Programme Framework for CE Drug Rehabilitation Schemes

06 October 2015

An Roinn Coimirce Sóisialaí
Department of Social Protection
www.welfare.ie

TABLE OF CONTENTS

1. Background and Context

Literature Review –Evaluations of the Special Community Employment Programme.

The Bruce Review (2004)[1], which was commissioned by FÁS who had responsibility for the Community Employment Programme prior to transfer to the Department of Social Protection in 2012, provided a comprehensive review of the 1,000 ring-fenced special CE places. The main objective of CE at that time differs very little from the present 'to support and assist drug users in their preparation for and gaining access to the labour market'. This response was designed to be part of an interagency focus on prevention, treatment, rehabilitation, training and education for the individuals concerned so that they could be enabled to have independent, socially and economically sustaining lives[2]. The main conclusions of this Review were:

- That CE only makes sense if it is delivered as part of a coherent and interlinked programme of rehabilitation and support for this client group;
- There is a gap in overall management in the provision of coherent and interconnected services critical to an effective interagency response;
- It found that a key role remains to be played by the Health Boards (HSE) for the provision of counselling, long-term supports, treatment interventions and appropriate rehabilitation support models;
- CE schemes displayed a tension between rehabilitative and training dimensions which can lead to neither set of objectives being fully achieved in relation to the client or the scheme;
- In terms of the operation of the CE schemes Bruce found that there was no clear structure and framework for the operation of the schemes. Project staff and participants expressed the view that CE was being used to provide personal development and relapse-prevention skills, with little attempt to provide vocational training options.

A number of improvements were made in response to the Bruce Report, the provision of an individualised approach through the Individual Learner Planning process by FÁS. This provided for the identification of individual learner needs and a structured response to the provision of vocational training for participants. A number of adjustments were made to the conditions of delivery of the schemes, commonly known as the 9 Point Agreement (Appendix 1). The National Drug Rehabilitation Framework was established so that service providers can work to ensure an integrated approach to address service-user needs. A smaller scale review was undertaken by Lawless on the role of vocational training in Dublin

[1] Bruce, Alan (2004) Drugs Task Force Project Activity for FAS Community Employment and Job Initiative Participants: A Review. Universal Learning Systems.
[2] Bruce, Alan. 2004: 4(*Background to CE*).

North East Drugs Taskforce projects in Autumn 2006[3]. This was a review of Special Community Employment programmes in the area. It found that:

- These CE schemes were the main vehicle through which vocational and employment skills training would be delivered in local taskforce areas and included a number of learning points: the main ones being that CE continued to be viewed as the main mechanism for delivering drug rehabilitation with therapeutic functions as the primary role with little attempt to provide the vocational training options;

- Clients expressed the view that participation in the CE programme has enabled them to further their personal development, but were frustrated at how little progress they had made in terms of education and training and how few move-on options were available. Most of all they wanted to have more formal qualifications, and work placement and work experience built into the programme (Lawless, 2006).

Keane in an article 'Drug Treatment and Employment' pointed out the findings of another report carried out in the course of the Drug Outcome Research in Scotland[4] found that recovering drug users who had received assistance that was specifically employment-related were three times more likely to have found paid employment than those who had received no such assistance. One intervention that has shown effectiveness in improving employment prospects for recovering drug users was the customised employment supports model. This model involves skilled vocational counsellor working intensively with clients to overcome the vocational barriers that hinder employment. Keane recommends the using intermediate employment models that re-introduce individuals to the discipline and routines of the workplace and skills training and that improving employability of recovering drug users should become a key component of drug policy and practice. The Drug Rehabilitation CE Programme could be an important vehicle in filling this space.

The above cursory examination of previous reviews of the role of Community Employment in the rehabilitation of drug users underlines the current tensions and dilemmas that still continue in relation to the programme. However the literature confirms the inherent requirements of a viable drug rehabilitation programme as:

- A coherent and interlinked programme of rehabilitation and support for this client group – an effective interagency response;
- The provision of therapeutic and counselling and other support services e.g. through the HSE, Probation Services and the Community and Voluntary Sector;
- The focus of CE on the personal, social and vocational training of the participant;

[3] Keane, Martin (2006). The Role of Vocational training in Dublin North East Drugs Task Force Projects.
[4] McIntosh et al.

