"Tallaght Rehabilitation Project

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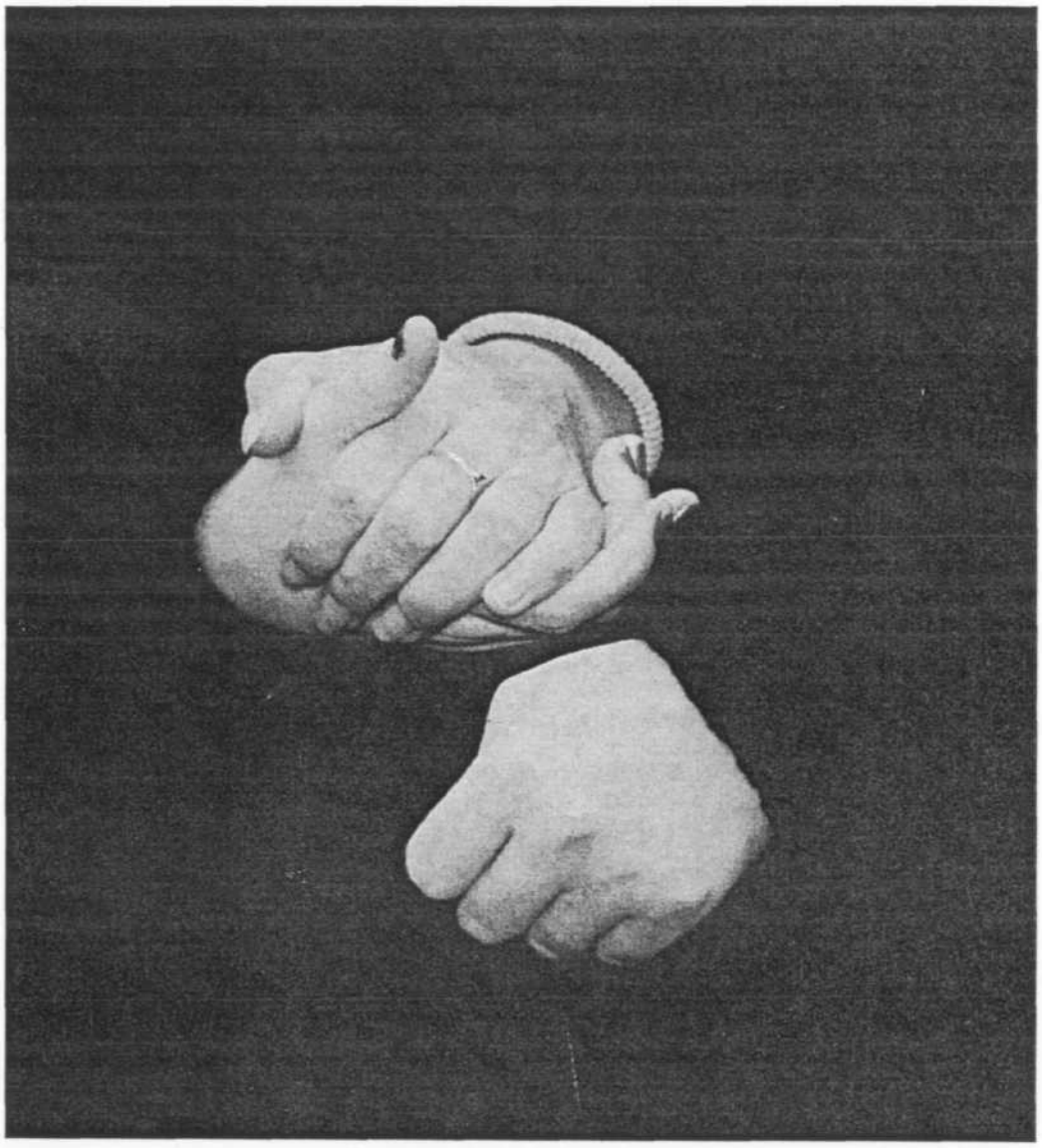

Company Registration No 292608 Registered Charity No 13829

Mission Statement

We believe in the advantage of Rehabilitation within the community, as addiction does not happen in isolation. TRP provides a supportive and nurturing environment where participants are encouraged to work in a therapeutic process on their previous drug use. TRP promotes a heaCthy CifestyCe in a structured and safe way, through education and training. JFrom this, participants are encouraged to make an informed choice to ultimately Become and remain drug free.

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Introduction

Tallaght Rehabilitation Project was set up in 1997 by the Tallaght Drug Task Force (TDTF) in response to the need for rehabilitation catering for drug users engaged in methadone treatment at community based treatment centres in Tallaght. The aim of TRP is to provide non-judgmental care and support to drug users. To educate and train programme participants in a therapeutic process of change, to address the underlying cause of their addiction and prevent a return to active drug use.

The feeling an annual report gives you is a deep satisfying one that is a bit like arriving. It's a coming of age. It marks with relief, the passing of the adolescent turmoil and confused wanderings. It has the mature control of the person who says, "I'm stopping now, to see where I am and how I've got here, in order to decide where I go from here". It has the strength and the confidence to examine both what was worthwhile and to honestly own the deficiencies and mistakes that were made.

The last three years have been a time of rapid growth and expansion for the Project. We have moved from an office space at a local treatment centre with one paid worker to a purpose built premise at St Thomas Church, with a full and part time salaried staff of seven and places for sixteen participants. The backdrop to this expansion was the multiple gaps in service provision and the lack of accessibility of existing services in the early years. The growth of our Project, the expansion of the South Western Area Health Board (SWAHB) drug treatment services and the development of Local Drug Task Forces to support service delivery at local level were all part of the response to that situation.

We know that even now, there are many issues for drug users, which remain to be addressed. These include the need for respite care, the needs of women and of the children of drug users, and the need for a Mother and Child Residential Unit. Thus while consolidation is one of our key strategies for the future we will not preclude ourselves from the option of taking on an issue.

Project Director

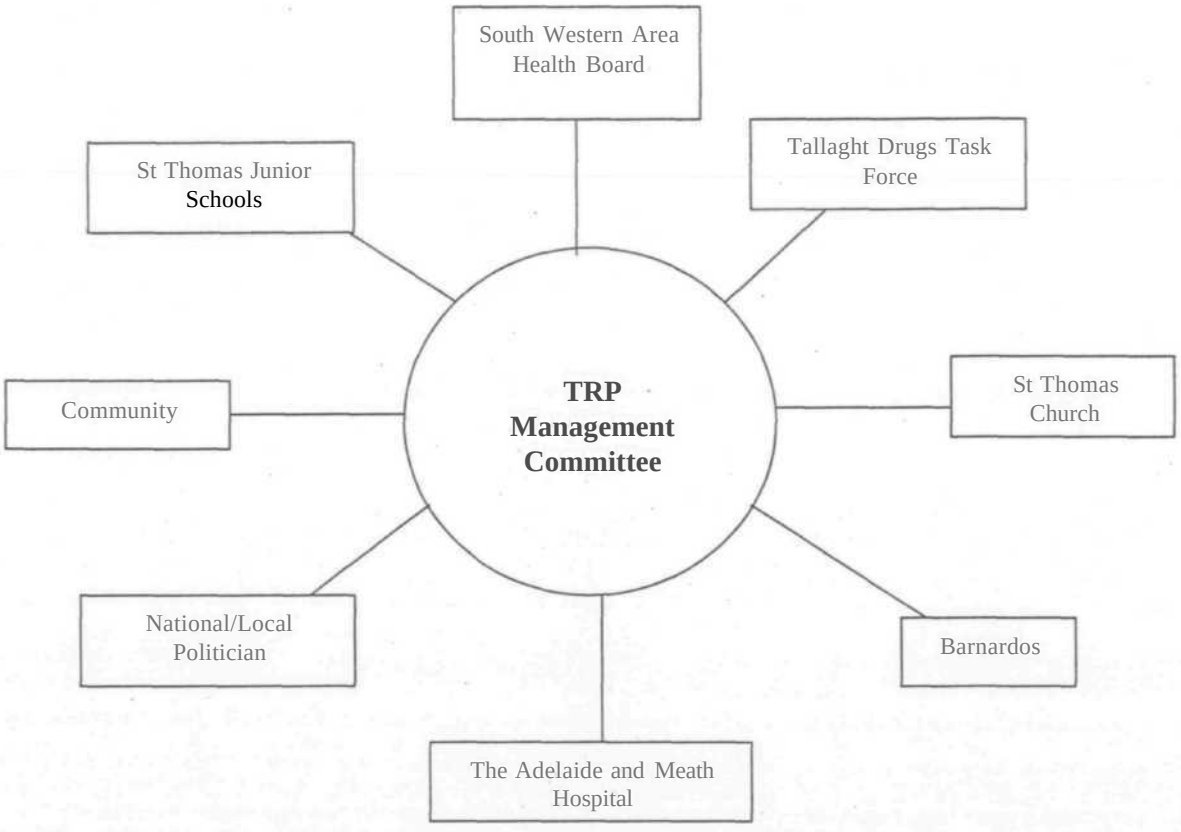
Marie Dillon

TRP Management Committee

The Management Committee of TRP is made up of representatives of various interested statutory, community and voluntary bodies based in the Tallaght area.

