

**AN INTERIM EVALUATION
OF THE SAOL PROJECT**

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Matt Bowden

EXECUTIVE SUMMARY

The SAOL Project is an innovative training, education and development initiative for women drug users who have been participants in methadone maintenance programmes. The Project incorporates community development and adult education methods as its main mode of intervention. It is also based in the local community where the programme participants live. Participants were recruited from the local Eastern Health Board drug treatment clinic.

A management committee was drawn together in the early months of 1995. It was comprised of representatives of the Eastern Health Board, PAS and the Inner City Renewal Group. The committee was subsequently joined by a representative of the Ana Liffey Drug Project. The main funding for the Project in the period 1995 to 1997 came from FAS, the Eastern Health Board and the EU Commission (DGV) under the Scheme for Projects Seeking to Overcome Social Exclusion 1995.

This evaluation report was researched and written by Matt Bowden. This evaluation is based upon data from qualitative interviews with project management, staff and participants. In addition, the report draws upon relevant project documents and records.

SAOL is a microcosm of social, institutional and policy changes at a wider level. Up to 1991, services for drug users in Ireland were largely of an abstentionist nature where emphasis was placed upon clients making a commitment to a drug free lifestyle. State policy has led to the development of harm minimisation strategies at the level of service delivery. Medical services for drug users have also utilised methadone maintenance as a core component in implementing state policy. This shift has required a complete rethinking of how services and programmes should be delivered; which has been fraught with tensions for those involved. As such, the experiences of those associated with SAOL illustrate or provide a focus for understanding the difficulties associated with change. That the Project has made significant achievements in finding ways of working with women drug users is a tribute to the stakeholders; to statutory agencies; the community and voluntary sector; the staff and participants. That this report can highlight significant and real outcomes for the participants is a vindication of the courage of the agencies and the community to co-operate and to negotiate in the process despite the difficulties associated with partnerships of this kind.

Section two of this report outlines the background to the development of SAOL and highlights the difficulties experienced in putting together a partnership of agencies. Section three examines the precise project inputs in the context of operationalising the objectives set by the project for the EU Funding for Projects Seeking to Overcome Social Exclusion. Section 4 details some outcomes which have been observed by project staff and external agencies. Section 5 examines the outcomes which have been identified by project participants, drawing upon semi-structured taped interviews. Section 6 looks at SAOL in the context of broader issues in the debate about drug use in society and the development of appropriate interventions for addressing needs.

Summary of Recommendations

- i) The management committee of SAOL should approach the next phase of development by examining the precise balance that there will be between individual and collective outcomes for the participants.
- ii) There is a need to debate and discuss the goals of interventions with drug users. Also, there needs to be a debate amongst service providers, practitioners and administrators in relation to the sequence of rehabilitation: SAOL had given its participants the ability to participate in change at a personal, social and political level. This may enable some individuals to engage more effectively in rehabilitation.
- iii) The creche facility was crucial to the project and is a component which needs to be established on a firm footing.
- iv) Ongoing external evaluation is an essential element of pilot programmes of this nature.
- v) The process by which issues with policy, practice and procedural implications are transferred from the project to the policy making arena needs to be clarified.
- vi) The SAOL project has made in-roads in achieving 'social gain'. As such it is also having an impact upon the 'health gain' for participants and their families. Drug projects which operate within the broad health services might benefit from exploring and examining the precise health gains on a structured basis.
- vii) Agencies involved in collaborative partnerships with other organisations need to invest purposively in this process. This might take the form of sharing policy positions with each other in order to find a shared space where each can achieve its own goals while at the same time contributing to innovation in the development of projects.

1. INTRODUCTION

1.1 Scope of the Report

The SAOL project is a training and education programme for women drug users whose chemical dependency has been medically stabilised by means of maintenance on the synthetic opiate, methadone. Within the project, the participants have been involved in a learning process over the past eighteen months involving structured educational inputs, informal group learning, in art and drama sessions and have interacted with their community. The project and the participants interact with a wide range of actors. Those involved directly with the project suggest that the participants have undergone a transformation since their involvement with the project began in October and November of 1995. At management level, SAOL is a partnership of key agencies and organisations as stakeholders in an innovative approach to dealing with problem drug use. The process of formation of the project is an interesting case study in itself. SAOL came about because:

- the need was identified by grassroots organisations;
- a research project refined and clarified those needs;
- managerial commitment and determination to address the needs of women drug users was assured.

This evaluation is limited in its scope and it could not begin to unscramble all of the possible impacts of the SAOL project. Whilst the report is written as a means of assessing the impact of the EU Scheme for Projects Seeking to Overcome Social Exclusion, which provided a limited but significant amount of funding for the project, it is incumbent on any evaluator to address the wider dimension. This is particularly pertinent where the outcomes can be viewed in personal, educational and social terms. Moreover, in identifying some of the difficulties, tensions and conflicts which have arisen it is also crucial that these be contextualised in such a way as to establish the broader meaning of SAOL. Thus the report, while addressing the outcomes for the individual participants, locates this within the context of the organisational development of SAOL, the development of services for drug users in Dublin and current state of Irish public policy on problem drug use. Indeed, many projects being undertaken at local level are necessarily thrown into a moral and ethical debate in relation to the goal of intervention, the principles underpinning this intervention and whether the outcomes should be measured in terms of sustained abstinence from the drug or in broader social and economic terms.

This report sets out to describe the development of SAOL and the antecedents to that development. It establishes the objectives of the project, the organisational objectives and those of the EU programme which provided the funding. It profiles the stakeholders and explores the opportunities presented to all of them for establishing and investing in SAOL. The report then outlines and discusses the outcomes for participants and discusses their implications against the background of the drug treatment and rehabilitative system in Ireland.

1.2 Terms of Reference

The management committee of SAOL commissioned Matt Bowden to undertake the evaluation. Mr Bowden submitted a proposal which constituted the agreed terms of reference. It was agreed that the evaluation would have the following components:

1. Clarification of the pilot programme objectives and those of the EU project.
2. Development and clarification of appropriate objective indicators of success, measurement of progression and outcomes for the participants.
3. Identification of benefits to participants as identified by themselves.
4. Determination of the strategic elements of project implementation including the views of statutory agencies, voluntary organisations and community groups associated with the project.
5. Description of project inputs and elaboration of project style including management methods, working methods of project staff, staff and management communication/ collaboration (if relevant).
6. Contextualisation of the project against a backdrop of the drug issue in Ireland and current strategies for dealing with problem drug use especially in relation to rehabilitation and community reintegration.
7. Elaboration of the SAOL model and its potential transfer-ability.

Matt Bowden was aided by an associate, Ms. Frances McVeigh who conducted most of the interviews with the participants.

1.3 Methodology

The evaluator examined relevant project documents and reviewed the research project undertaken by Carmel Dunne which documented the need for the project. Interviews were conducted with individual members of the management committee, the staff and participants. Interviews with members of statutory agencies were conducted. Most of these were with members of the management committee who also carried a brief from their agency. The evaluator also examined progression data prepared by the project staff on the educational and social development of the participants. Table I details the range of interviews conducted. A profile of stakeholders in the project management committee is contained in section 2 below.

Table I: Number of Interviews conducted by Role in Project

Interviewer	Staff	Management	Participants	Additional	Total
Matt Bowden	3	10	2	2	17
Frances McVeigh	0	0	13	0	13
Total	3	10	15	2	30

A total of 30 semi-structured interviews were conducted with informants. A very basic interview guide was used to enable certain issues to be addressed. The interview guide for meeting with participants was constructed by the evaluator and discussed with the interviewer. This guide was based upon the project objectives. To minimise bias, the interviewer was not briefed as to the anticipated outcomes for the project. Apart from this, interviewees had the freedom to articulate the issues as they saw fit. Interviews were tape recorded to allow for closer attention to particular issues identified. No transcripts were made but quotations from interviews are used throughout the text of this report. Quotations are also used where a crucial point has been consistently made and requires illustration.

SAOL staff prepared assessment sheets of each participant. Unfortunately, these were not scored using a prescribed scale nor were they scored on a sufficiently regular basis to enable a fuller analysis of participant progress. As such, quantitative data is not available for this evaluation to the extent required to provide a thoroughly objective analysis of outcomes. Where such data exists it has been utilised by the evaluator in section 4 of this report.



2. BACKGROUND TO SAOL

2.1 Coming Together

SAOL is an innovative education, training and community rehabilitation project designed to meet the needs of women drug users. The management committee came together in early 1995. The context for development of the project arose from research conducted by Carmel Dunne¹ (1994) which set the scene for a project to address the specific needs of women drug users. The project is innovative in the sense that rehabilitative options available at the time were not gender specific. The model, Dunne proposed, would have additional supports to women drug users. The women informants in her research reported that their entry into services would be aided by these additional supports including childcare, creche and family support services.

On presenting the findings and issues raised in the research to the Eastern Health Board, Carmel Dunne was assured of support for the development of such an initiative.

The Inner City Renewal Group (ICRG) became involved in the process. The ICRG were conscious of the need to develop an initiative which would dovetail with the new interest in the social economy as a source of employment for those who were excluded from participation in the labour market.

Prior to the establishment of a formal management committee, the EHB and the ICRG were involved in making an application to FAS for a Community Employment (CE) scheme. They also applied to the European Union under the New Opportunities for Women (NOW) Initiative². As the management structure began to develop two more agencies joined: FAS became involved early in 1995; the Ana Liffey Drug Project, a voluntary service for drug users based in the city centre, became members of the committee in the summer of 1995.

