programmes for socially disadvantaged grouping. Their knowledge on gaining accreditation for courses is of particular importance for the 'Training for Trainers' aspect of the Integra Programme.
- 4) *San Patrignano*: This organisation is located in Rimini, Italy. It provides vocational training to former drug users, and has extensive experience in train the trainer aspect of the Programme. A professional course is provided to those in the advanced stage of the Programme. Emphasis is on the learning of a job, training the trainer and attracting possible employers to accept clients from San Patrignano.

2.5.2 Transnational Actions

A Transnational Visit was undertaken in June 1998 to the Flemish Employment and Vocational Training Service in Belgium. The Project Leader and Facility Leader were in attendance at this visit. Positive feedback in terms of sharing ideas about 'training for trainers', the best manner to recruit potential employers, and valuable information on publicising our Programme was received.

A Transnational Visit was also undertaken in October 1998. The Project Leader and a full-time staff member attended a Double Impact meeting in Rimini in Italy. This provided an opportunity to assess vocational training and re-entry models at one of the largest Training Centres in Italy.

The Integra Team also welcomed 3 members from the Peoples College in Nottingham in October 1998. This enabled an exchange of learning to be undertaken between the Integra Team and the Peoples College. Issues around housing/resettlement was a major aspect of this visit.

2.6 FACTORS THAT IMPEDED PROGRESS

A number of difficulties were experienced in the first operational year of the Integra Programme that had an impact on its steadily progress and performance.

To secure both suitable staff and set up the premises for the Day Programme proved difficult and time consuming.

Clients on entering the Programme had immediate complex issues upon which they needed to resolve prior to tackling issues related to education/training and the labour market. It was not anticipated that clients would require a greater Programme than originally planned and therefore the programme structure had to adapt to these client needs.

As will be discussed later, immense difficulties were experienced in accessing 'drug-free' clients. The context within which the Programme was first outlined has changed. The provision of funding for similar projects to various Drugs Task Forces within the city has resulted in difficulties recruiting clients.

2.7 CONCLUSION

This chapter has provided a description of the development of the Integra Programme from implementation through to the operational phase. The Integra Programme consists of 'Re-Entry' and the 'Day Programme', each focusing on alternative needs of the clients, to provide a holistic programme. The 're-entry' programme places emphasis on relapse prevention and general life skills. While the 'Day Programme' centres on training and accessing employment opportunities. Specific aims and objectives were outlined for the participants of the Programme; clients, trainers and employers. The implementation of primary actions was also presented. Start-up operations, establishment of the infrastructure, management structure, staffing levels and roles, recruitment of participants, delivery of programme actions and relationships with other agencies are discussed. Difficulties that were experienced during the first operational year were also conveyed. The role of transnational partnerships in the delivery of the Integra Programme is also presented, in addition to a description of each of the partners involved.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

One of the primary aims of the Integra Programme is to successfully integrate former drug users into mainstream training, work placements and employment. In order to determine whether Integra is effective in this regard an evaluation component was incorporated into the Programme at the initial stages of development. Evaluation is, according to Rossi and Freeman (1985) the “*systematic application of social research procedures in assessing the conceptualization and design, implementation, and utility of social intervention programmes*”. In other words, the evaluation process permits the systematic collection, analysis and interpretation of information on how the intervention operates and its effectiveness. A common misconception is that evaluation is simply something that ‘researchers do’ each time a new programme needs to be assessed. It is in fact an integral part of the everyday practical work of the programme being evaluated. The reason why integrating evaluation procedures into everyday practice is so vital is that it guarantees constant feedback on the actual quality of an intervention (Buhringer and Kunzel, 1998).

Thus, evaluation is a very particular form of research that is intended to assess the results of a non-experimental intervention. In social research, evaluation seeks to demonstrate whether or not an intervention is attaining its objectives, and the extent to which any desired change in the target population occurs as a result (Stimson, and Power, 1989). However, evaluating social interventions is unlike studying the effect of single, delineated treatments. Social programmes may be quite nebulous. Objectives are often vaguely formulated and working practices unclear. The content of a programme cannot be assumed from its name or formal description, and most programmes contain a mixture of inputs. As such and unlike other research, evaluation must cope with the uncertainty of real life (Rossi and Freeman, 1985).

Evaluation can however instill fear. Many individuals are of the opinion that this form of social research merely interferes with the smooth running of a social intervention, and that the process may more importantly, threaten the future of the programme being evaluated. Thus at the onset, an essential aspect of the evaluation process was finding ways for the evaluation to serve the Integra Programme and not jeopardise it. To this end the staff of Integra played an active role in the planning process. Moreover, Integra staff and the evaluators agreed that identifying any programme weaknesses was just as important to the future development of the programme as identifying its strengths. Staff and evaluators are in agreement that the evaluation of the Integra Programme strives;

To determine whether the Integra Programme is effectively addressing its stated objectives;

To verify, document and quantify programme activities and their effects;

To allow the Integra Programme’s efficacy and efficiency to be improved;

To provide a rational basis for management’s decision-making and;

To provide feedback and systematic assessment to staff about their job performance.

In undertaking an evaluation of the Integra Programme, the procedure essentially involved a combination of evaluating processes and outcomes. Process evaluation assesses the implementation of an intervention and the reactions of the participants. It describes how, and if, the intervention took place, whether the design worked and whether the designated target group was reached. It is also concerned with the 'quality' of the intervention (Kroger, 1998). Process evaluation collects all the relevant information on the programme, thus providing useful data for the future development of the intervention. An element of outcome evaluation was also employed, which looks at the effect of the intervention. Outcome evaluation attempts to answer the fundamental question of whether the Integra Programme was 'successful'. It deals with whether the intervention actually achieved its intended goals, and as such is an essential tool for judging whether a particular intervention is worth continuing, adapting or dropping (Burns, 1994).

To conclude the primary goal of the evaluation is to further knowledge. The findings of the evaluation can be used in two ways, firstly directly by the Integra team to help them improve their programme. Secondly, the information obtained can inform the direction for future development of the Integra Programme and a change in strategy if need be. The hope is that the evaluation process will facilitate the growth and development of the aims and objectives of the Integra Programme in the light of emerging trends and responses.

3.2 RESEARCH METHOD

Various methodologies can be employed in evaluation research. However, it has been argued that evaluations that follow an experimental design⁸ are not very useful for policy decisions because too much attention is paid to trivial methodological issues (Cronbach, 1982). This has resulted in many interventions being classified as ineffective because the focus on methodology means that a programme's effectiveness was often left unaddressed. Moreover, an experimental design is inadequate for evaluating a broad-based or fluid project, such as the Integra Programme. An awareness of the deficiencies of the traditional approach to evaluation research has led to a shift towards combining qualitative and quantitative research methods (Kuipers, 1998). Qualitative data can also act as a precursor to the formulation of the quantitative research instruments designed for evaluation purposes. This use of more than one research instrument in the measurement of variables is referred to as 'Triangulation Measurement' (Bryman, 1988: 131). The benefits of this approach will be discussed in more detail in Chapter Four.

Both qualitative and quantitative methodologies were employed, to varying degrees, to evaluate the Integra Programme. The qualitative techniques consisted largely of interviews, participant observation, focus groups and casework notes. These methodologies provide data which is rich in detail, in particular the casework notes. Each client has a 'key worker' whom they work with throughout the Integra programme. The *key worker* keeps a record in the form of casework notes, of the interactions and issues between them and the client. Interviews and focus groups were the methodologies employed in order to identify and clarify the aims and objectives of the Integra Programme, as outlined in Chapter Two. The qualitative data collected in the client case notes, as will become apparent in Chapter Four, illustrate the complexity of the rehabilitative process. In short, a number of qualitative research methods were employed in undertaking the evaluation of Integra. They include the following;

Interviews and focus groups which were mainly used at the initial and most crucial state of the evaluation, that is in identifying the Programme's aims and objectives. Three employers were also interviewed and this qualitative data is presented in Chapter Four ;

⁸ The experimental method is the scientific approach used to test a hypothesis, by comparing an experimental group (i.e. those experiencing the intervention) with a control group (who have not experienced the intervention).

Case Notes were used to monitor clients progression through the programme, and provide the basis for the qualitative client data presented in this Report and;

Participant Observation enabled the researchers to gain a thorough understanding of the working of the Integra programme, and was an essential precursor to designing the quantitative research instruments.

The main quantitative research instruments employed in the evaluation were questionnaires designed specifically for Integra. As will be detailed below, four such research instruments were designed, to be completed by the three target groups i.e. clients, trainers and employers. These instruments contain a variety of question types, including pre-coded answer categories, and open ended responses. Open-ended questions were seen as being particularly beneficial in terms of the freedom they give the respondents. Likert scales were also constructed to measure the attitudes of the respondents. The main advantage of combining quantitative and qualitative methodologies is that it invites a collection of different types of information and more importantly, allows a sense of 'explanatory completeness' to be conveyed (Pawson and Tilley, 1997).