Management Committee Members

Michelle Hinds	Michael Lyons	Gerry Me Williams
Dennis O Driscoll	Breda Kennedy	Seamus Massey
Fr Val Martin	Charlie O Connor	



The TRP Team

The TRP Team has a total of eight workers and consists of a Manager, full and part-time paid workers plus one C E worker. The team meet daily with a morning meeting to discuss the issues of the day. There is a team meeting each week to discuss the progress of participants on the programme. Each month there is a facility meeting, which is the forum where team members can have a say in how the service is run.

A comprehensive supervision system operates within TRP, which we believe is essential for best practice, and fostering ownership of and responsibility to the project.

Administration Service

The day-to-day running of the Project is a major task undertaken by our administrator the cost of which is shared by all our funding agencies. The consumers of the administration services include, the Manager, staff, participants and the Management Committee and our aim is to provide an efficient service to all within the Project. This includes, internal network fully utilised by all, financial package enabling easier budget control and facility databases allowing monitoring & evaluation of services. The Administration Team meet on a monthly basis to discuss common work issues
and finance.

Project Hospitality/Housekeeping

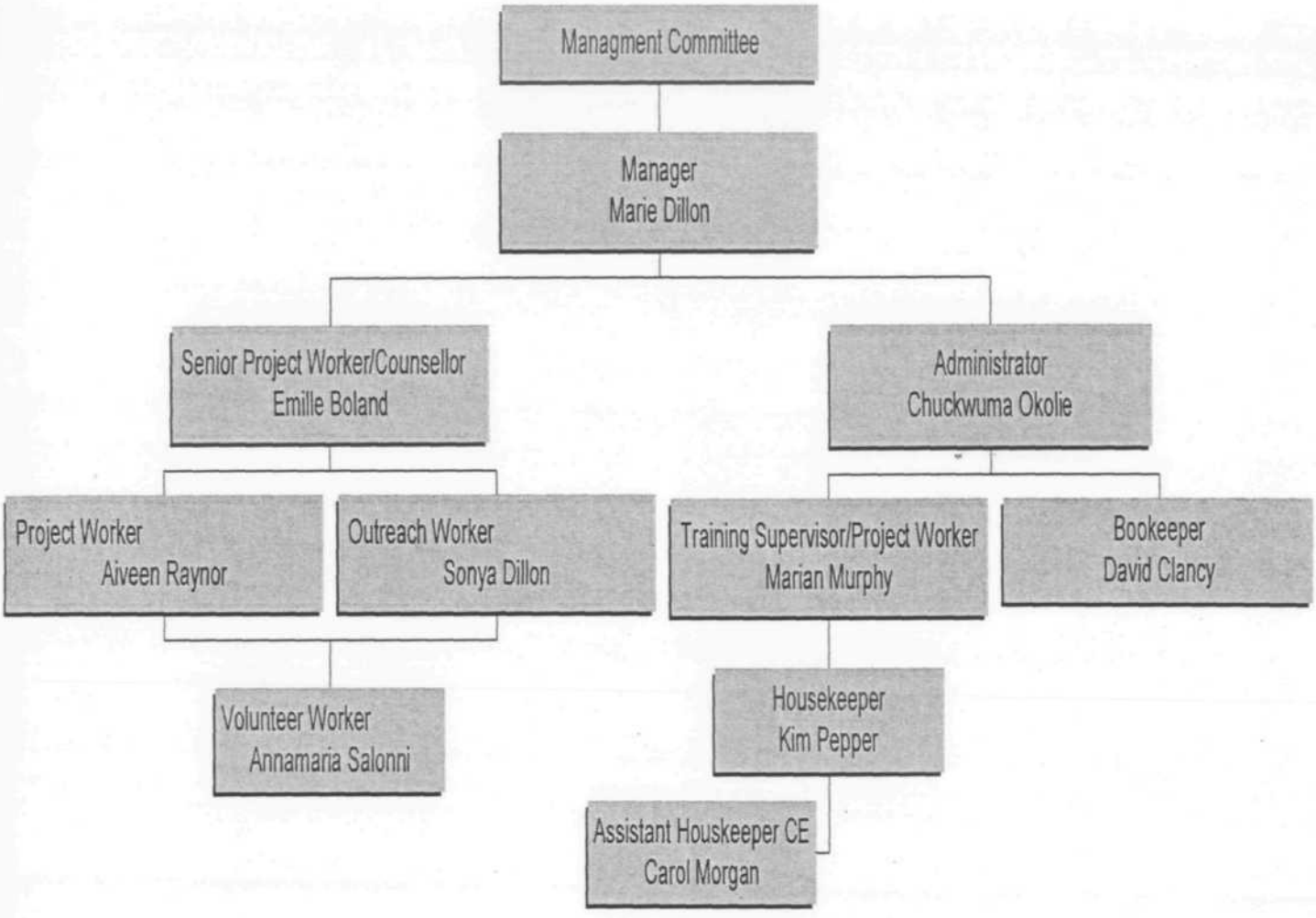
Our mission statement emphasises the need for a "supportive and nurturing environment" in which rehabilitation can take place. The project housekeeper and her Assistant play an important role in setting the tone of the project by creating a hospitable atmosphere. Generally the participants first direct contact with TRP happens in the Canteen/Reception area thus the role of housekeeper is central within the team.

The canteen is the hub of activity from 9.30 - 11.00am. The participant's day commences with a Breakfast Meeting at which Staff and participants engage in social interaction. A nutritious breakfast is also provided. TRP promotes a "healthy lifestyle"; this training commences with encouraging individuals to eat a nutritious meal, in a relaxed atmosphere, at the start of their day. Separately, individual key working sessions take place during this time as well. This is often the busiest time of the day and the atmosphere here can set the tone for the day ahead.

The housekeeper is also responsible for hospitality, which plays a vital role in welcoming the numerous visitors to the project throughout the year.

During the two residential training modules delivered each year, which take place in self-catering accommodation, the housekeeper plays a significant role. Here again the atmosphere created is a vital component in the success of residential weekends. Participants are away from home and their children (in some cases for the first time) and it is important that they feel comfortable and relaxed in order to get the most out of this experience.
So it is evident that a well organized, efficient and at the same time friendly housekeeping team play an essential part in the staff teamwork engaged in at TRP

Operational Structure

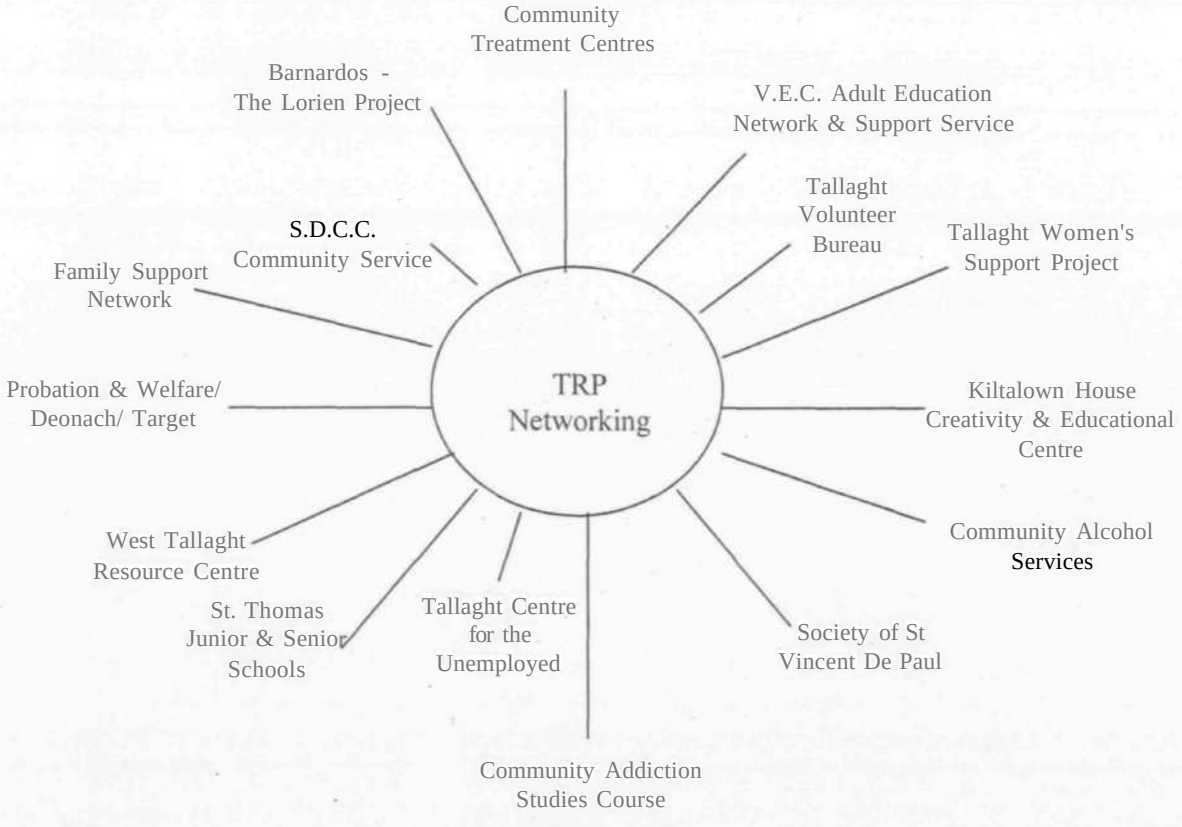


Community Links[1]