The balance of energies in the earlier days was about establishing the project by bringing together the agencies, seeking funding and recruiting a manager. While there was some discussion about the objectives at a management committee meeting in the early summer of 1995, most of the committee's time was taken up with completing tasks. The opportunity to avail of EU funding set much of the pace in the early stages. Inevitably, less time was spent conceptualising the project and on discussing and agreeing upon policy positions by the stakeholders. This had the knock-on effect of creating further difficulties for the project in negotiating relationships with Clinical services provided in the area by the EHB, a key stakeholder in the project (see section 3.4 for a discussion of this).

2.2 Setting Objectives

The initial objectives set were those proposed for the NOW initiative:

- to reintegrate the women into mainstream life and enhance their employment potential;
- to offer opportunities for the most marginalised in the community;
- to provide opportunities for employment and reintegration;
- to provide training and development/job preparation and placement (NOW application, 1995).

These objectives give an indication that those involved in promoting the project were intent upon it being of a training, development and rehabilitative nature and that the focus would not be on addiction per se. Closely examined, these objectives are not clear in that the first, third and fourth objective seem to be saying the same thing. The management committee decided at its meeting of 3rd May 1995 that the objectives would be 'framed within the context of people attending the programme' (minutes, 3 May 1995). There was a danger that without the project setting more specific objectives, that it would deny itself the opportunity to reflect on the project concept and to develop an understanding of each agency's position in relation to the objectives; their implications for policy, practice and inter-agency relationships in implementing the project.

¹ *Carmel Dunne is a manager in the Eastern Health Board and has played a crucial consultative role between the board and community groups. She has also acted as liaison officer for the EHB with local development initiatives including Area Based Partnerships.*

² *The Project was subsequently unsuccessful in securing funding under NOW.*

A separate set of objectives was set for the submission to the EU Scheme for Projects Seeking to Overcome Social Exclusion. The overall objectives of the SAOL project were not revisited until November 1996.

2.3 Defining ‘Stability’

The management committee discussed the concept of ‘stability’ in July 1995. In psychological terms, the committee stated that ‘the participants must be in a steady relationship, or content with single state, in a frame of mind for personal and skills development and capable of planning ahead (internal memorandum, July 1995).

In social and economic terms, it was noted that

The participants must:

- live in acceptable standard accommodation;
- be in receipt of adequate, predictable income;
- use good standard child care (to be defined by committee);
- communicate without undue aggression;
- behave in a socially harmonious manner with others in the clinic/centre;
- be a good team worker (ibid).

In relation to drug use, the selection criteria was that clients be maintained on prescribed medication from one medical source; not be using other medication and while on prescribed medication that they be capable of functioning without goofing off’. This element of ‘stability’ would be monitored by urinalysis and would therefore require that the project have a sound working relationship with the City Clinic.

There was a danger that these criteria might have been interpreted as ‘cherry picking’ only the least problematic clients. In particular, the social and economic criteria seem, at face value, to be ruling out the very clientele that the project was aiming to include.

2.4 Selection of Project Participants

The actual selection was carried out in September 1995 by the manager in conjunction with an external associate. A more basic set of criteria was used and broadly drawn from the earlier memorandum. Less emphasis was placed on social and economic stability as a way of avoiding ‘cherry picking’. Forty four women expressed an interest and 17 were finally selected.

In interviews with the evaluator, informants from the various agencies reported that the Project was criticised at the time by the City Clinic, and at subsequent times, for choosing clients that were deemed to be ‘chaotic’ by Clinic staff. The latter attributed this to a ‘lack of consultation’: a point disputed in interviews with project staff. The matter of how participants were selected for the project is to a large extent symptomatic of the early stages of the development of the project. Each agency involved had not had an opportunity to explore the project concept and to find a shared space within a partnership arrangement.

2.5 Conclusion to section 2.

Despite the difficulties experienced in the earlier stages the committee managed to secure the project which enabled staff to develop specific programmes and activities with participants.

Much of the pace was set by the need to meet funding deadlines and it was inevitable that in this context an investment was not made at this early stage in teasing out the precise project concept, the objectives and the policy positions of each agency. This led to difficulties in making policy for the project which has in turn affected ongoing relations with the City Clinic³. A management development session gave project stakeholders an opportunity to reflect on some of the issues arising from the earlier stages and to renew their commitment. For those involved at management level, this has given a clearer sense of direction.

³ Considerable progress has since been made. A joint case management structure was established in early 1997 between the project and the City Clinic and relationships have improved significantly.

3. PROJECT OBJECTIVES, INPUTS & IMPLEMENTATION

3.1 The EU Funding for Projects Seeking to Overcome Social Exclusion

The European Commission announced in August 1995 that it was setting up a one year scheme in the field of social exclusion and allocated a budget of five million ECUs. Applications were to be returned to the Commission, Directorate General V, before the end of September 1995. The rationale for the scheme was based on a recognition by the Commission that exclusion is complex and cannot be explained by unemployment factors alone. The scheme prioritised support to project activities aimed at identifying and encouraging best practice in:

1. Revitalising urban society/social integration in cities and conurbations with problems of high unemployment and social exclusion;
2. Enabling socially excluded people to move towards employability.

The 'guidelines for applications' was clear in its statement that:

Areas of interest should be up-stream from employment as such, and should focus on reducing the degree of exclusion which currently prevents target groups from even taking the first steps towards approaching the labour market (DG V. 1995).

The commission did not provide any more detailed guidelines other than priority would be given to projects which were likely to have a significant multiplier effect and involve several partner organisations and/or co-financing. Also, the Commission prioritised projects likely to produce new ideas and experiences for exchange and transfer to other situations, those projects which could be implemented by mid-1996 (with the possibility of extension), and projects with a European or transnational dimension leading to exchange of best practice (DGV, 1995). Thus, the key objective of the EU Scheme for Projects Seeking to Overcome Social Exclusion was, as it applied to SAOL, focussed upon tackling exclusion which improved the status of participants in relation to the labour market-As the scheme's emphasis is neither on direct job creation or supply-side measures, there is no intended outcome that participants in projects would be expected to be placed in employment. Rather, it is the case that the Commission believed that there are groups within European society who, while being unemployed in the narrower sense, are also excluded from even beginning the process of moving towards employability. What this might constitute was not laid down in explicit terms, and hence, the emphasis is on establishing new ways of reaching and working with socially excluded groups who live on the margins of mainstream labour markets.

3.2 SAOL Objectives for the EU Scheme

Having already raised the issue in section 2 above in relation to the absence of a clear set of redefined organisational and programmatic objectives, SAOL did have a set of working objectives based upon the component relevant to the EU Scheme. Whilst applying for the EU funding, SAOL had been still working from the set of objectives which had been the basis of the funding application for the NOW initiative. These objectives did fit neatly with the priorities for the EU Social Exclusion scheme. The application to the Commission stated that the proposal was designed to enhance the existing proposed training and education measures within the project and that:

The opportunity for women drug users to reintegrate into normal society is severely restricted because of the lack of available resources for a comprehensive rehabilitation programme which not only includes the provision of methadone but also encompasses a form of intense structured education and training modules. The project will give sixteen women, who have been selected from the SAOL project, the opportunity to explore their own potential through an intense participative style of learning which will involve vocational as well as practical skills training (SAOL, September 1995).

The stated objectives of the project were to:

- provide the opportunity for 16 women drug users to explore their future in terms of training, education and employment;
- involve the women in a participative style of adult learning;
- provide access to art skills and demonstrate how the arts can be used as a major tool in participation and relationship based work;
- provide practical skills training in a variety of appropriate fields relating to the local employment market;
- introduce new technology to one of the most marginalised groups in our society;
- bridge the gap between drug use and mainstream training/education;
- demonstrate that, despite an addiction to drugs, women can commit themselves to attending and participating in training;
- demonstrate the transferability of this comprehensive type of rehabilitation to other areas, both within Ireland and Europe.

These objectives were operationalised and implemented through a number of modules and activities which were delivered over the period February 1996 to March 1997. The EU funding allowed for the expansion and development of the programme which had begun in October 1995. The funding was used to pay fees for tutors providing inputs, establishing and running a creche facility for the children of the women on the premises, the art component, the conference held in February 1997 and residential training weekends.

3.3 Project Inputs

3.3.1 Personal Development

The focus of this module was on communication and linguistic skills and implemented through group exercises. This was very challenging for the women. A key tool in motivating the women for the day's activities was to conduct a 'check in', a first session every day to establish how each participant was feeling and what their attitude to the day was. The participants were happy that this space was available to them. The staff used this session as a way of identifying group issues and were then in a position to sensitise themselves to personal and group development processes.

3.3.2 Aromatherapy, Relaxation and Stress Management.

This was perhaps the most popular activity for the participants. The women felt that it was good that people were paying close attention to them. One of the participants interviewed said that it is her ambition to develop an interest and begin to practice in aromatherapy. Participants reported in their interviews that they now utilise new stress management techniques to relieve stress at home and in the project.

3.3.3 Art

There was a degree of indifference amongst the participants towards art activities. This had more to do with the women's initial resistance to energising themselves to engage in the activities but as one participant put it in her interview:

'You wouldn't believe it Within twenty minutes the whole lot of us would be heads down, dug into the work, loving it' (Participant 1).

3.3.4 Literacy, Numeracy & Creative Writing

This was the cornerstone of the SAOL input. Moreover, it is in these modules that the outcomes are more quantifiable (See section 4 below).

3.3.5 Groupwork

The entire development process for the women was conducted as a group. The group became a supportive environment for the participants. Some participants have become skilled in group work and are intent on developing these skills. The staff held a special module called Choice, Challenge and Change which centred on group dynamics. This was initiated by a visit to the project by Sr. Philipa Chapman of Centacare, Australia who held a community workshop on using a skills kit with community leaders.

3.3.6 Community Development

The focus of this action was centred on raising awareness of 'community' and specific actions geared towards reintegrating women back into their own local communities. One participant who became drug free during the project went on placement to the Inner City Organisations Network and another is interested in developing a career in community development. Recently, one participant was elected on to her local tenant's association.

