

The Soilse-Rutland Partnership Project:
an evaluation of the first year of operation

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I would first like to thank all the participants of the Soilse-Rutland Partnership project who came forward for interview. I am grateful for their candour, and they have inspired me with their courage and hope.

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Executive Summary

The aim of this report is to evaluate the Soilse-Rutland Partnership Project's first year of operation. The Soilse-Rutland Partnership was established in 1997 to provide a holistic and strategic response to drug misuse, based on a continuum of care model and a total abstinence philosophy. The aim of the partnership is to provide a quality treatment and social rehabilitation programme for drug abusers over 18 years of age from the north inner city. The partnership was funded by the Local Drugs Task Force of the north inner city and commenced operation in late December 1997. In the first year of operation seventeen people from the north inner city have come for assessment and ten have engaged with the programme. Seven of the ten participants have had successful outcomes through engagement with the partnership. Seven people from outside the north inner city have also engaged with the programme (this group wasn't funded by the LDTF, but can be seen as the 'multiplier effect'¹), and all have achieved successful outcomes.

The most successful components of the partnership programme were identified by the service provider as: (i) the experience for participants of living in a safe and nurturing environment, and being part of a therapeutic community in Rutland Centre; (ii) building peer networks, and having their opinions listened to and validated in Soilse; and, (iii) the existence of a continuum of care from detox, through treatment to rehabilitation for participants to engage with.

The greatest impediments to full and active participation in the programme have been identified as environmental/cultural factors, in particular homelessness or unsafe living arrangements, family and peer alcohol/drugs abuse and lack of childcare. Another factor which impeded full participation in the Rutland programme for one of the participants, was his age: he is significantly younger than any of the other participants. It is recognised by Rutland Centre that the adult orientation of the programme sometimes, though not in all cases, makes it difficult for young people to engage fully with it. There were many other factors which created problems for participants while on the programme. They were identified as: difficulties in accessing social services; difficulties in getting benefits or entitlements; health; emotional issues; and cross-addiction/total abstinence from mood-altering substances.

All of the facilitators stated that the first year of operation had involved a significant learning curve. Most of the learning was associated with the environmental/cultural problems faced by participants, the level of preparedness of participants, the lack of

referrals from community/statutory organisations, and the young age of one of the participants. Throughout the year, as gaps were identified in the service, strategies were put in place to improve the programme. The partnership is characterised by an openness to learning and a willingness to amend the programme as gaps are identified.

The Soilse-Rutland Partnership Project is perceived very positively by eleven out of the twelve participants interviewed; only one of the respondents was critical of Rutland Centre, and it is a strong possibility that this related to his age. All twelve respondents had gained something from being on the programme; they had found it challenging but useful and would recommend it to others. Eleven out of the twelve said they were being, or had been prepared for independent living and work, and ten out of the twelve showed high levels of motivation. Three of the respondents are in jobs and one is about to enter a CE scheme. Two are also attending other courses, two are involved in a community drama group and two have applied for the Access Course in TCD. Eleven out of the twelve reported increased self-awareness, self-esteem or self-confidence since starting the programme. All respondents stated that they now related to people differently than they had before, and relations with family, friends and 'authority-figures' had changed, sometimes significantly. All showed a good awareness of what it means to be an addict, and where addiction can lead.

The facilitators were in agreement that the Soilse-Rutland Partnership is a model of good practice. The main reasons given for this assessment were: the compatibility of philosophy and ethos; the complementarity of the services; the innovative and efficient use of resources; good communications and lack of bureaucracy; and a high level of professionalism.

Suggestions and recommendations, from both facilitators and participants, about how the service could be improved, broke down into two categories: (i) improvements to the programme and (ii) resources which need to be put in place to facilitate greater and fuller participation in the programme. Short-term, medium-term and long-term improvements to the programme were identified, and some of these are already being discussed and put in place. Resources that need to be funded and put in place have been identified as: a half-way house; childcare; and support worker(s)

It is imperative that some of the environmental/cultural impediments to full and active participation in the programme are tackled, in the short to medium-term. Three areas have been identified as major issues to be addressed: accommodation; childcare; and family/community drugs and alcohol abuse. It cannot be said strongly enough, that

funding needs to be made available in the near future so that the three resources of a half-way house, childcare and a support worker can be realised.

The partnership maintains that integration of services is the only way forward in combating the drugs situation, however, its experiences with other agencies indicates that there is a lot of work still to be done to achieve this. Most agencies are still working in isolation, and do not always respond well to other organisations, even those working in the same field. If there is to be any move towards integration of services, the first step should be a willingness on the part of organisations to co-operate with other agencies. Furthermore, changes should be implemented as soon as practicable in the catchment areas of particular agencies, so that all are coterminous. There needs to be far more discussion between agencies, communities and the Local Drugs Task Forces about where money is being spent at present, what choices are available for addicts and what the best ways forward might be. Training in addiction for both statutory agencies and community groups is also vital. There needs to be greater recognition by policy-makers and organisations of the need for the provision of a continuum of care package, this could then point a way forward towards integration. Since there already exists an outline of a strategy towards combating the drugs crisis in deprived communities, in the form of the Lord Mayor's Commission on Drugs Report, it behoves the Local Drugs Task Forces and other agencies to commit themselves to implementing the recommendations in that report, specifically those on comprehensive drug treatment and rehabilitation services.

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Appendix 1 Participants' Interview Schedule

Appendix 2 Service Providers' Interview Schedule

Chapter 1: Introduction

The Soilse-Rutland Partnership was established in 1997, to provide a holistic and strategic response to drug misuse, based on a continuum of care model and a total abstinence philosophy. The aim of the partnership is to provide a quality treatment and rehabilitation programme for drug abusers over 18 years of age from the north inner city. The partnership was funded by the Local Drugs Task Force of the north inner city and commenced operation in late December 1997. In the first year of operation seventeen people from the north inner city have come for assessment and ten have engaged with the programme. Seven people from outside the north inner city have also engaged with **the** programme (this group wasn't funded by the LDTF, but can be seen as the 'multiplier effect'¹).

1.1 Aim of report

This report seeks to evaluate the Soilse-Rutland Partnership programme's first year of operation. Chapter 2 gives the service provider's assessment of the process to date: it examines each participant's progress; it analyses the factors affecting participants' performances; it outlines the strategies adopted by the partnership when gaps in the service were identified; and it gives the service provider's suggestions and recommendations for how the programme can be improved.

Chapter 3 analyses the impact of the programme on the participants: it profiles the participants who came forward to be interviewed; it outlines their perceptions of the programme; it analyses the factors which impeded participation in the programme; and it gives the participants suggestions and recommendations for further improvements to **the** programme.

Chapter 4 outlines the facilitators assessment of the partnership, and gives the reasons why they consider the partnership to be a model of good practice. It examines the need for integration of services to deal with the drugs problem and points to the lack of integration at present.

Conclusions are drawn, in chapter 5, that the continuum of care model is the best way forward for drug-intervention programmes; and that this continuum of intervention requires that agencies (both statutory and third-sector) come together to provide an integrated response to the drug situation in the north inner city.

1.2 Methodology

The methods used to evaluate the programme were in-depth interviews with participants and facilitators of Rutland Centre and Soilse; and analysis of documents and reports, proposals for funding and minutes of meetings. In-depth interviews were conducted with twelve participants, six from the north inner city (funded by the LDTF) and six from other parts of Dublin (the 'multipliers'). Interviews were conducted on a one-to-one basis and were an hour to an hour and a half long. All interviews were taped and transcribed, and confidentiality and anonymity were assured. Six facilitators, three from Soilse and three from Rutland Centre were also interviewed, again on a one-to-one basis. Most interviews with facilitators were two hours long, and were taped and transcribed, (see appendices for interview schedules).

A qualitative methodology was chosen because this is more appropriate to understanding individuals' perceptions of a situation. Qualitative research is concerned with insight, whereas quantitative research studies the relationship of one set of measures, or 'facts', against another. Moreover, because of the sample size it would have been nonsensical to undertake quantitative research: any findings could not be generalised out, or seen as representative of a larger population.

To preserve confidentiality and anonymity the participants that were interviewed are identified as P1, P2, P3, etc. Elsewhere, the north inner city participants are identified as NICP1, NICP2, NICP3, etc. And the facilitators that were interviewed are referred to as F1, F2, F3, etc.

1.3 Overview of the Soilse-Rutland Partnership programme

1.3.1 The service providers:

Rutland Centre is a residential drugs, alcohol and gambling treatment centre in existence for twenty one years. It has an international reputation in the field of drug treatment

Soilse, established in 1992, is the dedicated social rehabilitation programme of the Eastern Health Board. The organisation has an excellent reputation in the field of drug rehabilitation and has established many links with community organisations both national and international. It has been involved with some European programmes and seeks, where possible, to work in an integrated way with other organisations.

1.3.2 The Aim of the **Soilse-Rutland Partnership** programme:

To provide a quality treatment and rehabilitation programme, based on a continuum of care model of intervention, for drug abusers in the north inner city. The programme involves detox, family mobilisation and intervention, treatment, rehabilitation and after-care - combining group therapy, living skills, vocational training and practical socialising - over a one-to-two year period.

1.3.3 The objectives of the programme:

- To work with people who wish to pursue a drug-free, non-dependent lifestyle.
- To realise the full potential of the individual in a holistic fashion.
- To provide an abstinence-based response to drug misuse
- To strategically enhance the operations of both organisations by working in partnership.
- To establish the partnership as a model of good practice in the field of drug intervention.
- To contribute to a drug-free counter-culture in communities, by-awareness building on the nature of recovery from addiction.
- To promote the recognition within organisations and communities of the primary nature of addiction.

1.3.4 The partnership ethos:

The partnership is based on mutual respect and recognition of each organisation's area of expertise, and a compatibility of philosophy or ethos. The relationship is characterised by openness, effective communication structures and trust.

1.3.5 Management structures:

The partnership is run by two committees:

The management committee

This has overall responsibility for the partnership. It meets to discuss policy, funding, personnel issues and strategy. It comprises of Gerry McAleenan and Aoife Kerrigan from Soilse and Maura Russell and Rolande Anderson from Rutland Centre.

The liaison committee

This has responsibility for the day-to-day running of the partnership programme, assessment of potential participants, review of individuals' progress and after-care arrangements. The committee initially met once every six weeks, but now meets only when the need arises. On-going communication to discuss progress of participants, is mainly by phone. The committee comprises of Gary Byrne from Soilse and Gerry Cooney of Rutland Centre.

1.3.6 The time-scale of the programme:

Intervention and assessment

Part-time attendance in Soilse

Engagement with Rutland pre-entry group 3 months

Residential treatment in Rutland Centre 6 weeks

Full-time rehabilitation programme in Soilse

Plus attendance in Rutland after-care group 4 months

Continuing attendance in Rutland after-care 8 months

[Relapse/re-entry on-going]

1.3.7 Outcomes for participants:

- « Secure drug-free status.
- Lifestyle changes
- Acquisition of new skills for work/education
- Health and social gains.
- The meeting of agreed, identifiable social needs.
- Self-motivation, self-confidence and self-esteem.
- Family involvement.
- » Community involvement
- A knowledge and understanding of addiction..

"If you can get people to actually be drug-free, that's self directed and self sufficient... we can give them an insight, and we can present them with certain perspectives." F4.

"Being in active addiction the reactions of other people, across the broad range of society .. are negative reactions. So if somebody who is out of a drug-using culture and into recovery, suddenly they're on a par with everyone, and particularly in an environment like this where if it is acknowledged, your self esteem can take a turn around." F5.

"I think it's a security, that people who come here identify themselves as in recovery and that I'm doing something to secure my long-term recovery." F5.

1.3.8 Outcomes for partnership:

- Creation of a continuum of intervention from detox, through treatment to rehabilitation.
- Provision of an abstinence-based response to drug misuse.
- Enhancement of the operations of both organisations by working in partnership.
- ⁸ Establish a model of good practice in the field of drug intervention.
- ◀ Contribute to a drug-free counter-culture in communities.
- Promote the recognition of the primary nature of addiction.
- Advocate the need for a continuum of intervention, with different agencies working in an integrated way at every stage along the continuum

1.4. The process from assessment to completion

1.4.1 Assessment:

Assessment of potential participants is undertaken separately by both Rutland Centre and Soilse. From the initial contact, Rutland and Soilse engage in dialogue with and about the individual. After the assessment a case conference is held involving both Rutland and Soilse facilitators and any other concerned people, and a decision is then taken as to the readiness of the individual to engage with the programme

The Soilse assessment is generally on a one-to-one basis, and is kept as relaxed as possible. The main criteria on which the individual is assessed are:

- Commitment to recovery
- Motivation to meet ends
- Interest in working on their development to achieve ends
- Stability

The facilitator will endeavour to ascertain what degree of awareness the individual has, what his/her needs are and whether he/she is therapeutically ready for the residential option and working within a group. The potential participant will also be told what the programme entails, the limited availability of beds in Rutland Centre, and whether they are ready for a residential option.

The assessment in Rutland Centre is standard for all clients no matter their background. The purpose of the interview is to establish the extent of the addiction problem, to explore the feasibility of treatment and to ascertain if the person is ready or capable of undergoing intensive group therapy. The prospective client is asked to bring a family member or 'concerned person'¹ to assist in providing relevant information. The individual's

circumstances such as living arrangements, family background, education and employment history are ascertained. Any hospital admissions and previous medical history are examined, and cognisance is taken of any suicide attempts or 'suicidal ideation'¹ by the individual. The person's level of motivation and level of insight are important considerations.

After the assessments a joint case conference is held and a care plan is drawn up focusing on the needs of the individual. Although the programme is based on a group therapy approach, because all participants have a drug addiction background in common, it is recognised nonetheless that "everybody has an individual history" F5, and care plans by their very nature must be individualised. The care plan has to take into account issues such as children (childcare arrangements, etc.), living arrangements, length of time in detox and the person's involvement with other agencies.

If the person seems ready for the programme, and sometimes this is not the case, he/she is asked to engage in the part-time programme in Soilse and attend the pre-entry group once a week in Rutland Centre: "which is really the assessment phase" F6. They are asked to put some short-term goals in place, to be prepared to totally abstain from any mood-altering substance (drugs/alcohol/gambling) and to commit wholeheartedly to the programme. The individual need not be drug-free when attending for assessment (many prospective participants were on methadone maintenance when first referred to Soilse), but they must undergo detox in the first weeks of the programme.

1.4.2 The Soilse programme:

Philosophy and methodology:

The programme's emphasis and orientation is a drug-free outcome for all participants, and although it does not operate with a named 12 step approach it recognises the primary nature of addiction. At present it can only cater for participants who are drug-free, but it aims to work with any drug user, "if we had all the resources." F4. The programme is designed to provide people with skills, both resistance skills and normative skills, to stay off drugs.

An adult education philosophy informs the learning practices in Soilse, "the whole adult education thing, that's what attracted me to being here, and it's the thing I'd be very committed to preserving." F5. Group-based learning is the methodology, the aims being to empower the individual and help him/her be "self-sustaining and self-directive." F4. It is a humanistic process and liberates through creativity, education and group involvement the

capacity of the individual. Soilse provides education in its broadest sense: education, recreation, creativity, therapy, communication. "A very comprehensive mix of stuff that people can engage." F4. In the earlier days of Soilse there was a lot of consultation with participants about the programme's modules and components, the reason being that "adult education is all about participation." F4. "The programme has to be open to people's actual experience of active addiction . . . it's never been a top-down, project, It doesn't work that way." F5.

There are three main components to the programme: (i) creative, (ii) education, and (iii) addiction education and counselling. The creative modules include art, drama, video, photography, creative writing, dance and movement. The creative dimension provides an alternative means of self exploration and self expression to that used in traditional group therapy settings. For drug addicts, whose sense of identity has been damaged through addiction, questions regarding opinions, beliefs, emotions and goals can be intimidating, creative expression helps by-pass this difficulty. It also encourages the development of the creative aspects of the participants, an area which may have been neglected and inhibited by addiction. Furthermore, it is enjoyable and helps to fill the vacuum created by removal from the drug culture.

Classes are given in information technology, reading and writing, social analysis and personal development. There are talks, workshops and guest speakers on a wide range of subjects, ranging from health, nutrition, exercise, sexuality, to legal matters, financial matters and social welfare issues. Football and aerobics are a regular feature of the programme, and there is a well-equipped gym on the premises. With a view to broadening horizons there are day-trips, residential, theatre visits and outings to exhibitions. Participants are encouraged to keep journals, and on-going evaluation of their progress is discussed at group.

Career guidance is individualised to cater to a participant's needs, history and goals. During the latter stages of the full-time programme participants are encouraged to put in place concrete steps towards further training/education or work options.

Counselling services are available in Soilse: it has two full-time counsellors on the staff. Although group-therapy work is encouraged, and provided once a week, participants are offered the option of one-to-one counselling, also once a week.

Soilse provides after-care in the form of an 'open-door' policy with regard to use of the resources by past-participants, follow-up career guidance and one-to-one counselling.

The interaction between facilitators and participants is central to the programme: "It's not a technique, it's actually how it is." F5. Also, a proportion of the staff have been past participants, therefore they are good role models. One of its biggest strengths is the expertise of staff and their empathy with participants. The input by facilitators is very high: they need to be more than teachers they need to have an appreciation of addiction and group dynamics. No one person is assigned to a specific facilitator - Soilse encourages participants to link-up with all facilitators - in reality, however, participants may use one facilitator more than another.

Many of the participants have no qualifications when they come to Soilse, and for some **the** programme gives them a chance to acquire them. In recognition of this Soilse has established links with the extra-mural course offered by St Patrick's College, Maynooth University. An option of undertaking modules through the NCVA and City & Guilds is also offered: "if the opportunity is there for them they like to pursue the education ... and we try to support people in that." F5. The provision of NCVA is useful because it is recognised both academically and in the job market. It also fits in better with what Soilse is doing, with its emphasis on the creative/vocational. The emphasis of the programme, however, is *process* rather than *goal* orientated, therefore participants are given the choice whether to undertake NCVA or not: "one part of the challenge ... was to balance the adult education ethos with the requirements of NCVA, with the reality of people in early recovery." F5. The concern in the beginning was that it could be "setting them up for failure" F5. The centre is registered as an NCVA level II Centre: "that was just to increase the options" F5.

The part-time programme

Participants engage with the part-time programme before and after treatment in Rutland Centre. Length of time on the part-time programme varies with participant, and ranges between two months and four months. There can be up to a maximum of 15 people in part-time at any one time.

The programme involves three half days per week, and comprises of urine screenings, group work, creative modules and talks.

As well as attendance in Soilse, participants must attend the pre-entry group in Rutland Centre prior to treatment, and the Rutland after-care programme once treatment is completed.