TRP being based at the heart of the community in St Thomas Church takes its obligations to the community seriously. Addressing the environmental context in which participants seek to recover is integral to TRP'S approach. The links between addiction, community and disadvantage are well documented. (See first and second Ministerial Reports 1996 & 1997) Taking personal responsibility for recovery, invariably results in social and community involvement through:

- Challenging dependencies
- Challenging the stereotyping of recovering drug users
- Establishing a daily routine
- Positive input rather then a negative draw on the community
- Addressing isolation and marginalisation

TRP respects the role of community in the recovery process in generating and supporting lifestyle change and options. Since its inception TRP community involvement has included work with:



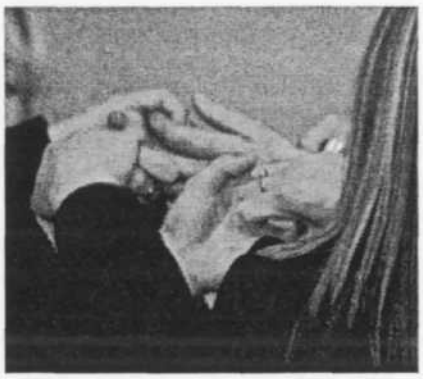
Acknowledgements

The costs of running TRP Project services are substantial. We are fortunate to have developed positive working relationships with our main statutory funders, FAS, SWAHB and TDTF. We also receive additional funding support from the VEC towards programme training costs. We have had once off funding from Combat Poverty towards the cost of the project evaluation conducted by the Addiction Research Centre, Trinity College. The People in Need organisation contributed funding towards our computer training facilities. Much appreciated private donations came from both Kelland Homes Ltd and Heaton Buckley. We gratefully acknowledge their continued support.

Funding is only one part of the equation. The success of Tallaght Rehabilitation Project would not be possible without the commitment of all our Staff, full time, part time and volunteers. It is their enthusiasm and dedication, which has shaped our services over the years and continues to make the Project such a vibrant place to work. In this context I would also like to acknowledge the work of our Management Committee.

Most importantly I wish to offer thanks to all our service users. It is their ability to challenge our preconceptions and stereo-typing together with their tenacity and courage to change, in spite of all adversities, that provides the ongoing motivation for us and gives the spark towards innovation which makes our Project unique.

Finally, our greatest voluntary supporter and benefactor without doubt are Fr Val Martin and the parish team of St Thomas Church. Without their ongoing support, the Project would not be in a position to continue its work.



Participant comment

"/ feel I'm more aware of myself and my feelings. I don't hold on to things inside myself anymore. I can talk about how I'm feeling and use my supports".

FAS

FAS, through Community Employment, are the main funders of the training programme. What has developed is an effective working relationship between our two organisations although we have always maintained that CE is not the most appropriate vehicle for rehabilitation, because of what we felt initially was a conflict in ethos.

A special category drugs programme was a fairly new concept in Tallaght in 2000. From the outset (understandably at times with a little trepidation) the staff of the Community Section in FAS displayed a willingness to accommodate and facilitate the different and specific needs of our programme and our participant group within the confines of the C E model.

The primary concern of the TRP training programme is to facilitate participants in actively working on their recovery, rehabilitation and reintegration. The programme caters to the special and particular needs of our participant group. The principal objective of all components of the training programme is to address the underlying issues of addiction.

Over the past three years this partnership has assisted both parties in expanding their understanding of each other's commitment and requirements. FAS staff connected with our project have developed a better understanding of the therapeutic process involved in our programme and the particular needs of our participant group. Similarly, we have gained an awareness of the challenges our programme presents to the existing C E model.

Given the many challenges any partnership presents, in reality, what is assured is that participant's individual progression is at the heart of the ethos of both FAS and TRP.

Premises

The issue of space continues to be the main stumbling block to further development of this project. As a project we have exhausted all available space in our current premises including the church itself. While moving premises is not an option, due to a lack of funding, as an organization we need to be able to offer quality services to our target group and a safe environment for staff to work in.

Although the purchase of a portacabin for the purpose of administration initially relieved the pressure of space, as we grow and respond to the need of the target group we are constantly restricted by the lack of adequate space to conduct group work. This situation has precluded people from access to a rehabilitation programme at TRP. The restriction of space creates on-going difficulties regarding training and staff scheduling.

Our newly developed pre-Entry programme is limited to accommodate four people and one staff member, because the only space available is a room measuring 10"x 9". This room is also used as a counselling room.

The computer room, measuring 10"x 11", can only accommodate seven people plus tutor during sessions resulting in the necessity for split groups. A further difficulty with this space is that it is only accessible through the main training room, which limits its use. The main training room measures 10"x 30". The reception area doubles as a breakfast room and general meeting area for visitors to the project. We have another room measuring 10" x 7" used for administration and assessments.

To further compound the difficulty of space, we are restricted by church services i.e. Mass, funerals, first communion, confirmation, weddings, etc. In these circumstances, again with the generosity of Fr Val Martin, we are given access to the Pastoral centre for our use.

TRP Services

The project opening hours are 9.30am to 5.00pm. The Team meet and engage with the participants on a collective and on a one to one basis. The day is devoted to the provision of group work and "one to one" sessions for counselling and advocacy, as well as information and referral on legal issues, health and housing. The afternoon is allocated to assessments, aftercare and administration.

Referrals and Assessments

Referral to TRP comes from many sources including local community treatment centres, Probation and Welfare Service, Local GPs, Barnardos, the Prisons and concerned persons. The aim of the TRP assessment service is to respond as swiftly as possible to a request for intervention and engagement with the programme.

The focus of the assessment is on establishing a full and comprehensive knowledge of the needs and circumstance of the individual, and also to allow applicants an opportunity to find out further information about TRP. These needs include therapeutic, vocational, social, educational, legal, welfare and health. A care continuum and care plan approach is employed, where participants can be engaged promptly in the relevant programme. Where it is considered in an applicant's best interest to refer them to another service, this is discussed and the appropriate liaison link initiated.

Induction and Placement

The outcome of assessment is a team decision. Successful applicants are then offered placement on an induction programme delivered over a three-week period, which is conducted within the pre-entry programme. Following induction, the team then decide on the applicant's suitability for engagement in either the core-group or pre-entry programmes. Following a successful induction and or Pre-entry programme, the participant is then offered a twelve-month contract to engage in a rehabilitation process.

TRP Programme

The TRP programme is often the first experience of a therapeutic relationship for participants. Because of the importance of this process we place great emphasis on a fifteen month structured development programme in a safe and non-judgemental environment.

Participants receive payment for twenty hours attendance per week. The participant programme hours are from 10.00am to 2.00pm Monday to Friday, where they engage in a series of structured workshops.

The yearlong programme is divided into short modules ranging in duration from six to twelve weeks. This allows for on-going evaluation and review of the training delivered and participants needs. The training programme consists of a variety of subjects in order to encourage the widest personal development of the participants.

Participants are also asked to commit to two residential weekends within their twelve-month programme. The residential setting is used to explore Loss and Bereavement, and Core Identity, which can be sensitive issues. Each participant has his/her own contact worker for additional support and advice, including referral options.

Participant comment

"1 think the Relapse Prevention training was the most helpful to me as I got an understanding oj my addiction. "

Programme Interventions

The principal interventions of addiction awareness, **health care** and **life skills** are designed to.

- Raise awareness of addiction through gaining understanding and knowledge.
- Develop self-expression, listening skills and promote peer support.
- Offer appropriate time and space to deal with issues specific to the client group.
- Offer an opportunity for group bonding /development.
- Promote participant's responsibility for personal health care.
- Offer alternative methods/therapies of health/self care.
- Develop/increase responsibility.
- Build confidence and self-esteem and awareness of personal-development
- Develop and build on specific skills

Participant comment

"I never relapsed during my year on this recovery programme. I'm so proud oj myself and feel great, but not cocky!"

Outreach worker

One to One Counselling

Marie Dillon, IAAAC (TRP Manager) and Emille Boland, IAHIP (TRP Senior Project Worker). Provide a one to one counselling service to participants by appointment only.

This service is available to participants of the day programme and those attending the aftercare programme.

The models of counselling used are motivational interviewing and client centred therapy. This, we believe creates an environment of warmth, unconditional positive regard and genuineness, which we feel are the attributes of an effective therapist and allow for the individual needs of our target group.

This service has been accessed by 35 Participants to date: 23 females 12 males have engaged in counselling during their time at TRP

Participant comment

"One important lesson, unlikely as it may seem, when there was ever any conflict or problem in the group I thought it was brilliant how it was brought out into the open and we all learned a skill in communication during difficult/trying times. "

Outreach Intervention

TRP Outreach Intervention takes place in addiction treatment centres and community settings. The aim of the Outreach worker is to inform individuals, family members or community groups seeking support or information for or about addiction and of options available to them within TRP.