3.3.7 Social Analysis

The staff provided specific inputs on poverty, class, racism and culture. Over the period the women have become more aware of their situation and have developed a consciousness of themselves as citizens and as members of society. Staff observed that most of the women made steady shifts in their perceptions, of many issues as a result of this module whilst others found some of the concepts difficult to grasp and for whom the development of awareness was slower than others.

3.3.8 Computer Skills

Computer training workshops were offered by a computer company using the facilities of the premises of the Alliance for Work Forum, situated next door to the project. The objective of this action has been to introduce the women to new technology and not to bring about any high level of computer competence. However, one participant suggested when interviewed that it was her ambition to get some further computer training following the SAOL project as a means of accessing further work. Not all of the participants were introduced to computers.

3.3.9 Welfare Rights, Budgeting and Money Management

This was an ongoing issue. The project decided to get involved in the provision of advocacy work in relation to housing, welfare and health issues which was not their primary role. The project worked in close co-operation with the community welfare service provided by the City Clinic, and their Community Welfare Officer became available in situ to the Project for two hours per week from late autumn 1996. It was felt that the build up of unresolved welfare issues for the women was a contributory factor to the destabilisation of the participants. This input needs to be a more structured part of the work and perhaps might require a particular staff input dedicated to the provision of advocacy, welfare rights, housing and budgeting support. Indeed, it was observed by both staff and members of the management committee that much time was devoted to 'firefighting' or advocating on behalf of the women with the agencies. This was also the basis of a criticism levelled at the selection criteria where SAOL selected those more 'chaotic'⁴. Building in a more structured welfare component would do away with the danger of 'cherry picking' clients at selection. An extended induction period, in which a full welfare assessment was made could well be a means of pre-empting the emergence of crises at later stages.

3.3.10 Social & Recreational

The participants were involved in visits to museums, galleries and community projects. This was very popular and allowed the women to discover alternative social and cultural outlets to their previous lifestyles.

3.3.11 The Creche Facility

At the outset, the project did not have an in-house creche facility. The participants made private arrangements, which were constantly breaking down. The need for the facility was established very early

⁴ If 'chaotic' is intended to describe the unresolved welfare issues which people face then It is an unjustified use of that term as it could equally connote that state welfare agencies, by not adopting proactive welfare take-up strategies, feed into chaos or create chaos.

on in the project. There was an initial delay in establishing the creche whilst the project was awaiting guidelines from the EHB. After several months wait, it was agreed by management to establish a facility on a renewable monthly contract basis. This same arrangement still applies. The creche has been crucial in enhancing the participation of the participants and would not have been possible without the additional funding provided to the project by the ED Scheme for Projects Seeking to Overcome Social Exclusion. An interesting observation in the Dunne (1994, op.cit) study was that women interviewed did not wish their children to be in creches, as one informant put it, 'with other junkies children'. The SAOL participants have used the facility to great effect and as such the project has been successful in dispelling myths and fears in this regard.

The approach used by the creche staff is to provide some developmental work. Participants tend to work with the creche leader on issues as they arise, such as challenging behaviour, parenting and discipline. This is a component of the approach of the project which the staff describe as 'parenting in action'.

3.3.12 The Transnational Dimension

SAOL was partnered with two organisations in two EU member states:

The Liverpool Social Partnership and Artskills: SAOL staff and one programme participant visited in March 1996. The project received useful and practical advice on dealing with drug use issues which arise in the learning situation.

BOA, Berlin: SAOL staff and one participant visited in November 1996. This partner had expressed great interest in SAOL and the visit was useful for exchanging ideas and practices.

Both partner organisations were involved in a conference hosted by SAOL in February 1997. SAOL and BOA (Berlin) have since agreed to partner each other in the current application to EU Community Initiatives.

3.3.13 Nutrition and Health

A sessional worker provided relevant inputs on the food pyramid and other nutritional models. Practical cooking of nutritional meals was also undertaken.

3.3.14 Parenting

This was an ongoing input throughout other modules as it arose in every context

3.4 Counselling Input

This has been a persistently problematic issue for the project. Addiction counselling is provided to EHB clients at the local addiction centre, the City Clinic. Counselling is one of three main arms in the Government's Strategy based upon the 1991 policy document. The two other arms are methadone and rehabilitation. SAOL is an attempt to broaden out from medical treatment and counselling and to provide opportunities to explore learning to engage in training and work. Staff selected for the SAOL project do not have a background in addiction counselling and as such are not qualified to deal with clients within a counselling framework. The presumption had been, at the time of setting up the project, that such specialised inputs would be provided by the EHB's addiction services via the City Clinic, which was well represented on the SAOL management committee.

An initial difficulty for the staff of SAOL in assessing addiction needs of participants was not being party to discussions within City Clinic. The Clinic operates within a medical-clinical system in which confidentiality is paramount. SAOL do not operate on the basis of such norms. As the staff of SAOL were not clinicians they had no place in a clinical meeting and so were not invited to be an extension of the City Clinic team. Thus, effective joint case management was hampered from the outset.

The City Clinic counsellors became involved in providing group counselling to the SAOL project. The staff of SAOL did not understand, at this time, nor did they seek to clarify the meaning of 'group

counselling'. The staff of SAOL did not become members of the counselling group. The staff felt that in hindsight this was a mistake as there was a tendency for issues raised in the group to filter out during the programme sessions. As the SAOL staff were not party to any group contract they were not in a position to deal effectively with some of the issues leaking from the counselling group. Some of the women reported to the staff that they were enjoying the group. Without knowing what issues were being raised in the counselling group the staff of SAOL became compromised. They were forced to deal with conflicts and tensions amongst the participants, which were de facto, unresolved issues which had emerged in the counselling group. The group counselling service was, however, withdrawn by the City Clinic after nine weeks. This was primarily due to the fact that the management committee had taken a decision that a counsellor would be provided within the project to enable the women deal with issues arising for them.

The counsellor recruited to work in-house with SAOL participants made contact with individuals. The contract period was for six months and she worked on a part-time basis for 2 to 3 hours per week. It was clear to the in-house counsellor that she was not employed as an addiction counsellor. In her final report, the counsellor noted that she felt that the counselling role was not an integral part of the work and that she had not had enough contact with anyone. Her work, she reported, could not become an integrated part of the project. She had little contact with the women as a group and felt that there was no link with the educational components of the project. During the six months she had contact with eight of the women, three of whom were seen on a regular basis. Some of the women did not keep appointments which the in-house counsellor explained as follows:

I feel that some of the women used the service in "the moment of crisis", a once off solution. They were sometimes forgetful, or distracted by a new crisis in health or relationships. They had difficulty making a regular commitment to the counselling process as a means to self discovery and behavioural changes (Counsellors Report, February 1997).

Overall, the in-house counsellor felt that it was critical that the 'addictive behaviours' of the participants needed to be challenged and that it was not possible to separate the addictive process from other aspects of their lives'. Contact with, she suggested, addiction counsellors in the City Clinic would have been helpful to her in developing her work. When asked for advice in relation to employing another counsellor, the in-house counsellor suggested that the project should reassess the need for its own counsellor, improve relations with City Clinic counsellors, seek a team approach to case management where the client is a participant, and that if the project were employing a counsellor that he/she have a good knowledge of addiction. The counsellor, during the period that she worked in-house, attempted to contact the City Clinic counsellors but no meeting between them ever took place. The project has since decided to employ a generic drug worker with addiction work experience, who will act as a support to the women in dealing with their addiction but the women participants will still maintain contact individually with counsellors in the Clinic.

The management committee and staff have worked consistently to improve relations with the City Clinic. Since early 1997, relations have improved somewhat following the establishment of a case management meeting. This attests to the management committee's and the staff's determination to have a clear link with the addiction services of the EHB.

3.5 Management and Organisational Developments During 1996.

Following the discussion in section 2 above, several key developments took place during 1996 aimed at clarifying the purpose of the organisation, its vision, values and a statement of its objectives. First, in February 1996 a 2 hour session was held with a development consultant to establish where the project was at, where individuals were 'coming from' and what those involved needed to acknowledge to each other. The session was also about identifying next steps for the project. The facilitator compiled an output report. There was no follow up session but those present were to discuss the issues at the next management committee meeting.

It is notable from the report that there were some fears and apprehensions about the project expressed. These issues had to do with venturing into the unknown and that the project had been unaware of how difficult and complex the task was. It had to be recognised that there was no template for the project and that this necessarily raised its own difficulties and needs in terms of staff supports. A key issue seemed to be the need for a shared vision. It was recognised that the diversity of agencies involved itself leads to difficulties in a partnership arrangement. An agreed vision and a commonly held aim would be helpful in sorting out these difficulties.

The process of establishing the vision and objectives did not take place until November 1996 at a residential session in Glendalough, with a different facilitator. It was generally felt by all those interviewed for this evaluation report, that this session was helpful in setting the project on the 'right track' but that it had come 'very late in the day'. The session agreed that there was a broader range of stakeholders in the project than those represented on the management committee at that point- It was agreed to broaden the structure so as to include all the relevant stakeholders: this would include an additional ICRG representative, two of the programme participants, EHB (existing), FAS (existing), Staff, the Ana Liffey (existing) and the Inner City Organisations Network. In relation to the representation from the City Clinic it was agreed to write to seek a nominee. The staff representative and the women in the project would be full participants and involved in consensual decision making, but would not be voting members. In regard to the relations with the City Clinic it was recorded in the report on the session that difficulties were discussed and there was essentially a difference of emphasis - SAOL was a social model and City Clinic a medical model:

We finally recognised that there was a long history attached to the relationship of SAOL and the City Clinic, that the City clinic was operating in a very different context than SAOL, and that the relationship was not going to become perfect overnight The group felt the best way forward was to develop relationships with particular people there whom we knew were interested and supportive to SAOL We also agreed that SAOL staff should document situations as they arise and deal with them immediately. If this did not resolve the situation then we should call on support at a higher level if necessary. The group also felt that before the situation became more entrenched the positive aspects of the relationship and work in both places need to be emphasised (Management Development Session, November 1996).