3.3 RESEARCH INSTRUMENTS

In this section the four research instruments which are employed in the evaluation of the Integra Programme are examined in detail. These instruments include;

- *Client Entry Form* which is intended to gather baseline data from all clients entering the programme;
- *Client Departure Form* which is intended to measure the extent to which Integra reaches it's aims and objectives and the level of participant satisfaction with the programme;
- *Drugs Awareness Training Questionnaire* which is intended to evaluate the effectiveness of the training programme provided by Integra to statutory training agencies and;
- *Client Placement Questionnaire* which is intended to enable Integra to monitor the success of client placements with particular employers.

3.3.1 Client Entry Form

The Clients Entry Form was designed to collect baseline data from all participants on the Integra Programme. This questionnaire is completed by all clients on entry into the Programme. Data is collected on clients' socio-demographic details, drug using careers, treatment histories, training and employment history and needs, legal status and finally social stability.

The *socio-demographic details* collected on clients include gender and age. Clients are also asked about their living status⁹ and number of dependents. This information is essential not only in term of assessing client's housing needs, but also in identifying possible external factors that may hinder a

⁹ As the majority of clients on the Integra Programme have come directly from residential drug treatment, this actually refers to living status prior to entry into treatment.

client's successful progression through the programme. For example, if a client was living with an injecting drug user, and intends to return to that accommodation, this will have implications in terms of relapse prevention (Gossop *et al* 1994). Clients are also asked at what age they left school and their highest level of educational attainment, all of which contribute to a needs analysis of clients in terms of their training and educational requirements. In addition, it makes provisions for individual differences among clients in terms of literacy and motivation towards training.

Drug history and previous treatment is dealt with in some detail in the Client Entry Form. Participants are asked at what age they first used drugs, age first injected, length of injecting career, whether they have had previous drug treatment and if so treatment type¹⁰. Additional details are required if clients have been in residential drug treatment, including the number of treatment episodes, the most recent residential setting and length of stay therein. Clients were also asked to provide information on the number of previous detoxifications and their longest period drug free. It is said that to know all is to understand all; finding out about the drug using career and treatment history of each client entering the programme is thus essential for both the evaluation process and the Integra Team in terms of gaining an understanding of the individual clients.

The *training and employment history and needs* of each client are also examined. This includes gaining information on clients previous experience of training programmes, whether the client requires additional training or skills development and if so, in what areas. Information on previous paid employment, longest period in employment, last position in employment and whether it was a full- or part-time position is also collected. Those clients who have been previously employed are asked to complete open-ended questions dealing with their experience of the working environment, and reasons for leaving last position of employment. Considering the main aim of the Integra Programme is to integrate the former drug user into mainstream education and employment, these variables were considered essential so as to identify the previous circumstances and difficulties of clients in order to provide them with the appropriate support and training needed to successfully complete the Programme.

The *legal status* of clients deals with whether the client has current legal issues in terms of being on temporary release, suspended sentence, community service, probation order or bail. Clients are also asked to detail any charges pending. On a practical level, information on client's current legal status is required in order to determine the extent to which these issues could interfere with their progression through the Integra Programme. In addition, the data acts as an indicator of the client's social stability.

Social stability of clients is examined in some detail. The Integra Programme as illustrated in the previous chapter aims to improve the social stability of clients. Clients are asked to rate their ability to form and maintain friendships generally, and more specifically with non drug users, on a five point Likert Scale ranging from very good to very poor. Clients were also asked to rate on the same scale their confidence at undertaking group work, and their level of self-esteem at the time of entering the Programme. Open-ended questions address clients primary reason for undertaking the Integra Programme and what they hope to gain from the Programme. The information on client's social stability provides an indication of the readiness of the individual in undertaking the Integra Programme and highlights any outstanding issues the client may have at the point of entry.

3.3.2 Client Departure Forms

The Client Departure Form was designed to collect data on the effectiveness of the Integra Programme. The aim was primarily to assess whether or not the objectives of the Programme had

¹⁰ Included under treatment type is methadone maintenance, methadone detoxification, advice/counselling/support, residential drug treatment, Narcotic Anonymous, and 'other' where space is left for treatment type to be written in.

been achieved and it includes an element of client satisfaction. This questionnaire is completed by all clients when they leave the programme regardless of whether they completed it or not. Data is collected in relation to clients' reactions to the Programme, the acquisition/development of skills, positive behaviour changes, and their likelihood of remaining drug free.

Participants *reactions* to the Programme are examined in order to determine the extent to which the clients are satisfied with Integra. Firstly, clients are asked to state whether their goals had been achieved while on the programme and, if not, to state what they consider to be the primary reason for this. Clients are asked to detail what they liked and disliked about the programme. Clients are also asked to rate on a five point Likert scale, ranging from 'very good' to 'very poor', their overall opinion of the Programme. This provided a subjective rating of the Programme and gives the client an opportunity as service user to critically analyse the Programme (Oppenheimer *et al*, 1988). Clients are asked whether they received adequate support from both the staff of Integra and other clients while on the Programme. An open-ended question asks clients to identify any area of the Programme which they feel needs improving upon. This information not only provides feedback on the Programme in general, but also on the degree to which it fulfilled the clients' individual needs.

Clients *acquisition and/or development of skills* is investigated. All Programme participants are asked to detail any skills gained or developed as a result of the Integra Programme. Clients are also asked to rate on a five-point scale ranging from 'definitely yes' to 'definitely not', whether they feel that the Programme has increased their job skills, communication skills, and general life skills. This permits the clients to subjectively assess the effectiveness of the Integra programme.

Changes in the *social stability* of clients are measured by client self-report. Firstly, clients were asked to rate on a five-point scale, ranging from 'very good' to 'very poor' their self-esteem at the point of departure, compared with when they started the Programme. A similar rating scale was employed to assess any self-reported changes in clients confidence at undertaking group work, and ability to form and maintain friendships. Clients are also asked to rate on a four point scale, ranging from 'improved a lot' to 'got worse' how their relationship with their parents, other family members and friends has changed. A more subjective measure of behaviour change consists of an open-ended question which permits clients to detail how they feel they have changed since starting the Programme. In addition, the client is asked to state whether they feel they need to make any further changes in their behaviour.

Likelihood of remaining drug free: Clients are asked whether the Programme helped them deal with relapse prevention in any way, and if so how. The reason for the clients departure from the Programme is also recorded, which helps to inform further relapse prevention strategies. Clients are asked to rate on a five-point scale, ranging from 'very good' to 'bad' how they perceive their chances of remaining drug free. In addition, questions on clients future accommodation, such as, where they plan to live, with whom, are included as a means of helping clients anticipate any difficulties they may encounter following the Programme.

3.3.3 Drug Awareness Training Questionnaire

As one of the primary objectives of the Integra Programme is to provide a Drugs Awareness Training Programme to training agencies and services, it is essential that an evaluation component be incorporated into the training element of Integra. A post-course questionnaire was designed for this purpose and will be administered to all participants following the training course¹¹. The aim is primarily to assess whether or not the objectives of the Drugs Awareness Training Programme, in

¹¹ At the time of writing this Report, Integra had not yet carried out the Drugs Awareness Training Programme in conjunction with the statutory training agencies.

terms of increasing knowledge and skills and changing attitudes, have been achieved. In addition, it details information on the participants perceptions of the learning intervention.

Knowledge: All participants are asked to indicate, on a scale of one to five, ranging from 'very satisfied' to 'satisfied', their level of satisfaction with the knowledge they gained regarding drug use and related issues. More specifically, participants are asked to rate any change in their knowledge in terms of increased understanding of the following issues;

Issues surrounding drug use;

Problem drug use and it's causes;

Issues around dealing with and handling those with drug problems;

Drug terminology and street names;

Existing drug services and resources and;

Individual and social effects of drug misuse.

Skills: Questions relating to the acquisition or development of skills are also included within the questionnaire. Participants are asked to indicate, on a scale of one to five, ranging from 'very satisfied' to 'very dissatisfied', whether they have acquired or developed the following skills;

Ability to identify various drugs and drugs paraphernalia;

Ability to deal with difficult behaviour;

Ability to challenge and confront drug related issues and;

Ability to listen effectively and understand.

Attitudes: Rated questions on a five-point scale, ranging from 'very satisfied' to 'very dissatisfied', are included to measure any changes as a result of the Drugs Awareness Programme on the following attitudes of participants;

Acceptance of drug related issues;

Tolerance towards drug users;

Attitude towards community responses to the drug issue and;

Attitude towards various treatment models.