The full-time programme

After part-time is completed satisfactorily, participants move on to the full-time programme. This lasts for four months and takes up to a maximum of 12 people. The programme is 10:00 to 5:00, five days a week and attendance at all courses is obligatory.

Again, concurrent attendance of the Rutland after-care group is encouraged.

Assessment of progress and relapse mechanisms

Criteria used to assess participants' progress on the programme are:

- Total abstinence from drugs and alcohol
- Engagement with the programme
- Levels of commitment
- Satisfaction with the programme
- Self-reflection and self-sufficiency
- Respect for others
- Meeting social needs
- Understanding of addiction and recovery
- Engagement with Rutland after-care

Facilitators meet regularly to discuss participants' progress, and if the above criteria are not being met, an individual may be given "time-out to reflect... it's not a question of treating people like children." F4. While on this 'time-out', the participant is always given the chance to discuss with facilitators reasons why they are not engaging with the programme. Participants are given the option to return to the programme, or find an alternative occupation.

If a person relapses while on the programme, they are always given a second chance, but "they are not given too much room to manoeuvre" F4. If the person is on the full-time programme, they may be asked to return to part-time. The premise is that "relapse is part of recovery" F.6, therefore the person can come back, and the facilitators will work with the person to examine why relapse occurred: "the door is there for people to come back in." F6. The relapse is never viewed as "an event - it is a process" F6, therefore, relapse prevention work focuses on what was happening for the participant up to the event. The participant who relapses is also asked to attend the Rutland re-entry group, rather than after-care.

1.4.3 The Rutland programme:

Philosophy and methodology

Treatment in Rutland Centre focuses on the primary nature of addiction and the harm it causes the individual and the family of the addicted person. It is based on an understanding that addiction is an illness and affects every area of life. Addiction is created by regular and constant use, and is sustained by physical and emotional dependence, pleasure or pain release, denial by the addict and the people around them, enabling behaviour and community disavowal of the nature of addiction. In order for addicts to stop using two things must occur: they must come out of denial, and they must gain awareness and insight that they have become addicted: "They must be helped to make the choice to stop, because in using they have lost the choice." F1. "Unless the person really owns and sees what's been going on in addiction, they're not going to change." F2. It is also very much part of the philosophy that "the family needs to be treated as well - addiction is a family condition." F2, therefore a "heavy involvement of families." F2, is encouraged. Rutland maintains that anyone who is addicted, whatever the substance, must abstain from all types of mood-altering substances. "If addiction is there, we see no difference between heroin and prescription drugs." F2.

The methodology is based on the Minnesota Model, which is "an elaboration of the 12 step programme and the importance of the therapeutic community." F2. This treatment model incorporates:

- A basic philosophy of total abstinence
- An understanding of the human being who is addicted, as a person who deserves to have their needs met and to be able to meet the needs of others.
- A method of treatment that can bring the addict to awareness of their own needs, and their need to take care of others in relationship.
- A recognition that addiction destroys that capacity
- A recognition of the need to recover
- Group work, as a means whereby people offer each other support, feedback, insight and awareness in a credible way
- Working in a residential, drug free, therapeutic community that really understands addiction

Rutland is a residential centre because, "for many people, in order to get clarity they need to remove themselves from the immediacy of the environment which sustains their addiction." F1. And, the core component of the residential approach is the therapeutic community; all clients are asked to come together and live within the principles of mindfulness, respect,

co-operation, support, feedback, non-violence, honesty, acceptance and non-judgement. This is a new way of relating for most addicts, and through this they begin to access core human experiences. Maintenance of the therapeutic community is crucial, so clients must agree to abide by five basic rules: no drugs, no alcohol, no gambling, no violence and no sexual contact.

There are in total 25 beds in Rutland Centre, and the intake is approximately 220 per year. The Eastern Health Board funds 25 places per annum, and, at present, the Local Drugs Task Force of the north inner city funds 10 places per annum for the participants on the Soilse-Rutland Partnership programme. Intake is on a 'first come first served'¹ basis, whether public or private.

Treatment is designed to enhance coping skills and to help clients achieve personal integrity and inner security, so that a commitment to lasting recovery is possible. The duration of the treatment is six weeks and consists of twice-daily intensive group therapy, individual counselling, daily lectures and films on addiction and recovery, writing assignments, pastoral care, relaxation therapy, routine medical examinations and a comprehensive family programme. Tuesdays are 'CF (concerned persons) days, where family members and other concerned people are invited to attend for talks and joint therapy. Clients are also encouraged to attend any, or all of the 12-step fellowship meetings (NA, AA, ACOA, AL-Anon, etc) that take place in the centre. The centre also offers men's and women's groups which address the specific needs of women and men in recovery.

After-care is available for up to one year on completion of residential treatment. It involves weekly group therapy and optional programmes to meet specific needs. There are at present 12 after-care groups based in Dublin, and others around the country- Group counsellors from Rutland would have some involvement with after-care, and it is possible to come back for one-to-one counselling for four weeks after completion of treatment. Sometimes people have stayed on for longer on one-to-ones, but this is not usual. Clients may also continue to attend the men's and women's groups or fellowship meetings in the centre.

The re-entry group is available for people who have relapsed, this also involves group work and aids people identify the reasons for relapse.

Assessment of progress and relapse mechanisms

The first and crucial criterion for admittance is that the person is drug-free and sober. The director and the medical director of Rutland Centre meet with each new person on the first

week of their arrival, and based on the original assessment notes a care plan is drawn up for the individual: "to be honest, I don't know how it could work any other way ... I don't know how else you could do it, it has to be very individualistic, because they're very individual stories." F2. The client is then assigned to a group: there are on average eight people per group, and each group has two counsellors. Clients are not assigned a specific counsellor, though, in practice a person will often gravitate towards a particular counsellor. The core part of the work is then done in the group.

The two counsellors meet weekly to discuss each clients progress, and the director checks in with counsellors once a week. There are on-going formal and informal discussions about each participant throughout the six weeks, and then there is a final assessment at the end of the time with the director and medical director. This is an after-care assessment, where the facilitators examine what the person has achieved, what he/she may still need to do, and what extra forms of counselling they may need.

Reasons for discharge from the programme are: breaking the 5 rules (if the client has not admitted to this and sought support); if someone is physically unwell; or if there is a possibility of psychiatric breakdown.

If relapse occurs in Rutland Centre the client is "instantly discharged - they'll be asked to leave ... it's to do with the safety of the therapeutic community." F2. Similar to Soilse, Rutland do not take the position of 'one strike and you're out'¹: clients may seek re-admittance after attendance in the re-entry group. They can also return to repeat the programme if they relapse after they have left the Centre. Relapse is not very common during the six weeks in treatment, however, if it occurs it is normally due to the person not being ready for intensive group work or accessibility to substances.

Chapter 2. Facilitators' evaluation of the partnership project

2.1 Introduction

This section explicates the workings of the programme since its inception, and the north inner city participants' progress to date. The effectiveness of the programme and the factors which impeded participants progress are also analysed; and the learning process undergone by the service providers is reviewed. Finally, facilitators' suggestions and recommendations are given and conclusions drawn.

The emphasis in this section is on the partnership's perceptions and analyses of the project, drawn from in-depth interviews conducted with six facilitators, and on documentation on the process - funding applications, minutes of meetings and progress reports.

2.2 Overview of the programme to date

The Soilse-Rutland partnership was established in mid-1997, having received notification of funding from the LDTF of the north inner city. Initially there was difficulty finding people for the programme, and the main reasons were identified as: the prevalence of a strong methadone-maintenance solution to drug intervention in the north inner city; the lack of referrals from organisations in the area; competition from other agencies; the cultural barrier of leaving children; and the lack of preparedness of individuals for treatment and post-treatment obligations. In late 1997 two participants were engaged with Soilse, and the first participant entered Rutland Centre for treatment in December. To date, a total of seventeen people have engaged with the programme, all were assessed and ten were accepted for treatment and rehabilitation.

The seven who were not taken on to the programme, made personal decisions not to enter treatment because they felt they were not ready to commit to the full process. All, however, worked very closely with the counsellors from Soilse while detoxing: "there was about seven people that actually started in the process . . . there was a lot more work in terms of people . . . that was the issue, working out who was ready for the Rutland." F6. The partnership maintains that addicts can only truly look at themselves if they are free of all mood-altering substances, hence all participants are asked to commit to total abstinence for the duration of the programme. All seven were on methadone maintenance when they started with Soilse, and all had a long history with clinics. All wanted to detox, but were actually using other substances throughout the period, mainly alcohol, hash, and benzodiazepines: "the behaviour is the same with the alcohol, the behaviours weren't

changing" F6. Two of the seven actually completed detox but still had "issues around alcohol" F6., and went back to using heroin. The other five did not complete detox.

Of the ten people that were taken onto the programme since December 1997, two completed treatment in Rutland Centre, but relapsed very soon after leaving; one was asked to leave Rutland in week 5 of treatment; three completed treatment but left Soilse without completing the full-time programme; two have successfully completed the programme (finished mid-April 1999); and two are finishing treatment in Rutland Centre, and are committed to the programme in Soilse.

The three participants who didn't complete the programme, all went to jobs, and two still use Soilse as a resource. If a participant doesn't finish but is drug-free, working and still ties in with Soilse then this is considered to be a successful outcome. It is maintained that Soilse and Rutland always have an effect, even if the person leaves before completion!

2.3 Individuals' participation on the programme

NICP1. Is a woman in the 35 - 39 years age bracket, with a long history of drug and alcohol abuse. She was referred to Soilse in late 1997, and worked closely with a counsellor while detoxing. She did not attend the part-time Soilse course as she was very unstable while detoxing. She was very motivated towards getting into Rutland Centre: "She would have kept herself very together prior to going into the Rutland." F6. She attended Rutland December '97 - January '98. On her discharge, however, she had no real engagement with Soilse. She went straight into full-time for about three weeks, but was very sporadic in attendance. There was "chaos around her family" F6, and she had very little support. She went back using heroin very soon after her discharge from Rutland. Although she tried to keep visiting Soilse she was so unstable she was asked not to attend while under the influence of drugs.

NICP2: Is a woman in the 15 - 19 years age bracket. She was in detox with a local GP, who referred her to Soilse. She saw a Soilse counsellor on a one-to-one basis and gave urine samples. Her primary addiction was alcohol, but the focus was on her heroin addiction. She was also taking Benzodiazepines. She engaged well initially but did not attend the part-time programme, again for reasons of instability. She had good support from her partner's mother while he was in another treatment centre. She attended Rutland Centre February - March '98 and did well in treatment. However, "she was resistant to engaging back in with Soilse." F6. Once her partner came back she started drinking and

"slowly she started to drift away." F6. She went back using Heroin. Although the Soilse counsellor has kept up with her since, she is not ready to re-engage with the programme.

NICP3: Is a woman in the 20 - 24 years age bracket, with a history of engagement with clinics and another treatment centre. She was drug-free prior to attending for assessment, and engaged with the part-time course in Soilse in early '98. She attended Rutland Centre March - April '98, and on completion she attended the full-time programme in Soilse for a number of months, but her commitment to the programme was questionable: she lacked motivation, and was sporadic in her attendance. In June she was asked to take time-out to reflect on her commitment. While on sabbatical, she attended a short FÁS course, and obtained work. She has been drug-free and working ever since. She occasionally still uses Soilse as a resource and attends the Rutland after-care regularly.

NICP4: Is a man in the 20 - 24 years age bracket. He had been on methadone maintenance for five years prior to engaging with Soilse. While detoxing he worked individually with a Soilse counsellor for almost three months. He had very strong family support, however his partner was on methadone maintenance. After detox he went straight into Rutland. He was discharged one week early from Rutland because of his behaviour - he became aggressive with a staff member: "to be honest I think this person wanted to leave." F2. He did engage with the Soilse counsellor on his discharge, and was given the option of returning to Rutland, if he attended the re-entry group and stayed clean and sober. He went back to his partner soon after, and went back using

NICP5: Had been a participant on another drug-intervention programme, Saol, prior to engagement with the Soilse-Rutland Partnership. At her case conference, attended by a Saol representative, among others, she showed both motivation and commitment to the programme. And on this basis went into treatment May - June '98. She did not engage with part-time Soilse prior to treatment, but attended it on completion. She did not enter the full-time programme for reasons Soilse were unable to determine.

NICP6: Is a man in the 20 - 24 years age bracket. He had attended Soilse previously, but at the time was on Methadone maintenance and never really engaged with the process. He then went to prison, detoxed in the medical unit and entered the Training Unit (which is drug-free). He attended part-time Soilse on day-release from Mountjoy, and then attended Rutland in July - August '98. Very soon after completion of treatment he entered the full-time programme; he attended for two months and then decided to leave. Reasons for leaving were threefold: he needed money; he had "itchy feet" after spending so long in Gaol; and he wanted to get a job. He is drug-free, and is working. He is still very much

tied in with the partnership: he often uses Soilse as a resource and still attends after-care in Rutland.

NICP7: Is a man in the 15 - 19 years age bracket. He was drug and alcohol free for about a year prior to engaging with the Soilse-Rutland partnership, but was developing a gambling addiction. He attended Soilse part-time before going to Rutland for treatment. He was in Rutland November - December '98, and went straight into full-time on completion of treatment. He completes the programme in April '99.

NICP8: Is a man in the 25 - 29 years age bracket. He was a drug addict for more than ten years and spent most of this time in and out of gaol. He detoxed in Mountjoy, and began attending the part-time programme in Soilse on day-release from the Training Unit of the prison. He attended treatment in Rutland Centre December '98 - January '99 and came back in to the full-time programme in Soilse. He completes the programme in April.

NICP9: Is a man in the 25 - 29 years age bracket. He was a drug addict for at least ten years and has spent a substantial proportion of that time in prison. He detoxed in Mountjoy and attended part-time Soilse on day-release from the Training Unit. He completes treatment in Rutland in April, and will come back to the full-time programme.

NICP10: Is a man in the 20 - 24 years age bracket. He detoxed in Mountjoy gaol and was in the Training Unit for almost a year. He attended the part-time programme in Soilse on day-release from the gaol, and completes treatment in Rutland in April. He will enter the full-time programme on completion of treatment

2.4 Components of the programme that have been most effective

2.4.1 Rutland Centre:

All of the Rutland facilitators were in accord on the most beneficial aspect of their programme for the north inner city participants: it is the *experience* of being in a caring, nurturing environment and living as part of a therapeutic community. For many this is the primary factor in starting the process of opening up and, perhaps, for the first time having "core human experiences" F1. The community as "supportive family" F3, provides a safe environment for the release of feelings and the testing of new ways of being. Furthermore, living in "a drug free community" F1, was cited as invaluable; for many participants this is probably their first experience of such a community. The third important element, noted by

two of the facilitators is the involvement of family. Although CP days are never easy, for many it is the start of building new relationships with family members.

2.4.2 Soilse:

The overall sense from the interviews with the Soilse facilitators is that there is something for everyone in Soilse. The programme has evolved over the years to include diverse elements - education, creativity, recreation, group-work, self development - hence there are many areas to be tapped by participants.

One of the facilitators maintains that two of the most beneficial aspects of the programme are the development of personal relationships through meeting people with similar experiences, and for the first time being asked their opinions - seeing "that their opinion mattered." F5.

2.4.3 The continuum of care provision:

All of the facilitators in Rutland Centre have seen benefits arising out of the partnership programme. One facilitator stated that "for us if we were treating the people we've treated in isolation of Soilse, I don't think we could be effective. I don't think we could be as confident of what we're doing here." F1. Soilse provides a sense of continuity and "sustains the work we're doing here." F1. One of the Rutland facilitators spoke of how "very vulnerable" F3 many of the participants are on completion of treatment, and that they are not faced with "a blank wall when they walk out of here." F1. Another spoke of the "back up" that Soilse gives Rutland, "I think that would be one of the most important aspects, that there is a holding mechanism." F2.

The Soilse staff also saw the advantages of working in partnership with Rutland: "it's not absolutely necessary in rehabilitation, but it is a wonderful opportunity to be relieved of the demands and pressures of coping with day to day living for that 6 week period, to give full attention to working on your addiction ... it would seem, from our experience, that people who have done that have a much more solid foundation." F5. "To me it's about process, to me it's about the realities that we only have limited resources and we have got to use them most effectively." F4. A crucial element in the continuum has been the way participants attending the Soilse programme feed into the Rutland after-care.

2.5 Factors which affected participation in the programme

2.5.1 Environmental/cultural factors:

All of the facilitators were in agreement that environmental/cultural factors were the greatest impediment to full participation in the programme. In fact, one facilitator was adamant that "the forces against their recovery sometimes are stronger than the forces for." F1. Another agreed with this assessment: "one of the problems is ... somebody comes here, they do good work, but they're parachuted straight back into the same environment and culture, and there's not an awful lot of stability in the culture around being drug free. I think that's a major factor ... I think it is probably one of the most important reasons [for relapse] ... The chronic use wouldn't bother me as much as, you know, as what's being done to try and influence ... their environment." F2.

The environmental/cultural factors were identified as:

- Homelessness/unsafe living arrangements
- Family alcohol/drugs abuse
- Domestic violence (physical/sexual/emotional abuse)
- Lack of childcare
- Children in care
- Community full of alcohol/drugs
- Financial problems
- Peer pressure/sabotage
- Crime
- Lack of quality of life
- Lack of education
- Lack of skills

There is a recognition by all facilitators of the vast differences between the north inner city people and people from much more structured, intact communities and families. Most of the north inner city participants come from distressed families - families with cycles of crime, abuse and addiction, and all are from distressed communities. All have experienced social deprivation and social isolation, and come from "a culture that has little hope for them" F1.

- Homelessness/unsafe living arrangements

Many of the participants from the north inner city were faced with homelessness while on the programme. One of the facilitators identified housing as "one key element [that] cannot be put in place" F4. It is often the case that participants are not actually 'homeless', it's that

they cannot go back to their homes or partners, because of alcohol/drug abuse or domestic violence.

- Childcare

Realistic support and resourcing was identified as a "a major, major drawback ... for example, childcare, at present we have access to getting people a crèche allowance but what we actually need is a crèche on site." F5.

- Drug/alcohol abuse

Most participants have alcohol/drug abuse in their families. For many this means family members cannot visit them when in Rutland. It also causes major problems when treatment in Rutland is finished, because many do not wish to return to the family home. If they do return to the family home, their recovery may be sabotaged by 'active'¹ family members.

- Crime

Criminal behaviour was often a part of participants lives, even prior to the addiction, and "this becomes an issue for them when they do get clean." F6. For some participants the 'buzz' from crime can replace the missing high from drugs.