The management committee discussed the question of addiction. There were two views: (1) that addiction should underpin the programme; (2) that addiction was only a component and even a debatable component. Arising out of this, it was felt on one hand that the relationship with the statutory sector would improve if SAOL got the addiction component 'right'. Alternatively, there was the view that drug addiction counselling did not appear to add to the development of the women and that there was evidence that many of the modules implemented had 'brought back dignity and control' to the lives of the women. The group resolved to experiment with drug addiction counselling as a component of the project. The job description would also reflect the adult learning/community development ethos of the project. Up to now the precise 'ethos' of the project had not been established on an agreed basis. However, the session did agree a statement of purpose:

SAOL is a programme for former and stable women drug users whose purpose is to move through development work and capacity building from addiction and dependency to self direction and self reliance. SAOL operates on the basis of social justice, adult education and community development principles, and focuses on re-integration into the community (Management Development Session, November 1996).

A tentative list of objectives was developed and was to be refined. The new objectives were later agreed at a subsequent meeting of the management committee. The new objectives are as follows:

- To provide a process where the women can regain normality and stability in their lives;
- To provide education, training and development programmes, in an accreditation framework, whereby women can obtain the skills to make informed choices about their future, including employment opportunities, further education, community work, etc;
- To provide an integrated and holistic response to rehabilitation and addiction by liaising and informing the health, community, welfare and vocational institutions that impact on the

- rehabilitation of the women;
- To raise self esteem and confidence and to empower the group to take an active role in their communities;
- To impact, indirectly in a positive way on the lives of the women's children and families;
- To take an advocacy role in relation to services, rights and citizenship issues.
- To inform policy on drug treatment and rehabilitation.

3.6 Issues Arising

External agencies, and especially the City Clinic, have assumed that SAOL would work within the context of challenging 'addictive behaviours'. It has been difficult for the project to establish a policy on 'addiction'. The project is not, as its mission statement and its objectives state, focused on addiction per se. The project management committee and staff have assumed that this was the job of the City Clinic. In stating its objective for the EU scheme, the project did acknowledge that SAOL was partly an experiment to demonstrate that, despite a dependency problem, those who were stabilised could attend and commit themselves to a development process. It did not set itself up as an addiction agency. There was a tension in the management committee between, on the one hand, the need to have a policy and practice focussed on addiction, and on the other hand, that it was a secondary and debatable component.

The EU scheme objectives did seem to set the pace for the initial development stage. The project seemed to be working to these rather than to a formulated set of objectives which related it and linked it to the addiction services. This explains, in part, the difficulties in communication between these services and the project. The communication difficulties are also partly explained by the external assumption made that SAOL is part of a 'recovery' or 'curative' process. Equally, SAOL was not permitted to be part of that process, as they were not seen as addiction professionals. SAOL has, in part, been an experiment in redefining the meaning of 'recovery' and has placed more emphasis on reinforcing 'stability'.

Considerable time was spent by staff in providing support to the women with issues which they had not been prepared for. The staff felt that they were not qualified to deal with many of these issues and so it was important that a counsellor be made available to provide an additional supportive input for the women as they required it. This act seemed to exacerbate already tense relations with the City Clinic.

The partnership was slow in developing their vision and objectives but managed to accomplish this in 1996. Also, they have successfully broadened the committee to make it more balanced and to reflect the idea that the project is a partnership between 'stakeholders'. This has resulted in the project being more self-assured about its role in relation to addiction services. In addition, the establishment of a joint case management procedure between the project and the Clinic in early 1997 has made a difference in how both agencies view each other and has allowed the space for both to work in co-operation.

4. OBSERVER IDENTIFIED OUTCOMES

4.1 Educational Outcomes

An initial assessment was made of the participants' educational abilities at the beginning of the project. Sadly, an established educational scale was not applied. Such scaling would have allowed the evaluator to identify more definite progression. However, staff impressions of progress have been kept and are utilised in this section to ascertain whether the participants made any educational progress over the past eighteen months. Staff assessed participants at three literacy levels:

- Level 1: pre-literacy; i.e. very little word recognition
- Level 2: very basic education
- Level 3: mixture of Junior and Leaving Certificate abilities.

A note on their progress was not kept on a regular basis and while it was the intention of the staff to do this, it did not happen because it began to consume time, which was being spent, responding to other personal and social needs of the participants. A note on their progress was then made at the end of March 1997. Three of the seven participants at pre-literacy level on commencement progressed to basic education level after 17 months. Of the six participants who were assessed as being at basic education level on commencement, five had a mixture of junior and leaving certificate English abilities by March 1997, as is revealed in tables 2 and 3 below. The educational component of SAOL has been successful in shifting the literacy and English language abilities of participants. Indeed, there have been successes in helping clients to develop from pre-literacy to basic education levels, and indeed from basic education levels to an educational level where the Junior or Leaving Certificate English can be undertaken.

Table 2. Number of Participants in each English/Literacy Comprehension Level at Commencement and March 1997

Level on Commencement	Level at March 1997			Row Total
	Pre-literacy	Basic Education	Junior/Leaving	
Pre-literacy	n 4	n 3	n 0	7
Basic Education	0	1	5	6
Junior/Leaving Abilities	0	0	2	2
Col. Total	4	4	7	15

Table 3. Number shifting from Education Levels

Education Level	Nov-95	Mar-97	Upward Change
	n	n	n
Pre-Literacy	7	4	-3
Basic Education	6	4	-2
Junior and Leaving Cert.	2	7	5

Participants were scored by staff on a seven point scale for literacy and English over a selection of I I abilities (see Figure 1). Four of these abilities - reading, writing, spelling and sentence construction were chosen by the evaluator as general indicators of overall ability in literacy/English. The seven point scale ranges from 'nil ability' (=1) to 'above average' (=7). The evaluator then scored each increment in ability between time of commencement and March 1997. Each increment is equal to +1⁵.

⁵ Those who shifted from one comprehension level to another, e.g. from pre-literacy to basic educational level were scored as having achieved increments within their level and then were scored for the increments made within the new educational level (e.g. at pre-literacy level a participant is assessed as 'poor' (3 on the scale) and then moves to the next level where they score 'average' (4 on the scale), their aggregate incremental score is 7. if there was no change in ability the score is zero.

Those at pre-literacy level made progress across the range of abilities with three participants shifting to higher educational ability levels, as in table 4 below⁶. Clients 2,4,5 and 10 had abilities on commencement ranging from nil to poor. The scoring reveals that these particular participants made progress overall and especially in the area of reading and writing abilities. Participants 7, 8 and 9 made remarkable progress, moving into basic education level and making as much as 10 increments in ability. Overall, those participants who were assessed as being pre-literacy on commencement made progress on their literacy and English language abilities.

Figure 1. Seven Point Ability Scale (SAOL staff)

Ability level	Score
Nil	1
Very Poor	2
Poor	3
Average	4
Good	5
High	6
Above Average	7

Table 4. Number of Increments in English/Literacy Ability Scores for those at Education Level 1 (pre-literacy).

Participant No.	read	write	spell	sentences
2	2	2	0	1
4	3	4	0	0
5	3	2	0	2
7	8	9	8	10
9	8	7	7	6
10	2	4	2	4

Those participants who entered the SAOL project at basic educational level have, with the exception of one, moved to a higher educational level and made progress within their new level. The number of increments achieved on the seven point ability scale by those who moved to the higher ‘Junior or Leaving Cert.’ level ranged from 7 to 9 as in table 5 below. As might be expected, those two participants who entered SAOL at higher levels of ability were not as likely to record a higher number of increments as those at lower levels, but did increase their abilities as in table 6. Both participants are preparing for Leaving Certificate English Examination at the time of preparing this report.

Table 5. Number of Increments in English I Literacy Ability Scores for those At Education Level 2 (basic education) on commencement

Participant No.	Read	Write	Spell	Sentences
1	7	9	5	7
3	7	8	6	9
6	7	8	8	6
12	1	1	0	0
13	8	8	7	7
14	7	7	7	7

⁶ Values in Table 4 represent the number of increments on a seven point scale for their educational level plus, where appropriate, the number of increments they made if they shifted to a higher educational level.

Total 6. Number of Increments in Literacy I English Ability Scores for those at Education Level 3 (junior I Leaving) on Commencement

Participant No.	Read	Write	Spell	Sentences
11	1	1	1	1
15	1	1	1	1

There is, of course, a danger of narrowly defining the educational input of SAOL in terms of abilities to read and write only. Much of what the project has been about is redefining education and involving the participants in learning processes which are personal, social, cultural and political. The shift in the abilities of participants is happening amidst major adjustments which they are making in their lives.

The project decided at an early stage to aim for the National Council for Vocational Awards (NCVA) Foundation Level Certificate involving modules in English, Maths and Communications. This certificate is a progression route towards formal examinations. Participants have kept portfolios and these will be submitted for assessment to the NCVA in September 1997. Two participants, and possibly a third, will be prepared for the Maynooth College/FAS Diploma in Adult and Continuing Education programme. The portfolio analysis made by staff enabled them to assess shifts in ability over time. The evaluator reviewed the portfolios with staff. They reveal a very notable qualitative shift in reading, writing, conceptual abilities and confidence over time. These skills plus the learning which participants have gained through the communications module have enabled them to deal with complex social, political and cultural issues. Running through the educational and social skills components of the programme is the use of social analysis. This is best described as equipping the participants to understand and critically assess their own economic, social and political situation. It gives participants the ability to comprehend and articulate themselves within their own culture. This has given the participants the ability to reclaim self concept, to develop a collective identity with the other women participants and with their own communities. Particular inputs in this regard involved an analysis of contemporary China which contained a session with an Irish Times journalist who had written a relevant article on current issues in China. Thus, the social analysis has been about broadening the worldview of the participants' and relating this to their own situations.