In addition, participants on the Training Programme are given an opportunity to report any changes they have noticed in themselves, as a result of undertaking the Drugs Awareness Training Programme.

3.3.4 Client Placement Questionnaire

The Client Placement Questionnaire is to be completed by the employers who have accepted clients from the Integra Programme on job placement within their organisation. The questionnaire was designed to gather background information on the employers and the organisations' employment policies with reference to employing former drug users. In addition, it provides data on the clients'

performance within the workplace and their ability to undertake similar positions of employment. The questionnaire can be divided into details on the organisation, and details relating to the client on placement.

Organisational Details: Background information on the employers include details on the number of employees, average qualifications held by employees, minimum skills required for placement within organisation, and any individual qualities sought by the organisation in relation to placements. The aforementioned questions are concerned with the recruitment of individuals within the organisation and are included in the questionnaire, in order to determine the requirements and expectations of the organisation. General questions relating to job-placements within the organisation are also asked. These include; whether the organisation regularly accepts job-placements and the duties undertaken by individuals on placement. Employers are also asked about the existence of policy procedures regarding drug use within their organisation and to detail any prior experience of employing individuals known to be drug users. This provides valuable information to the Integra team in terms of anticipating any difficulties which may arise, and ensuring that appropriate support can be provided.

Client Details are examined in the second half of the Client Placement Questionnaire. In this section, questions focus on the progress of the client in job-placement. Firstly, employers were asked whether the organisation disclosed his/her drug history to other workers, and if so, did the client grant permission to do so. Secondly, questions regarding the staff relations within the organisation as a result of the placement are included. These refer to the overall rating of the staff relations on a five-point scale, ranging from 'very good' to 'very poor'. The acceptance of this worker among other workers within the organisation is also rated on the same scale. The questionnaire also requires the employer to state whether conflict among workers had arisen due to the client on placement, and if so, the nature of this conflict and the manner in which it was resolved. The employer is also asked to rate on a five-point scale, ranging from 'very good' to 'very poor' their satisfaction with the work undertaken by the client while on job-placement and to rate their competency in maintaining future positions similar to that held within the organisation. The issue of whether the employer received adequate support from the Integra Programme is also addressed. Finally, the employer is required to state, based on experience, whether they would be deterred from employing former drug users in the future.

3.5 PILOT STUDY

Any research questionnaire has to pass through a number of stages, from the initial formulation of the basic idea through to designing the layout of the instrument, until it can finally be utilised. A substantial period of time must therefore be allowed for the construction of such a research instrument, revision and refinement of the questions to be included, and any other data collection issues. In short, questionnaires have to be designed and tried out, improved and tried out again, until one is certain the instrument can do what it is intended to do. This lengthy process of designing and trying out questions and procedures is the *pilot study* (Oppenheim, 1998).

As the evaluation process was an intrinsic part of the Integra Programme, from the outset it was incorporated into every element of the Programme. This is highlighted by the fact that the four quantitative research instruments were designed to be completed by the three target groups - clients, trainers and employers. In order for these instruments to be piloted effectively, the first year of the Integra Programme was used as the pilot study phase. Thus between January 1st 1998 and 31st December 1998 staff at the Integra Programme employed the aforementioned questionnaires as intended, however, feedback was sought from all those who completed any questionnaire, and from the staff members who administered the instruments. Questions which were poorly answered, or reported as being inappropriate were disregarded, other questions required varying degrees of modification. Those questions which were answered well, showed an even range of responses and were not reported as causing any problems were left on the questionnaires. In short the pilot study

ran for a year, and the various research instruments underwent varying degrees of modification. Since January 1st 1999 the research instruments as described above have been employed by the Integra Programme.

3.6 SUMMARY

In this chapter it has been shown that an evaluation component was incorporated into every aspect of the Integra Programme from its inception. This procedure essentially involved a combination of evaluating processes and outcomes. The process evaluation consisted of assessing the implementation of the intervention and the reactions of the participants to the Programme. While the outcome evaluation looked at the effects of the programme in terms of achieving its specified objectives. A combined research approach was employed, in that both qualitative and quantitative research techniques were utilized. The qualitative element of the evaluation involved interviews, focus groups and the use of casework notes. The quantitative research instruments consist of four questionnaires designed to be completed by the three target groups, clients, trainers and employers. However, as the first year of the Programme was used as the pilot phase for the questionnaires, limited quantitative data is presented in this report. Since January 1st 1999 the piloted quantitative research instrument (as outlined above) have been systematically employed by the staff at Integra. This data will be presented in the end of year report.

CHAPTER FOUR

CLIENT PROFILE: A YEAR IN INTEGRA

4.1 INTRODUCTION

As discussed in the previous chapter, evaluation is an essential component in assessing the effectiveness of the Integra Programme. The evaluation process was designed and piloted in the first operational year of Integra. This Chapter presents data collected by triangulation of measurement. Triangulation is an approach in which multiple observers, theoretical perspectives, sources of data, and methodologies are combined (Bryman, 1988). In short triangulation employs more than one method of investigation and hence more than one type of data. Within this context quantitative and qualitative methodologies may be perceived as different ways of examining the same research problem. There are differences between qualitative and quantitative data in terms of the kind of data that each engenders, and the levels of analysis at which each operate. Therefore each approach has its own strengths and weaknesses. Precisely because quantitative and qualitative research have their respective strengths and weaknesses it is desirable, when possible, to combine the two research methodologies.

This chapter presents both the quantitative and qualitative data collected in the Integra Programme's first operational year. The limited quantitative client data was collected for monitoring purposes and informs a profile of client intakes for 1998. On the other hand, the qualitative outlines both clients and employers' experiences of the Integra Programme. The qualitative data presented in this chapter acted as a precursor to the formulation of problems and the development of the qualitative research instruments outlined in Chapter Three.

4.2 QUANTITATIVE CLIENT DATA

There were a total of 22 client admissions to the Integra Programme from January 1st to December 31st 1998. This fell slightly short of the target number of 25 clients. As stated previously, all prospective clients must fulfill the primary criteria for entry onto the Programme, that is;

Over 18 years of age;

Must be drug free for at least two months;

Must have experience of residential treatment and/or extensive exposure to group work.

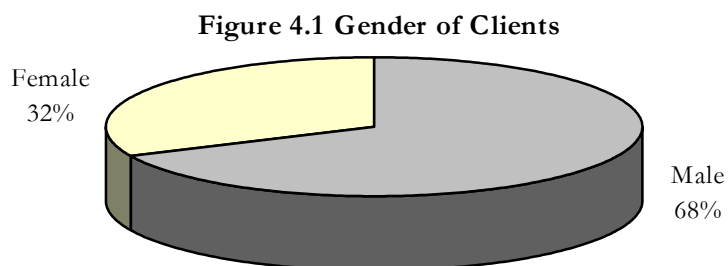
Clients must also participate in an assessment procedure¹². It is worth noting that in excess of 25 clients underwent the assessment procedure. Those not selected for participation in the Integra

¹² As discussed in Chapter Two clients' assessments are undertaken by the Facility leader and one full-time project worker. In the early stages of the Programme the assessment procedure was not very structured, however, since the introduction of the Client Assessment Forms (detailed in Chapter Three) the procedure is now more rigorous.

Programme were further referred onto more appropriate services. The quantitative data presented here will illustrate that all clients accepted into Integra fulfilled the entry criteria outlined above. Information is also presented on clients socio-demographic details; gender, age, educational status and economic status. Thereafter, data on internal referrals, client retention and completion rates and client follow-on rates are presented.

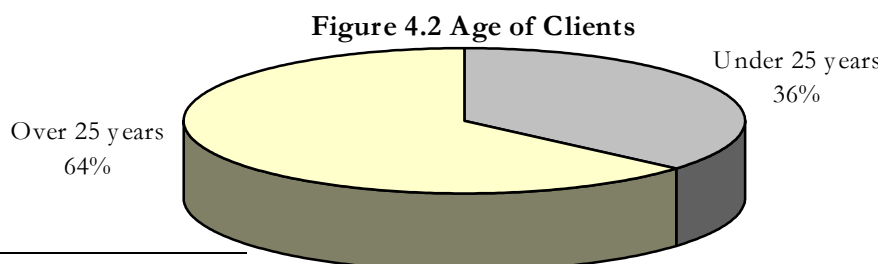
4.2.1 Gender

Figure 4.1 shows that two thirds of the participants were male ($n=15$). Both national (Cox *et al*, 1999) and international research (Gossop *et al*, 1994) has shown that women are under represented in treatment services. This however, may be due to a very real gender difference in patterns of drug use, or on the other hand to the failure of drug treatment services to cater for the needs of female drug users¹³. Comiskey's (1998) prevalence study estimated that the ratio of male to female opiate users in Greater Dublin Area in 1996 was 3:1. This suggests a real gender difference in drug use. The ratio of male to female clients attending the Integra Programme is higher which indicates that the Programme is successful in attracting female clients. This is probably due to the fact that the High Park Residential Programme (the main referral source) actively recruits female drug users and the male to female gender ratio is 2:1.