- Lack of quality of life

Many of the north inner city participants have little, or no quality of life. Through addiction they have become marginalised and do not expect much from their environment, or community. The marginalisation experienced while addicted does not cease immediately upon entering treatment/rehab and this must be combated through other means. Engagement in Soilse reduces this marginalisation significantly, but is not in itself sufficient.

Lack of quality of life can also have an adverse effect, in an obtuse way, when accessing the programme in Rutland Centre. To have three square meals put up to them, and a decent bed to sleep in, gave some participants a respite from the hardships of their lives: two participants commented that they felt like they were in a hotel!

Case studies of the three participants who relapsed clearly shows the adverse effect on recovery, of these environmental and cultural factors:

NICP1 is a chronic long-term addict, suffering from cross-addiction. Her overdose, her son in a detention centre and her children in care, all motivated her to come forward for the programme. However, "her motivation was more external, than internal". F6. There was

"chaos around her family . . . accommodation issues weren't taken care of, she went back to the same environment she left" F6. Her flat had no electricity and very little furniture, but her favourite chair was still there - the one she had always sat in to 'turn on'. She had very little support, even from statutory agencies (no social worker visited her in Rutland, although her children were in care). Her counsellor in Soilse worked closely with her sister, who was very supportive, but there were problems there also - her partner was active. The Soilse counsellor also worked with the detention centre where her son was. She had incredibly complex problems, and her counsellor is of the opinion that she probably would have needed a year somewhere to get coping skills. Her son eventually left the detention centre, and on his return she started using with him.

NICP2 is a young addict, again suffering from cross-addiction. She had support from her partner's mother, who looked after her child while in Rutland. However there were no other supports: "it came down to not a lot of support for her." F6." Her partner was also attending a treatment centre, while she was in Rutland Centre, but returned shortly after she began Soilse. There was evidence of domestic violence, "It was all very chaotic." F6. Also, she had a lot of "shame about not being literate", and although individual tutoring was part of her care plan, she was resistant to engaging with the Soilse programme. She started drinking soon after leaving Rutland and then went back onto Heroin.

NICP4 had been on Methadone maintenance for five years and his partner was still active. Although he successfully completed detox it was a slow process (three months). While in Rutland Centre his partner was not allowed to visit him because she was still active. He got very aggressive with one of the staff about this, and other issues, and was asked to leave.

2.5.2 Difficulty in accessing services

Many of the participants experienced difficulties obtaining social welfare, or rent allowances and other allowances from Community Welfare Officers. This resulted in participants having to take time off from the programme to attend meetings with officers and argue for their benefits. Many experienced severe financial difficulties as a result of being kept waiting for entitlements. Some also had difficulties with housing agencies, for example Dublin Corporation and Focus Housing. "A lot of people have a bad history with the community welfare and various different organisations, and their reputation and experiences can make it more difficult then to access services. That is a major contributing factor. It needs support, education mediation and liaison." F6.

2.5.3 Youth

One of the participants was significantly younger than the other people on the programme, however, his level of maturity and independence went in his favour in the decision to take him on the programme. He lives away from his family because they are all active and needs huge support because he has to provide for himself, deal with his addiction, and cope with the massive alcohol and drug abuse within his family.

Rutland recognises that it is very adult in its focus, which can be difficult for youths, especially the intensity of group work. However, in the absence of an adolescents unit Rutland sometimes takes young people. "If we had the ideal circumstance in Rutland Centre we would then be providing a programme for adolescents" F1.

Soilse is more youth oriented: "our approach would be different from the Rutland ... we allow them to determine their focus" F6. The young person, mentioned above, was offered the option of HYPER (a youth programme in Soilse), but because (i) he had already engaged with his counsellor, who doesn't work with the HYPER participants; (ii) the time-frame for HYPER is longer, and (iii) the focus is not primarily on addiction, he decided against it. He reported that he had difficulties in Rutland, but Soilse has gone well for him.

2.5.4 Health

Health is an issue: many of the participants have problems with their teeth, diet, illnesses (contracted while active), and are generally predisposed to sickness. Both Rutland and Soilse have a policy of feeding participants well while on the programme and one of the Soilse facilitators was of the opinion that there was no health issue "we can't cope with" F5. There has not been much engagement with HIV over the years, "most don't stay" F5.

2.5.5 Emotional issues

All of the participants experienced vulnerability on completion of treatment. The nature of treatment is to access feelings and some people had "huge issues" to deal with. Soilse provides a supportive environment for dealing with many of these issues. For many of the participants it is the first time they see clearly what addiction has done to their families, "and they need a hell of a lot of support around that" F5.

2.5.6 Cross-addiction

Most of the participants from the north inner city are chronic addicts and some are cross-addicts. The total abstinence ethos was very difficult for some participants who had not made the link between drugs and alcohol. All of the seven participants who came for assessment but didn't engage with the programme, were willing to detox, but were not willing to abstain from other mood-altering substances, the main ones being alcohol, hash and benzodiazepines. Also the three who relapsed all began drinking on their discharge from Rutland, and in one of these cases alcohol was identified as the main addiction.

2.6 The learning process for the partnership

"We've learned a lot over the year, about things that work and things that don't work... We look at our relapse rate all the time, and say "what have we learned" ... we continue to learn ... what else can we do to hold some of the more damaged of those who come through the partnership." F1.

2.6.1 Longer time in pre-entry/part-time Soilse

In the early stages of the programme, participants did not spend much time in Soilse before going to Rutland for treatment. NICP1, NICP2 and NICP4 were all on Methadone maintenance when they engaged with Soilse initially, and therefore only met with individual counsellors while detoxing. Once they were drug-free they went straight into Rutland. Mid-way through the first year of operation a decision was taken to keep participants in Soilse part-time for longer. It was noted that the three earlier participants needed more time, for stabilising themselves and for getting supports together. It would, therefore, have been beneficial for them to have engaged fully in the part-time programme for at least a couple of months. It is worth noting that the seven other participants were drug free for at least three to four months before coming to Soilse, and most engaged fully with the part-time programme before going to Rutland.

All the facilitators from both organisations agree that they were too hasty in sending the first three or four to Rutland: "We were anxious to try to create a situation that could work. .. I think in the early days we were so keen to get people on the programme that we probably rushed some people who weren't ready, in retrospect.. . and I think that was a mistake." F2. "Had there not been some urgency to begin ... we might have made a decision that they weren't ready ... and we might have done more preparatory work. I think we're doing more preparatory work now." F1. The preparatory work could have involved more engagement with the pre-entry group (which would have given them

experience of group work), it would have also meant they would have been drug-free longer and they would have been physically fitter.

Engagement with the part-time programme in Soilse creates a stronger link for the participants with the organisation. Moreover, it helps participants understand and see the continuum of treatment in Rutland and rehabilitation in Soilse. The forging of stronger links with Soilse in the early stages also results in less anxiety for the participant on leaving Rutland Centre, because they are returning to a familiar environment. A longer time in pre-entry and part-time means participants are monitored better in terms of motivation and preparedness for Rutland.

2.6.2 Stronger assessments

It was agreed by most of the facilitators, and well documented in progress reports that the assessment procedures in the early stages of the programme were "weak. "Our assessment needed to be stronger, in terms of evaluating people for the Rutland. Like, we would have learned a lot after the first three or four people." F6. It is significant to note that, possibly due to a strengthening of assessment procedures, later participants participated more fully in the programme and achieved better outcomes.

2.6.3 More liaison by Soilse with participants in Rutland

In the early months there was "not much contact between Soilse and Rutland when the client was in Rutland" F2, and this resulted in a weak transition from Rutland to Soilse. It is part of the nature of addiction that people become attached to a treatment centre, and experience levels of anxiety leaving it and a disinclination to engage elsewhere. Mid-way through the programme the lack of engagement on the part of Soilse with participants in Rutland, was identified as a gap in the service. There was a need to adjust practice in order to maintain a solid transition from one organisation to the other. Key workers are now introduced earlier in the programme, Soilse staff come up to see participants in their 3rd week in Rutland Centre, or participants are given day release from Rutland to attend Soilse. This has resulted in a stronger perception in participants' minds of the link between the two organisations, and because participants are familiar with Soilse they do not experience as much anxiety on leaving Rutland.

2.6.4 Development of stronger group cohesion in Soilse

There is an acknowledgement by Soilse's facilitators of the difficulties in forming a strong group on the part-time programme, because of staggered entry into Rutland. In order to promote better group cohesion the part-time programme has been made longer. Nevertheless, it is not always feasible for every participant to spend a long time in part-

time. Participants are given the option of deciding what "they feel is best for them." F5, and may decide to go on to full-time with those they feel more comfortable with, or stay back in part-time. Group formation and group dynamics are taught as an integral part of the part-time programme, and this helps participants understand and deal with tensions that may arise.

2.6.5 The lack of referrals

An outstanding issue that is being addressed on an on-going basis is the small numbers coming forward for the programme. The facilitators claim that the methadone-maintenance culture in the north inner city does not stimulate people to go for a drug-free option:

"they're coming from a mind set which tells them that once they are on methadone they are not addicted any more, that they are fixed, and the surprise of their lives is that they are not fixed" F1. Rutland Centre rarely gets people self-referring from the north inner city: "less than we would have normally, I think it's fair to say." F2.

The lack of engagement by other organisations with the partnership is noteworthy. There have been few referrals from organisations in the north inner city, with the exception of ICON, and not many from statutory agencies (even though Soilse is the social rehabilitation programme of the Eastern Health Board).

Of the seventeen who came forward for the programme three were referred by a local GP (who administers methadone); six were referred by ICON; one was referred by her local GP and Saol; one heard of the partnership through an EHB counsellor in Baggot Street, and was put in touch with Soilse through a Probation & Welfare officer in the Training Unit in Mountjoy Gaol; three other participants were also put in touch with Soilse through Probation & Welfare officers in the Training Unit of Mountjoy; one heard of the partnership through NA; one through a peer; and one was put in touch with Soilse through the drug intervention programme in Cherry Orchard Hospital.

"The reality is ... the huge methadone culture in the North Inner City, huge alcohol culture, huge social neglect and disadvantage, for us to get that kind of candidate is pretty hard." F4.

2.6.6 Level of preparedness of participants

Facilitators have noted a difference between those who were referred by groups or organisations and those that put themselves forward for the programme, although facilitated by an organisation or individual. Those that self-refer tend to be stronger in their commitment to recovery and more motivated. It has also been noted that participants who

have been drug-free longer tend to engage the programme more effectively. Although the average detox for heroin is ten days, people are better prepared for Rutland if they have spent some time in the fellowships or have been to another residential detox. The strengthening of assessment procedures and the longer length of time in pre-entry and part-time, has resulted in less of the later participants relapsing.

One of the counsellors who had the most dealings with the earlier participants asserted that possibly they just weren't ready to change, or weren't strong enough to deal with their past behaviours: "they weren't ready to look at that." F6. He conceded that in reality the partnership can only do so much, without engaging in enabling behaviour. One of the Rutland facilitators agreed with this assessment and added that it is possible that some of the north inner city participants "maybe feel less open to the process of recovery" F1. She did add a caveat, however, that sometimes it just comes down to "ego strength" F1, and this is difficult to gauge at the best of times.

2.6.7 Environmental/cultural factors

All of the facilitators were in agreement that the greatest difficulties encountered by participants were the environmental/cultural factors. And, that not enough credence was initially given to this: "I think they are coming from very distraught, very chaotic families . . . They're going back to terribly fraught really messed up personal and environmental circumstances . . . I think we knew that but we needed to learn." F2.

One of the strategies put in place to help participants combat these problems was the lengthening of the part-time programme and keeping people in pre-entry for longer: "I think we learned an awful lot of stuff from the first three or four. We were unrealistic in our expectations . . . I think we were both really anxious to make this project work . . . and we wanted people on board, and we wanted to prove we were doing stuff. And I think we made mistakes. I think we didn't, you know, ask people to wait enough . . . for the environmental factors - they hadn't really processed them properly." F2.

The Rutland programme places a strong emphasis on involvement of families in the person's recovery, and family members and concerned persons are encouraged to attend on CP days. It has been noted that the level of family involvement by the north inner city participants is less than that for other clients. The main reason for this is that many of the participants come from families where alcohol and drug abuse is prevalent. "The level of hurt and abuse and damage is much higher with anybody that I have met from the north inner city than the average population in here . . . and the capacity of their families to support them is minimal, because the families are so distressed themselves." F1. Although

the primary focus of the Soilse programme is on individuals, albeit working within the group, one of the counsellors maintained that there needs to be more 'generational work¹ done: "there needs to be a bigger focus on working within the whole family . . . Drinking has a big part to play in it . . . going back to families and it's like "you're off the heroin, that's great, let's go for a pint"." F6. All of the Soilse facilitators recognise the benefits of family involvement, but all are also aware of the difficulties involved in working with families with generational drug/alcohol abuse without proper resources being in place.

The staff in Soilse have discussed on many occasions, both formally and informally, how family involvement could be encouraged on the programme: "we've talked about it, and again it comes down to resources." F6 - involvement of families translates into less participants, because of lack of resource at present. People in recovery are advised where possible, "to change people, places and things" that are associated with active addiction, however, for many people "there's no actual place for people to go in their community, where they can actually feel safe in terms of their accommodation . . . That's why the work needs to be done in the family." F6. Some of the facilitators said they still question whether they could have done more to limit sabotage by family or peers: "that has to be looked at . . . and that again takes time." F6. Sabotage by family and peers is often a major factor in relapse. In cases like this, according to the Soilse facilitators, people may need to create distance between themselves and their families. Facilitators in Rutland Centre concur with this view: "in some instances, you are encouraging distance from family" F1 - participants are cautioned to question the wisdom of going back to addictive partners. Nevertheless, issues still arise regarding who takes the children, or about access to children "it's very difficult" F1.

All of the facilitators spoke about the need for greater education about addiction and recovery in the north inner city. Most of the north inner city participants, and especially the earlier participants, were "coming in desperate and in despair, but with little understanding of addiction, little education of addiction" F1. The denial about alcohol is very strong in the culture and therefore education about total abstinence is extremely important. The north inner city community has been given, for too many years, a drug-taking answer to the problems of heroin addiction, and find total abstinence a totally alien concept "the priority given is to methadone maintenance" F1.

One facilitator spoke about the need to continue to educate participants about the "trajectory of recovery" F5, they also need to learn about the continuum of care needed for recovery to take place. It has been recognised that unless the participants "really own" F2 their recovery, and understand that to just maintain sobriety is not enough, they are far more

prone to slip back to old ways. Again, the emphasis is on changing people, places and things associated with their addiction. They are encouraged to develop new coping skills, new networks and new ways of behaving. Participants are actively encouraged by Soilse to get involved in community activities because "they need somewhere to go that's not the pub." F6.

2.6.8 Youth

Both Rutland and Soilse recognise the problem of dealing with youths in adult settings. They decided to take a significantly younger than the average participant mainly because of the lack of other options for him and because he had reached a certain level of maturity; but, "that was a difficult decision" F6. They say that it is a "judgement call" with each participant, and likewise with youths. Sometimes youths are dealing with "normal adolescent stuff as well as dealing with addiction and recovery, and there needs to be an appreciation of that." F5. One of the Rutland counsellors claimed that, in her experience, "the young people are very needy . . . and generally, not a very supportive sort of childhood background." F3. There also has been a growing awareness that, although the profile of drug-users is getting younger, some are "not necessarily addicts." F6. Soilse has initiated a specialised youth programme, HYPER, to partially fill this gap in service provision.

Rutland Centre has been investigating the possibility of setting up a specialised youth treatment facility: "I think that an adolescents programme would be much more ideal than an adult setting" F6. The main impediment to the establishment of such a programme at present is the small numbers of youths being referred to the programme. If the profile of addicts got very much younger and more young people were being referred to the programme, and, crucially, if the money was there, then Rutland would grow in response to that and provide an adolescent facility.

2.6.9 Participants from Mountjoy Training Unit

One of the Soilse facilitators pointed out that in the beginning, there was a tendency for someone coming out of the Training Unit to see Soilse as a half-way house before going to Rutland. This, they recognised, had to change. Strategies were put in place so that those participants from the Training Unit were more prepared for, and committed to the continuum. The facilitators are also aware that the project must not be seen as an easy option: for example, attending Soilse to get a light prison sentence. There is also the awareness that a participant may come forward for the programme in order to get early release, hence they insist on any potential participant finishing their sentence prior to

engagement with the programme. They do, however, encourage day release to attend the the part-time programme.

2.6.10 Involvement with statutory agencies

Initially some participants had difficulty obtaining dole from the Dept. of Social, Community & Family Affairs, because, strictly speaking, they weren't entitled to it while engaged in a training course. The partnership negotiated an agreement with the Department that participants could 'sign-off for the 6 weeks in Rutland, without losing credits; and participants were given special exemption status, so that they could attend the course without any loss of benefits.

Facilitators from both organisations have also had dealings with Community Welfare Officers, Dublin Corporation and Focus Housing on behalf of participants. They are in full cognisance of the fact that in some cases this could be enabling behaviour, but in most cases there is a need for an advocate to act on behalf of the participant. Often participants are given the run-around by statutory agencies, and if the facilitators can "remove the barriers" F1, to help the person get what is needed then this isn't seen as enabling.

2.6.11 Access to other treatment/rehabilitation facilities

It is generally accepted that the time-scale of the project from inception to completion of after-care is adequate: "I think it's about right, to be honest." F2. However, it is recognised that some of the participants might have needed longer in a residential option: "they needed more time , they needed to not be back with their families" F1; "for some, six weeks is just not long enough . . . but the reality is at some point they have to leave . . . just sometimes it should be slower." F6.

The partnership are aware that there is a lack of long-term residential options for these people, and childcare, yet again, is a major factor. In the case of one of the participants who was extremely vulnerable after treatment in Rutland, a longer-term residential option was explored but wasn't feasible. They then tried to get her into a half-way house, but nothing suitable was found.

2.6.12 Counselling in Soilse

Two of the Soilse facilitators were of the opinion that Soilse's strength and tradition is its focus on group work. However, one of the facilitators, while recognising the benefits of group counselling, stated that he saw the necessity for keeping an option of one-to-one counselling. One big issue, however, is that individual therapy, by its nature, tends to be

longer term and this creates problems because the course is only four to six months. This is the rationale for an effective aftercare to be located in the north inner city.

2.7 Suggestions and recommendations

2.7.1 Improvements to the partnership programme:

Short term

- Rutland after-care group based in the north inner city
- Fine-tuning of assessments and screening
 - More preparatory work on participants

- Rutland after-care group in Soilse

The lack of a Rutland after-care group in the north inner city has been identified as a problem for participants. Discussions on how this can be addressed have taken place at partnership management meetings, and plans are in place to establish an after-care group in Soilse facilitated by a Rutland counsellor. This will be implemented as soon as practicable.