In setting out to involve the participants in a process which would lead towards greater employability, as the key goal of the ED scheme, the project has, through its educational input, achieved that goal to the extent of improving the educational abilities of the participants overall. Moreover, the project has helped the participants to understand the social and political environment and as such has developed in them a sense of the need for active citizenship.

4.2 Stability/Drug Dependence Outcomes

A key assumption for the EHB in their contribution towards the establishment of SAOL is that women drug users require additional supports to reinforce stability or to assist them to move toward drug free options. Thus, it is not a goal of SAOL that the participants should become drug free. Rather, SAOL is, to some extent, an experiment in whether women drug users can remain stable with additional supports, and equally, that the participants can move towards employability through training, development and education. In July 1995, the management committee defined stability in terms of psychology, social and economic functioning, and drugs. In relation to the latter, it is anticipated that drug stability is maintained where participants do not take other substances while undergoing methadone maintenance. A report was sought from the Clinical Team at the City Clinic by the evaluator to ascertain whether the participants had remained stable vis a vis drug use.

4.2.1 Use of Opiates and Other Substances

On the basis of urinalysis results, twelve of the fifteen participants were found to have been opiate free⁷ over the period in which they have attended SAOL. Two of the remaining three used heroin (but did not sustain their use) whilst attending SAOL and one participant had difficulty in stabilising on methadone in the early period of her participation'. Four SAOL participants were found to be clear of all other substances. The remaining eleven were reported as taking other substances to varying degrees: in two of these cases, the level of use was described as 'abuse', i.e. unprescribed substances in unknown dosages

⁷ *i.e. free of opiates other than methadone*

⁸ *Based on report on urine samples taken by the City Clime over the period and reported to the evaluator.*

and outside medical supervision. The remaining nine were described as using substances in ‘moderation’, as having ‘occasional binges’, or as having ‘increased alcohol and benzo use’ etc. One of the 11 was being prescribed benzodiazepines and therefore not ‘abusing’.

On the whole, there has been success in helping the women to remain free of opiates and thus reinforcing the withdrawal of the SAOL participants from chaotic lifestyles associated with heroin use. The availability of methadone maintenance to the participants, backed up with the appropriate social and educational supports, is successful in preventing the drift back into opiate use for most of the women involved. However, there is a concern expressed by the City Clinic, that the women, because they are ‘addicted’ to one substance are predisposed to transferring that dependence to other substances. Interviews with Clinic staff revealed that the issue has to do with SAOL not helping and encouraging the women to ‘deal with their addiction’. On the other hand, the SAOL project has been quite successful in enhancing the determination of the participants to remain drug free. It has assisted them in changing their attitudes to substance use. Perhaps this apparent tension is pointing towards the need for further discussion and debate about the goal of intervening in the lives of people with drug problems: if that goal is to reduce the personal and social harm caused by drugs or to challenge them to lead drug free lives?

4.2.2 Counselling: Attendance and Communication

There was a variable attendance and participation in counselling at the City Clinic. The clinic staff reported to the evaluator that there seemed to be a lack of or no encouragement of counselling for some clients by SAOL. Some of the clients of SAOL were more regular attenders prior to commencing with the project. Those who maintained counselling contact were reported as having ‘done well’ or making ‘no major change’.

4.2.3 Other Observations of Clinical Team of City Clinic

Overall, attendance to medical practitioners at City Clinic has been good but the Clinic reported that communication with SAOL was variable, ranging from ‘not good’ to ‘okay’ to ‘good’. SAOL participants were, with the exception of one case, reported to have ‘good’ behaviour while attending the clinic.

4.3 Issues Arising

The project has been successful in the following key ways:

By improving the educational abilities of the women who have participated. Educational outcomes have to be defined as a broader learning process. The emphasis on social analysis, communications and personal and social skills has created a broader critical awareness amongst the participants in relation to the social, economic, political and cultural experience.

By providing welfare and childcare supports the project has enhanced the stability of the participants and has maintained their capacity to participate.

In reinforcing their abstinence from opiates the project has enhanced the stabilisation of the women.

Relations and communications with the City Clinic have been difficult throughout. It is clear that the staff of the clinic thought that the SAOL project should have addiction outcomes. The SAOL project management committee never set objectives which were intended to produce an addiction outcome. At the core of this tension is the need to acknowledge that a debate is required as to the goal of interventions with drug users.

5. CLIENT DEFINED OUTCOMES

5.1 Educational Benefits

A considerable level of the input time in SAOL has been spent on delivering educational modules. The SAOL project had a key objective of involving the women participants in a participative style of adult learning. Largely, this was undertaken in the form of learning groups where issues of the particular day were utilised as the raw material for reading, writing and analysis. The participants interviewed identified the style of learning against others they had experienced. All of the women felt that the staff were 'one of us' and that they were 'ordinary people' like themselves. Moreover, they were not authority figures and could identify with the experiences of the women. One participant describes her experience:

'Even in school, like, school failed me big time. It was only in the last year that I was to finish in school (.) I met some one, a teacher, who really knew the pupils. It was like he had been through a life that we'd been through. It's like the same with the staff here. They're just ordinary people that are not looking down on us. They're not swinging a carrot in front of us and saying 'you're the donkey and you have to follow this', you know. (.) We're all equal. You've no more brains than her. We're all at different levels' (Participant 1).

The style of adult learning is a cornerstone of what SAOL is. Staff were keen to ensure that the women developed educationally, at a pace that best suited their needs and given abilities. One participant described her experience with this way of working as being given 'the right to be wrong' (Participant 7). As already pointed out, some of the participants were pre-literate. The women responded positively to this method of working and felt that staff were not pushing any particular outcome or agenda, as one participant pointed out

'They're there to help (.) and they don't look for conditions off you, do you know what I mean? They never look for anything in return (.) It just doesn't work like that I mean, if you do your work, the way they put it to us 'this is your job, this is your time, this is your life, and if you want to come on you'll come on, no matter what we say, it won't help you, if you want to do it yourself' (Participant 3).

The staff gave respect and space to the participants to develop as they saw fit. Opportunities for learning were optimised around everyday experiences as well as through prepared modules. Staff also gave one-to-one support where and when this was required or necessary.

For those participants who had not been able to read prior to commencing with SAOL gaining this ability has opened new doors for them. One participant describes how she felt about getting up at the SAOL seminar and reading and what she had to overcome:

'I felt great Here I was [saying] 'I'm never going to do this'. And all the girls done it right at the first (.) but the people seen that me whole body was shaking, and Cathleen was holding me (.) and I just started running, and says I, 'no, I can't'. And then she said to me, 'see if you can do it after'. And, I did, I got up and I read it, no problem. So I could read now in front of people. I was getting the stutters and all. But now I could read' (Participant 5).

Overall, participants felt that the inputs which have the largest impact on their lives were the educational ones. This was especially true for those who were pre-literate. Other participants who had some literacy skills are now undertaking Junior Certificate and Leaving Certificate English courses and are involved in the preparations for exams as this report is being written. Participants also noted that they are more conscious of language, reading and writing and are making efforts to read newspapers and books. Some are buying and reading these for the first time.

5.2 Health Gains: Drug Future

A criticism, which has been made of the SAOL project, is that it has not dealt with addiction in a professional manner. For the project management committee and staff, this is an unfair and invalid criticism, as the project was not intended to produce outcomes which would deal with the addiction

problems of the participants. Rather, the emphasis of the project is upon reinforcing stability using methadone and not on participants becoming drug free. It is incumbent on the evaluation to discuss this criticism against the SAOL participants' definition of their own situation.

As already suggested in 4.3 above, there is no way of establishing the extent of health gains made as a result of the group of women being involved in the project. However, interviews with the women provided some interesting insights as to how they feel about their lives with drugs and their determination to either become drug free or stabilised.

All of the women interviewed considered themselves to be drug free despite the fact that most of them are being maintained on methadone. What the women participants meant by saying that they were 'drug free' is that they were no longer using heroin and no longer were living a lifestyle in which heroin was central. This definition of 'drug free' or being 'clean' is distinct to the definition of that state as determined in medical and legal terms. For some of the participants, living without some dosage of methadone was considered unrealistic and unachievable. Others were sure that their futures would not involve heroin use. The women considered themselves to be turning their lives around since joining SAOL and were determined not to go back to a drug lifestyle, as one participant describes this:

'When I leave here, I sit-in all day, I don't go outside the door'.

FMcV: 'And why is that'?

'It's just the way I am now, is eh, I, I'm clean four years, and I haven't looked back once. I haven't craved for drugs in any way. I don't want to be with drug addicts, do you know? , I don't want to be; even now, I want to move on, do you know, I want to move on. [But] I'm a strong person, I think I've got over that I know I've got over that I mean, I'm on methadone since I was fifteen, and I've been up and down, up and down, and up and down. And I know when I'm up, do you know what I mean? And this time is the only time that I've had the feeling, that I know, I'm not going down that road again' (Participant 1).

The women feel that SAOL has given them strength and reinforced their determination to resist using heroin. Many of the women were involved with treatment services over many years and felt that they did not develop this determination. An objective of the EU component of the project was to bridge the gap between drug using lifestyle and training, further education and work. In order to bridge that gap, attitudinal change in relation to drug use has been essential to the women. One participant was clear that she now had the ability to resist heroin:

'I have been in situations where there has been gear taken in front of me, but I've been always able to say no. I don't know where I got that strength from. I have it, you know?, I have it! (Participant 3).