4.2.2 Age

Figure 4.2 illustrates the age profile of Integra's clients. The vast majority of Programme participants ($n=14$) were over 25 years of age. This can largely be explained by the fact that all of these clients have undergone residential drug treatment at least once in their drug-using career. International research shows that clients in residential drug treatment are on average 29 years of age and are therefore older than drug users attending other treatment services (Dept. of Health, 1997). However, Figure 4.2 also illustrates that a significant minority of Integra's clients are aged between 18 and 25 years. There is a need to recognise the specific circumstances of this younger client group and target measures specifically to assist their integration into active society.

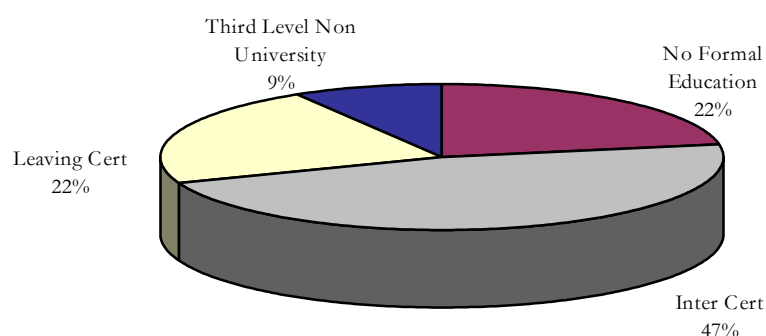


¹³ Research has identified a number of barriers that have prevented women from entering treatment such as; child care needs, other family commitments and the perceived insensitivity of services to women.

4.2.3 Education Attainment

Figure 4.3 presents the highest level of educational attainment for the clients who participated in the Integra Programme during the first year. Twenty three percent ($n=5$) of clients failed to acquire any formal education and a further 50% ($n=11$) of clients left school before the legal school age of 15 years. Twenty three percent ($n=5$) of clients obtained their Leaving Certificate, with only 4% ($n=1$) of the clients continued their studies to receive a Third Level non-university qualification. Figure 4.3 highlights how important it is that the Integra Programme recognises the differing educational levels of participating clients and that the Programme directs and structures the training accordingly.

Figure 4.3 Education Level of Clients

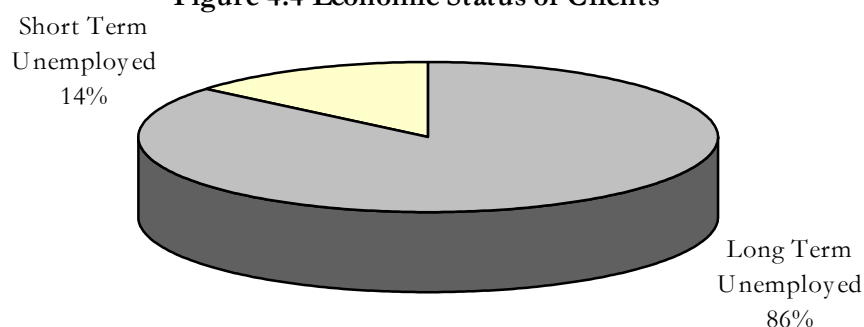


Although it is difficult to compare the data presented above with data from other sources due to the very small number of cases, the above figure presents cause for concern. It illustrates that almost a quarter of clients have no formal education. This diversity of educational attainment, as will be discussed later, caused problems in the first year of the Programme.

4.2.4 Prior Economic Status

All 22 clients reported being registered as unemployed. Eighty-six percent ($n=19$) of clients stated that they were long term unemployed. These clients are not simply 'out of work' but are experiencing exclusion from the labour market. As discussed in Chapter One, unemployment is a main indicator of social exclusion and for this client group the situation is further compounded by clients' low levels of educational attainment. The data presented in **Figure 4.4** confirms that the Integra Programme was successful in reaching its primary target group; in that it attracted former drug users who were excluded from actively participating in society, more specifically those excluded from the labour market.

Figure 4.4 Economic Status of Clients



4.2.5 Referral from Residential to Integra

As stated in Chapter Two, internal referrals occur through the Residential Facility of the Merchant's Quay Project, High Park. Thirty-three clients graduated from High Park in 1998 and 67% ($n=22$) of these clients were recruited onto the Integra Programme. This high level of client recruitment from the Residential Facility into Integra reflects the structured progression of clients onto the Programme from within the Merchant's Quay Project. Furthermore, this level of client uptake suggests that having completed a three-month residential programme, clients still require additional support in terms of integrating into mainstream society.

Figure 4.5 illustrates the progression of clients from the Merchant's Quay Project, Residential Facility, to the Integra Programme in 1998. It shows that a total of 79 clients entered Residential in that year, 42% ($n=33$) of whom successfully completed the Programme. Sixty seven percent of the High Park graduates ($n=22$) progressed into Integra, and 73% of whom successfully completed the Programme.

4.2.6 Client Retention and Completion Rate

Table 4.1 presents the retention rate of clients on the Integra Programme. For example, the first client left the Programme in the third week. A total of three clients left Integra by the sixth week. It was expected that a number of clients would not complete the twelve weeks of the Integra Programme, and their departure at the end of the 're-entry' phase could be viewed as a success. These clients were not considered dropouts as they had successfully completed the first phase of a two phase Programme. Personal circumstances, such as, childcare arrangements, suitability and readiness to participate in phase two of the programme were contributing factors to client departure. However, as will be seen in the client case studies some individuals were also asked to leave at varying stages following instances of relapse. In short, eighty-six percent ($n=19$) of all clients successfully completed the 'Re-Entry' stage of the Programme. Eighty-four percent ($n=16$) of these clients graduated from the 'Day Programme'. In total, seventy-three percent of clients ($n=16$) completed the Integra Programme in 1998. **Figure 4.6** graphically illustrates the above information.

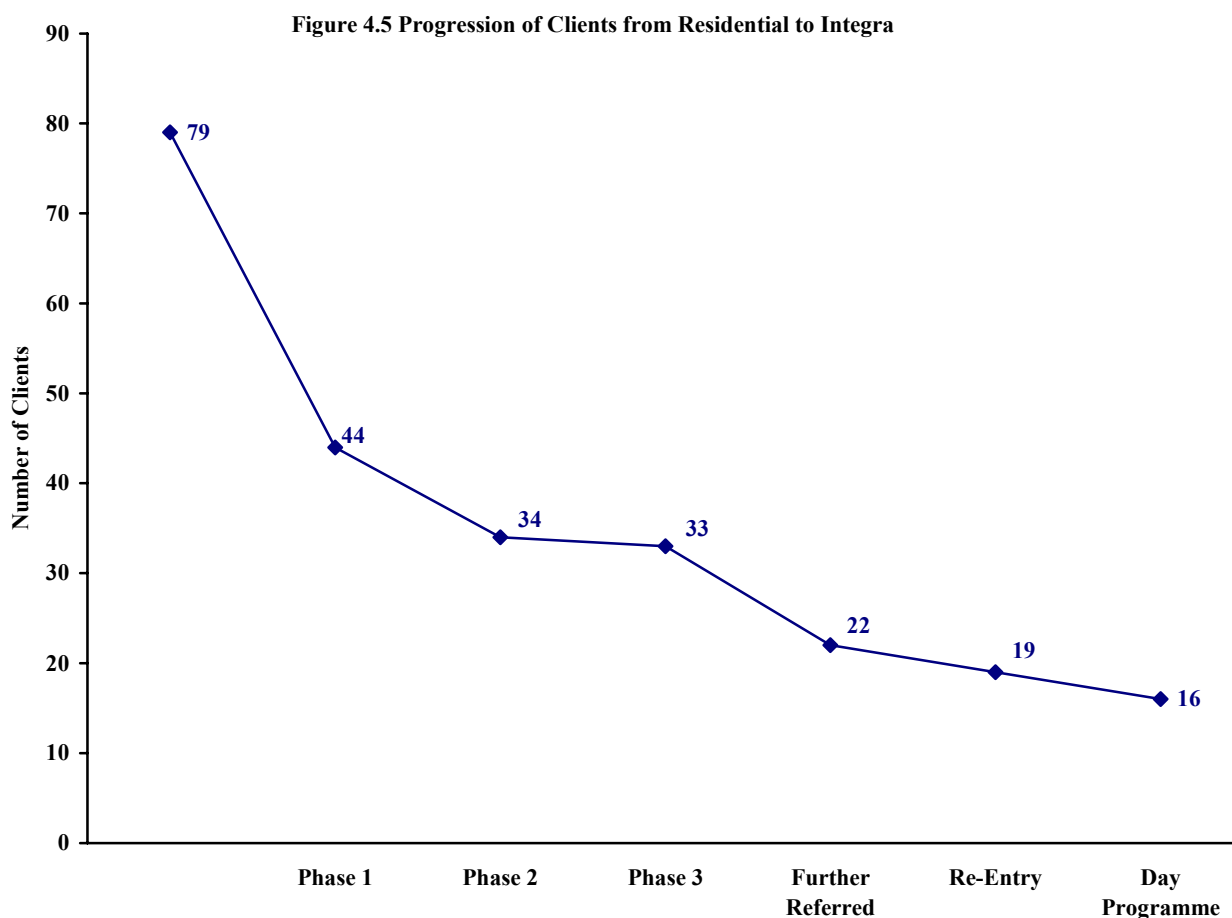


Table 4.1 Clients Weekly Retention Rate

Time on Programme	No. Clients
Week 1	22
Week 2	22
Week 3	21
Week 4	21
Week 5	19
Week 6	19
Week 7	17
Week 8	16
Week 9	16
Week 10	16
Week 11	16
COMPLETION	16