Outreach work to the prison service has developed over the past year. Our relationship with the probation and welfare service has expanded, which has simplified access to the prisons in order to carry out relevant assessments with people from the Tallaght area due for release from Mountjoy, Cloverhill and Wheatfield prisons.

Aftercare Service

On completion of the rehabilitation day programme we provide a follow on Aftercare programme, which runs every Tuesday afternoon. This is a vital component within our service in order to support participants in their successful re-integration and continued progression.

The programme is designed to assist participants maintain the stability achieved, promote self-care and facilitate on going progression. This post-recovery resource service also operates on a 'drop' in or appointment basis for former participants wishing to access ongoing support as they make the transition from the therapeutic environment to the wider community.

The aftercare service caters for support with ongoing issues regarding social and community welfare and accommodation, access to facilities (i.e. computer, phone etc) and personal support with ongoing hurdles in the recovery/rehabilitation process. It also creates an opportunity for social contact and involvement in ongoing TRP developments.

Recent Developments

There have been a number of important developments within TRP in 2002. Throughout the year we engaged in an evaluation of the project carried out by the Addiction Research Centre, Trinity College, which produced several recommendations, including a review of our mission statement and revision/development of policies and procedures.

Mission statement

The purpose of reviewing our mission statement was that it might better reflect our community base the revised text is as follows.

> *We believe in the advantage of Rehabilitation within th*e community, as addiction does not happen in isolation. TRP provides a supportive and nurturing environment where participants are encouraged to work in a therapeutic process on their previous drug use. TRP promotes a healthy lifestyle in a structured and safe way, through education and training. From this, participants are encouraged to make an informed choice to ultimately become and remain drug free.*

Participant comment

"/ think TRP is a really great place. Everything is good about it, the staff, the people on the programme, the layout of the project and the different courses that we do here. And the way everyone supports you if you need it and the respect that everyone has for each other".

New Policies and Procedures

There has been revision of existing and on going development of additional project policies and procedures, such as Staff Training, Harassment and Bullying, Safety Statement and Staff Appraisal.

The TRP Charter of Rights is for all service users and staff of the Project. The Charter enshrines peoples right to respect and safety while in the Project. Infringement of the Charter by staff or service users can led to sanctions being taken by the management to ensure that the Charter is respected.

In order to foster personal responsibility and stability by participants and to minimise disruption in workshops, the following policies and procedures have been put in place:

Participants must be in attendance before workshops commence or they will not be admitted that day (unless they have previously informed the Key worker that they will be late). Similarly, participants are required to give notice of non-attendance or contact the Key worker if out sick.

Participants must not be affected by drugs, i.e. unable to participate adequately in-group activity, during programme hours or when on an outing organised by the programme or they will be sent home. Participants may also be asked to leave the project if they are disruptive in a workshop or engage in inappropriate behaviour.

Where a participant has consistent performance difficulties their time on the pre-entry programme may be increased. This allows time to focus more attention on their issues and to counteract the tendency to repeated failure on programmes experienced by some participants.

TRP Pre-Entry Programme

The recent development of a Pre-entry programme comes as a direct result of our experience of past applicants to the project. Through exploring and reviewing this experience it became clear that some applicants, although stable in their treatment, were not quite ready for the demands of the core-group programme.

In response to this situation we have devised a separate three-month pre-entry programme with continuous intake and with the express aim of preparation for the more challenging participation required in the Core-group. Pre-Entry is for people who may be finding it difficult to consolidate their treatment or who are considering commencing rehabilitation. It also operates as a re-engagement option for people who have relapsed. The focus of this Programme will be developmental activities including group discussion, creative learning and addiction rehabilitation education. Participants attend daily, Monday - Friday. This includes the breakfast session and incorporates a weekly individual care plan review. Support staff are available to participants to explore referral, liaison, or follow on options.

The importance of this intervention is in the opportunity it creates for people to familiarise themselves with TRP staff and culture and with the rehabilitation options available to them. In providing the opportunity for one to one support TRP staff give each individual a chance to share concerns and to initiate a developmental process built around our 'individual care plan approach'. Although this separate programme presents an added challenge to the team, we believe it is an important development of our services.

Criteria for Engagement

- Drug Stable
- Attending clinic or GP for methadone or prescribed medication
- Willing and able to engage
- Committed to drawing up and pursuing an individual care plan.
- Agreed continuous intake

Promotional Video

Last year also saw the production of the TRP Promotional Video, which will be used when networking with both existing and new referral agencies. A local filmmaker and trainer, who also delivered video/photography appreciation training to our participant group, produced the video. Participants were involved in the pre-production process, which added to the sense of ownership of this particular project.

Drama Production

On 11th December 2002, TRP hosted a special event, which included the launch of the promotional video, presentation of training certificates and a drama production, entitled process of change performed by the participant group. The event was held, by kind permission of Fr Val Martin in the Church itself.

The drama production was particularly successful from a number of viewpoints. Christmas and its aftermath can be a vulnerable time for participants. For several weeks before the holiday period, the preparation and rehearsal process for the performance gave the group a practical focus for their energy and anxiety.

The production was devised though drama workshop, using the principals and practice of community drama, which bases a script on personal experiences. In the case of this production the participants' own experiences of recovery was the foundation material for the text. This process offers a therapeutic aspect in that it acknowledges and validates personal experience. Drama performance also offers a safe, non-judgmental platform for such sensitive issues to be aired.

The sense of achievement and positive effect for each individual participant is difficult to quantify. But the consensus was that this was a very positive and memorable experience individually as well as for the group as a whole.

The following comments were taken from the participant's evaluation of the drama workshop, the performance and the day itself.

Participant comments - Drama Presentation

- *"Telling my own story was very emotional. This was an opportunity to give instead of take. I got great feedback from other people who have noticed the change in me. People seemed to appreciate what I 'm doing. It was very important to have my family there."*
- *There was a great sense of mutual support and encouragement in the group and a real sense of teamwork.*
- *I think people's perception of me changed*
- *It was a real sense of achievement. We felt so proud*
- *I couldn 't' t stop smiling! I was getting emotional. I loved the group feeling.*
- *I felt the love of my family and that they had a new understanding of my struggle.*
- *// was great to get positive affirmation from so many people.*
- *There was nothing negative. I felt so great after it.*
- *I learned how to laugh at myself*
- *I was surprised how doing something like this lifts your mood.*
- *This was one of the 'days' of this year, 2002. I'll never forget*
- *"The standing ovation from the audience, all the clapping, was emotional. I was surprised at the audience understanding of the script."*

Training and Trainers

Outside tutors/trainers play a significant role in the delivery of our programme. Acknowledging the adult status of our participant group while accommodating their specific and particular needs and the uniqueness of our programme can often be a challenge for tutor/trainers. In order to respond appropriately and successfully to the needs of our participant group, adaptability of delivery style and content is an essential element.

Over the past three years we have built up a pool of tutors/trainers particularly suited to working with our participant group. We would like to acknowledge their skills and support in the development of our training programme, which we believe encourages the widest possible personal development of our participants.

The VEC

The VEC have been an important additional support to our programme since 2000 through the provision of trainer hours. This has augmented our training budget, which in turn helps make possible the variety of training delivered. In the coming year, in addition to fifteen Community hours, eighty hours of training will be provided under the Government BTEI scheme.

Certification

In keeping with our aim of providing the opportunity to experience success, the programme includes short training modules relevant and significant in content. Particular training modules are certified by FETAC and administered through the VEC, Jobstown Adult Education Network (JAEN).

Other training modules receive certification of completion from the individual Trainer/Organisation and the Project. For many participants this is their first experience of completing any form of training. Receiving certificates is tangible evidence of this experience, which participants attach importance to.

Certification of Completion

FETAC	• Computer skills Video/photography appreciation
FAS	• Basic First Aid
Certificate of completion	• Parenting skills • Anger Management • Communications • Active Citizenship programme

Community Addiction Studies Course- ***Tallaght***

Since 2000, three programme participants and two staff members have completed the Community Addiction Studies Course accredited by FETAC. This course was developed by URRUS, Ballymun in response to the need for addiction training within communities.

Description of Training

Since 2000 staff have engaged in a variety of both in-house and outside training.

In-House	**Outside**
Crisis Intervention	Community Drugs Work (Diploma)
Listening Skills	Addiction Studies (Certificate)
Boundaries	Community Workplace Management
Working and Living in the Community	Community Addiction Studies (Certificate)
Confidentiality /Boundaries	Facing up to Suicide
Policy	Primary Food Hygiene
Roles, Tasks and Responsibilities	Management of Food Hygiene in the Hospitality Industry
Motivating for Change - Behaviour And Attitude	Introduction to Manual Accounts
Telephone and Hospitality skills	
The Role of the Key worker	

Seminars, Conferences and One-day Workshops

Rape Crisis
Sexual Abuse
Reflexology
National Addiction Conferences
Beyond Maintenance

Present training - 02/03

Addiction Studies (Diploma)
Facilitation Skills
Adult Education (Certificate)
Indian Head Massage (Diploma)
Reflexology (Diploma)
Full Body Massage (Diploma)
Computerised Accounts

Staff Comment

When I started the course it was a little overwhelming, as I had been out of education for some years. However, I found I had great support and encouragement as well as a keen interest in the course content. I could identify with every module, as they all were relevant to my work at TRP.