Whatever the reality of their situation - that they remain physically dependent upon a medically prescribed opiate - the women consider their situation to have improved both on methadone maintenance and that their experience in SAOL has given them an added confidence. This reinforces their determination either to resist heroin, to remain stable or to move towards a drug free state. However, reasons for remaining on methadone have to do with fear of failure; of having undergone a programme which aimed to bolster their rehabilitation and having been under the gaze of the services, the public and the community. If the women remain on dosages of methadone this cannot be seen a failure but an insurance policy on their self esteem and confidence:

'I just start getting nervous like. I if come right off it and if I end up slipping and I [go] back on it Like, then, I was thinking ahead as well when November comes, like, if I'm out of here and there's nothing for me. Well then, it could be very hard, like to stay off it, d'you know? And I was just sort of holding on to the [dosage] in case anything did happen, that I did slip, that I'd have it And that I'd have the support of the clinic when this [SAOL] is gone as well'(Participant 13).

It is difficult to reconcile the differences in the participants' sense that they have done well and the assessment made by the clinical team at the City Clinic. The concern that people are 'not dealing with their addiction' has to be put in context. There is a distinct confusion here between the outcome of 'treatment' for addiction as a 'condition' in itself, and the message connoted by providing methadone as a form of treatment which maintains drug dependence. Yet the project and the women are being criticised for not dealing with their addiction. The women feel they have done well:

'I cut out all the tablets, gear, everything. I don't drink either. Once every six months I probably go for a drink, you know? So like, I think I've done brilliant'(Participant 13).

This raises the question of whom or what agency sets the standards for 'recovery' from addiction. Is it to be set by drug users themselves or by the addiction services? Is it the anticipated outcome of the addiction services that people will reduce their intake of substances or is it the goal of the service that 'dealing with addiction' means returning to being totally drug free? Because, by the women's standards they not only desire to be drug free but are drug free in that they are no longer consuming heroin. The meaning of 'drug taking' for the SAOL participants is distinct in that use is conflated with a particular lifestyle, particular behaviours and criminal activities.

The services have a responsibility to have a clear policy about who sets the goals of treatment intervention because to impose a framework on a situation is to take responsibility for determining what constitutes both success and failure. It is perhaps a more realistic objective to negotiate the outcome of intervention with participants and that the services do not project unrealisable goals on to their clients.

The participants in SAOL, given the difficulties in their lives and the difficulties which they have had to overcome, have done 'brilliant'. Before going to SAOL the women were under pressure to use, as drug use is endemic in their social and cultural context which makes stabilisation difficult:

'I was goin'home after getting me methadone. I was just bored, like, sitting in the house all day doing nothing. You know, so, the only way to socialise was to go to a cafe like with people off the clinic. You know, like, anything was better than going home. So I used to just go to the cafes with them and buy gear with them, you know!?' (Participant 13).

In part, the service which is responsible for the provision of methadone in isolation contributes to difficulties for the women in stabilising because it doesn't deal with the social context in which drugs are bought and used. It is SAOL which has helped the women to discover meaning in their local communities, which has helped the women to stabilise. It is their provision of creative social and educational inputs which allows the women to explore their drug futures.

5.3 Social and Personal Development

The project gave the participants the space to look at themselves as individuals, to look at their relationships with family and community, and to explore their citizenship within society. It is this broader focus which distinguishes SAOL from other initiatives or services. It operates from an adult learning and community development perspective which allows it to help the participants to make intellectual, emotional and physical links with their environment and socio-economic context.

The effect for some of assertiveness and personal development inputs is not to accept the label of 'addict' and to some extent may have caused difficulties for services dealing with drug users as a stereotype:

'It made me look at me for the first time, SAOL And, see me as this person. That I wasn't this addict I wasn't a lunatic. Yeah, I did rob, and I cheated and I lied but you can make a new life, you know?'(Participant 7).

Personal development has the effect of bolstering the assertiveness of the participants which has given the women a linguistic device for rejecting labels imposed upon them:

'Like, even when I'm forty they'll still say she's an ex-junkie, you know what I mean? When I'm a grandmother, I'll still be an ex-junkie. I hate that word junkie, you know?' (Participant 3).

As such this may have a negative impact upon services which operate in the addiction context because assertiveness gives the women the power to negotiate the reality which is imposed by the addiction framework⁹.

Indeed, operating out of a community development and adult learning perspective necessarily means developing a critique of domination, subordination and power. As such the women developed a more critical consciousness which may enable them to renegotiate or reframe reality on their terms. This may impact negatively upon addiction services, particularly if in a partnership arrangement, the concept of addiction is taken as given, and not open for redefinition and interpretation. Working with the women, the staff of SAOL were seen, from the Clinic's perspective, as 'addiction amateurs', a description which they would not have any difficulty with accepting, but were seen as being unprofessional when it came to sharing their experiences with the participants or indeed giving out personal telephone numbers. Such practices may be considered wholly unacceptable to addiction professionals but to people involved in a learning and development process, it is 'par for the course'. Moreover, the participants seemed to think the fact that they were treated equally gave them a sense of ownership and a recognition of their personal power:

'They shared bits about their self. (.) They didn't just listen to what you had to say. There was little bits that they showed about their selves which made you more comfortable. And the addict needs to feel that comfort in a sense. Because it's a big thing to trust someone when you're after coming out of active addiction. Or even in active addiction because you are so dishonest, and you want to get back to the level of being honest, and it's like, 'who do I trust here, where do I go?'. I remember going to counsellors first and, there's authority again, you know. Every thing looks authority to you and they look bigger than you. They have the control. Where they [SAOL] gave you the control and learned you how to get the control'.

For others, the personal development modules have facilitated the participants' relationships with counsellors which is in part attributable to an increased ability to communicate:

'My counsellor is great now. Like I get on great with her now. I think in here [SAOL] they learned me how to just speak for myself, do you know? It'd come to me and I'd just laugh. Like I'd be afraid to say anything you know?. Then, like after a while, when I really got to know them and I knew they were with me, I just start coming out of myself and talking. So, like now, a few months ago, I [had] stopped going to my counsellor for months, I start going back to see her, and like, she couldn't believe the change in me. She said 'my God', she said, 'I'm after learning more from you in this hour', she said, 'than I learned from you', and like, I'm seeing her two year!' (Participant 13).

The project was effective in helping participants to explore themselves in relation to their own surroundings by facilitating them to discover new things about their own communities, their city and their country. SAOL was essentially giving the participants an opportunity to become sensitive to their physical surroundings which they may not have been conscious of before. These may sound like simple things but they were of significance for the women:

'I loved the outings. Going on outings. You know, I was starting to become a tourist in my own country, you know?(.) It gave me an awareness again. (.)

FMcV: 'What type of things did you see?'

There's a hotel.... (only live around the corner -I didn't notice that hotel. So, it's great to have someone that knew [what I was experiencing] where I could say, 'Jaysus, I never seen that, I'm like a tourist in my own country!. It's all different stages you go through, (.) like a new world' (Participant 7).

SAOL has facilitated a resensitisation to everyday experiences that non-drug users take for granted. It has opened up new meaning for the women in terms of how they socialise and how they can take pleasure from ordinary things:

⁹ *Addiction being pre-defined reality. In interviews, participants stressed the need not to place unrealistic goal on them especially by the addiction services.*

'It's gave me a different outlook on the social end of my life, the way I did live a social life; social life was my drugs anyway. You know, it was just get up and get you drugs, go bock to the house and goof. And em, its just gave me, that you do simple things. You can go the pictures and that can be social. I never knew that You con go for a meal; that can be social, you know? Go on a walk. You know, I didn't think, like, that was social, and it made me look at all them aspects, kind of the, the human [aspects]. Like this is life, and there is things, and I, I just seen drugs as my things' (Participant 7).

The project has, by impacting on the participants, had beneficial implications for their children. This, as reported by the participants, has to do also with being stable on methadone. Their families feel more assured, more settled:

'Even the kids is after settling in: they were delighted when I got the job. (.) So, they go to bed now at nine o'clock - their minds is settled, that they know that I'm not taking drugs, and that I'm stable. And they're happier. Because when I was on drugs they worried terrible about me' (Participant 5).

Moreover, there is a sense that the work which the participants are undergoing has given meaning to families and especially their children:

'See if I get work to go home?', when I'm doing me homework, the kids take out their homework, and do ft with me. So... "

FMcV: *'So your being here has affected everybody'!?*

'Yeah. Even the kids. I, they see me doing my homework they say 'ma, we're doing our homework', d'you know what I mean? So, the kids is involved as well' (Participant 5).

The SAOL project has given the participants the ability to communicate with their neighbours and their communities. Neighbours feedback to the women how well they look and how the project has made such a difference to their health and the health and wellbeing of their children:

'Now I could stand and have a conversation with people. Do you know what I mean? That, I used to be just hiding. I wouldn't talk and I'd just.... flying by them. But now, I could stop and talk to them. And I'm surprised that people what never spoke to me is stopping me and asking me. I can't believe that So I'm gaining all that back. Where I'm after working hard for it (.) This job is after giving me hope' (Participant 5).

Also, the community development awareness generated by the project has had implications for the community who see SAOL as a curiosity and who are pleased with its outcome. It has also given participants a sense of awareness about their communities, including the side which requires change:

'People have to trust me again in the community. People had to trust me again in the community. Because, they would have seen the active addict They would have seen, em, the drugs, taking the drugs, and robbing, selling the stuff around the doors and then they seen this girl 'she's going to work'. So I got me trust back and em, it was like, eh/she's working now, and the little job she has'. SAOL wasn't really big, they don't really know about SAOL, it was very, eh, in the community they seen the women, the change and the transformation of the women then, and it was like they start, asking questions: 'what's that project about?' What do you do?' Em, eh, it gave me a look at me community, that there was so much going on in it So much happening. So much needed to be changed in it as well' (Participant 7).