As illustrated in **Table 4.1**, 16 clients successfully completed the Integra Programme in 1998. Twelve of these clients undertook a four-week job placement within small to medium sized organisations as a result of the Integra Programme. Eleven clients completed their placement, following which, seven clients were offered full-time employment. This high success rate illustrates the effectiveness of the Integra Programme in matching clients to the most appropriate working

environment. The employers of the remaining clients who did not secure full-time employment stated that the lack of resources and vacant positions within the organisation prevented the employment of these clients. One client accessed a full-time education programme while another client undertook a Personal Development Programme. No follow-up measures to record information on the remaining clients who completed the Integra Programme were at time in place.

The limited qualitative data available at the end of the first year of the Integra Programme illustrates its effectiveness. **Table 4.2** illustrates the achievements of the Integra Programme at the end of its first operational year.

Table 4.2 Programme Effectiveness

- | |
|---|
| <ul style="list-style-type: none">▲ Attracting long term unemployed;▲ Attracting a large percentage of clients under the age of 25▲ Attracting individuals with low educational attainment and in need of training▲ Attracting a high proportion of female clients▲ Attracting 67% of High Park's graduates▲ Retaining 86% of the clients in the 'Re-Entry' phase▲ Retaining 84% of the clients in the 'Day Programme' phase▲ Maintaining a 73% completion rate in its first operational year▲ Securing educational, training or employment opportunities for 88% of clients who completed the Programme▲ Securing work placements for 75% of clients whom completed the Programme▲ Securing full-time employment for 63% of clients who completed placement. |
|---|

4.3 QUALITATIVE DATA

The Merchant's Quay Project offers a holistic approach to its clients. In keeping with this philosophy, a holistic research methodology has been employed in undertaking an examination of the Integra Programme. In accordance with this approach the Programme is seen as a whole, to be explored and understood in its entirety. To this end, it is essential to examine in as far as possible, both the implementation and development of the Integra Programme in conjunction with the views and perceptions of the individuals who availed of the service. This permits the meaning service users¹⁴ ascribe to their own, and others' behaviour, to be set in the context of the underlying structures of the Programme (Byrman, 1988). Therefore both qualitative and quantitative research methodologies have been employed in the first year's review of Integra. In other words, the analysis in the Report is not so much concerned with outcomes, rather with providing a holistic understanding of the development and implementation of the Integra Programme.

The quantitative data presented in the previous section highlights one reality of the Integra Programme, most notably its ability to attract the target population. However there is a need for another level of reality to be presented through an alternative method. Consequently, client and employer stories are presented in order to describe and analyse the culture and behaviour of those using the service. Reconstructing some of the experiences of the Programme's clients and employers permits an examination of these individual accounts. This provides a different view of the Integra Programme from the perspective of the individuals involved in the process.

The intention is that the qualitative data presented in this Chapter acts as a backdrop whereby the development of the Integra Programme can be viewed within a social context. The information provided in the rest of the report provides a framework for the understanding of the different perspectives offered by service users. This section presents an account of the programme firstly from the perspective of six former drug users who participated in the Integra Programme. This is followed by the stories of three employers and their experience of offering placements to the clients of Integra.

4.3.1 Client Stories

Although the quantitative data has provided an overall profile of the clients who participated on the Integra Programme, each client has their own individual story of their experiences of taking part in the Programme. These stories provide valuable information on the Programme implementation and development, and outline some of the situations the Programme staff have had to adapt to. Brief client histories are presented, and they illustrate some of the main issues that the Integra Team had to address. In order to ensure confidentiality and protect the anonymity of the clients all names have been changed.

¹⁴ As illustrates in Chapter Two the Integra Programme has three target groups; former drug users, employers and trainers. Therefore, both former drug users and employers are considered 'service users'.

Client A

Nikki is a twenty-one year old woman from the north inner city of Dublin. She first started experimenting with illegal drugs at the age of 16, when she was mainly using cannabis and ecstasy at weekends. Within a year she had progressed onto smoking heroin, to come down from her increased ecstasy use. By the age of 18 Nikki had started injecting heroin and she rapidly advanced into daily IV drug use. In order to fund her growing heroin problem Nikki felt she had no alternative but to become a street worker. This proved to be a turning point for Nikki, as she slowly began to realise the consequences of her drug use.

When Nikki was 20 she entered the Merchant's Quay Residential Programme at High Park, which offers a full-time 21-day detoxification as part of its Programme. Prior to this she had undergone a number of self-detoxifications. Although her family supported her throughout, she was unable to remain drug free for any substantial period of time. Nikki successfully graduated from the residential programme and moved to England to do a Drugs Awareness Course. This course gave her a further insight into her addiction. However, while in the UK she got involved with a group of people who were recreational drug users and heavy drinkers. When socialising with these friends Nikki felt under pressure to take drugs. She became very concerned that a relapse was on the horizon, so she returned to Dublin.

Nikki then linked back in with the Merchant's Quay Project, by which time the Integra Programme had been set up. She stayed on the Programme for its full duration. However, while going through the Day Programme she felt frustrated with its content. Nikki was educated up to leaving Certificate standard, and she felt that the training offered by Integra was mainly directed towards those who had lower levels of educational attainment. She had previous office and administration skills and undertook a work placement in a small company doing administrative duties. She felt that the placement gave her some relevant work experience and more importantly a recent reference for the placement employer. She successfully finished the placement and secured full-time employment as a result of an interview arranged by Integra. Nikki is presently drug free and links in with the Integra After-Care Support Group.

The above client story outlines one of Integra's success stories. The client graduated from the programme, completed a work placement and secured full-time employment. However, although this story can be used to illustrate the Programmes effectiveness in placing former drug users into mainstream employment, some issues emerged in relation to the client. As shown above, the client had a high level of educational attainment, as she was educated up to leaving certificate standard. This resulted in her feeling frustrated with certain elements of the programme. As the available Irish research on treated drug users illustrates that the majority of problem drug users have low levels of educational attainment, and the Integra Programme was designed to cater for such individuals. The Integra Team recognised, as a result of the experiences of the aforementioned client, that the educational and training needs of clients should be determined at the assessment stage. The Client Assessment Forms outlined in Chapter Four were implemented in part to address this.

Client B

Don is twenty eight years old and originally from County Wicklow. After three years of smoking heroin, he began to injecting the drug. Don was referred into Integra by the Merchant's Quay Residential Programme. Prior to starting High Park, he had attended a private residential drug treatment centre but he was unable to remain drug free. When he initially entered High Park he was very ambivalent about whether or not he actually wanted to cease using heroin. Nonetheless, he successfully completed the residential programme and then decided to undertake the Integra Programme. He was one of the first clients to participate in the Programme.

Don progressed well through the early stages of the Programme. However, in the last week of the Re-Entry phase Don was very reluctant to leave the house. A meeting was held between himself and the Integra Team in an attempt to come to some kind of agreement. This resulted in the Integra Team placing a fixed date on Don's departure. Don was very unhappy because he felt he was being forced to leave the house, which in turn created negative feelings among the other clients on the Programme. Don progressed into the Day Programme but he did not find the material very challenging as he had sat his Leaving Certificate and had undertaken a year of University. Equally he had no interest in doing a work placement. Don voluntarily left the Integra Programme after 7 weeks. Soon after he relapsed and started using heroin again.

As with Client A, the above case study highlights that the Integra Programme may not be the most appropriate intervention for individuals who have high levels of educational attainment. Such clients tend to find the content of the programme very basic and not very challenging. As Client B was one of the first to participate in the programme, he was not in a position to benefit from the more rigorous selection criteria resulting from the Client Assessment Forms.