I have gained so much from this course. I have a newfound awareness concerning issues in addiction, and how to work with these issues. I have also grown as a person. Completing this course has been one of my greatest recent achievements. It has helped me identify my future training needs and given me the confidence to accomplish them.

„ Aiveen Reynor
Diploma in Community Drugs Work - A Cosán/UCD

/ started work as housekeeper at TRP in 2000, on Community Employment. Near the end of the first year I was given the opportunity to take on the role of project worker, which I did for sixteen months. This was a great learning experience for me. In doing the job of project worker I came to understand all the different roles in the project and the importance of each role. Because of this experience I realised that my skills would be better used in the role of housekeeper and I returned to that position.

During the past three years I have completed several training courses. One was the Community Addiction Studies Course, which I feel gave me a good understanding of addiction and of people in recovery and their different needs. Since taking up the housekeeping role again I have also completed a course in Primary Food Hygiene and a second course in Management of Food Hygiene in the Hospitality Industry. Both these courses have given me more confidence in my work.

After three years on C E, I am now a permanent employee of TRP, as project housekeeper.

Kim Pepper

Facilitation of Students on Placements from 3rd Level Colleges.

During 2002 TRP facilitated placement of three, third level students. TRP provides a unique and structured Rehabilitation Programme for participants stabilised on Methadone or those who are Drug Free. Students on placement have found TRP to be an invaluable training ground.

Initially the student is given a schedule, which helps them to settle in, and which also allows the participants and staff to get to know them. Trainees come with identified learning goals. TRP takes their skills and previous experience (if any) into account and opportunities are provided for involvement in as much of the work of the project as is deemed appropriate. Interaction with the participant group is encouraged and the development of co-facilitation skills is also accommodated depending on experience and duration of the placement. As teamwork is central to the ethos of TRP, students are privy to experience this dynamic way of working. The Team Leader, supports and supervises the student's work, and links with the student's individual course tutor as required.

Course	Institute	Duration
Diploma in Social Care Practice	Waterford Institute of Technology	Four months - one full day per week
Diploma in Social Care Practice	Dublin Institute of Technology	One academic year - two full days per week
Diploma in Drugs Counselling and Intervention Skills	Merchants Quay Ireland/University College Dublin	One month full-time

Student placements continue into 2003. We have had further enquiries including one from Queen's University, Belfast. We are committed to taking Trainee Workers' and so placements will be an on going feature of our project services. We believe this is an important element of our work and it demonstrates our commitment to influencing the development of appropriate and quality training in the Drugs Worker field.

Placement in TRP

When I first heard my second year college placement was going to be in TRP I was looking forward to it, but was quite nervous at the same time. I had no previous experience of working with people in addiction and knew nothing about the project itself

However, when I started in TRP I realised that there was nothing really to be nervous about, all the staff and participants were very welcoming and made me feel at home. It took me a few weeks to find my feet. I had to get familiar with the way TRP runs and I had to get to know the participants, now that I have done that I really feel part of the team.

I have learnt a lot while I have been here, not only how to work with people in a recovery but I have learnt things about myself. In the beginning of my placement I took more of a back seat role. I was involved in the breakfast session and sat in on the Communication sessions. Now I have more confidence in myself and have moved on to facilitate my own art session with the pre-entry group.

I have learnt the importance of having a non-judgemental attitude and how observation is a big part of this type of work. Personally, I feel that I have matured and have learnt to be grateful for the life I have. Overall I think I have a greater awareness of the issues people in addiction have to deal with on a day-to-day basis. I have found that I have learnt these things through supervision, talking to staff and talking to the participants themselves.

My placement in TRP has been a very positive one. It has given me a chance to see how a rehabilitation programme works and the problems that can arise in such a programme. I feel that I have a much better knowledge of the different areas involved in addiction and the recovery process.

Denise Lyons.
DIT Student.

Statistics

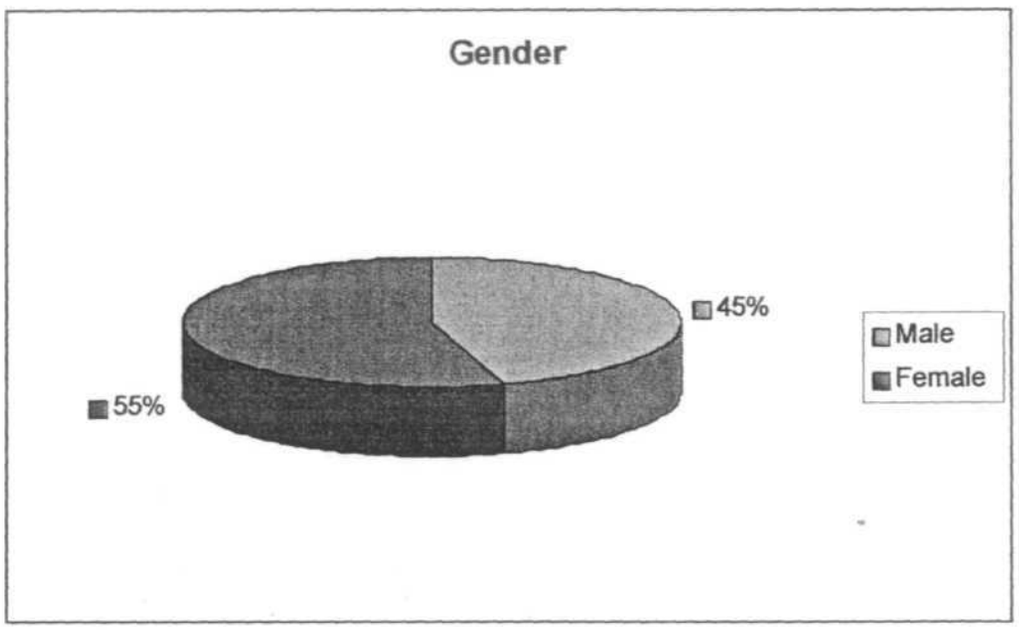


Figure 1: 55% of our participants are females, with children of school going age. This percentage may be explained with the financial incentive for women in Community Employment Schemes

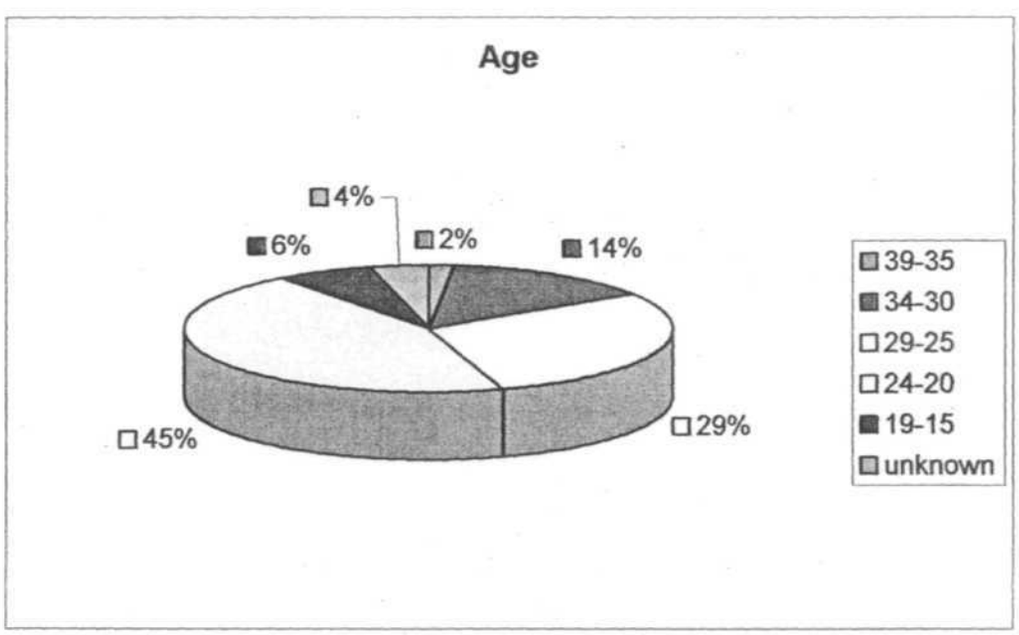


Figure 2: The mean age of participants is between 20 and 29 years. The catchment area is Greater Tallaght and it's environs.