In summing up the above section the following quotation sums up all of the positive changes for the women following and during their experience with SAOL:

'In here like, they make you feel like you're someone. Like your just the same as them. Like, they don't treat us like 'you are drug users', you know, all this. Like they treat you exactly the same as they treat each other. And it's great like, that they do that for us because, it's making us feel that we are someone now, do you know what I mean? And even the community now like all around the North Inner City, like they all know the work that we're after doing in here, and like. now, like ould wans even in the flats, and men, and young wans, like

older than me or whatever, they say to me 'jaysus, you're looking great, that job is after doing miracles for you'. And they say 'keep up the good work'. Me kids and all ore really settled, real calm, you know, because, when I was on drugs I was just dragging them out in their pyjamas, in the rain, and I just didn't give a shite, you know? Like, but now, get up in the morning, I just, get the kids washed and give them their breakfast, dress them, and straight to school and then home. You know, people can see that...'

'You know, they say to me 'you're real calm now, we never see you roaring at the kids'. Where, when I was strung out and I was running trying to get me gear, I'd be screaming at [my daughter] because she wouldn't be running quick enough with me. But, like, I wasn't realising she was only a baby, she can't keep up with me, d'you know what I mean? Where as now, I realise all these things'(Participant 13).

5.4 Vocational Progression

The key objective of the EU Social Exclusion initiative is to move those vulnerable groups designated for the programme closer towards employability. In this sense, it is not an express outcome that those engaged in projects supported under the initiative have to be placed in employment on completion. Indeed, the argument has been made during the course of this evaluation, that the participants in the SAOL project have, since birth, by virtue of their social class and the economic and geographic context of their communities, been destined for social exclusion. While there can be no doubt that drug use exacerbates that social exclusion, it is necessary that the consequence of social exclusion should not be confused with its cause. Hence, from the community stakeholders' perspective, the rationale for involvement in the initiative is to develop a mechanism for combating poverty and social exclusion. In this sense a motivation for community involvement in SAOL is to make a contribution towards countering the exclusion of the women as members of that community. In so doing they are investing in the development of human resources, promoting participation and conscious citizenship. Moreover, the community stakeholders have been clear that a key influence on them in co-promoting the project was the emphasis in the EU Social Policy White Paper on the creation of jobs in both services and the social economy. Thus, the SAOL project is about creating the conditions for employment, further education and training as a component of the women's development, and towards work in the services or the growing social economy.

For the participants of SAOL, work, participation and membership of society go hand in hand. Their involvement in the project was described as work, as being a 'job':

'When you go out and work for your money, I mean. She, to other people it mightn't seem like work, but it's work to me'.

FMcV: 'So, you would see the project here as work'?

'I go out to work everyday. To me whole family, I go to work, I'm gone to work. Even the school [ask me] 'Is it okay to ring you at work?', you know?'

FMcV: 'Right. And that's a good feeling'?

'I feel, like great, I'm part of society now, you know?'(Participant 1).

Work in SAOL is not only giving meaning to activity but to lifestyle and life itself:

'Only for this job, I'd be dead, long ago. It's giving me a life. I love getting up every morning and knowing that I've to go in and do me work. Because if I hadn't got this job I'd say I'd be on gear, banging up, and..., [pause] me poor kids'(Participant 5).

The women did give a sense that they had futures which involved some form of employment, further training and work. SAOL, they felt, had given them a yearning for furthering their work lives. This begins with a change in attitude towards themselves and the meaning of work. Working for a living or being in work is what brings the women positive feelings from the community feedback they receive, as described in section 5.3 above. One participant put it:

'Before I started the project I felt I had no future. The only thing I'd ever work at was, a cleaner... You know? And, em, cheating the Government out of money, keep me book and, eh, do a cleaning job, (.) you know that way? But now, em, not since I started, it's only over the year that now I want to work honestly for a living, and bring in an honest earning'.

FMcV: 'Before, did this seem impossible'?

'Yeah, it was definitely impossible. It was a no-no. It was something that never entered me mind. Do you know? And now, I know it is, definitely, is possible'(Participant I).

An expectation, which the SAOL participants have, is future work with other drug users or in locally based prevention work in both formal and informal educational settings. This raises an issue of the extent to which this is a realisable expectation when, in the view of the clinical team, many of the women have so much work to do in relation to their own dependence problems. The project could take risks and move towards preparing people for peer learning programmes which aim toward providing participants with meaningful roles within their communities. But it has a decision to make in the short term as to whether the focus of career guidance should be to allow the women the freedom to explore their own individual options or to channel them into a follow up programme to intensify their reintegration into the community. Either way, each of these development options may run the risk of setting the participants up for failure in the future. ‘•

5.5 Issues Arising

Interviews conducted with the SAOL participants reveal that they have improved in educational, personal and social terms. They are determined not to slip back towards drug using lifestyles. The issue of who sets standards in relation to defining progress in terms of drug dependence is a key issue arising from the interviews. The experiences of the women highlights the need for thorough discussion and debate as to the meaning of “dealing with addiction”. Moreover, there is a need for such a discussion to take place in the context of designing pilot projects in the future in terms of developing performance indicators and appropriate tools for evaluation.

On the basis of the participants’ subjective definition of their progress, as outlined and discussed in this section, the project has successfully helped them to move further towards employability through increasing their educational capabilities, creating opportunities for personal development and bolstering the women’s understanding of themselves in relation to their communities and society.

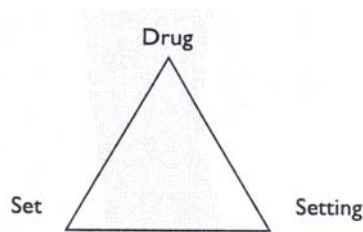
This section of the report has highlighted the need to clarify where SAOL fits into drug services and drug policy. In providing participants with a critical social and political framework with which to address their exclusion, the project has potentially exacerbated the polarisation between it and clinical services. Further development of SAOL has to deal with this, as do clinical services which are based in a community context.

6. THE BROADER CONTEXT: Key Issues

6.1 SAOL, Addiction and the Services

This report has highlighted the difficulties which a non-medical, community oriented rehabilitative programme has in negotiating its policy and practice within the context of a medically oriented drug treatment system. The key criticism of SAOL by the local addiction services has been that many of the programme participants have not dealt with their addiction. However, this issue is as much about the debate over the cause of drug problems as it is over policy and practice. A public health framework is useful in dealing with some of the issues which have arisen for SAOL in the past two years. The drug, set and setting framework as popularised by Zinberg (1984) is useful here. Shane Butler's (1994) discussion of drug prevention issues is also useful in this context (see figure 2 below). The drug, set, setting framework illustrates the range of causes there are in explaining drug use, where drug emphasises the pharmacological potency of the substance, set the individual, his or her attitude, deficits or defects in socialisation, and setting the social, economic, cultural, political and environmental context.

Figure 2: Drug, Set and Setting or Public Health Triangle If Drug



Sources: Butler (1994). Zinberg (1984)

An over reliance on the *drug* and set tends to fetishise the substance and to remove individual volition over dependence. An emphasis on setting, it is argued, tends to underestimate the potency of substances. Concentrating on the setting allows for strategies which are geared towards normalising drug users in the community, whereas focusing on drug dependence as caused by individual defect tends to give rise to strategies based upon counselling and medicalisation. At best the latter tends to lead to a process referred to as 'victim blaming' and at worst to amplify their social isolation through systematic labelling (Young, 1987).

SAOL has operated to date by emphasising the interaction between the set and setting and has developed its practices upon the belief that drug use is symptomatic of social exclusion, poverty and the class position of the women drug users. At the level of practice then, its emphasis has been on supporting the individual to gain an understanding of themselves in the context of community and society. In doing so, it has departed from the framework which has typically informed the formulation of drug services - that addiction is the causal agent and that this rests within the individual. Many of the difficulties which SAOL has experienced over the last two years and which have manifested themselves in breakdowns in communication are attributed to the process of trying to shift the emphasis toward the setting.

As a partnership, the difficulty of reaching a shared analysis is heightened within this process. Addiction is a problematic framework. The work on the theory of attribution within social-psychology by John Booth Davies (1992) argues that 'addiction' is not necessarily the appropriate explanatory device for explaining drug problems. Rather, 'addiction' is a form of 'learned helplessness' or a form of 'functional explanation' which helps to put a social and political order on a situation which is potentially chaotic. In developing an integrated approach to the development of services, the British Advisory Council on the Misuse of Drugs (ACMD) in 1982 coined the term 'problem drug use' to convey the experience of those dealing with drug use in the community, that the difficulties faced by individual drug users were many. Dependence upon a substance being just one.

The SAOL project has to discuss itself and find its place within the context of the above discussion. It has to develop a shared analysis of drug dependence and reach an agreed definition. It does not have to solve major dilemmas, but does have to have an agreed working definition of addiction. In doing so, it has to find an agreed space with the addiction services. This is not to say that 'all is well' in the addiction services. There appears, for instance, to be a contradiction in emphasising 'the need to deal with addiction' while at the same time chemically controlling physical dependence using methadone. It is also the case that many of the dilemmas facing SAOL are themselves the product of an unresolved conflict in Irish drug policy. The 1991 Government Strategy to Prevent Drug Misuse failed to create clarity when it suggested:

Of its nature, the treatment, care and management of the drug misuser does not lend itself to any one solution or approach. The Government accept that the provision of services aimed at the achievement of a drug free society only or harm reduction programmes solely are inappropriate. There is a need to make available to the drug misuser, a range of possible approaches and the means of access to the services most appropriate to his / her immediate needs and capabilities. A fundamental consideration in this respect is to ensure that services available are attractive and accessible in order to encourage misusers to avail of them and to motivate them to continue with treatment (1991: 16).