The story of client B raises another very important issue, that of housing. In this particular instance, the client in question did not want to leave the Re-Entry house. Moreover, the Integra Team had not anticipated the fact that clients may, through choice or necessity, be reluctant to leave. In response to Don's refusal to leave the house, the Integra Team were forced into making the decision that all clients must upon completion of the Re-Entry Phase of the Programme leave the house.

The Team were however, forced to reconsider this decision shortly afterwards. Due to the lack of suitable, affordable housing in Dublin, clients were consistently having problems finding accommodation. The Integra Team decided that it was not appropriate to ask clients to leave, when through no fault of their own, appropriate accommodation could not be found. Thus, the Team have had to be very flexible and in many instances facilitate a clients stay in the Re-Entry house over and above the six weeks, until accommodation is found.

Client C

Fiona is a twenty-one year old mother of three from the South Inner City. She started to smoke cannabis and heroin when she was 17 and then she progressed onto injecting heroin. At the age of 21 Fiona had her first experience of residential drug treatment when she entered High Park.

Fiona successfully completed the Programme and then entered Integra. She was very committed to the Programme and at the initial stages focused most of her energies on finding new accommodation for her and her children, as she did not want to return to the area where she came from. It was very important for Fiona to get appropriate accommodation, as she hoped to regain custody of her children who were in foster care at the time. Fiona also wanted to explore educational opportunities because she had left school prior to completing her Leaving Certificate. She was interested in following up on this and ultimately progressing onto Third Level Education. Once Fiona's basic issues were resolved she found the early stages of the Integra Programme very challenging.

However, Fiona had a number of problems with the Programme. Firstly, she was disappointed with the workshops provided in the Day Programme as she felt that they were not relevant to her situation, because she did not want to access a work placement. Secondly, she found the fact that the Day Programme was located in premises close to High Park difficult to deal with. Finally, as time progressed Fiona was finding it increasingly hard to remain drug free while living in Dublin. In order to address the arising needs of Fiona, a meeting was held with the Integra Team and the Tullow Team. It was decided in consultation with Fiona, that the yearlong residential programme in Tullow, County Carlow would be more appropriate for her. Fiona is still participating in this Programme and has remained drug free. She has realised one of her ambitions and has accessed further educational courses with Carlow Regional Technical College.

The above case study illustrates the difficulty experienced by the Integra Programme, and any social intervention at its initial stages, in attracting the appropriate clients. At a glance the client portrayed above appears to be a perfect candidate for the Integra Programme. She had successfully completed a drug free programme, she was highly motivated and ambitious, and she had identified a need and more importantly, a desire for further education. However, the reality of the Integra Programme was quite different for Fiona. She felt that elements of the Programme were inappropriate for her (in particular the workshops) and perhaps more importantly recognised a need to leave Dublin in order to remain drug free. The Integra Teams responded swiftly and referred Fiona onto more appropriate treatment. Although the client did not complete the Integra Programme, it is a success story. While in Integra she found suitable accommodation, and her relapse prevention training enabled her to recognise that there was a very real risk of her relapsing if she stayed in Dublin. Moreover, the close interaction between the Integra Team and the client, allowed them to make the appropriate referral at the right point in time.

Client D

Ronnie is a thirty-four year old father of one from the North Inner City. He left school before completing his Inter Certificate and had ad hoc periods of casual employment. Ronnie had a long drug-using career and was an injecting heroin user for twelve years. He had an equally long treatment history, and he had been through residential drug treatment on numerous occasions. Ronnie entered High Park in early 1998 following a supervised detoxification at Cuan Dara and he successfully completed the Programme. Unknown to the Integra Team, Ronnie had acquired numerous criminal charges prior to entering the residential Programme, with one serious charge that prompted his detoxification and entry into the Programme.

While in Integra Ronnie participated very well and was committed to remaining drug free and to securing training and employment opportunities. Ronnie's main problem was getting into the Programme on time. His family responsibilities meant that every morning he had to firstly prepare and drop his children to school, which resulted in him being consistently late. The Integra Team held a meeting and it was decided that there was a need to be flexible in this instance. Ronnie's family commitments were important and it was essential to nurture and maintain this responsibility. Moreover, the situation was out of his control as there were no feasible child-care options. Ronnie's meeting with his Probation Officer also meant that he missed more time on the Programme. The Integra Team was flexible and worked around this.

Overall, Ronnie participated very well, and was very enthusiastic about all aspects of the Programme. He felt that his time on the programme was productive, and helped him to keep him focused on remaining drug free. Ronnie successfully completed the Integra Programme and is now working full-time in the building trade. He continues to link in with the Integra After-Care Support Group.

The Integra Programme is a fluid social intervention, and as such it must adapt to the needs of clients. The above case study, highlights that family circumstances can have an impact on a client's participation in the programme. However, establishing and maintaining contact with external social support structures is essential to enabling individuals to actively participate in society, upon programme completion. Consequently, it is essential that clients interact with their families, when possible. As discussed in Chapter Two, all clients are encouraged to maintain this family contact through weekend home visits.

The above client story highlights the importance the Integra Programme places on this contact. Family commitments consistently prevented the client from being on time for the programme. The Integra Team explored all possible avenues with the client, and the only possible solution was to be flexible in relation to the client.

Client E

Justin is thirty-six years old. He started using illegal drugs at the age of 24. Over the twelve years he used a combination of cannabis, heroin, cocaine, speed and benzodiazepines. He was also a heavy drinker. Justin had a lot of experience of residential drug treatment and he had been in High Park on four separate occasions. He successfully completed the programme on his fourth stay and a year later entered the Integra Programme. At the time of entering Integra, Justin was in a stable relationship with two children.

Unknown to the Integra Team Justin was participating in the Programme to fill his time, while he waited to commence another course he had been accepted onto. Because of this, he lacked the motivation to actively participate in the programme. Moreover, he felt frustrated with what he felt was a lack of direction in the Programme. In short Integra was not what Justin wanted. Early in the Re-Entry phase of the Programme Justin relapsed and started using cocaine and heroin. This came to the attention of the Integra Team and he was put on a two-week review. Under the terms of this review Justin was required to remain drug free and re-present to staff and participants of the Integra Programme. Justin succeeded in doing this, however, following his review he lapsed once again. Both the staff and the other participants on the Programme decided that Justin should be asked to leave. He left the Integra Programme after a period of four weeks.

The above case study illustrates that both the possibility and experience of relapse, is an issue that must be tackled continuously throughout the Programme. The Integra Team recognises that relapse prevention, as an ongoing process, is an integral part of all phases of the Programme including the client after-care support group. Justin's experience of the Integra Programme also suggests that the inappropriate matching of a client to a Programme can hinder a client's recovery. The lack of interest the client had in the Integra Programme, and the resulting loss of motivation, could have been contributing factors in his relapse. The Integra Team have found that since the introduction of the Client Assessment Forms, the client selection procedure has been more effective. It is hoped that this will minimise the risk of unsuitable clients accessing the programme, and possibly reduce the instances of relapse.

The client stories presented above, illustrates some of the experiences of clients during the first operational year of the Integra Programme. The clients experienced some of the same frustrations as the staff in terms of programme content. This was primarily due to the fact that many of the clients referred to above, were among the first to participate in the Programme. As activities regarding the development of the programme extended into the first operational year, such frustrations on behalf of clients and staff alike were inevitable. In response, the Integra Team were required to be flexible and adapt to the needs of the clients. As highlighted above, in many instances the adaptability on behalf of the Integra Team resulted in many clients completing the programme, who would otherwise not have done so. One of the main benefits of the programme's continued development was its ability to allow the needs and circumstances of the clients to inform the specific aims and objectives of the programme.

4.3.2 Employer Stories

Having quantitatively illustrated the ability of the Integra Programme to attract employers from small to medium size organisations, demonstrated by the high take up rate of clients accessing work placements, it was necessary to use employers' experiences as a learning process for Integra. Getting feedback from employers who offer placements to Integra clients is seen as essential to ensuring the effectiveness of the service provided. Moreover, the experiences of the employers (both negative and positive) have the ability to influence the future development and

direction of the Integra Programme. As a primary target group of Integra their stories are vital in order to provide all round, and complete representation of the service.

As discussed in Chapter Three, in the first operational year of the Integra Programme Client Placement Questionnaires were designed to collect both organisational data and information on the progress of clients in job placements. These Questionnaires have been in use since January 1999. However, in order to get a detailed account of employers experiences of the first operational year of Integra, in the absence of such research instruments, qualitative data (including interview data) on experiences of a sample of employers participating in the Programme were collected.