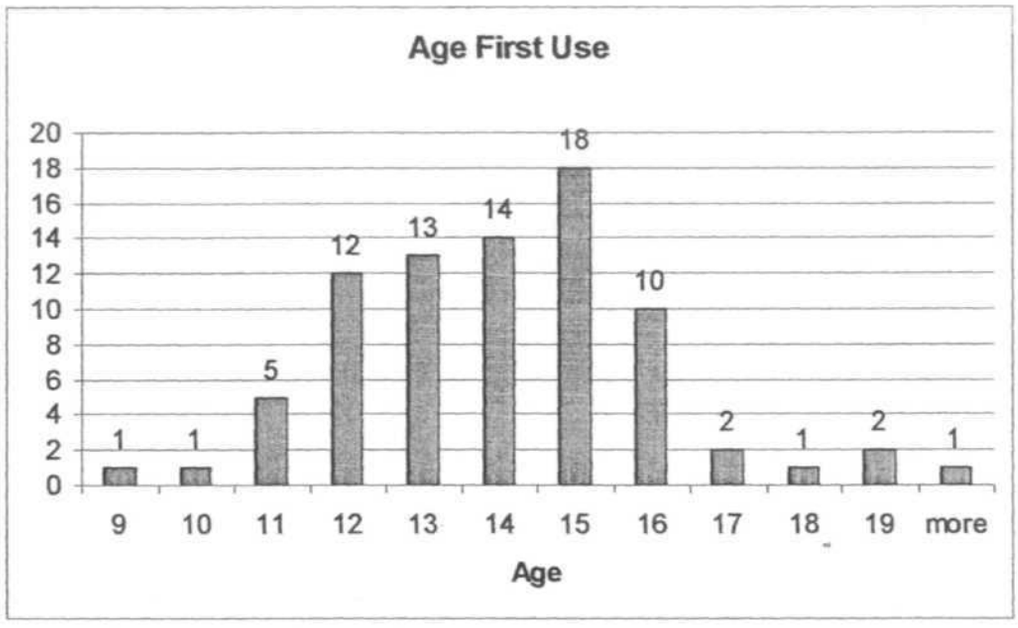


Figure 3: The mean age of first substance misuse is between 12 and 15 years of age, the reason in our opinion can be found in the availability of cannabis and alcohol in our society

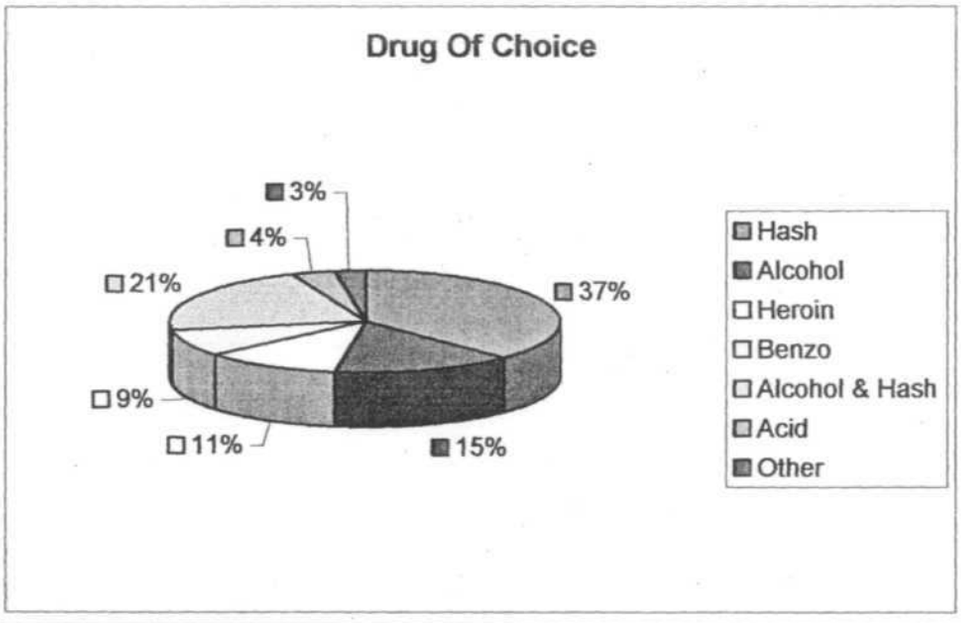


Figure 4: 37% of participants reported hash as their first drug of choice, followed by a cocktail of hash and alcohol. Used recreationally to begin with in their peer group

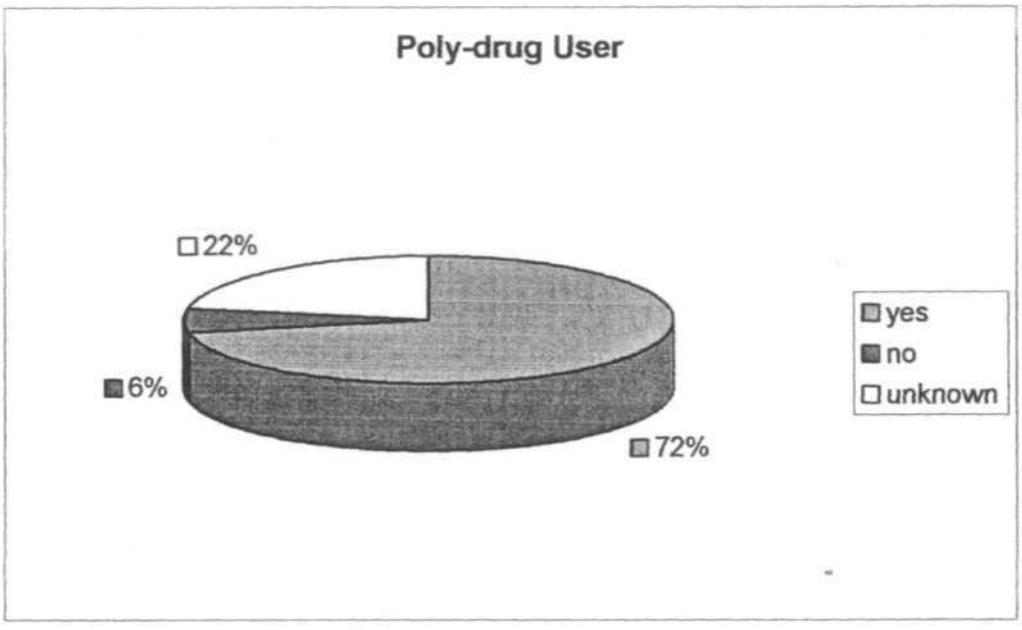


Figure 5: As can be seen from this chart the high rates of benzodiazepine, indicate a growing problem of Poly-drug misuse within this target group

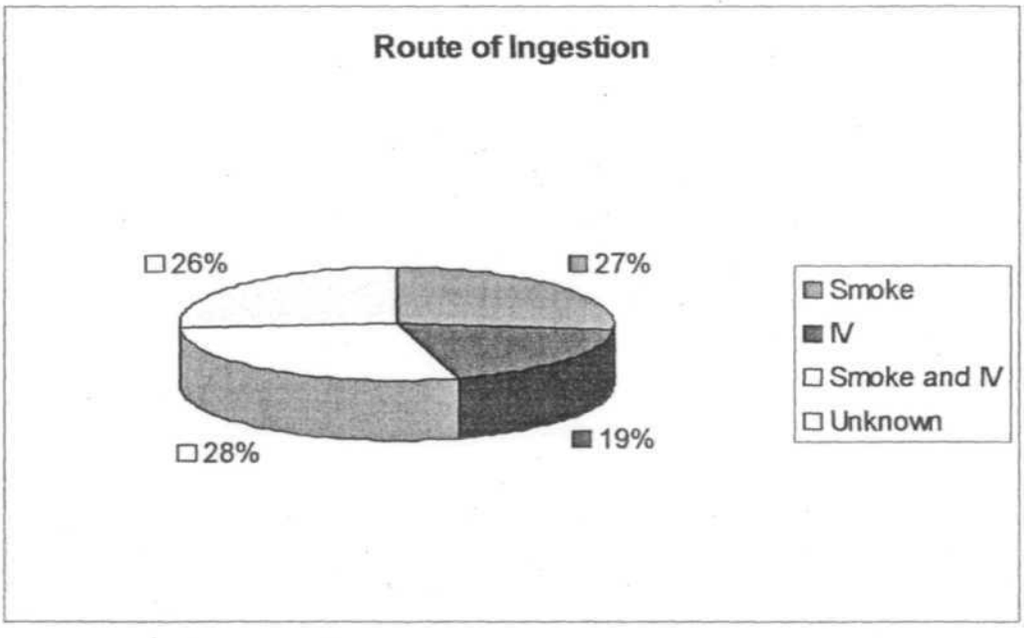


Figure 6: more than half of our participants reported having injected before their 18* birthday