- Fine-tuning of assessments and screening

The assessment and screening procedures were identified as weak in the early days of the programme, and strategies were put in place to upgrade them. Nevertheless, one of the Soilse facilitators claimed that a fine-tuning of procedures still needs to be done.

- More preparatory work on participants

One of the Rutland facilitators stressed the need for more preparatory work to be done with participants; and that this must be financed as part of the overall programme.

Medium term

- Consolidate and strengthen the adult education components in Soilse
- On-going training for facilitators
- More money and resources
- An extension of the partnership into other LDTF areas
- More referrals by community groups and statutory agencies
- Greater education/stronger emphasis on drug-free outcomes within the north inner city
- Family involvement in Soilse
- More full-time staff in Soilse

» Consolidate and strengthen the adult education components

Two of the Soilse facilitators maintained that there is a need for Soilse to consolidate and strengthen the adult education components of the programme, rather than develop the counselling facilities. In other words, they hope to create a dedicated adult education service and then make links with other services which provide counselling. This would be congruent with the Integrated Services Initiative. One of the facilitators emphasised that this type of an arrangement would result in participants being non-dependent on Soilse, they would be more self-directing and would create other supports for themselves (private/voluntary counsellors and attending the fellowships). Moreover, as people leave the programme and enter the workplace or further training their "availability to engage counselling shrinks" F4, this results in an underusage of counselling within Soilse, and resources could best be deployed elsewhere.

It has been proposed elsewhere, that "... as well as the more specialist services traditionally associated with drug misuse, the generic services which at present do not always consider that they have a role to play should become involved in the rehabilitation of problem drug takers" (Bowden, 1996: p.36). Soilse considers itself to be at the forefront of this initiative, and considers the developmental approach as one of the best ways forward for rehabilitation. Furthermore, adult education, by its nature, is holistic: it is a forum for discussing personal, social and moral issues; it is a resource for community development; it is an aid for families; and it encompasses a counselling function. With this in mind, Soilse is further developing the adult education components of the programme and is also looking to develop a later stage rehabilitation centre on an after-care basis.

- On-going training for facilitators

At present the adult education officer in Soilse trains the sessional staff in addiction awareness, this can be problematic time-wise and resources-wise. Training in drug intervention work needs to be on-going, and must be properly funded. Facilitators who do not have an insight into drug use or an appreciation of the complexities of addiction, although they may be skilled in their specific field, will not be equipped to deal adequately with participants: "where addiction is an issue, unless it's prioritised, you're constantly going to be run up against yourself." F5. When hiring adult education facilitators Soilse always sounds out their attitudes towards drug use more so than their knowledge of addiction "they need to have looked at what their own attitudes are." F5. Another of the Soilse facilitators also emphasised the need for the counsellors to upgrade skills and knowledge. He claimed that there is always new material being published about drug use and intervention, and it is essential to keep abreast of this.

- **An extension of the partnership into other LDTF areas**

The Soilse-Rutland partnership believes there is a need to incorporate into the programme other Local Drugs Task Forces. The reason is straightforward: they have seen how participants have been attracted into the process who didn't live in the catchment area - the so called 'multiplier effect' - but come from communities that suffer the same social and economic deprivation as the north inner city. If links can be made with other LDTFs this will result in the building of a cohort of drug-free people throughout the city, and the establishment of a drug-free counter-culture.

- **More referrals by community groups and statutory agencies**

It is recognised by both organisations that not enough referrals are coming "from the ground". One reason they believe this is so, is the over-riding culture of methadone-maintenance in the north inner city. However, they have also identified that community groups, by and large, are not linking in with the programme. ICON is the only group within the north inner city that has consistently referred people to the programme. There is a need to develop stronger links with community groups and with statutory agencies so that numbers can be increased, or at the very least so that drug-addicts can be given the option of a drug-free outcome.

- **Greater education/stronger emphasis on drug-free outcomes**

The Soilse-Rutland partnership maintain that education about addiction is crucial to any long-term strategy for drug-intervention. "Maybe we could do more to try to influence community organisations and residence associations around trying to provide awareness around the drug-free philosophy, as opposed to the drip-feed methadone maintenance issue which worries us a lot, and also around alcohol because ... as far as I'm concerned alcohol is the biggest gateway drug." F2. Increased education and awareness will also contribute towards developing a counter-culture of abstinence in the community.

- **Family involvement in Soilse**

The partnership is at present looking at the possibility of doing family intervention work prior to participants going to Rutland. It is also examining ways of providing education and support for families while people are on the programme. This will only be possible if support workers can be hired (see section below).

- **More full-time staff in Soilse**

At present Soilse has a large cohort of part-time staff. In order to move towards a dedicated developmental service it is essential that more full-time staff are put in place.

Long term

- Development of a youth programme in Rutland Centre
- Evaluation of the programme when greater numbers have gone through

- Development of a youth programme in Rutland Centre

If the profile of addicts continues to get younger and more young people come forward for the programme, then it is imperative that money is allocated for the provision of an adolescents programme in Rutland.

- Evaluation of the programme when greater numbers have gone through

One of the facilitators in Rutland asserted that there will be a need for a further evaluation of the programme once greater numbers come on stream. This will contribute to the partnerships' understanding of the factors which help, and the factors which hinder participants progress.

2.7.2 Funding for additional resources

- A half-way house
- Childcare
- Support worker(s)

- A half-way house

For many participants "accommodation was a big issue" F6, and many needed the "option of not going back [to their previous home]." F1. All of the facilitators are adamant that in the near future some kind of sheltered accommodation needs to be sourced and financed, in order for participants to engage fully in their recovery: "it would be great if Soilse had a half-way house for three or six months." F3. The ideal facility would be a building with multi-units - single, family and mother and child units - close to most services, and located in the community (its very presence may perhaps contribute to a drug-free counter-culture). Most importantly, this facility must be safe and secure.

- Childcare

Childcare is another big issue for many participants, both while attending Soilse and for the six weeks in the Rutland. "Childcare is very much a key factor in giving people an opportunity to feel comfortable about working on themselves, knowing that the kids are safe." F6. At present some potential participants are not being able to commit to the programme because their childcare needs cannot be facilitated. This is extremely frustrating for the facilitators: "I haven't felt so strongly about something for quite a while." F5.

There has been on-going discussions in Soilse about the best way forward - whether to have a crèche on-site or to try to get a certain allocation of places in crèches in the local area. The latter option seems infeasible in the short to medium-term because of the length of waiting lists. The former option also has a number of associated problems: "I can see the advantages in having dedicated services . . . but this has to be balanced against categorising them [as a crèche for 'drug-addicts']." F5. At present the balance is swinging in favour of a dedicated facility, this could be either on-site or close to Soilse.

If such a facility existed a course in parenting skills could be developed in tandem: "I would think that there's huge room to develop that, in the context of adult education." F5. This would then open up the possibility of participants undertaking the NCV A module in childcare, which, in turn, could result in a career in this field.

- Support worker(s)

The partnership is fully cognisant of the fact that addiction is not 9:00 to 5:00, and often the most difficult times for people in recovery are the leisure hours. It has proposed a strategy of employing a support worker, or workers who would be available to participants outside 'office hours'. This support worker could also become involved at the assessment and pre-entry phase of the programme, and work closely with the families of participants for the duration of the programme. The support worker would engage in education campaigns and work closely with community groups. The support worker would be trained for drug-intervention work and would be familiar with the "the overall picture about addiction." F2. In some cases the support worker would be an arbiter for the participants and could also provide peer support. It is essential that local people be employed as support workers, this would contribute to the empowerment of the individual and to the local economy.

2.8 Conclusions

The Soilse-Rutland partnership programme received funding in mid-1997 from the north inner city LDTF, and the first participant entered the programme late-1997. To date seventeen people have come forward for the programme, all were assessed, and ten were taken onto the programme. Seven of the ten participants have had successful outcomes through engagement with the partnership. Although three of the seven did not complete the full-time programme in Soilse, they are at present drug-free and working, and two still use both the Soilse and Rutland after-care.

The most successful components of the partnership programme, in the eyes of the facilitators, have been: the experience for participants of living in a safe and nurturing environment, and being in a therapeutic community in Rutland Centre; building personal relationship and peer networks, and having their opinions listened to and validated in Soilse; and, the existence of a continuum of care from detox, through treatment to rehabilitation for participants to engage with.

The greatest impediments to full and active participation in the programme have been identified as environmental/cultural factors. These are:

- » Homelessness/unsafe living arrangements
- Family alcohol/drugs abuse
- Domestic violence (physical/sexual/emotional abuse)
- Lack of childcare
- Children in care
- Community full of alcohol/drugs
- Financial problems
- Peer pressure/sabotage
- Crime
- Lack of quality of life
- Lack of education
- Lack of skills

Homelessness or unsafe living arrangements, family alcohol/drugs abuse and lack of childcare would be the three prime factors mitigating against recovery for the north inner city participants.

There were many other factors which created problems for participants while on the programme. They were identified as: difficulties in accessing services; health; emotional issues; and cross-addiction/total abstinence from mood-altering substances.

All of the facilitators stated that the first year of operation had involved a significant learning curve. Throughout the year, as gaps were identified in the service, strategies were put in place to improve the programme. All of the facilitators exhibited a refreshing honesty about the lessons they had learned, and an openness to further learning. Most of the learning was associated with the environmental/cultural problems faced by participants, the level of preparedness of participants, the lack of referrals from community/statutory organisations, and the young age of one of the participants. Strategies that were implemented during the course of the programme were as follow:

- Strengthening the assessment procedures
- Keeping participants longer in part-time Soilse and pre-entry Rutland
 - Greater liaison between Soilse facilitators and participants during their stay in Rutland
 - Developing stronger group cohesion in Soilse part-time
- Working for longer with participants from the Training Unit in Mountjoy
- Negotiating on behalf of participants with statutory agencies about benefits and entitlements

Suggestions and recommendations about how the service could be improved, broke down into two categories: (i) improvements to the programme, and (ii) resources which need to be put in place to facilitate greater and fuller participation in the programme.

Improvements that need to be made to the programme have been identified as:

Short term

- Rutland after-care group based in the north inner city
- Fine-tuning of assessments and screening
- More preparatory work on participants

Medium term

- Further movement towards the developmental within Soilse
- On-going training for facilitators
- More money and resources
- An extension of the partnership into other LDTF areas
 - » More referrals by community groups and statutory agencies
- Greater education/stronger emphasis on drug-free outcomes within the north inner city
- Family involvement in Soilse
- More full-time staff in Soilse

Long term

- Development of a youth programme in Rutland Centre
 - » Evaluation of the programme when greater numbers have gone through

Resources that need to be funded, and put in place have been identified as:

- A half-way house
- Childcare
- Support worker(s)

It is quite clear from the above that the Soilse-Rutland partnership programme has been successful in its first year of operations. Although numbers entering the programme were not great, seven out of ten of the participants who engaged with the programme have

achieved, or are achieving successful outcomes. The facilitators were very aware of the gaps in the service in the initial stages and put in place, where possible, measures to overcome this. They have also learned a great deal from the first year and the programme has been strengthened accordingly. Strategies still need to be put in place to further strengthen the programme, and these have been identified and are being addressed.

Nevertheless, impediments still exist for participants, for full engagement with the programme. These impediments mostly relate to the environmental/cultural problems which exist in the north inner city community. It is imperative that some of these factors are tackled, in the short to medium-term. Three areas have been identified as major issues to be addressed: accommodation; childcare; and family/community drugs and alcohol abuse. It cannot be said strongly enough, that funding needs to be made available in the near future so that the three resources of a half-way house, childcare and a support worker can be realised.

Chapter 3 Analysis of impact of programme on participants

3.1 Introduction

This section examines how the Soilse-Rutland Partnership Project has impacted on the participants. Six of the ten participants from the north inner city presented for interview. A further six participants who were referred by Rutland to Soilse (these will be termed 'multipliers') were also interviewed. Interviews were conducted on a one-to-one basis, and lasted for a minimum of an hour and a maximum of an hour and a half. All interviews were taped and transcribed.

Measures that were used to examine the impact of the programme on participants were: respondents' perceptions of the project; external factors that may have impeded performance; development of a sense of self; development of motivation; development of interpersonal skills; and a greater awareness of addiction.

3.2 Profile of respondents

Table 3.1 North inner city participants by sex and age

Age grp	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 45
Male	1	2	2			
Female		1				

Table 3.2 Multipliers by sex and age

Age grp	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 45
Male		2	2			1
Female		1				

Table 3.3 Living with family of origin

	YES	NO
North inner city participants	4	2
Multipliers	3	3

Table 3.4 Number of children

Number of children	0	1	2	3	4
North inner city participants	3	2	1		
Multipliers	4	1			1

Table 3.5 School leaving age

	13	14	15	16	17	18
North inner city participants	2	2	2			
Multipliers				2		2

Table 3.6 Qualifications

	None	Junior Cert	Leaving Cert	Apprenticeship
North inner city participants	5	1		
Multipliers	1	1	2	2

Table 3.7 Work in the past

	None	Short-term	Occasional	Regular
North inner city participants	5	1		
Multipliers	1	1	2	2

Table 3.8 Age drinking alcohol began

	8	11	12	13	14	17
North inner city participants	1	1	2	1	1	
Multipliers		3	2			1

Table 3.9 Age drug taking began

	8	11	12	13	14	17
North inner city participants	1		1	2	1	1
Multipliers		1	2		1	2

Table 3.10 Drug/alcohol abuse in family

	None	Drugs only	Alcohol only	Drugs & alcohol
North inner city participants	1		2	3
Multipliers	2		- 2	2

3.3 Perceptions of programme

3.3.1 Rutland

The great majority of respondents said that they weren't comfortable going for assessment to Rutland Centre. Ten reported fear: "I was scared, but I didn't know I was" P.8; or anxiety: "It was nerve wrecking" P.6. Most, however, said they were put at ease at the interview, though this did not mean that they were let off the hook: "The hardest thing about the assessment was coming to terms that I was an addict... and the thought of going into somewhere strange" P. 10. Only two claimed to feel easy about it "I was ready for this" P.5; "I was really willing at that stage to do anything and I really needed to get my desperation across to people ... so I didn't have a problem with that." P.9. All felt relieved at getting in: "I couldn't have seen me last much longer, and a relapse would have killed me" P. 12

All found the Rutland programme challenging, often for very different reasons. Group therapy was cited frequently as the most difficult part of the Rutland programme: "I've never had anyone being honest with me ... trying to be honest was the most difficult part" P.8; " Getting real... to just be me" P.9. It was considered to be very challenging emotionally: "I was under a lot of stress doing the stuff... but to actually do it was brilliant" P. 12; "like the tears come to my eyes and I can feel my throat, but I won't let it come out ... but, I need to mourn over friends I've lost and things I've done" P.2. And, they were constantly confronted about attitude: "The Rutland made me see ... that I'm an

addict of my own free choice, not because such and such happened, or such and such didn't happen" P. 10. Some said they initially "kicked against it", but came to realise that it could work for them: "So I've started to go with it and not against it... There's things I'm gonna deal with here, that I haven't dealt with before and I need to deal with." P.6

The other most frequently cited challenge was the CP days. Many spoke of how tough it was, family members (and I include partners here) telling them what they had been like while 'active': "For me it was looking at the damage I'd done to myself, and the damage I'd done to my mother." P.2; "The CP the other day . . . was hard . . . but it was good listening to what my ma felt. It wasn't just me I was hurting, it was loads of other people." P.6; "I found it difficult looking at childhood stuff, and having to have communication with my mother. I mean she came up on CP day and we ended up having a go at each other . . . It's not nice but I think it's part of it." P. 10. For at least four of the respondents the greatest difficulty they faced on CP days was not being able to have family members come to the centre because they were still in active addiction (either drinking or taking drugs). Another respondent said she found it painful to talk to a family member who had taken on the responsibility of rearing her child. Another respondent reported that some family members didn't want to get involved: "because they don't want to look at their own lives . . . It opened up a whole lot of new areas for me . . . and at least the family members have the option" P.7. CP day is not just restricted to family members, some of the respondents had counsellors or sponsors from the fellowship or friends come up, and all said they found this challenging, yet beneficial.

Another part of the programme, the writing assignments, was cited as very difficult and challenging. For some it was writing the life-script. One respondent said it brought back all the bad feelings, which she had "dampened" through drugs and alcohol. Another spoke of writing a letter to his ex-partner (which he didn't have to send) which brought up painful memories. One respondent spoke very openly and honestly about struggling with his sexuality while in the Rutland, and after. He attended the Men's Group, where talking openly about sexuality was very painful for him; "It's difficult because they're talking about sexuality . . . but it had to be done . . . and I'm happy today" P.2

All respondents agreed that Rutland Centre's programme was very difficult and challenging and one admitted that "by the fourth week I was under severe pressure. I believe I was a half an inch away from a nervous breakdown" P.I 1. Most, however, said that they had found it both useful and beneficial to their recovery. The group therapy helped people to talk about themselves, and many said this made them realise that they weren't alone in their recovery: "It's great to be able to sit in a room and talk about how you feel, and you go

back two year, you were stuck in a house with a syringe in your arm thinking there was no way out" P.6. For many CP day gave them a chance to build bridges: "I had my brother up and it was great I apologised for things I had done" P.5. "To be honest, at the end of the day I was really grateful they came ... It made me realise how much they cared" P.9. One cited the writing assignments as being very therapeutic: "you can just sit with your feelings and deal with them" P.5. Many said the talks gave them a greater insight into addiction: [the talks] "helped me understand my addiction a bit better ... They made me see I didn't have to live like this" P. 10. Others were less specific, but expressed very positive sentiments about the place: "The whole lot of it helped me" P. 1; "I don't know, I'm just grateful to the Rutland, it done a lot for me ... I learnt a lot about myself P.2; "There's nothing I can say that is bad about the place" P.5; "It's a very good place. Being honest" P.6; "I felt very very safe in the Rutland ... I didn't want to leave" P.9; "Just being there ... because I isolated myself so much through my addiction." P.II

Eleven out of the twelve respondents spoke very highly of the facilitators in Rutland. One spoke about how they were "tough, very confrontational" P.I 1, but always helpful. One told of how the day before he left, one of the counsellors assigned to his group had left for the day, and when she realised she would not see him before he left, had come back to say goodbye. He was very moved by this. The general perception was that they are very caring and compassionate, without being enabling: "Rolande is a real gentleman" P.3; "There's none of them I can say anything bad about. I honestly can't" P.5. "I found that in the Rutland they'd go out of their way for you" P. 10; "The big thing I get off them is caring" P. 12

Ten out of the twelve respondents have actively used, or actively use the after-care group. One spoke about how in the early days of being back at Soilse, she found the group unsafe so she relied heavily on the Rutland After-Care. Most have never missed a session: "I haven't missed a night in a year and a half P.8; "I live for it" P.9; "The after-care is a godsend - the best" P.3. Reasons given for this varied, some spoke of the benefit of talking about reasons for relapse, and how to prevent it. Another stated that: "the after-care is un-believable ... its heavy now, it's not easy but. it's dealing with the feelings" P. 12. One respondent had mixed feelings about the group, recognising its benefits but dissatisfied with its structure - too many people leaving and coming back. Two are currently attending the re-entry group because of relapsing, and spoke well of it: "re-entry's good because you're talking to people who've also relapsed" P.2; "the re-entry group was very good, very relaxed." P.I 1. The two respondents that don't like the after-care group stated that it was too hard for them: "The after-care is tough , I don't really like it" P. 11.