In this section the experiences of three employers involved with the Programme are presented. One employer encountered difficulties in facilitating job placements, and his constructive criticism has the potential, if addressed, to benefit the Programme. The following employer stories allow an analysis of the Integra Programme from the perspective of the participating employer.

The case-studies of both employers A and C highlights that job placements can be very successful if appropriate match of client to placement is taken. In the case of employer A, he was seeking a person who was young and energetic due to the nature of the job. Moreover, the person on placement had to be adaptable and be prepared to follow instructions. In this case study the client proved to be more than efficient at his job. His lack of education and poor literacy skills were not a problem due to the nature of the work. The experience of both employer and client on placement were both very positive. The employer has agreed to take on another placement if an appropriate client is found. On the other hand, the client not only gained self confidence through the placement , but also full-time employment and accessed further education.

In the case of employer C, it can be seen that involvement in the Integra Programme was very helpful in breaking down the anxieties the employer had previously experienced in relation to health and safety etc. regarding employing former drug users. The willingness of the employer to take further placements is particularly encouraging.

The experiences of employer B illustrate that as the Programme developed, the nature of Integra's relationship with participating employers became clearer and more well defined. Partially as a result of feedback provided by other employers, the Integra Team established formal support structures for employers, through weekly three way meetings with the client, employer and a member of the Integra Team. This proves beneficial to clients, in terms of ensuring that the requirements of their placement are being fulfilled. Such meeting were equally beneficial to the employer, as it afforded them a platform to air any concerns.

Employer A

Employer A is a medium sized scaffolding company consisting of 35 full-time staff and is located in the Greater Dublin Area. The employer was approached by a member of the Integra Team and asked whether he was interested in offering a short-term job placement to a client on the Programme. After meeting with the Integra Team the employer agreed to participate in the Programme, and offered a placement as a 'labourer' to one of the first male clients to participate in the Programme.

The agreement was that the client on placement would work a two-day week for four weeks in March 1998. For the remainder of the week, the client participated in the Integra Programme. The client's daily activities consisted primarily of general yard work and labouring on site

The client was 25 years of age and from inner city Dublin. He had a long drug using career, having started to smoke cannabis at 12 years and had progressed onto IV drug use by the age of fifteen. He successfully completed the High Park residential programme and advanced onto the Integra Programme. The client was long term unemployed and, due primarily to his chaotic drug use, had never previously held either a part-time or full-time position.

Due to the clients early school leaving age (14 years), his literary skills were poor. The client viewed this as a serious disadvantage and was anxious about his ability to access and complete a job placement. Upon securing his placement with employer A, the client experienced some anxiety surrounding his capabilities. However, he felt that the structure imposed on him as a result of participating on the Integra Programme had prepared him for the daily routine of a job placement.

Employer A noted the client's punctuality, his ability to work hard, and his enthusiasm. He mixed very well with the other workers on site and expressed an interest in obtaining a full-time position in this area. Although the employer was unable to offer him a full-time position, he did however, provide him with a reference and contact names and addresses of potential employers. The client succeeded in securing a full-time position as a labourer, and with the help of the Integra Team is now accessing evening adult education classes.

Employer B

Employer B owns a small gardening business located in the suburbs of Dublin. The employer was familiar with the work of the Merchant's Quay Project and knew some of the staff members. When approached about participating in Integra, he agreed primarily because his family had experience of drug use. This led him to recognise the lack of employment opportunities available to former drug users.

Due to the nature of his work, the employer felt that a three month job placement would be the most appropriate. He said that it was difficult to predict the work load - and hence staffing needs - from one month to another. Nevertheless the employer also stated that he would not have been prepared to offer a longer contract as his experience of drug users taught him about the very real risk of relapsing. The employer was, however prepared to offer the client long term-employment if the placement proved successful.

The client taken on by the employer B was a heroin user for 13 years. He had attended various treatment centres and undertook numerous supervised detoxifications. He had been in the High Park Programme on two previous occasions, and upon successfully completing the Programme in 1998, he participated in and completed the Integra Programme. Through Integra he secured the job placement as a gardener.

At the time of employer B's involvement with the Programme, Integra was six months in operation and had realised the need for support structures between the Integra Team and the employers. Previous experience had resulted in the establishment of weekly support meetings between employer, client and a key worker from the Integra Team. Joint weekly meetings between client and key worker were also undertaken. Employer B could also avail of a regular meeting with the key worker if any difficulties were experienced.

During the initial three-month job placement the client lapsed. Due to the employer's personal experience of drug use and the constant liaising with the Integra Team, the client's drug use had been detected very promptly. The lapse was made known to the employer by the client, with encouragement from the Integra Team. It was decided to present him with an additional warning, after which the period of employment would be terminated. Following another lapse the client's placement was ended. Employer B stated that he felt that the Integra Team had 'tried their best'. He said that he was an employer, and as such he had a job to do, and his role was not to get involved in the therapy of this client. However, employer B recognised the isolating nature of the client's job placement and he recommended that in the future the Integra Team should ensure that all placements are conducted in a more supportive and interactive environment.

Employer C

Employer C is a small construction company, with 12 full-time and 2 part-time staff. The employer was formally recruited to participate in the Integra Programme. Following a meeting with a staff member of the Integra Programme, he agreed to accept a client on work placement for a four-week period. In mid-September 1998, he accepted a male client from the Integra graduates.

The client was in his mid thirties and from Dublin Inner City. He was in a stable relationship and had three children. He had been using illegal drugs for 20 years, and for fifteen of these years he was an injecting drug user. He had previously attended treatment centres both in Ireland and outside of Ireland. The client completed the Merchant's Quay Project, Residential Programme, and after being drug free for a year was accepted onto the Integra Programme. He successfully progressed through the programme and was accepted into a job placement with employer C. While on job placement, the client had a structured schedule of daily duties, consisting mainly of manual work; receiving and dispatching orders, loading and unloading of parts and general store work.

As an employer who did not accept job placements on a regular basis, employer C was extremely satisfied with the client's work and his interaction with other employees. The employer rated the work undertaken by the client as being 'very good' and stated that he 'would be more than competent in maintaining future positions similar to that held within the organisation'.

Anxieties in relation to other employees and concerns for the health and safety within the organisation, had previously prevented the employer from accepting persons known to be former drug users. However, due to the success of the placement and the support received from the Integra Programme, employer C stated his willingness to accept further clients from the Programme.

The qualitative data presented in this chapter, highlights the experiences of the key participants on the Integra Programme, the clients and the employers. It illustrates that throughout the first operational year of the Programme the experiences of these individuals were vital in directing the development of the Programme. The Integra Team in as far as possible, adapted the Programme to suit the individual needs of both clients and employers. By presenting both qualitative and quantitative data on Programme participants in this Report, a holistic analysis of the first operational year of the Integra Programme has been conveyed.

CHAPTER FIVE

DEVELOPMENTAL ISSUES

5.1 INTRODUCTION

This chapter presents the issues raised during the first operational year of the Integra Programme according to the specific target groups; client, trainer and employer. It details the issues encountered and the follow-up measures undertaken by the Integra Team. Considering that the Integra Programme is a pilot programme, directing future actions based on previous experience is an integral part of the Programme. It also illustrates these issues as areas of development which will be specifically targeted in it's final year. This chapter portrays a broad overview of matters arising and their relationship with external social and economic factors. The ability of the Integra Programme to recognise and react to emerging circumstances must be viewed as a positive element.

5.2 CLIENT ISSUES

5.2.1 Referrals

The Integra Programme had anticipated that the majority of clients would be internal referrals from the Merchant's Quay Project Residential Facility at High Park. Eighty eight percent (n=29) of clients who completed the Residential Programme (n=33) progressed onto further programmes within the Merchant's Quay Project. Seventy six percent (n=22) of these clients were attracted to the Integra Programme and the remaining 24% (n=7) of clients undertook a longer term residential programme provided by the Merchant's Quay Project in Co. Carlow. Despite this high percentage of internal referrals to the Integra Programme, it fell short of achieving the target number of clients outlined for it's first operational year. In the year January to December 1998, the Integra Programme catered for 22 clients, while the target number of clients was 25.

Integra's Reponse:

The Integra Programme was highly successful in attracting a high percentage of clients from internal referrals, to the extent that it is unlikely to increase referrals from this source. As a result it has been decided to direct further actions towards the recruitment of clients from residential programmes outside the Merchant's Quay Project. Measures to recruit clients from these sources focused on liaising with other agencies and treatment programmes and informing them of the operation and success of the Integra Programme based on the high demand and take up rate from internal clients. In addition, it has been decided to seek the involvement of persons who have become drug free in prison within the Integra Programme, in particular Mountjoy.