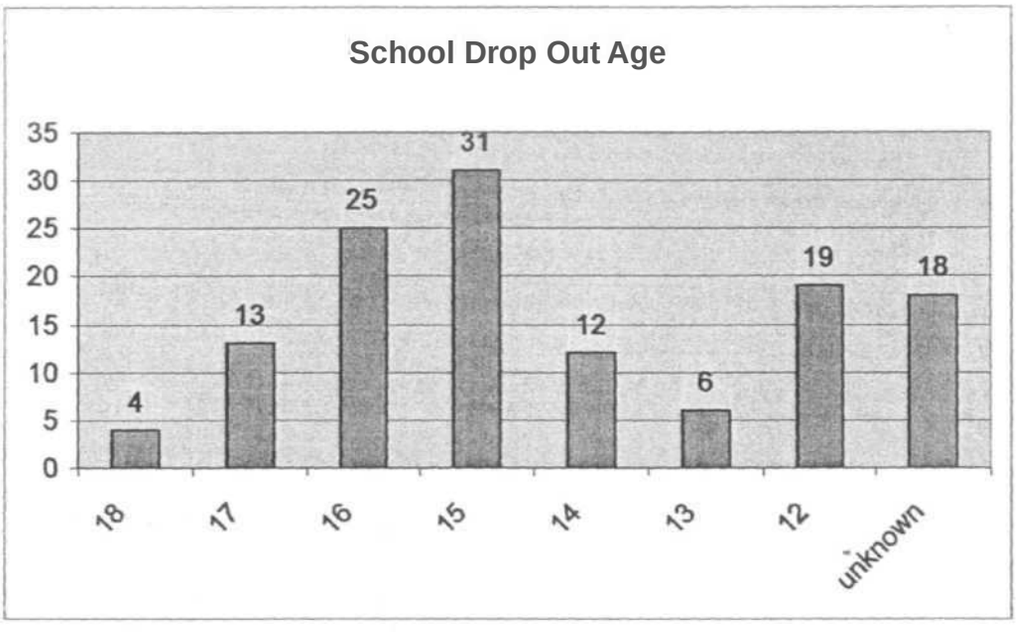


Figure 7: over half of participants had left school before the age of 16 years, with no Junior or Leaving Certificate exams taken

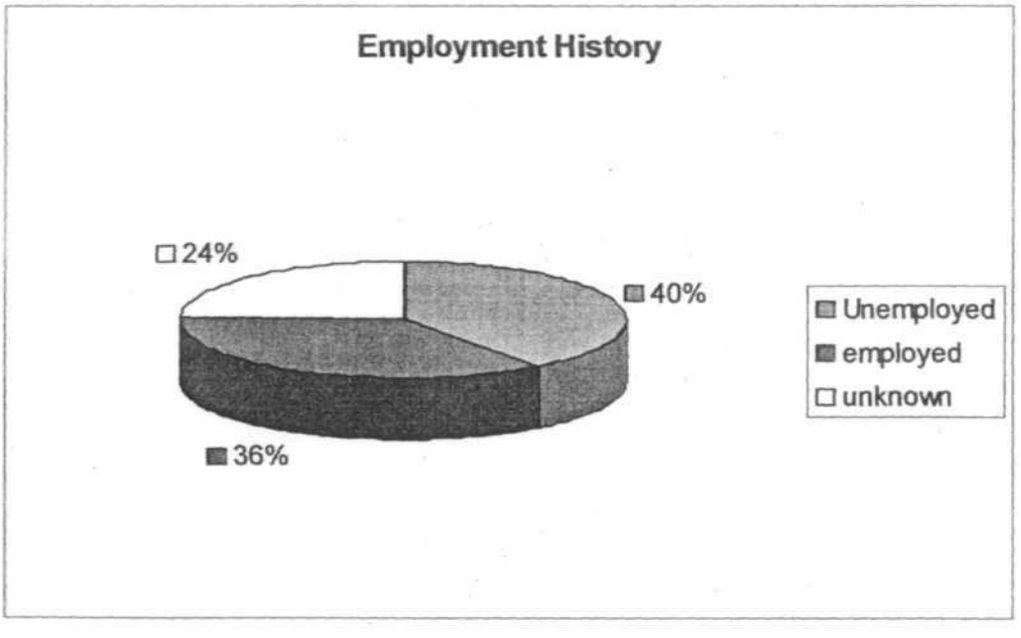


Figure 8: 40% of participants had no experience of work prior to their commencement at TRP

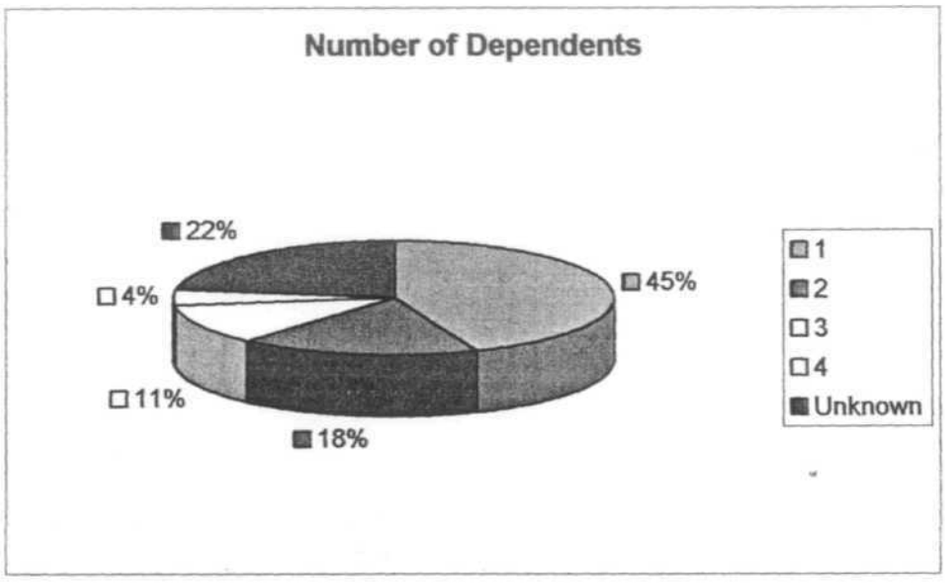


Figure 9: 45% of participants had 1 child of school going age and were dependent on a family member for child care

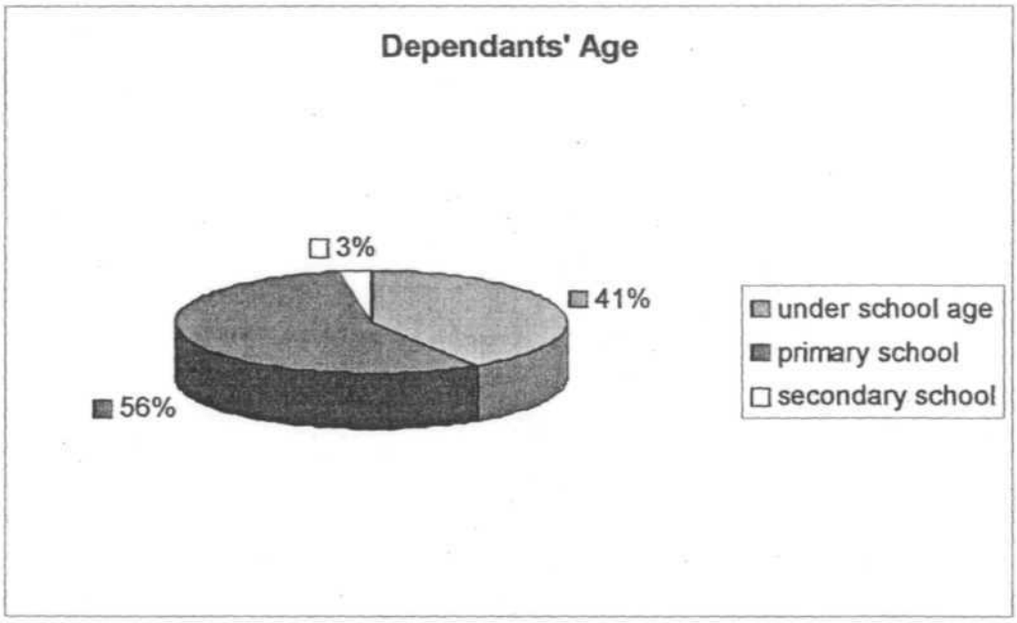


Figure 10: Participant's children range in ages from 5 to 12 years, this might suggest the reason for high percentages of females availing of community based day programs

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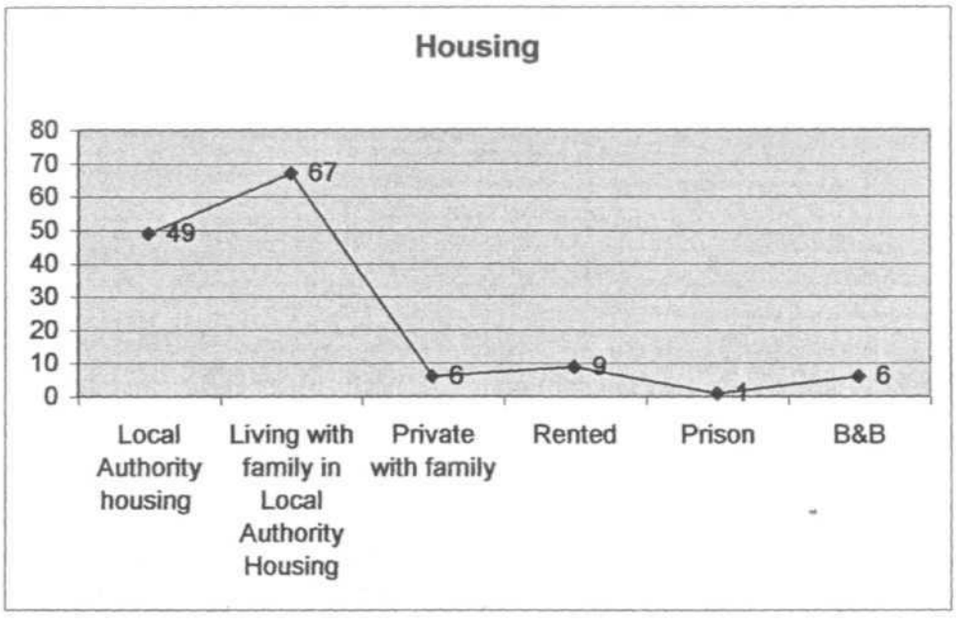