Many of the respondents stated that they still attend the youth Group, the men's group and NA meetings in Rutland. And two of the women on the programme stated their intentions of getting involved with the women's group.

Two of the respondents expressed dissatisfaction with the ex-client talks. One stated that the reason was because there seemed to be more talks given by recovering alcoholics than drug addicts. Another said that the ex-client talk on Mondays made the day too long, and that he had been too tired to engage with it properly.

Two respondents expressed strong critical feelings about the CP day in Rutland. One respondent's mother and sister came in: "I didn't find it helpful at all. I felt real uncomfortable, to me it was like a joke, like my family weren't prepared to look at anything" P.I. This was her only negative experience in Rutland. The other respondent was decidedly ambivalent about Rutland. On CP days most of his-family couldn't come up because they were in active addiction, his girlfriend and sponsor, however, did. Even though he stated that this was good for him, he still seemed to be of the opinion that CP days are misguided and didn't work for him. His main problem with Rutland Centre was what he termed their "attitude". He seemed to think that they were saying their way was the only way, and when they talked of 'breaking them down and building them back up' he took this to mean that they thought he was a "scumbag" before and needed to change. He said that "it was like being back at school" P.4. He also doesn't like the after-care group. Although he was very critical of Rutland, he did concede that "If you wanted to get in touch, go to the Rutland" P.4.

From the above it would appear that Rutland Centre is for most people a positive experience, and seems to be doing a good job. Most respondents expressed strong positive feelings about their time there, and most are still actively engaged with the Centre's activities. The respondent who seemed to have a difficult time in Rutland, was critical about parts of the programme.

3.3.2 Soilse

The assessment for Soilse, in the main, did not seem to disturb the respondents too much. One reported that it had been "straightforward" P. 12. Only two of the respondents said that they had been scared beforehand: "I was nervous because it's an interview and one-to-one, I think the part of giving the urine freaked me" P. 10; the other said that although he was anxious, the facilitator very quickly put him at his ease. For the four respondents who were in the Training Unit in Mountjoy Gaol, three were interviewed in the prison. All said that the facilitator from Soilse had been open and friendly, which helped: "He's a nice

bloke" P.6; and that they all saw it as a means to leave behind their old life: "I basically was real honest with him and told him that I wanted to do something, I didn't want to be stuck in prison for the rest of my life." P.6. One of the respondents was assessed in Soilse, while out on day release. He claimed that the hardest thing for him was not the assessment, but fighting the urge to "run" on the way back! He said he's glad now that he didn't.

Most of the respondents found some aspect of the part-time programme challenging. Only one said he had found none of it particularly difficult. The parts of the programme which were identified as challenging, or difficult varied with respondent. Creative writing was challenging for many of the participants who had left school early, and struggled with literacy skills. This was viewed positively, nevertheless: "I'm actually looking forward to it improving my English" P. 10. For others the drama workshops and the art classes were seen as demanding: "It's different" P.I 1. One spoke very honestly, about how difficult it was for her giving urine samples. For another the group focus of the programme was problematic: "Really the biggest thing for me was getting used to other people . . . that would be more stressful for me" P. 12. Most did not cite specific modules, rather they said that "in general" all of the programme challenged them: "it's making me see things that I never seen before, or challenged before" P. 10; "I was after coming out of a life where anything I wanted I went out and got. And going down there, and accepting that it's not good to do them things, because of what it leads back to." P.6.

Respondents views of the full-time programme were similar to those for part-time.

Personal preferences or talents very much influenced opinions on the modules which were deemed challenging or demanding. Three of the respondents cited Self-Development as the most difficult, because it was "tough" P.7, to talk about personal things, and because of being confronted about behaviour or attitudes. Only one didn't like the art classes, but acknowledged that it was a case of "different strokes for different folks . . . but I liked the facilitator" P.2; another said he had found Art incredibly difficult, but enjoyable nonetheless. Creative Writing again came up as a difficult area, and for many the reason seemed to relate to poor literacy skills, "my English is crap" P.2. Group therapy was another often quoted as demanding: "I probably need it, but I didn't want it." P.7. Two of the respondents singled out the drama workshops as being extremely challenging for them: one said the reason was it had brought up a lot of "stuff" for him, one day in particular, when he had acted the part of an active addict. Another said it was a "personal challenge" P.7. A common thread running through all the respondents analyses of the programme was the challenge presented to them of "Just coming in, getting out of the bed, that was a killer for me" P.2; "Just being in every morning at 10.00am! You're not making a

commitment to Soilse ... you're making a commitment first of all to yourself, and secondly to the group." P.8. One respondent said doing the NCVA was a personal challenge for her, while another said the day trips had been difficult, "being around people all day" P.7.

All of the five respondents who are currently on the part-time programme (two are in Rutland at present), expressed their appreciation and liking of it. Three of them singled out the art classes and the Friday talks as the most useful and stimulating for them: "The things we were doing, like Art which I like ... it's great therapy for quietening the mind ... the talks ... it's very good support" P.6; "I like the challenge ... I'm going to get stuck into Art" P. 10. Two of the three said how much they liked the visit to the Municipal Gallery: "I would never have got this opportunity" P. 12. Others named Drama, Computers, Photography, group work and one-to-one counselling as being useful to them.

All said that one of the most useful things about the programme was the support offered by both the facilitators and the other participants: "they're all so friendly and they all understand where you're coming from ... I love Soilse, I think it's a great course" P.5; "Knowing that there was other people out there like me that I wasn't going through this on my own" P.6; "sometimes we sit around talking about our experiences, and it becomes a mini meeting. So it does keep it to the front of your mind." P.I 1. Many of the respondents also spoke about how it had brought purpose to their lives: "Going down to Soilse is like ... I "m doing something, and it feels good" P.6; "I love Soilse ... I'm really, really finding myself in Soilse ... and I get certificates at the end of it!" P. 10; "somewhere to go, people to talk to ... certainly coming out of the Rutland Centre, having something to do" P.I 1; "I can't believe I'm finding the whole thing, everything, helpful.. . I never had the open mind ... I don't want to be a XXXX all my life, I want something better" P.12.

Seven of the respondents had experience of the full-time programme, two had been on the programme but had left early, two had finished the programme and three are just completing it (mid-April). When asked which parts of the course they found useful, the art classes and outdoor activities were cited most frequently: "The creative stuff I thought was really good" P.7; "Did a lot of outdoor activities which I really loved" P.8; "Activities to me, where I grew up now, was going around in a robbed car ... when I went out on that lake it was a natural high ... it's just great, to feel free ... If I had my way I'd go sailing every week" P.2. Next in preference were the self-development classes, Creative Writing and Drama: "The Creative Writing, I really liked that" P. 1; "getting in touch with the creative side ... you can bring your recovery into each module ... I have found its

expression in each of the modules I have done." P.9. Two of the respondents singled out the importance of group-work for their recovery, and two stated that the one-to-one counselling had really helped and that they thought it "great" that it can continue after completion of the programme: [the challenge of] "day to day life I can talk about with my counsellor" P.8.

All of the seven respondents, and especially those respondents coming out of prison, said how much they valued the support offered in Soilse: "I'm really happy with Soilse and the programme... and I really wouldn't have been able to do it without the help and support" P.4; "Over a 11... I feel about Soilse the way I feel about the Rutland. Their support is unbelievable, and it's there, it's free and it's up to the individual to take it" P.9. Other areas cited as useful were the talks given by the representatives from the Connolly Centre for the Unemployed, guidance counselling, advice on housing, access to phones and other facilities and the drug-free environment.

One of the main reasons given for the high level of satisfaction with Soilse was the care and commitment of the facilitators: 'I find there's a lot of attention given in Soilse, there's a lot of listening, there's a lot of help ... and I'm very grateful for that, even though I mightn't show it" P.4; "There's none of them I can say anything bad about. I honestly can't" P.5; "The facilitators haven't pushed us they've really encouraged us" P.9; "I find them unbelievably helpful" P. 10. What is also very clear for the participants is the emphasis on self-help: "They won't do the work for you, but they will show you what's available" P.9; "they're not forceful enough . . . I'm used to being told what to do ... but in saying that, I suspect there's an ulterior motive in that... it goes back to my motivation problem" P.I 1. Many of the respondents admitted that they have, or had problems with so-called 'authority figures', and the interaction with the facilitators in Soilse helped them address this: "You grow up with this thing around the area, that you don't like the place, and you don't like the authority, and this and that, and it makes you bitter. And I was told when I come in here that "we're here to help you if you want it and it's up to you" so I don't see them as people in authority they're here to help me and I'm here for help" P.6. Only one of the respondents expressed reservations about a counsellor, that "... wasn't my cup of tea" P.2, but said that all the rest were great.

Modules mentioned as not being "liked", or thought of as "hard", were Art, Photography and Social Analysis. Nevertheless, those that expressed these sentiments recognised that this was personal preference rather than there being anything wrong with those courses. Criticisms which were voiced by more than one respondent related to loose timetabling and facilitators seeming not to know the amount of money available for their particular courses.

One respondent spoke of the frustration of not knowing what they were doing from week to week: "now I can do with a bit of leeway, but there's just a little too much freedom"

P.I 1.

A problem encountered by two of the full-time respondents and one of the part-time respondents was that of group cohesion and group dynamics. One of the full-timers recognised that this was partly due to his own attitude, in that "I kinda didn't bother my arse with the group" P.7, the reason given was that he felt that it was only going to last for the four months, and so he didn't want to give the commitment. The other problem given by the other full-timer was that she felt "it's just never really gelled ... I came in for the group therapy and to challenge stuff in me ... This didn't really happen because of the dysfunctional group" P.9. The part-timer cited the reason for the lack of group cohesion as being that some of the participants had completed the Rutland programme, -some were in Rutland while others were waiting to go. One of the full-timers felt that she had been in the part-time group too long - she did 4 months.

Although a number of the respondents were delighted to be doing NCVA accredited modules, there were difficulties associated with this. One of the problems related to people entering part-time at different stages and taking up NCVA, resulting in others being held back. There was also a "huge amount of discussion" P.9 about NCVA, and because of this some of the respondents weren't able to finish all of the modules, this has been "disappointing" P.9. It should be noted, however, that participants are given the option to conclude their work, even if the course is finished.

The responses above, indicate a high level of satisfaction, and great enthusiasm for the Soilse programme. One respondent's comments illustrates this: "It would be good to have Soilse all over the country ... there should be an option like this for everyone who comes out of a treatment centre." P.2. Nonetheless, it appears that there needs to be a degree of tightening-up of administration structures and a further examination of the way the NCVA syllabus is being implemented. Group dynamics is always difficult to assess, as it may be a case of personalities clashing or the degree of commitment to the group. It is beyond the skills of this researcher to recommend how group cohesion could be strengthened; it must suffice to say that a recognition of problems in this area may point a way forward.

3.3.3 The transition from Rutland to Soilse

In this section it will be necessary to distinguish between those participants from the north inner city and the 'multipliers'. The reason for this is straightforward: the north inner city participants are already part of the partnership project, once in Rutland, whereas the

Rutland further enhances the sense of continuity between Rutland and Soilse: "I think it's a great link up, you know, the Rutland into Soilse. Because you're going into the Rutland and all this hard work is being done. And then you're just going back out, but like if you had somewhere to go like Soilse" P.2. A point that comes up again in this section is the difficulty in early group formation in Soilse, when some participants haven't been to a treatment centre, others are in Rutland and some have come out of a treatment centre. It seems this problem should be addressed for later participants.

3.3.4 Preparation for independent living/work

Five of the respondents are in the early stages of the partnership's project and it would, therefore, not be legitimate to use their responses as an indicator of preparedness. Having said this it is somewhat significant to note that of the two who are in the Rutland, one already has a clear idea of a career option: "I want to go into the cheffing business and Soilse will help me ... also just getting up in the morning and stuff¹" P.6. The other respondent believes that Soilse will help him, and related a story about going to FÁS while he was in Soilse part-time. They had told him to be honest with the person he spoke to, about his past and what he was doing now, and he said he had had a very positive experience with the representative who was "blown away" P.5 by his story. The three respondents who are currently on the part-time programme all have an idea of what they want to do when they leave Soilse. All want to do further courses, and two have applied for the TCD Access Course. One respondent stated that Soilse could definitely help her with preparing for independent living:: "No matter what comes up they can help you, you know what I mean, like housing, managing money, anything" P. 10.

One of the two respondents who had left the full-time programme early didn't believe that she had got "far enough in Soilse to say if it helped" P.1, however, she is now working full-time. The other is also working full-time and believes that he had been prepared for the workplace by Soilse (he never had a job prior to this): 'I think Soilse is just building you for everyday living ... if I hadn't have had come here and done my bit of personal development I wouldn't have had been able to deal with people I work with." P.2. The other two respondents who completed the programme also claimed that Soilse had prepared them for independent living. One does not yet have a job, but is involved in a community drama group: "The main reason I did Soilse was ... to give myself the space to say "what do I want to do with my life" ... I was able to do all, that knowing I had the support of Soilse, which is just massive, it's just huge" P.7. The other is both working and involved in a community drama group: "Soilse is not like a school or a college, that's one of the things I love ... It's pretty much up to yourself.. . what you put in you'll get out for yourself P.8.

Three of the respondents are just completing the full-time programme, and again all seem to know what they want to do when finished. One is already doing a fitness training course, and hopes to continue this and work part-time. Another has been accepted onto a CE scheme with a local community group, with a view to training as an addiction counsellor 'It's prepared me for working, because I made a commitment to be here and I've been getting up every morning ... coming here . . . and I can feed into that." P.9. And, the other is not sure of his next move, but hopes to become a counsellor in the future: "I've learned a lot. Today I had an interview with a girl around career guidance and I learned a lot." P.4

The above seems to indicate that the adult education approach taken by Soilse has successfully prepared participants for independent living and work. Eleven out of the twelve respondents spoke very positively, and with degrees of confidence about their futures. Some had clear career goals, while others were moving on to further study with a view to establishing themselves in careers. Of the four who had left Soilse, three were working which in itself is significant. It is important to stress at this stage, that finding work cannot be the only measure of life-skills. Many of the participants also spoke about how they could now handle their lives better: "the desperation is gone" P.7; two have found flats for themselves and most of them said that they now had established networks of friends and ways of socialising that did not revolve around drink and drugs. Moreover, all said they could now relate to people in more honest ways and felt more confident about themselves (see sections 3.6 & 3.8 below). This researcher would believe that these measures are as valid an indicator of life-skills, as having a job.

3.3.5 Would they recommend the Soilse-Rutland Partnership Project?

The respondents were unanimous in their answers to the question, would you recommend the project to others? "Without a doubt, Soilse's the place" P.4; "From Rutland to Soilse is a good idea ... I would definitely recommend it.. .You get people from the north side of the city who'd never get the elbow in ... it does give people a chance." P.I 1 Most said they have recommended the project to friends or acquaintances: "I've recommended it to loads of people" P.5; "it's a superb place ... the staff and the people are absolutely wonderful.. . and it's not that they treat you any different... whereas in other places it's 'fucking junkies'" P.8.

3.4 Factors which impeded participation in the programme

All of the respondents reported that they are having, or had difficulties aside from those related to the programme. The greatest problem reported by seven of the respondents was homelessness. Two of the respondents did not have any place of their own to return to on leaving Rutland: "It was a huge worry for me" P.7; 'I was homeless before I went into the Rutland, I lived on the street for a year . . . When you're using you'd sleep anywhere . . . but when you come out of the Rutland you're very vulnerable . . . It's really important to have a place to go . . . These things are huge issues for a lot of people" P.9; one could not return to his partner because she is still using, and one of the respondents currently in Rutland also cannot return to his partner because she is still active. Three of the respondents had no option but to return to the family home, which wasn't an ideal situation by any means. For those respondents who had, or have nowhere to go, the only option was, or is living with friends (one had to sleep on her sister's floor for six months): "If they commit to Soilse, they need to have a house, a roof over their head, so that would be one that's standing out" P.4.

Another problem for six of the respondents was having to be around people drinking, taking drugs or on methadone maintenance, after they left the Rutland. For many of them their only way around the problem was to avoid old friends and give up socialising. However, three of them have, or had no alternative but to live with people who are still 'active'¹: "like the chap that I'm going out to is using Methadone, I've a small bit of fear around it Where, if I know that I had somewhere to go to leaving here it'd take that fear away." P.5.

Four of the respondents said they had a very hard time dealing with resurfacing emotions they had kept down by using drugs: "you leave the Rutland and it's like you're wide open in a sense . . . coming into Soilse, it made me feel safe. It means any stuff I have to go through I can and I'm in a safe environment" P. 10. For two of the participants the hardest feeling of all to deal with was grief: they had both lost family members through drugs and were only now beginning to mourn them. Fear was also mentioned by more than one: "I used to feel very afraid . . . I found it so hard to talk to people" P.I; and one of the respondents also had to deal with heightened perception, which may or may not have related to a period of drug-induced psychosis he had experienced in the past

Financial difficulties were cited by five of the respondents. One of the respondents needed money for his child's Communion, he said that he would have been ashamed if she couldn't have what the other children had. This was part of the reason he didn't complete the course. Four of the five respondents had difficulties claiming benefits. One had a very

bad experience with a CWO from Charles St. Health Centre, even though he had a letter from Soilse. One respondent could not get dole because she had no permanent address, and later when she did find a flat, one of the officers in Cumberland Street Social Welfare hadn't heard of Soilse and didn't know she was entitled to sign-on while doing the course. Another couldn't get dole because he was living with his family. One participant said that "Getting the labour ... I feel like a bum ... I wanted to put the course off, you know, to get a job ... so in that way it's been a struggle" P.4

Three of the respondents had child-related problems, two with access, and one with child-care: "There was a lot of things and stuff at home. I've a child and not being with her, and like my Da used to be "yeah you're out at Soilse all day, you're not with N"" P. 1. Others said they could not see their children enough because of being on the course "There was a time or two I brought her down to Soilse with me and it would have been nice if there was a crèche or something there" P.5.