Is drug policy to be based upon harm reduction or abstinence principles? This is a major tension. While it is public policy to provide a range of options and that neither harm reduction or abstinence is 'wholly' appropriate, what is the appropriate model? It is this policy vacuum which, in part, allows for contradictions - for instance emphasising the need for stabilisation by way of methadone maintenance and at the same time being critical of SAOL for 'not dealing with addiction'.

Difficulties which have arisen between SAOL and the local addiction services are in part attributable to internal issues within the project. In the early development stage there was a period of uncertainty in which objectives needed to be redefined in the context of programme development, and more importantly, that the anticipated outcomes especially in relation to the addiction issue, could have been better clarified within the addiction services. The project management group was clear that the project was not intended as a rehabilitative route towards abstinence. The local addiction service at City Clinic, from which the women were referred, had higher expectations of SAOL. Members of the management committee, especially the EHB members, could have been more effective in dealing with this issue but were hindered, to some extent, by the rapid pace of restructuring within the management of addiction services within the EHB. The rush to commence the programme within a tight timeframe made it difficult to foresee and resolve many of the dilemmas which arose as the programme was being implemented.

During the early months of 1997 SAOL and the City Clinic have developed a closer working relationship which is largely the result of the establishment of a joint case management process.

6.2 SAOL and the Local Community

The project has allowed the women a space to explore themselves as members of the local community. The participants have described how they feel more integrated and that they have been given direct feedback from neighbours and community activists on their work in SAOL. As such, SAOL has been about normalising the participants within their community and has shown the participants the route out of dependence and exclusion. As the project operates within the community and representatives from the key community organisations are stakeholders, the participants are in a position to become integrated within community networks which have had a positive effect. A crucial dilemma which the project faces now is whether the emphasis of the work over the next six months should be on integrating the participants further by setting them up in roles in the local community, or whether the emphasis should be on individually focused career guidance. There is a need to ensure a balance between individual outcomes for the participants and collective outcomes.

6.3 SAOL and the Health Services

In a health service context, SAOL is part of a 'health development sector' and an example of the shift towards a new public health perspective which emphasises the promotion of positive health. Moreover, it is an example of inter-sectoral collaboration which is now becoming an increasingly important component in the Irish health service (Department of Health, 1994). In evaluating SAOL, one is necessarily drawn to the difficulties of establishing partnerships in the health field which have to date been based upon a medical-scientific rationality. It has been a field in which there has been a degree of scientific certainty. By focusing on the needs of the women in their setting and trying to formulate practice around them, SAOL has encountered difficulties that arise when trying to change this

6.4 SAOL and FAS

To date, the relationship with FAS has been relatively straightforward and unproblematic. This may in part be attributable to the fact that FAS have a role in relation to SAOL which is less ambiguous and raises less dilemmas than for other agencies. At this point, FAS seem to be satisfied that SAOL has achieved its educational and training objectives. As a stakeholder, FAS has been a witness to the changes that the women have made.

6.5 SAOL and the EU Scheme for Projects Seeking to Overcome . Social Exclusion

As highlighted in sections 4 and 5 of this report, the project has satisfied the goal of the EU Scheme by moving participants closer towards employability. Interviews with the participants revealed that they have shifted their attitudes toward working and are in most cases anxious to now move to develop this aspect of their lives. As raised in section 5, the provision of the funding allowed for additional programme inputs including the provision of a creche facility and the resourcing of an arts module. Section 4 of this report highlights the educational outcomes which the programme has achieved. All of the participants improved their literacy skills and some are preparing for national examinations.

6.6 SAOL as a Partnership

As discussed in section 2 of this report, the opportunity to establish SAOL was led by the funding deadlines to a large extent and while each partner was clear about what was in the project for them, this was not shared. The management committee was slow at the early stage to develop an agreed vision, agreed objectives and, as already noted from other sections of the report, an agreed philosophy within which there was a shared understanding of 'addiction'. It was not until November 1996 that the assumptions, which underlay the project concept, began to be teased out. Partnerships and collaboration in the area of drug use have a chequered history. The EHB has had difficulties in establishing and maintaining partnerships in the past (Cullen, 1992) (Bowden, 1996) (Forrestal, 1996). The project has however, begun to develop this aspect and the November 1996 session has begun this process. It will need to intensify and progress in the future. Partnerships require investment, energy and evaluation to make them effective.

7. CONCLUSIONS

The SAOL project has been a worthwhile learning experience for the participants. They have all progressed educationally, socially, and culturally. They acknowledge that they are healthier and more able people following their time with the project. The project has had an impact on their children, on their families and in the local community. Their greatest fear is addressing their futures after the project completes its cycle in November 1997. It is hoped that this next stage of the project will be accepted by all in the same spirit in which the participants, staff and management committee undertook earlier stages.

This report on the project has raised questions about the relationship between SAOL and the Eastern Health Board Addiction Services. While there appears to be a difficulty in communication at local level, it is a key argument of this report that most of these difficulties have been a result of unresolved conflicts at national policy level and in terms of the development of services within a coherent policy framework. It is crucial that SAOL be viewed in its wider context and not in isolation.

In the Irish context, SAOL has been unique and innovative in that it is the first project exclusively for women which attempts to deal with drug users in their own setting or environmental context. It has enabled the women to explore themselves as people, to examine how they interact with their community, with society and institutions and has given them a chance to develop communication skills.

There are many unresolved issues and areas of tension as highlighted in this report. On the one hand SAOL is a bridge to a 'brave new world'. On the other it has not overcome many of the issues which have beset it since its establishment. For it to realise its potential requires a new policy and practice, a new set of treatment and rehabilitation principles and institutional change. The new structures established by the Ministerial Task Force on Measures to Reduce the Demand for Drugs may provide the key to its future.



8. RECOMMENDATIONS

The SAOL project is only the beginning of a new approach to dealing with problem drug use. This first stage has been experimental. Credit is due to the agencies involved, the local community, the staff and the participants for undertaking the project. To have the effect of being broadly applicable, many difficulties and issues need to be resolved. The project has gone some way towards addressing these and needs to continue its innovative and challenging work to see out these issues to their conclusion.

8.1 Collective Outcomes Versus Individual Career Guidance

SAOL participants face a period of uncertainty and the project management committee and staff are committed to providing follow-up supports. As a project rooted in the community development process, there is an opportunity to redistribute the experience (which the present cohort of participants have had) amongst other women drug users. Equally, some participants might well benefit from further training in a job-related programme. The project needs to examine the next steps for the participants in terms of the combination or balance that there will be between collective and individual outcomes.

8.2 Renegotiating Addiction/Dealing with the Social Context

This report has highlighted the need for debate and discussion in relation to the goals of interventions with drug users. The emphasis on providing a range of services suitable to the needs of drug users is an essential component of public policy in relation to the drug use issue. As such, methadone maintenance provides a degree of stability which is itself a basis for enabling drug users to deal with their own individual and social contexts. SAOL has gone a long way towards validating this rationality. There is not a coherent message coming from the public authorities in relation to this matter if one arm is positive about the benefits of stability and rehabilitation and another is disappointed with its outcome. In this context, there is a need to discuss the sequence of intervention: whether clients should meet 'addiction' targets before entering a project like SAOL, or if such a project is a preparatory stage to enabling clients to deal more effectively with addiction services. The evidence gathered in this interim evaluation would tend towards supporting the latter as by increasing educational, social and linguistic abilities, the project has given the participants the capacity to describe their experiences more effectively and in terms which are culturally appropriate to their needs.

8.3 Creche

This is an essential component to the SAOL project as it was a vital service to enable the women to participate in the programme. The facility has been on a renewable monthly contract basis. As this is such a key element of the programme the status of its provision has to be placed on a more secure footing.

8.4 Evaluation: Building on the Learning

The SAOL project has been a learning process for all those involved. It could have benefited both the project and indeed the community and public at large, if an evaluation had been built in from the outset. The remit of this evaluation is not sufficiently broad enough to document each and every element of the project. An opportunity will be presented to the project in November 1997 to spend some time assessing the overall impact of the SAOL experience, documenting the project inputs in precise terms and reflecting on future direction. In this context, the project will have a chance to redefine objectives and to clarify outcomes. In doing so, it is recommended that the project engage external resources to assist in developing appropriate evaluative indicators and related recording processes.

8.5 Policy Development and Communication

The process by which issues with policy, practice and procedural implications are transferred from the project to the policy making arena, needs to be clarified.

8.6 Health and Social Gains

The anticipated outcomes from health services, as laid down by the Health Strategy (1994), is measurable shifts in 'health gain' and 'social gain'. This report has highlighted the positive impact which the SAOL project has had in relation to the social dimension. The project could benefit from exploring the possibility of examining the health gains made by participants on a more formal and structured basis.

8.7 Investing in Partnership: Finding a Shared Space

Agencies which have diverse organisational cultures, ethos and terms of reference need to collaborate with each other in strategic alliances in order to meet goals. SAOL is such a partnership. The difficulties experienced by the project might have been minimised by each agency being clear about its own limitations, its values and motivations for being within a strategic partnership. This could take the form of the sharing of policy positions or policy documents which each partner presents to the others. In turn this leads to the agencies finding a shared space where each can have its own goals met while at the same time being involved in developing innovative responses.

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The HOPE Quilt

The first group of women in the SAOL Project made this beautiful quilt in 1997.

The quilt was dedicated to all their families, friends, the staff of SAOL and the North Inner City Community for their help and support throughout their two years in SAOL.

The Women felt that there were many Quilts made in memory of people who have died from AIDS and that they wanted to make a quilt to celebrate life and to show that there is life after drugs.

Many of the symbols on the quilt represent different stories of life changes the women made while on their journey in SAOL.