5.2.2 Matching Client to Programme:

A range of treatment services, based on a broad spectrum of treatment philosophies, operate in Dublin. Each individual drug user has his/her own needs, and the attendance of a client at a particular service, is often related to the fact that it offers something different, something that appeals to the clients who avail of it. Although all Integra clients in 1998 had fulfilled the primary entry criteria into the Programme, this in itself did not mean that they were suitable candidates to undertake

the Programme. As outlined in Chapter Four by the illustration of a client case study, the failure to properly explore clients needs and the lack of recognition of their differing circumstances can ultimately restrict both the progression of the client and the Programme alike. Clients were also found to be unclear of exactly what the Programme entailed and what they would achieve following the 12-week period.

Integra's Reponse:

The design and implementation of a rigorous client assessment procedure now ensures that only the most suitable clients are accepted onto the Programme. Clients needs and any presenting issues that may interfere with the Programme are initially assessed by staff members. Details on clients educational level, and any training previously acquired allow for the provision of individually tailored workshops. In addition, this forum also provides an opportunity to inform the client of the content and level of contribution required from them when participating in the programme.

5.2.3 Housing

As discussed in Chapter Two, the duration of both 'Re-Entry' and the 'Day Programme' are each for a six-week period. As a result of the high levels of homelessness amongst clients the 're-entry' phase has been dominated by the need to assist the client in locating suitable housing, which they can access, following these initial six weeks. However, considering the current housing crisis, there is an inability by clients to find both suitable and affordable housing within this limited time frame.

Integra's Response:

It is proposed to consider extending the length of the 're-entry' programme to cater for this difficulty experienced by clients. In view of the importance of the re-settlement aspect for clients, there is a valid argument to promote and adapt the Integra Programme as a re-settlement/employment/training and educational project rather than merely as an employment initiative. In addition, to collectively engage with housing providers, especially Dublin Corporation, the largest statutory housing agency, Respond and Focus Housing, the two largest housing providers within the voluntary sector, would ensure a more informed approach towards the re-settlement of clients.

5.2.4 Therapeutic Element of Programme

Although the primary aim of the Integra Programme in the first operational year was to facilitate clients entry into employment, training and education, it was not anticipated that clients would require a larger programme. In fact, clients presented with complex issues that they needed to work through in order for them to feel ready for education, training or the labour market.

Integra's Response:

A greater range of 'therapeutic' groups has been introduced within the 're-entry' phase, so as to deal with issues around relapse prevention. The objective is to provide the clients with a balance between therapeutic support and practical training.

5.2.5 Family Support

An integral part of the 're-entry' phase is that clients are encouraged to undertake home leaves at weekends. This can prove very difficult for the client as both the family dynamics and social setting can be very threatening and can ultimately influence, if not cause, the relapse of the client. In addition, many clients have drug-using partners to whom they will return to live with following the 're-entry' phase. Existing group work has located the individual within a supported environment without recognising the co-dependent tendencies of clients. The difficulty lies in the subjection of a

client to an environment without the availability of support mechanisms to deal with the issues raised.

Integra's Response:

It has been recognised that the provision of family support sessions is a necessary element to be included within the 're-entry' phase. By raising awareness and providing support to family members, it is in fact ensuring the existence of an external support structure.

5.3 TRAINING ISSUES

5.3.1 Provision of Internal Training

The Integra Programme anticipated that internal training would be necessary for all staff members. However, as the extent of the needs of clients emerged and as the Programme progressed, it was realised that the Integra Team would require more specific ongoing training to deal with the diverse range of client issues and circumstances.

Integra's Reponse:

Ongoing training is now provided monthly on a Thursday morning to all members of the Integra Team. This training focuses primarily on presentation, facilitation skills and group work. It also provides a support session for members of the Integra Team to discuss difficulties they are experiencing with the Programme.

5.3.2 Provision of External Training

As stated in Chapter 3, the Integra Programme provided a Drugs Awareness Training Programme in September 1998, to organisations within the voluntary and community sector. Participating organisations included; The Larkin Centre, St. Andrews Resource Centre, The Bridge Centre, Northwest Inner City Employment Services, South West Inner City Youth Services, Community Technical Aid and Prisoners Aid through Care and Education (P.A.C.E). Recognising this high uptake and further requests for training from voluntary and community organisations, it was decided to target statutory training agencies.

Integra's Reponse:

The provision of a Drugs Awareness Training Programme to statutory training agencies including the National Training Agency (F.A.S), National Hotel and Catering Agency (CERT) and the Vocational Educational Committee (VEC) has been planned for mid-April 1999.

5.4 EMPLOYER ISSUES

5.4.1 Client Placements

As illustrated in Chapter Four, the experience of participating employers within the initial stages of the Programme, highlighted the lack of well defined parameters regarding clients on placement. Although both clients and employers were informed that this four-week period would consist of two

days a week job placement and the remaining days on the 'day programme', many details of a client's placement were ambiguous. More specifically, details on the client's job description, duties, weekly working hours, length of placement. Employers also reported the lack of support they received from the Integra Programme.

Integra's Response:

Placement contracts are now agreed, prior to the commencement of the work placement, between the employer and a staff member of the Integra Team. Recognising the need for more support to be given to the employer, regular meetings are now provided with the key worker of the client on placement. This ensures that employer difficulties are disclosed immediately to the Integra Team. The placement contract also clarifies that any difficulties resulting from the extension of a client placement by the employer, beyond the four-week period is outside the remit of the Integra Programme.

5.4.2 Recruiting Employers

The Integra Programme was successful in attracting employers from small to medium sized organisations. These were obtained through networking, contacts previously acquired from within the Merchant's Quay Project and through members of the Consortium. However, the Integra Programme recognised that actions had been directed solely towards recruiting employers from small and medium sized enterprises (SMEs) and that larger corporations and public sector employers should be leading the way supporting the inclusion of former drug users in the workforce.

Integra's Response:

It has been decided to target a diverse range of employers; semi-state bodies, the larger private sector and multi-national corporations. This will be undertaken by using contacts already established with a significant number of large enterprises that regularly provide funding and other support to the Merchant's Quay Project. Public sector employers known to the Project will also be approached to seek their support in this regard. We envisage producing relevant informational materials to promote this Programme amongst these employers. In addition, the six employers who participated in 1998 are to be used as a nucleus to attract future employers to the Programme.

CHAPTER SIX

CONCLUSION

This report has highlighted the fact that there is a need for social integration strategies for drug users such as the Merchant's Quay Project's Integra Programme. Traditionally services provided for drug users revolve around socio-medical interventions, such as syringe-exchanges, methadone maintenance, detoxification and abstinence programmes. These services are designed primarily to assist drug users at various stages in their drug using careers, and ultimately work towards enabling the individual to achieve a drug free status. While such services are essential, little attention has been paid to what happens an individual once they have become drug free. The view appears to be that the person is 'cured'.

The reality is however very different. As illustrated in Chapter One international research has repeatedly linked drug use with poverty and unemployment. Moreover, Irish research has clearly shown that heroin use in Dublin occurs disproportionately in communities characterised by high levels of social deprivation and social exclusion. Regardless of one's view on the direction of these relationships, when drug use is located within this larger context it is obvious that 'treating' an individual's drug use is only addressing one problem area. The levels of social exclusion experienced within these communities mean that being 'drug free' does not in itself enable participation in mainstream society. Extrinsic factors, at a local and national level inhibit the integration of those socially excluded. For former drug users, accessing training, employment, and educational opportunities are hindered by the fear, ignorance and the stigma associated with drug use. This is further compounded by the fact that many problem drug users have low educational attainment, no qualifications, lack of work experience and criminal records.

The Integra Programme inevitably experienced some difficulties over its first operational year. However, producing this Report, afforded the Integra Team the opportunity to reflect on the Programme's progression. This in turn has permitted the Team to modify and improve elements of the Programme to ensure that the service lives up to the needs and expectations of its clients. The fact that the Integra Programme attracted 67% of the clients who completed the Merchant's Quay Residential Programme, illustrates that these clients shared the above view, and ultimately felt, once drug free, unable to participate in society, without support. The Integra Programme was able to provide these clients with the support, training and job placement opportunities necessary to ease their insertion into the labour market. This in turn, has the potential to provide former drug users with the chance - in many cases for the first time - to participate, through employment, in mainstream society.

At the end of the first operational year, the Integra Programme has proved successful in;

- ▲ Securing a bank of employers to participate in the Programme;
- ▲ Attracting it's target population;
- ▲ Maintaining a 73% completion rate in it's first operational year;
- ▲ Securing educational, training and/or employment opportunities for 88% of it's clients;
- ▲ Securing work placements for 75% of clients who completed the Programme
- ▲ Securing full-time employment for 63% of those who completed a placement
- ▲ Providing Drugs Awareness Training for 15 trainers from voluntary/statutory organisations.

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