Clearly the greatest problem for recovering drug-addicts in Soilse-Rutland is housing, and this leads to further problems of being in close proximity to people who are still active, and financial difficulties due to lack of social welfare benefits. Child-care is also an issue for some. It is essential for the long-term viability of a programme like the Soilse-Rutland partnership, that these factors be addressed: ""There's nothing that the programme offers that needs to be worked on, I genuinely believe this, it's all the other factors that can make you relapse . . . issues of housing, issues of child minding, issues of social welfare are so huge" P.9. Dealing with emotions is part and parcel of recovery, and although difficult must be experienced and lived through. However, dealing with them in a safe environment makes people far less vulnerable, hence the importance of the Soilse-Rutland link **up**.

3.5 Reasons for not completing project

Two of the respondents had left the programme without finishing the full-time programme in Soilse. One of them said that her attitude towards the course hadn't been good: she was often late and took days off, "I just wanted to stay in bed." P.I. She was asked by the facilitators to take some time out to reconsider her commitment to the programme. While on this leave she did a 3 day course called 'The Magic Programme' with FAS and found a job. The other respondent cited financial problems (his child's Communion) and "itchy feet" as he'd been in prison for two years prior to going to Rutland. Finally he said that he had wanted a job, because "I'd never worked a day in my life" P.2.

Both of the respondents have maintained their contacts with Rutland and Soilse, and still use Soilse as a resource: "Soilse is always open ... I know I can always come down and talk" P.2. One of the respondents is also considering returning to finish the full-time course.

3.6 Development of a stronger sense of self

Eleven of the twelve respondents stated that participation in the Soilse-Rutland Partnership Project had improved their sense of themselves and given them a more positive aspect. Two stated that they were now more confident: "I've a lot of confidence" P. 10. Two said they were now more assertive and able to speak up for themselves: "I would have got my voice here" P.2. Others said they had lost their self-loathing, or self-pity: "I was convinced once a junkie always a junkie, and full of the poor mes" P.4; "When I was out there in active addiction I felt like shit, I had no respect for myself, now I can get up and look in the mirror ... and it's great" P.5. One spoke of learning about himself, through the course: "It's put the jigsaw together . . . I've become much more aware" P.4. Feelings of pride in small achievements were also mentioned and a blossoming of talent: "The whole creative aspect... I knew I had a creative side ... I thought it was great the way that side was encouraged ... I've got a lot of personal growth." P.9. Most of all, a sense of hope was clearly discernible: "That was life, I didn't see any other way when I got heavily into the drugs I didn't care... I'm happy with my programme today, It's just hard to put into practice you know." P.2; "If I were to tell you where I was two year ago, down on my knees, like, sticking needles in my arm, no-hoper, and here today being clean is like I believe in something. Things will only get better" P.6; "I was always in my head ... the drink and drugs took me out ... at the time I thought it was a godsend ... I feel I have much more hope in my life, doing things that I've never done before but always wanted to do ... and feeling an awful lot better in myself it's given confidence" P. 12

It is clear that participation in the Soilse-Rutland Partnership Project has helped the participants develop self-esteem and self-confidence, and most importantly, given them hope.

3.7 Development of motivation

Ten out of the twelve respondents showed good motivation, and many stated clearly what they wanted to achieve. Two of the respondents stated that they lacked motivation: "I just hadn't got any motivation" P.I; "My motivation would be one of my problem areas" P.I 1. Some of the respondents feel motivated about their recovery: "I'm basically open to doing

anything to stay clean" P.5; "The hardest thing for an addict is to imagine a life without drugs. And, for me now, I've reached the stage now where I can see a life without... on a good day I can see a bright future" P.9; "I will do anything to get well... it's kind of do or die with me ... and whatever it takes I'm going to have to do it" P. 12. Others spoke of feeling motivated to find work: "It's hard not to quit.... you get this attitude, rejecting them before they reject me ... but I'll try to do the best I can ... I need to get off the bench and into the game" P.4; "I have a strong belief I'm going to get a job ... a bit of work after Soilse" P.5. Two of the respondents claimed they were motivated towards further study: "Even in school I'd never have got an application form for Trinity, never I mean ... and now ... Educating Rita, Hello!"; "that would be a dream come true for me" P. 12. Finally, some just felt a general sense of motivation and purpose: in the past, one of the participants said that all he wanted to be was "a drug baron ... a gangster ... but that's all gone, you know, it's like I have things today that I reckon I wouldn't have if I didn't have gone in Soilse" P.2; "I feel I can achieve what I want now, and that's not being cocky, it's like I'm getting a chance now that I wouldn't have known I had before." P.6; "I wouldn't be doing what I'm doing now unless I had the motivation, and support of Soilse and After-Care" P.7

3.8 Development of interpersonal skills

Seven of the respondents believe that participation on the programme has helped improve their relations with their family. Most said that CP days in Rutland were the starting point for these changes. Some said they were more honest in their dealings with family, some said they don't expect too much from certain members any more and some have grown closer to certain members: "I would have been hugely angry with particular members of my family and I'd have dumped it out... but today I can let that go and sit down and have a conversation with them" P.8; "Even to accept there are some family relationships that will never change" P.9; "I'm a bit more open" P. 10; "They're relating a lot better to me" P.I 1; "I'm more able to let go" P. 12.

Some of the participants have had to let go of old friends whom they would have used with, others have tried to maintain some kind of relationship with them: "Like my old friends are still my friends, but they don't live life the way I choose to live it today." P.2. Three of the participants said they are making friends for the first time, as they tended to isolate themselves when active: "kind of learning how to be a friend which is pretty new, because it used to be me and the world" P.7; "I think a lot of friends now, than I ever did before ... and I feel comfortable now with friends. I can be myself P. 10; "[Meeting new people has been] new ground for me" P.I 1

For seven of the respondents the biggest change for them is how they now deal with so-called authority figures: "my thoughts only changed towards the guards when I was in the Rutland because I was in treatment with three guards ... one of the guards that was in treatment with me, is one of my best friends now. We regularly meet for coffee and go to meetings together." P.2; "The way I speak to people now, it's like, the attitude that I have towards authority is a big one and it only leads to bitterness and I think I'm past that stage now, blaming people ... When I talk to people now ... I just try to be me" P.6; "If someone tells me something I do get an attitude ... and I do get fear about talking to them ... so that's something I'm trying to work on." P. 12. One of the respondents who had spent ten years in and out of gaol stated that he was now friendly with a prison officer he had met through a training course, while another who had also spent time in gaol spoke about his resentment towards authority figures: "I don't act out on it any more" P.5. One of the respondents who would have been in trouble with the Garda while active, said he had met a guard on the street and for the first time "I had no fear of being brought down" P.4.

For some of the respondents the change in the way they relate to people is less marked and not specific: "It's changed a bit... it has improved but it's not brilliant" P.1; "My relationship with myself has improved and that's the most important thing" P.8; "it's given me the confidence to challenge myself and others ... and to trust myself and how I deal with people." P.9.

The above indicates a positive shift for most of the respondents in their relationships with others. Arguably, the most significant would be the change in the way seven of the respondents now relate to authority-figures. This is perhaps more marked because four of them had spent time in prison, and one had problems with the police in the past. Another possibly significant change was the respondents' relationships with family members, which for many had been severely damaged by their drug-use in the **past**.

3.9 Greater awareness of addiction

For some of the respondents their awareness of what addiction really means starts with what the Soilse-Rutland Partnership Project engenders: "it was only the second time that I was totally clean, and open minded that I realised what the programme was about. The first time, I thought it was just to keep me off the streets and give me something to do in the day. I couldn't grasp it at all. But the second time around I sort of did." P.2. For all of the respondents their awareness of addiction impacts directly on how they now live their

lives: "It's the way I try and live, it's like ... I kinda have goals in life that I want to achieve and it's like if I can go out there and get them by using the supports I have now" P.7; "I know about addiction, but more I now know how I was behaving" P.9; "**Happy. All I** ever wanted to be was happy" P.10; "How to get well is by dealing with feelings" P. 12. For one it has a direct bearing on how he now sees his family: "I'd like to grab W. and say look at me" P.4.

Four of the respondents spoke about the total-abstinence philosophy of the project, and how this had helped them understand and cope with their addiction. Two said they had to struggle to come to terms with the no-drink rule: "I know that drink is a drug as well, but I find it hard to see that, but I don't like drinking now" P.2; "I could give up drugs no problem, I couldn't give up the alcohol" P.11. Five of the respondents also spoke about methadone in this context. Some said their experiences on methadone convinced them that it could not be a solution to addiction, two thought it was OK as a short-term measure: "I was supposed to be stable on Methadone, but I was never" P.2; "When I went on it first I thought I was getting help ... my addiction just got worse in prison" P.5; "I hear ... **they're** trying to get maintenance all over ... and when I get into that sociology ... it's like, the government want to get physeptone and push them in a corner ... it's not going to work and it makes you bitter towards them ... I think they should put much more into treatment centres" P.6; "I believe, and I feel really strongly about this ... methadone detox ... the minute that is finished they should be put into treatment or into a place like this ... because they're being told they're actually clean and ... their thinking isn't changing at all" P. 12. Two reported that they had "major problems" being around people on methadone.

When asked if they would get involved in any type of anti-drug activity none wanted to have anything to do with vigilantes. Five, however, said they were both willing and would like to get involved in information campaigns: "I wouldn't get involved with any anti-drugs ... the vigilantes and that. But, ... what I would like to do is to go to schools and share my experience to young kids ... if anywhere I'd like to do it in my own area because most of them kids would have seen me active ... the kids would look up to things like that... I'd like to go into the schools and change that." P.2; "I'd be up for going in to schools and talking, and that" P.3; "I know a fair bit about addiction now and where it took me, and I'd **love to** go around and give talks to kids or do something in the community ... and give something back. I've been taking things out of the community all my life ... burgling houses ... joy riding ... yeah I'd love to do something" P.5; "I'd like it to be broadcast more in school... they need to be learnt about all drugs ... I'd like to put a bit back into the community, and go round and tell the kids what it was like ... The generation that's growing up now, you see them drinking and smoking hash, and you want to go over and

shout at them "you don't know what you're getting into"¹¹." P.6. One of the respondents had already given a talk in a school and appeared in a Prime Time documentary.

Three of the respondents hope to train as addiction counsellors, and one respondent is not sure of the field she wants to get into, but said that she "would love to work in a place like Soilse ... I would love to end up working in a place like this. Now, with clean addicts, I don't think I could handle active addicts that are trying to come off." P. 10

All of the respondents seemed to have a keen understanding of addiction, and where it had lead them. Most of them agreed with the total-abstinence philosophy of the project. A significant number did not agree with methadone being used as a solution to heroin addiction. Many expressed interest in getting involved in drug-prevention programmes, and some wanted to train as addiction counsellors.

3.10 Respondents' suggestions and recommendations

Although all respondents had suggestions for how the project could be improved, it is necessary to emphasise at this point that eleven out of the twelve respondents expressed great satisfaction with Rutland and a similar number were unequivocal in their appreciation of Soilse: "Life is good at the moment, it's better than what it was ... I appreciate my life now, I appreciate the chance I had you know. Don't change anything here, its down to the individual... it's a good programme" P.2; "I don't think there's much more that can be done with [Soilse] . . . besides probably more space . . . there's nothing wrong with the attitudes there" P.4; [Rutland] "it's a great place" P.6; "I think it's doing enough" P.7; "To be honest with you . . . there's no way I'd change any part of the course ... the drug -free status is absolutely essential... if you see people coming in on valium or methadone or whatever, or still using alcohol it weakens the link, where 'if he can do it, I can do it'¹... you work together" P.8.

- A half-way house.

"For the people that's in my group, that has so much trouble with [it]... definitely there's somewhere needed" P.4; "If they had a hook up with a half-way house" P.7; "It would be so fucking amazing to have places for people to be somewhere safe ... to be with other people who are in recovery." P.9.

- Bigger premises or new buildings.

"It should be expanded ... if they got another building and kind of made it bigger" P.6.

- Greater numbers taken in
"More space ... give people a chance to see there is a life" P.9.
- Crèche, or access to some kind of child-minding facilities.
- Increased EHB funding for beds in Rutland (more medical card beds)
"It's so important that the beds are there ... because there's so few ... most drug addicts don't have that kind of finance." P.9
- Soilse to open in the evenings and at weekends.
- After-hours facilitators
- More publicity about the project.
"It should be broadcast more for the work it's doing" P.6.
- More organisations like Soilse around the country
- Tightening-up of Soilse's timetable
- Set up after-care group in Soilse
- Establishment of a young persons' group in Soilse
- More one-to-one counselling in Soilse
- More on living skills
- Classes on parenting skills
- Classes in how the work-place functions
- Course in spirituality
- Part-time input into full-time programme
- Speedier transfer to full-time if doing well in part-time

- Provision of proper vegetarian food in Rutland

"A lot of addicts don't have qualifications, don't have schooling and really don't have a lot of opportunities. Where I'm from, and most of the people are from . . . working class backgrounds, and they're going back into them areas, and they're not getting the same opportunities as other people . . . But, if we're coming from this background . . . the government... don't want us to go back into that, and the crime rate to go up and more drugs and more deaths, then there should be more facilities for people who come out of a treatment centre and actually want to get well... housing, self development, work schemes should be put in" P. 12

3.11 Conclusions

It is undeniable, from the evidence above, that the Soilse-Rutland Partnership Project is perceived very positively by eleven out of the twelve participants interviewed; only one of the respondents had an unfavourable report of Rutland, and it is a strong possibility that this might relate to his youth. It seems that the Rutland programme may not be ideal for younger recovering addicts. All of them had gained something from being on the programme; they had found it challenging but useful and would recommend it to others. None had found the transition from Rutland to Soilse too difficult, and most felt that there was a connection between the two organisation. If more young addicts are taken on in the future, it is recommended that a link-up be made with a youth facility. The only negative comments about Soilse related to loose timetabling, lack of time to complete NCVA modules and group-cohesion.

Eleven out of the twelve said they were being, or had been prepared for independent living and work, and ten out of the twelve showed high levels of motivation. Three of the respondents are in jobs, two are doing other courses and one is about to enter a CE scheme. Two are involved in a community drama group, and two have applied for the Access Course in TCD. Eleven out of the twelve reported increased self-awareness, self-esteem or self-confidence since starting the programme. All respondents stated that they now related to people differently than they had before, and relations with family, friends and 'authority-figures' had changed, sometimes significantly. All showed a good awareness of what it means to be an addict, and where addiction can lead. Some expressed interest in getting involved in drug-awareness campaigns, and three said they hoped to be counsellors in the future.

The greatest difficulty experienced by participants, aside from the challenges of the programme, was housing. Seven of the respondents were homeless on leaving Rutland. This was seen as an impediment to participating fully on the Soilse programme. Lack of safety in their living situations, due to increased vulnerability or access to drink and drugs was also cited as problematic. Proximity to people who are still 'active' was another difficulty experienced by many, this problem is often compounded by not having a place of one's own. Financial difficulties, mostly related to not getting due benefits was an issue for some. Finally, lack of child-care was another area that created impediments to full participation on the programme.

The respondents were unanimous in their praise for the partnership project, and all had suggestions that might make it even better. Most of these suggestions were not about amending the programme per se, rather they were related to improvements that could be put in place to ameliorate people's day-to-day problems or further address the drugs crisis: for example, provision of sheltered accommodation; bigger premises and more participants; child-care facilities; longer opening-hours in Soilse; greater publicity regarding the programme; provision of support workers; and an increase in the number of Medical Card beds in Rutland

Chapter 4. Evaluation of the Partnership: the continuum of care model & the need for integration of services

4.1 Introduction

This section examines the reasons behind the coming together of Rutland Centre and Soilse to provide treatment and rehabilitation as an integral service, to drug users from the north inner city. It outlines the facilitators' views about the partnership, and why they consider it a model of good practice. It analyses what needs to be put in place for integration of services to take place and exposes the gaps that exist at present. In conclusion it tentatively points to a way forward for the provision of a continuum of intervention and integration of services.

4.2 The drugs crisis in the north inner city and responses to it

In the north inner city two cohorts of drug users can be identified: older, long-term addicts and young people. Within the second cohort, drug use is starting younger and younger, "the nature of the drug use is changing ... even in the time I've been here we've had a lot of people approaching here at a younger age" F5. Types of drug-taking has also changed, mainly due to the provision of methadone-maintenance clinics and 'E' culture. When methadone was first introduced, stabilised heroin addicts began selling it on the streets, and, although measures have been introduced to end this practice, "it's safe to say the leakage is still there." F2. In 1996, the Eastern Health Board claimed that 3.1% of drug addicts "identified methadone as their first drug of choice, and that the numbers were rising" F1.

The Report of the Lord Mayor's Commission on Drugs states that

Not only are drug users marginalised and often alienated, they also experience a cluster of difficulties: poor educational attainment; long-term unemployment; socio-economic deprivation; problem family relationships; poor housing; conflict with the criminal justice system; and health problems, which are exacerbated by their opiate addiction. Rehabilitation must empower drug users and restore their capacity to participate in mainstream society. This demands a multi-faceted response, recognising the diffuse needs of drug users, the specific difficulties associated with drug addiction and the varying ages and capacities of drug users to engage in rehabilitation programmes. (1997; p.2)

Both Rutland and Soilse maintain that the response to the drugs crisis in the north inner city is still mainly through medical services, and in consequence there is an extremely high population using methadone: in recent years, Ireland has emerged as having the youngest cohort on methadone in Europe. There are, of course, other services operating in the north inner city, such as Anna Liffey, Saol, Crinian Youth Project, the problem is, however, that there is no overall strategic plan to address the complex problems of drug abuse in the north inner city. There is no *multi-faceted response*; there is no coherent continuum of intervention; and services continue to work in isolation and to be fragmented in their approach to the drugs crisis.

4.3 The impetus behind the Soilse-Rutland Partnership

The Soilse-Rutland partnership came together in early 1997, in response to the worsening drugs situation in the north inner city, to provide an intervention service based on a continuum of care model and a total abstinence philosophy. The continuum of care model is based on the premise that drug addicts have complex needs, and unless a substantial number of these needs are met, the addict will find it very difficult to stay clean and sober. Moreover, the Soilse-Rutland partnership maintain that drug addicts from deprived communities are doubly disadvantaged, and require more than basic drug intervention work to become full and active members of society. The total abstinence philosophy adopted by the partnership derives from both a shared understanding of the primary nature of addiction, and Soilse's previous experiences with people engaging in its programme while on methadone: "the outcomes that I see for most people ... drug-free ... they're more apt to engage in more of a long-term process ... a lot of basic skills most people on methadone don't engage in." F6.