Figure 11: As can be seen the number of participants living in insecure accommodation with their family of origin is 48%, this can lead to a situation of homelessness

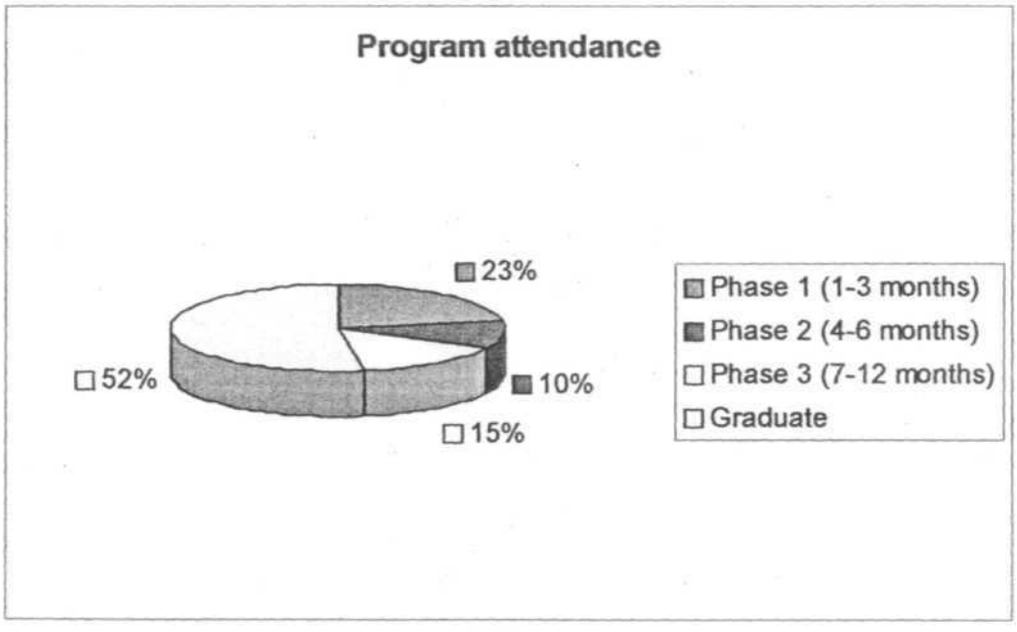

Figure 12: 52% of participants have graduated after fifteen months rehabilitation. 15% completed phase three, 10% phase two and 23% phase one. This is above the European average for community-based rehabilitation.

Aftercare Programme Completion

When Carol started the TRP programme she was drug-free. She was also very shy, quiet and introverted. From the outset she gave full commitment to her recovery programme, actively participating in all aspects of the programme, which resulted in growth of confidence self-esteem and self-awareness. She continued this level of commitment in her Aftercare programme.

"When I first came to TRP I had no confidence and low self-esteem and really no understanding of myself or my feelings. I was never able to say I was happy because I did not know how to be happy with myself. At TRP I started to work things out and learn about me and who I am. I could then understand my feelings and deal with them. When I started to do this my confidence and self-esteem began to get stronger and after sixteen months I feel really happy within myself.

I think TRP is a really great place... the way everyone supports you if you need it and the respect that everyone has for each other. "

With a newfound maturity Carol could easily identify what she wanted from the aftercare service and clearly state her needs. Her aim was to become a stronger, more independent person. During her time in aftercare she became pregnant with her second child. While she said she was *'terrified'* on her first pregnancy she believed that she was a stronger person this time, one who could cope with this situation, independently. She believed she would benefit from the on going support of the Aftercare programme.

On completion of her Aftercare programme, Carol was asked how did she feel about 'closing the door on TRP', she replied:

"I'm ok, I can cope, and I can move on. I don't need ***TRP*** *anymore."*

On reflection, what impacted on me most was the strength and conviction with which she spoke these words. She stood on her own two feet and dealt with her issues and struggles. She learnt how to cope and rely on her own judgement and has evolved into a stronger and more resilient woman.

Outcomes for Participants

Presenting options, encouraging and enabling participants to make informed choices regarding their individual progression is an important aspect to the programme. Progression comes in many guises and can be as individual as each participant. Working with our target group we must be open to viewing progress in the widest context.

Some participants aim towards part-time or full-time employment.

"Since leaving TRP I have acquired a good full-time job. My morale is great as drug use is no longer an issue for me and that feels good."

Yet employment is not the only gauge for progression. There are various issues, which may impede reintegration. Addressing these issues is paramount in order to take up a responsible role in society.

For some participants, whose previous lifestyle would, in some cases have created difficulties regarding being granted local authority housing, progress may be to achieve independence by securing their own home and focusing their energies on their role as parents.

"I am more independent now than when I started here. I feel great about having my own home and I feel I am more of a mother now than I ever was. "

For others it may be a return to education. Many participants would be early school leavers, whose drug use adversely affected their secondary education.

"I enrolled with VTOS. At the moment I am in my second year and am doing my Leaving Cert in June '03 and hopefully in September, go on to do a college course. "

Through active drug use family and community relationships can be seriously damaged. Rebuilding such relationships is often a priority in order to become a responsible and active member of ones community.

"My mother and father are both very proud of me now. My siblings and myself have a good relationship and we 're still working on it. My community are pulling together and are more accepting and supportive of me... "

For some participants their aim is to work towards becoming drug free, which may involve moving into residential setting.

" The TRP programme has helped me move on in dealing with my addiction and soon I am going into residential treatment to become drug free. "

In our view, one of the most practical and realistic progression routes for our participants is a work based C E programme where established structure can continue in a supportive environment. Unfortunately due to cut backs in C E generally over the past number of years this option has been very limited.

Personal Stories

Life After TRP

To be truthfully honest I was heart broken and angry when I was leaving TRP because I loved my time there. I felt angry because I really wanted to finish the second year. But looking back now, I am disappointed in myself for not staying in touch. And I would like to apologise for being foolish and acting like a 'baby'.

The day I left TRP was a very hard day, as I was saying goodbye to a place I spent eighteen months in, to people who became friends and to people I came to love and respect. The TRP programme was the first course or anything like that, that I finished, which I think says a lot for TRP and the staff, who helped me in any way they could.

After TRP J was lost for a while and it took a month or so for me to get up and do something. I enrolled with VTOS. At the moment I am in my second year and am

doing my Leaving Cert in June '03 and hopefully in September, go on to do a college course.

My overall feelings about TRP is that it is a great place for people who want to become drug free and a super place to become a better person. TRP is not just a Rehabilitation Centre, it is a place where you are made to feel welcome and if you have a problem, someone is always there to help. It helped me to become the more positive, thinking person that I am now.

The important things I got from TRP are that I now have the skills to deal with my addiction. I learned to know the signs of relapse and how to react to them positively, (like talk to someone or keep myself busy). TRP helped me to become drug-free, by helping me to beat my addiction. 1 found out that I could do anything I wanted to, if I put my mind to it.

I could go on all day about what I got from TRP. I really do take my hat off to the staff and thank them for everything.

Colm

I joined TRP in February 2001 as a shy, confused, angry and unstable young lady. During my time at TRP I was challenged on my attitudes and behaviours and I also learnt how to address the underlying issues of my addiction. I was forced to look at myself and to my horror I realised I didn 't like what I had become. Although I sometimes found it tough, I stuck with it and can happily say I came out the other side a stronger and much better person for it. TRP gave me the guidance and support I needed even when I felt at my lowest.

Since I left TRP, one year ago, I have successfully completed a year of college. I am still in recovery, which is going well. I have also secured a job in the community, which I love. I have now become a more confident and stable person in all aspects of my life. My life is much fuller now and I am much happier.

Without TRP I truly believe none of this would have been possible. I would like to take this opportunity to thank all the staff at TRP for giving me this chance.

Anne

Income and expenditure account for the year ended 31st December 2002

Income	383,086
Less FAS Scheme Expenses	182,933
Project Income:	200,153
General Expenses:	
Salaries	127,290
Office Administration	3.806
Programme Expense	2.537
Provisions	6.778
Staff training	1,547
Travel & Entertainment	2,236
Rent, Light & Heat	2,432
Telephone	247
Advert & Facilitators	8,766
Insurance	2,180
Improvement to premises	2,776
Computer & Agreement	7,282
Consultancy fees	9,875
Bookkeeping	5,693
Audit & Accountancy	4,419
General Expenses/Sundry	4,704
Depreciation on freehold property	2,464
Depreciation on FF & Equipment	16,245
Deficit for the year	11,124
CE Surplus for the year	5,684
Net Deficit for the year	5,440