For many years Rutland Centre has lobbied government and the Eastern Health Board to increase funding so that greater numbers of medical card holders could avail of a residential treatment option: "there was a frustration with the lack of services for people who needed a residential option." F1. In 1997 the centre had funding for 12 medical card clients per annum, in 1998 this was increased to 24 medical card clients, plus the "allowance to access ten more people" F2, through the LDTF funding. The centre maintains, nevertheless, that greater medical card provisions should be made available. There was also a realisation on the part of Rutland Centre that some of their clients needed a post-treatment option: "we needed something to refer them to after they left here, because ... coming out of a drug culture .. where drug taking was the norm, they needed supports other than the kind of normal supports that we have for 70 to 85 per cent of people ... People who have no

social supports are going to find it harder to stay stopped. And, you can set them up to fail by simply detoxing them, giving them treatment, and saying fine now you've had that."

F1. In recognition of this, Rutland Centre was already referring individual clients to Soilse for rehabilitation, a decision was then made to form a partnership which could offer treatment with a rehabilitation option "that was also drug-free ... a meeting of minds on the major issues brought us together in terms of the practical issue." F1.

The impetus for the partnership was not one-sided: Soilse was at the same time seeking to create a strategic alliance with an organisation which had a similar philosophy, which showed a willingness to co-operate and, most importantly, which recognised the need for a continuum of intervention for drug users: "we've always seen the continuum of the residential as being an important factor ... certainly within the context of giving people an option for a breathing space in their lives." F4. Since its inception, Soilse has always worked in partnership with other organisations "we feel it's very beneficial and it's a way of exploiting the resources that are there." F4. Soilse knew of Rutland Centre's work in drug treatment and had great respect for their methods and philosophy: "we would be regarded as a model of good practice ... and regarded them as a model of good practice." F4.

4.4 Facilitators' appraisal of the partnership

All of the facilitators were in agreement that the partnership has been successful, and that it should be recognised as a model of good practice and stand as a learning mechanism for others. There were many reasons given as to why the partnership is a model of good practice, these can be broken down, for convenience, into the following categories:

- Compatibility of philosophy and ethos
- Complementarity of the services
- High level of professionalism
- Good communications and lack of bureaucracy
- Good reciprocal relationships between partners
- Commitment to partnership and participants
- Innovative and efficient use of resources

Two other important factors cited by one of the Soilse facilitators were knowing your subject and knowing your audience. Soilse has been involved in many other partnerships in the past, however, the three facilitators were in accord that the Soilse-Rutland partnership has been the most successful to date.

4.4.1 Compatibility of philosophy and ethos

One of the major reasons, cited by the facilitators, for the success of the partnership is the compatibility of philosophy and ethos of the two organisations: "there's a lot of compatibility between us." F4; "we knew the Soilse philosophy was similar." F2; "the general ethos and approach to clients is very similar." F3. Both organisations identified the following as the premises on which the partnership is based: the recognition of the primary nature of addiction; the emphasis on a drug-free outcome; the recognition of the need for a continuum of intervention; the need to create support structures for drug users; and the need to create a drug-free counter-culture in communities.

Both Soilse and Rutland centre share "a recognition of the primary nature of addiction" F5. In other words, there is no distinction made between the type of substance a person might be addicted to, rather it is the addiction that is the focus: "our view of addiction takes no prisoners. Each person is equal and as valuable a human being as another, but they have each compromised their human values through addiction ... heroin addicts from the inner city are no different from gamblers from Foxrock." F1. The emphasis of the partnership project is on a drug-free outcome and the partnership project will only engage with people who are willing to detox and commit to total abstinence, at least for the duration of the programme. The reason is clear-cut: the programme challenges people to overcome their addiction, and this isn't possible if a participant is using mood-altering substances, such as alcohol, 'soft' drugs, prescription drugs or methadone.

Soilse, in the past, has engaged with people who were on methadone-maintenance, but found that this caused problems for participants who were drug-free: all of the methadone-maintained participants were using other mood-altering substances; there was a great deal of distrust between the two sets of participants; and issues arose about the safety of the building and its drug-free status. Furthermore, it wasn't possible to engage with the methadone-maintained participants in groups, therefore there was a greater need for individual work which put a large strain on resources. The problem of engaging with methadone-maintained people revolves around resources - another building and much more staff is needed: "tomorrow we could have the building full in terms of methadone." F6. It goes without saying that Rutland Centre cannot engage with methadone-maintained people, because of the need to protect the therapeutic community.

Neither Rutland nor Soilse are against methadone maintenance per se, however, both organisations have strong reservations about the way it is being applied at present. One of the Rutland Centre facilitators stated quite categorically that methadone "is successful as a

drug of maintenance" F1, and has a role to play in stabilising and detoxing drug abusers (particularly, chronic abusers) and in minimising health risks, but "it does absolutely nothing for addiction. It is not a drug of treatment for addiction because it doesn't address addiction." F1. Another Rutland facilitator echoed this opinion: "we would be very anxious really about the way methadone is managed ... we are not entirely against methadone maintenance for certain people, but worry about the way it's handled really ... it should only be used with a view to helping people come off drugs long-term, because methadone is as addictive as heroin." F2. Both Rutland and Soilse facilitators also claim that most, if not all addicts that are on methadone-maintenance abuse other substances as well: "up until recently in this country ... most people on methadone were abusing other drugs so their addiction is continuing." F1.

One of the Soilse facilitators, who had worked in the U.S.A. for many years stated that Ireland is now developing the type of problems the U.S experienced ten years ago. He explained that the medical model, of methadone-maintenance, was adopted in the U.S. and proved to be unsuccessful, the bottom-line for him is that "there is no substitute for drug-free." F6. All of the Rutland facilitators concurred with this view: methadone-maintenance is "a short term solution to a long term problem." F1. Another of the Soilse facilitators claimed that with methadone-maintenance, "you can only take someone so far, and you're stuck if you don't have other options, other choices." F4. He opined that the better option in the long-term is drug-free: "certain outcomes we've achieved on the drug-free have been very good" F4. All agree that methadone has a role as "a drug that could be used effectively in a continuum of care package; in relation to acknowledging that the problem starts with addiction to heroin." F1. One of the Soilse facilitators pointed out that he had "no particular antipathy with regards to Methadone" F4, and that maintenance is part of the Health Board strategy, and is sometimes a necessary stage in the continuum. What is clear is that all of the facilitators believe that there needs to be a continuum of intervention put in place, and that methadone-maintenance can only be seen as a stage in this continuum, because, "unless you have a continuum, you cannot continue" F4; and "it gives a chance for those in detox, that the continuum is there." F6

Both organisations are adamant that recovering drug addicts from deprived communities need support structures if they are going to stay off drugs, and that these support structures are not in communities at present. "The Rutland-Soilse partnership is firmly based on the understanding that people need some kind of sustaining support structure in order to stay stopped, and we cannot expect that that is going to happen in every community - so it's got to be created." F1. Moreover, the partnership maintains that if support structures can be put in place, and if participants can then reap the benefits, that they in turn will "influence

their community, with a view to creating an atmosphere that's different to what's currently there." F2.

4.4.2 Complementarity of services

Another major reason for the success of the partnership is the complementary nature of the two services: "we already knew what goes on there, what goes on here, and how complementary we are ... the Rutland is, I think, the best residential centre in the country, and Soilse certainly has got an excellent reputation in terms of rehab." F4. Both organisations recognise that they occupy separate stages in the continuum of drug intervention; neither organisation seeks to duplicate what the other does; and both are very respectful of the other's area of expertise: "the nice thing about the project is the deep respect for the people we're working with" F2; "I've a lot of respect for what Soilse are doing - I would believe in it." F3. Finally, each service enhances the other, thus making the partnership project more than the sum of its parts.

4.4.3 High level of professionalism

From the outset, the partnership has been characterised by high standards of professionalism. One of the Soilse facilitators asserted that "partnership is how people work together" F4, and, therefore, the initial process of developing the partnership was well thought through. The partnership works to a mission statement and terms of reference established jointly; joint staff training was undertaken; visits to the partners premises were organised; ethical boundaries are respected; there is a high level of efficiency; and professional standards and ethics are adhered to and maintained. The relationship at senior, or strategic level is amicable and respectful and the strategic thinkers are very committed and compatible. Most importantly, there is good support for management from front-line workers.

4.4.4 Good communications and lack of bureaucracy

The partnership is distinguished by openness and free-flowing communication: "I think there's been good communication. I think we haven't hidden anything from one another, there's been no hidden agendas. Good open straight communication." F2. Most of the communication is by telephone, especially any on-going dialogue about participants, between the counsellors in Rutland and Soilse. Initially a liaison committee was established for this purpose, however this fell into disuse because the counsellors found it easier to just pick up the phone and talk directly with their counterpart in the other organisation.

In the beginning two committees were established a management committee and a liaison committee: the management committee has overall responsibility for the partnership. It meets, normally, twice a year to discuss policy, funding, personnel issues and strategy; the liaison committee has responsibility for the day-to-day running of the partnership programme, assessment of potential participants, review of individuals' progress and after-care arrangements. In the beginning meetings of the liaison committee were scheduled for once every six weeks. Meetings are now scheduled on a 'need-to-meet'¹ basis, and there are no unnecessary meetings, for meeting sake. "I don't think the liaison committee worked, I think that that was ambitious as well... I think there was a lot of informal contact, and a lot of good communications, and I think that's worked extremely well. But, I don't think the formal structures worked properly ... I think it's worked very well, but not in the way I thought it would." F2. Each organisation was quick to praise the other with regard to ease of communication, and special acknowledgement was given to the fact that calls were always returned as soon as possible.

4.4.5 Good reciprocal relationship

The relationship between the two organisations is built on equity and trust. All the facilitators displayed understanding and confidence in the work of the partner, and, most importantly, said they could rely on the partner to back them in any decisions they made regarding participants. There is a high level of co-operation, and both organisations are supportive of the work of the other: "I think the co-operation between the two agencies has been most effective." F1.

4.4.6 Commitment to partnership and participants

All of the facilitators exhibited a high degree of commitment to the partnership and to participants. One of the Rutland facilitators singled out the commitment of the facilitators as one of the primary factors behind the success of the partnership: "I think it is [a model of good practice], but I think it's to do with the level of commitment involved." F2. Responsiveness to the needs of the participants is key to this commitment, and this can be seen in the "agonising over details, in terms of getting services right for individuals" F2. The methodology of Rutland Centre and Soilse is similar in the respect that it is "very caring, committed, and a humane way of working, but rigorous nonetheless." F2. The commitment of facilitators is not restricted to the partnership and participants, it also extends to the participants families and the wider community.

4.4.7 An innovative and efficient use of resources

One of the reasons for the success of the partnership is the recognition by the facilitators that they are attempting something new: "people are trying new things, breaking new

ground" F3. Moreover, all the facilitators are committed to the continuum of care model for drug intervention and therefore want to be able to show that partnerships are the way forward: "now, Soilse is new, but places like Rutland, historically, could have become very isolated ... people can become very protective." F3. Crucially, there is a recognition that resources are scarce and the best way to utilise them is by moving towards integration: "it's a good model. It's working with what's there and improving what's there, rather than trying to pull something out of the sky and saying we want that. It's a good one, especially the drug-free ethos." F3.

4.5 The need for integration of services

4.5.1 Referrals to the Soilse-Rutland Partnership project

As was mentioned previously (Section 2.6.5), referrals from the north inner city have not been numerous. In fact, the only community organisation which has consistently referred people to the programme has been ICON: "Certainly Joe had put a lot of effort into it" F4. Community groups and third-sector drugs services in the area are not referring people in any great numbers.

Referrals from statutory agencies are low, and even though Soilse is the dedicated social rehabilitation programme of the EHB, referrals from that agency's various sectors is also low. One local GP has referred at least three people, Cherry Orchard has referred one, and an EHB counsellor working in Baggot Street Hospital referred another. Probation and Welfare officers and CDVEC employees working in Mountjoy gaol are now the biggest referrers to the partnership.

Most of the 'multipliers', and some of the north inner city participants heard of the Rutland Soilse partnership through the fellowships - NA, AA, etc: "the word is that both environments are safe places to go to." F6. It has been observed by the facilitators, that those participants who self-refer (whether through hearing of the partnership through the fellowship or other organisations), tend to be the better motivated and most prepared.

According to one of the Soilse facilitators, referrals to Soilse "actually showed us what's not happening on the ground." F4. Most, if not all organisations in the North Inner City know about the Soilse-Rutland partnership project, but they are not referring. This seems to indicate that organisations are not willing to get in touch with other agencies, and are not recognising the value of other organisations' programmes. : "I think there's territoriality...

there's a propriety ... there's an insecurity that if we get the work that somebody else won't... through partnership you hope you can challenge that." F4.

4.5.2 Links with other organisations

One of the Soilse facilitators worked very closely with the three people who relapsed. He had dealings with a Social Worker in the case of two of the participants and an officer in a youth detention centre in the case of one of them. There was a case conference called to discuss another participant's admittance onto the programme, and this was attended by her local GP, representatives from a community organisation whose drug intervention programme she had attended, and family members. The Soilse facilitator tried to maintain links with those people who attended the case conference, even when the participant left the programme for a job with the community organisation. Soilse has also had dealings with Dublin Corporation, to secure safe accommodation for participants, and were successful in the case of two of them.

The biggest frustration experienced by the counsellor from Soilse has been the lack of dialogue between agencies: "My sense here is that you can't get information for the most part. People are very closed, they don't want to share their piece of the plot... my issue around that is that it's not about the service, it's about people, the family, the individual, how can we best help them ... I don't engage with systems, I engage with the individual within the system." F6. One of the facilitators in Rutland Centre worked for nearly twenty years in the U.K. before returning to Ireland, she too is dismayed by the lack of co-operation between agencies here: "There's very little sharing of practice, and I found that quite strange in the beginning ... it's very common in this work, especially when it's linked to funding ... and policy." F3.

Most of the participants who were interviewed had dealings with other statutory agencies and community groups: "in Soilse every problem I had, in terms of financial matters, legal matters, social welfare problems, all that stuff, they have been able to come up with somebody" P9. Most of them were 'signing on' and therefore engaged with the Dept. of Social, Community & Family Affairs. Some discovered that, even though the partnership had negotiated payment of social welfare for them while they were doing the course, the social welfare officers had not heard of the partnership or that they were eligible for dole. One participant said that when he went to register with FÁS, the officer who dealt with him had also never hear of the partnership. Many of the participants had problems getting entitlements from Social Welfare, Community Welfare Officers and other agencies, and in some cases the partnership had to play advocate for them : "In so far as having their addiction acknowledged as a reason for disability, or a reason for them not being in the

system . . . there might have been a resistance to that. Or, not so much resistance as "here we go again" . . . that kind of attitude prevails" F1.

All of the facilitators said that they have worked in the past, and are willing to work in the future with any agency or organisation, if it is for the benefit of their participants and if the person's recovery is placed to the fore: "we've got limited resources, and if there's needs there that we cannot accommodate, certainly people should be referred to whoever can accommodate those needs, professionally, in a qualitative way." F4. Soilse has already initiated visits by agencies, for example, a representative from the Connolly Unemployed Centre gives talks on employment options and a representative from the EHB comes in to tell participants about entitlements. Soilse has also identified that some participants want to go back and do the Leaving Cert, or other forms of further education, and it would be willing to make links with the CDVEC but, "they would have to have an appreciation of addiction [first]" F5. Rutland Centre encourages social workers, counsellors and other concerned persons to attend on CP day, but otherwise, because of the nature of the work, has little involvement with other agencies. Nevertheless, it is willing to "work with any statutory agency that is already involved with the person. And then, any statutory agency we feel has something to offer the person, we would put the person in contact with them while they are here" F1.

4.5.3 Training and education

There is a need for better education and training on addiction for all agencies involved in community and family support, even if not directly involved in drug intervention. One of the Soilse facilitators expressed concern at the apparent lack of education on addiction for health workers: "there's not a very strong training around addiction." F6. He maintains that issues of abuse - be it physical, sexual, emotional - must all be seen in the context of addiction. In other words, it must be recognised that the addiction is primary. One of the Rutland facilitators agreed with this opinion, and added that "the alcohol issue is still massively neglected" F2. He maintained that education about addiction needs to take cognisance of the fact that there are still higher levels of alcoholism than of drug addiction in communities, and that a total abstinence philosophy needs to be promoted. One of the facilitators, who had worked for many years in the U.S., pointed out that it had been through the stage of taking people out of the community, and are now advocating keeping addicts within their families and communities and acknowledging that "the real work has to be done within families" F6. This way of working, necessitates more supports for families within communities, and he would advocate putting in place 24-hour support workers, suitably trained in addiction intervention work. Finally, the suspicion of social services

which most addicts share, needs "to be broken down." F6, and perhaps a start would be the recruitment of support workers from local communities.

4.5.4 Structural problems

A major stumbling block for integrated services is that different agencies, and even different sectors within an agency, operate within differing geographical boundaries. For example, within the Eastern Health Board the Drugs/AIDS response and community care areas (for social workers and other health workers) are not coterminous. The Local Drugs Task Force works within another geographical boundary to that of the above, so too do the Garda Síochána.

4.6 Conclusions

The Soilse-Rutland Partnership was established in 1997, in response to the worsening drugs situation in the north inner city, to provide an intervention service based on a continuum of care model and a total abstinence philosophy. The continuum of care model is based on the premise that drug addicts have complex needs, and unless a substantial number of these needs are met, the addict will find it very hard to stay clean and sober. The total abstinence philosophy is based on the recognition that addiction is primary, and to successfully overcome addiction all mood-altering substances should be avoided.

The facilitators were in agreement that the Soilse-Rutland Partnership is a model of good practice, and the various reasons given for this assessment can be categorised as follows:

- Compatibility of philosophy and ethos
- Complementarity of the services
- High level of professionalism
- Good communications and lack of bureaucracy
- Good reciprocal relationships between partners
- Commitment to partnership and participants
- Innovative and efficient use of resources

The partnership maintains that integration of services is the only way forward in combating the drugs situation, however, its experiences with other agencies indicates that there is a lot of work still to be done to achieve this. What is clear, is that the "multi-faceted response" envisaged in the Lord Mayor's Commission on Drugs Report, has not yet materialised. Most agencies are still working in isolation, and do not respond well to other organisations, even those working in the same field. If there is to be any move towards an integration of services, the first step should be a willingness on the part of organisations to co-operate

with other agencies: "the complex needs of the individual, need complex responses. Therefore agencies who govern those responses should in a way be available to respond, and we should be able to call on these people in a framework of goodwill and willingness, and that they would come in behind and respect our integrity and our capability, and attend to the gaps that have been named." F4.

At present, not only are agencies failing to co-operate and share information, there is no overall strategy to facilitate any integration of services: "there's huge problems with lack of integration, you know, you get one doctor doing this and you get one group doing that. But I don't know how it's ever going to happen, there is so much politics involved in the drug area particularly ... very little liaison between agencies and very little attempt to see the other person's point of view." F2. There needs to be a greater recognition by policy-makers and organisations of the need for the provision of a continuum of care package. One of the Soilse facilitators claims that if recognition of the continuum of intervention was there, then a way forward towards integration would become manifest: "the Continuum equals integration equals the way services have to be, and people have to locate themselves on the continuum." F4. Training in addiction for both statutory agencies and community groups is also vital, and changes should be implemented as soon as practicable in the catchment areas of particular agencies, so that all are coterminous.

The Soilse-Rutland partnership is worried at the lack of an overall strategy on drugs intervention in the north inner city: "I think there's a lot of money being pumped into drug services at the moment, but I'd worry about where it's being pumped into . . . There's no sort of overall policy." F2. One of the Soilse facilitators maintains that there needs to be far more discussion between agencies, communities and the local drugs task forces about the best way forward: 'I think, within the inner city they need to create a dialogue with the Local Drugs Task Force around what are choices for people, what are options for people, where is all the investment in treatment going." F4. The LDTF was criticised for its lack of understanding of the distinction between treatment and rehabilitation; it is complementary but still distinct. It should also encourage other organisations to link up with the partnership.

All of the facilitators believe that integration of services is the best way forward - "the imperative now is to move past partnership and on to integration." F4 - and some maintain that the only obstacle in the way of integration is lack of determination: "it's not that we don't know the answers, its about the will to do it." F4. Since there already exists an outline of a strategy towards combating the drugs crisis in deprived communities, in the form of the Lord Mayor's Commission on Drugs Report, it is imperative that the Local

Drugs Task Forces and other agencies begin to implement the recommendations in that report, specifically those on comprehensive drug treatment and rehabilitation services.

Chapter 5. Conclusions and Recommendations

5.1 Introduction

The Soilse-Rutland Partnership was established in 1997, to provide a holistic and strategic response to drug misuse, based on a continuum of care model and a total abstinence philosophy. The continuum of care model is based on the premise that drug addicts have complex needs, and unless a substantial number of these needs are met, the addict will find it very hard to stay clean and sober. The total abstinence philosophy is based on the recognition that addiction is primary, and to successfully overcome addiction all mood-altering substances should be avoided. The aim of the partnership is to provide a quality treatment and rehabilitation programme for drug abusers over 18 years of age from the north inner city. The partnership was funded by the Local Drugs Task Force of the north inner city and commenced operation in late December 1997. In the first year of operation seventeen people from the north inner city have come for assessment and ten have engaged with the programme. Seven of the ten participants have had successful outcomes through engagement with the partnership. Although three of the seven did not complete the full-time programme in Soilse, they are at present drug-free and working, and two still use both the Soilse and Rutland after-care. Seven people from outside the north inner city have also engaged with the programme (this group wasn't funded by the LDTF, but can be seen as the 'multiplier effect'), and all have achieved, or are achieving successful outcomes.

5.2 Facilitators' evaluation of the programme

Six facilitators, three from Rutland Centre and three from Soilse were interviewed for the evaluation, and in their view the most successful components of the partnership programme have been: the experience for participants of living in a safe and nurturing environment, and being part of a therapeutic community in Rutland Centre; building personal relationship and peer networks, and having their opinions listened to and validated in Soilse; and, the existence of a continuum of care from detox, through treatment to rehabilitation for participants to engage with.

The greatest impediments to full and active participation in the programme have been identified as environmental/cultural factors. These are:

- Homelessness/unsafe living arrangements
- Family alcohol/drugs abuse
- Domestic violence (physical/sexual/emotional abuse)
- Lack of childcare

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The greatest impediments to full and active participation in the programme have been identified as environmental/cultural factors. These are:

- Homelessness/unsafe living arrangements
- Family alcohol/drugs abuse
- Domestic violence (physical/sexual/emotional abuse)
- Lack of childcare

- Children in care
- Community full of alcohol/drugs
- Financial problems
- Peer pressure/sabotage
- Crime
- Lack of quality of life
- Lack of education
- Lack of skills

Homelessness or unsafe living arrangements, family alcohol/drugs abuse and lack of childcare would be the three prime factors mitigating against recovery for the north inner city participants.

Another factor which impeded full participation in the Rutland programme, for one of the participants, was his age: he was significantly younger than the other participants. It is recognised by Rutland Centre that the adult orientation of the programme sometimes makes it difficult for young people to engage fully with it

There were many other factors which created problems for participants while on the programme. They were identified as: difficulties in accessing social services; health; emotional issues; and cross-addiction/total abstinence from mood-altering substances.

All of the facilitators stated that the first year of operation had involved a significant learning curve. Throughout the year, as gaps were identified in the service, strategies were put in place to improve the programme. All of the facilitators exhibited a refreshing honesty about the lessons they had learned, and an openness to further learning. Most of the learning was associated with the environmental/cultural problems faced by participants, the level of preparedness of participants, the lack of referrals from community/statutory organisations, and the young age of one of the participants.

Strategies that were implemented during the course of the programme were as follows:

- Strengthening the assessment procedures
- Keeping participants longer in part-time Soilse and pre-entry Rutland
- Greater liaison between Soilse facilitators and participants during their stay in Rutland
- Developing stronger group cohesion in Soilse part-time
- Working for longer with participants from the Training Unit in Mountjoy
- Negotiating on behalf of participants with statutory agencies about benefits and entitlements

5.3 Participants' evaluation of the programme

Twelve past and present participants were interviewed for the evaluation, six from the north inner city and six from other parts of the city (the 'multiplier' effect). The Soilse-Rutland Partnership Project is perceived very positively by eleven out of the twelve participants interviewed; only one of the respondents had an unfavourable report of Rutland Centre, and it is a strong possibility that this related to his youth. It seems that the Rutland programme may not be ideal for some younger recovering addicts. It must be said here, however, that in the past other younger recovering addicts have accessed the programme well. All twelve respondents had gained something from being on the programme; they had found it challenging but useful and would recommend it to others. None had found the transition from Rutland to Soilse too difficult, and most felt that there was a connection between the two organisations. The only negative comments about Soilse related to loose timetabling, lack of time to complete NCVA modules and group-cohesion.

Eleven out of the twelve said they were being, or had been prepared for independent living and work, and ten out of the twelve showed high levels of motivation. Three of the respondents are in jobs, two are doing other courses and one is about to enter a CE scheme. Two are involved in a community drama group, and two have applied for the Access Course in TCD. Eleven out of the twelve reported increased self-awareness, self-esteem or self-confidence since starting the programme. All respondents stated that they now related to people differently than they had before, and relations with family, friends and 'authority-figures' had changed, sometimes significantly. All showed a good awareness of what it means to be an addict, and where addiction can lead. Some expressed interest in getting involved in drug-awareness campaigns, and three said they hoped to be counsellors in the future.

The greatest difficulty experienced by participants, aside from the challenges of the programme, was housing. Seven of the respondents were homeless on leaving Rutland. This was seen as an impediment to participating fully on the Soilse programme. Lack of safety in their living situations, due to increased vulnerability or access to drink and drugs was also cited as problematic. Proximity to people who were still 'active' was another difficulty experienced by many, this problem is often compounded by not having a place of one's own. Financial difficulties, mostly related to not getting due benefits was an issue for some. Finally, lack of child-care was another area that created impediments to full participation on the programme.

5.4 Facilitators' evaluation of the partnership

The facilitators were in agreement that the Soilse-Rutland Partnership is a model of good practice, and the various reasons given for this assessment can be categorised as follows:

- Compatibility of philosophy and ethos
- **Complementarity of the services**
- High level of professionalism
- Good communications and lack of bureaucracy
- Good reciprocal relationships between partners
- Commitment to partnership and participants
- Innovative and efficient use of resources

5.5 Interviewees suggestions and recommendations

Suggestions and recommendations, from both facilitators and participants, about how the service could be improved, broke down into two categories: (i) improvements to the programme, and (ii) resources which need to be put in place to facilitate greater and fuller participation in the programme.

Improvements that need to be made to the programme have been identified as:

Short term

- Rutland after-care group based in the north inner city
- Fine-tuning of assessments and screening
- More preparatory work on participants

Medium term

- Consolidate and strengthen the adult education components in Soilse
- On-going training for facilitators
- More money and resources
- Bigger premises/additional premises and more participants
- Longer opening-hours in Soilse
- Increase in the number of Medical Card beds in Rutland
- An extension of the partnership into other LDTF areas
- More referrals by community groups and statutory agencies
- More publicity about the programme
- Greater education/stronger emphasis on drug-free outcomes within the north inner city
- Family involvement in Soilse
- More full-time staff in Soilse

Long term

- Development of a youth programme in Rutland Centre
- Evaluation of the programme when greater numbers have gone through

Resources that need to be funded, and put in place have been identified as:

- A half-way house
- Childcare
- Support worker(s)

5.6 Assessment of **the programme**

It is quite clear from the above that the Soilse-Rutland partnership programme has been successful in its first year of operations. Although numbers from the north inner city entering the programme were small, seven out of ten of the participants who engaged with the programme have achieved, or are achieving successful outcomes. The programme has also attracted seven people from other parts of Dublin, who were not funded by the north inner city LDTF, but can be seen as a 'multiplier effect'¹. The facilitators were very aware of the gaps in the service in the initial stages and put in place, where possible, measures to overcome this. They have also learned a great deal from the first year and the programme has been strengthened accordingly. Strategies still need to be put in place to further strengthen the programme, and these have been identified and are being addressed. Nevertheless, impediments still exist for participants, for full engagement with the programme, these mostly relate to the environmental/cultural problems which exist in the north inner city community. It is imperative that some of these factors are tackled, in the short to medium-term. Three areas have been identified as major issues to be addressed: accommodation; childcare; and family/community drugs and alcohol abuse. It cannot be said strongly enough, that funding needs to be made available in the near future so that the three resources of a half-way house, childcare and a support worker can be realised.

5.7 Towards an integration of services

The partnership maintains that integration of services is the only way forward in combating the drugs situation, however, its experiences with other agencies indicates that there is a lot of work still to be done to achieve this. What is clear, is that the "multi-faceted response" envisaged in the Lord Mayor's Commission on Drugs Report, has not yet materialised. Most agencies are still working in isolation, and do not respond well to other organisations, even those working in the same field. If there is to be any move towards an integration of

services, the first step should be a willingness on the part of organisations to co-operate with other agencies.

At present, not only are agencies failing to co-operate and share information, there is no overall strategy to facilitate an integration of services. There needs to be a greater recognition by policy-makers and organisations of the need for the provision of a continuum of care package, this would then point a way forward towards integration. Training in addiction for both statutory agencies and community groups is also vital, and changes should be made to the catchment areas of particular agencies, so that all are coterminous. There needs to be far more discussion between agencies, communities and the Local Drugs Task Forces about where money is being spent at present, what choices are available for addicts and what the best way forward might be. Soilse would suggest that there is a lack of understanding of the distinction between treatment and rehabilitation; it is complementary but still distinct. Since there already exists an outline of a strategy towards combating the drugs crisis in deprived communities, in the form of the Lord Mayor's Commission on Drugs Report, it behoves the Local Drugs Task Forces and other agencies to commit themselves to implementing the recommendations in that report, specifically those on comprehensive drug treatment and rehabilitation services.

Bibliography

Bowden, M. (1996) Treatment and Rehabilitation Report

Report on the Lord Mayor's Commission on Drugs (1997)

Appendix 1: Participants' Interview Schedule

Section 1: Profile of participant

1. Age and Sex
2. Where do you come from originally?
Where do you live now?
Do you live with any family of origin members/other family members?
3. Do you have children? What ages are they?
If they don't live with you, do you see them regularly?
4. What age did you finish school? "
Did you do the Junior or Leaving Cert?
Did you attend any training courses after school?
5. What jobs have you held in the past? (Paid/Unpaid/voluntary work)
6. What age were you when you first took alcohol/drugs?
When did you start using drugs habitually?
What were they?
7. Is there a history of drug or alcohol abuse in your family?
8. How did you hear of Rutland/Soilse?
9. Did you ever try other drug intervention programmes?
10. When did you attend Rutland Centre?
When did you start coming to Soilse?
When did you start the full-time course in Soilse?
11. If you did not complete the programme, what were your reasons for leaving?
12. If you have finished/left the programme, what have you been doing since?

Section 2: The project

1. Which parts of the programme in the Rutland did you find the most useful?
Which parts did you find the least useful?
2. Which parts of the programme in Soilse did you find the most useful?
Which parts did you find the least useful?
3. Do you think the Soilse courses are relevant to your needs?
4. If you didn't complete the programme what were your reasons for leaving?
5. Do you think they will prepare you for work/independent living when you leave?
Did they prepare you for work/independent living when you left Soilse?

Section 3: The process - from detox/treatment to rehabilitation to social reintegration - impact.

1. Did you find the assessment for Rutland difficult? In what way?
2. Did you find the Rutland challenging? How?
3. Did you find the assessment for Soilse difficult? In what way?
4. How did you manage the change from the Rutland to Soilse?
Did you find the part-time course difficult?
5. Did you find the Soilse programme challenging? How?
6. Has participation on the programme changed the way you feel about yourself?
In your opinion will this help you in the future?
7. Do you feel more or less motivated since coming on the Rutland/Soilse programme?
Which part motivated you most?

8. Has participation in the programme changed your relationships with other?
With family members?
With old friends?
With new friends?
With others on the programme?
With people you come in contact with regularly?
With people in positions of authority?
9. What were the greatest difficulties you faced, aside from the programme, when you came out of the Rutland and into Soilse?
And, what were the greatest difficulties for you, once on the Soilse programme?
10. Is the after-care programme in the Rutland useful to you?
11. Do you have a better understanding of addiction since coming on the programme?
Would you like to work in any anti-drug/drug prevention programmes?
12. If you have finished the programme, how have you been coping since leaving?

Section 4: Input

1. What has been your experience with the facilitators in Rutland and Soilse?
2. Do you think the Rutland policy of involving family members is a good idea?
Was it helpful to your recovery?
3. Was the community input in Soilse useful to you?

Section 5: The Rutland/Soilse partnership model and integration of services

1. When you entered the Rutland did you see yourself as part of the Rutland/Soilse programme? In what way?
2. Did you meet with facilitators from Soilse while in the Rutland?
Did you meet with facilitators from the Rutland once in Soilse?
3. If you needed it, were you put in touch with other statutory/non-statutory agencies by either Rutland or Soilse?
4. In your dealing with other agencies were they aware of the Rutland/Soilse partnership project, and that you were involved in it? Did this affect in any way how they dealt with you?

Section 6: Suggestions/Recommendation

1. Do you think the Rutland programme could be improved?
2. Do you think the Soilse programme could be improved?
3. Do you have any suggestions for future developments to the Rutland/Soilse partnership?
4. Would you recommend the project to others?
5. Any final comments?

Appendix 2: Service Providers' Interview Schedule

Section 1: The context

1. Briefly sketch out the situation at present with regard to drugs in the N. inner city/the wider area.
2. What was the impetus for setting up the Rutland/Soilse Partnership?
3. What is the philosophy/ethos of your organisation?
4. Can you explain the rationale behind the emphasis on a substance-free outcome?

Section 2: The Rutland/Soilse partnership project

1. What is the Philosophy/ethos of the Rutland/Soilse partnership project?
2. Would you outline briefly how the partnership was established, and the procedures established to ensure its operation.
3. What is the methodology of Rutland and Soilse?
4. How does the counselling part of the Soilse programme fit with the adult education part, and the counselling given in the Rutland?
4. Is the project accredited by any outside body? What are your thoughts on accreditation?
5. Which parts of the programme are most effective in your opinion?
6. Which have proved least effective?

Section 3: The process - from detox/treatment to rehabilitation to social reintegration - outcomes

1. Would you describe briefly the process from the first referral of a prospective participant to completion of the programme
2. How long is the complete process?
3. How are prospective participants assessed? Is there input from both the Rutland and Soilse?
4. What approach is taken with regard to participants?
5. What criteria are used to assess the participant's progress while on the programme?
6. What in your opinion is a favourable outcome for participants?
7. What are the mechanisms for dealing with participants who relapse?
8. What in your opinion are the main reasons for a participant to relapse?
9. Are there any reasons other than relapse for a person leaving the programme?
10. In the earlier stages of the programme there appears to have been a number of participants who didn't complete the programme. Have you amended or changed any part of the project as a result of this?
11. Would you comment on the timescale of the project. Is there a need for an extension of either programme?
12. Have you noticed any difference in the approach/motivation/progress of the N. inner city participants and the multipliers? Can you give reasons for this?
13. Would you discuss the reasons and operations of the after-care programme of the Rutland, and is there good usage of it by participants?
14. What is the lower age-limit for acceptance on the programme? Is there a need for separate facilities/a separate programme for younger recovering addicts?

Section 4: Input

1. Is a high degree of input required of the participants? And is this achieved?
2. How great is the input from the facilitators of the project?
3. Is there a mentor/tutor system in operation?
4. Are one-to-one encounters facilitated/encouraged?
5. What, if any, is the involvement of participants' families?
6. Is there any community involvement/input into the programme?

Section 5: Integration of services

1. In your opinion what are the reasons for the partnership's effectiveness? Would you consider the Rutland/Soilse partnership a model of good practice? Why? And could you define what is meant by partnership in this context?
2. What attracted your organisation to work with the other?
3. How effective are your communications structures? Was there a need for both a management and a liaison committee? Did they work?
4. What agencies/individuals have referred prospective participants to you?
5. You say you take a case management approach to participants, this should automatically involve other agencies - has this happened?
6. What statutory agencies have you had dealings with? And, how effective are these?
7. What non-statutory/community/voluntary agencies have you worked with in relation to the programme?
8. Do you think there is a need for an integration of services in relation to drug intervention?

9. Could you define what you mean by an integration of services?
10. Do you refer participants on to other agencies?

Section 6: Suggestions and Recommendations

1. What measures would you recommend for the improvement of the Rutland/Soilse partnership programme?
Long-term, medium-term and short-term?
Give reasons for your suggestions.
2. What measures could also be implemented to facilitate ease,of participation on the project? Give reasons for your suggestions
3. How might a better integration of services for drug intervention be put in place
4. Any final comments or suggestions