- That CE could fill the role as an intermediate programme towards further vocational training and employment;
- The importance of staff development in the delivery of each of the above dimensions;
- That improving the employability of the recovering drug user should become a key component of drug policy.

Framework for Community Employment (CE) Drug Rehabilitation Schemes.

Focus of the CE Framework

The role of the Department of Social Protection through Community Employment Drug Rehabilitation Schemes is to support recovering drug users in developing their personal, social and work related skills to enable them to participate fully in community and working life. This role is reflected in this Framework.

The Community Employment Drugs Rehabilitation Framework is focused on facilitating the participation of individuals who are identified by the drug addiction and treatment services and referred to a CE drug rehabilitation place. Under this framework, participants will have access to multiple supports and specialist inputs as required from social, education and health services including the supports provided by the Department of Social Protection as offered through CE, and as required by the individual's substance misuse Care Plan[5]. The combined service provision will form part of an integrated response to the rehabilitation of the client. The referral of a rehabilitation client to CE will take place when it is recognised that the referred person is ready to undertake further development in terms of personal, social and educational well-being as outlined in this Framework. This will be provided through the Individual Learner Plan and will be part of the training and development dimension of the Care Plan while the participant is on CE.

Purpose of the CE Framework

The overall purpose of putting a Framework in place for the dedicated CE Drug Rehabilitation Programme is:

- To establish this cluster of CE schemes as a sub-programme within CE with a corresponding set of operational principles that apply to the delivery and monitoring of this programme;
- To re-position the CE Drug Rehabilitation schemes under social inclusion rather than the activation stream in terms of content and outcomes from the schemes;
- To bring clarity to scheme providers and DSP Divisions in terms of the purpose, objectives, and key outputs of the schemes; and

[5] Health Service Executive (July, 2010) National Drug Rehabilitation Framework Document.

- To provide a 'fit for purpose' response to CE participants who undertake this option on CE.

CE Framework Context

Under the National Drugs Strategy (NDS), it is recognised that the response to substance misuse is a cross-cutting issue. No single agency has the range of competencies or expertise to provide all the supports needed to assist clients to complete their rehabilitation. The Working Group on Drugs Rehabilitation 2007[6] highlights the role of CE in relation to the recovery needs of participants in rehabilitation. The Report recommends that the impact of CE should be built upon with the complimentary support from the Health Service Executive (HSE) and the Department of Education and Skills and other relevant agencies. The response under CE requires an integrated, collaborative effort across a range of stakeholders (statutory, community and voluntary) in order to be effective.

The National Drugs Rehabilitation Framework (NDRF) was developed to provide a framework through which service providers can work to ensure that individuals affected by drug misuse are offered a range of integrated options tailored to meet their needs through a shared care plan.

Rationale for an Integrated Response

While the CE framework reflects a progression path towards recovery and re-integration into mainstream services, it is recognised that addiction is a complex, bio-psycho-social phenomenon. Accordingly, there is no single rehabilitation model which suits all individuals. A range of factors will affect participant's progression towards recovery, with relapse a recognised feature of this process. It is important that a continuum of services is in place to offer prevention, treatment, rehabilitation, relapse and recovery supports from a range of services. This integrated response is required to ensure effective outcomes for the participants.

Consultation on this framework points to a changing profile of service user towards younger clients using a mix of illegal drugs and presenting a more challenging environment in which to deliver the CE scheme. This points to a need for services in the bio-psycho/social area and the need for access to on-going addiction counselling and related services.

[6] Department of Community, Rural & Gaeltacht Affairs. (Dublin: 2007). Report of the Working Group on Drugs Rehabilitation

Integrated Response of the Main Agencies to CE Drug Rehabilitation Schemes

The Role of the Health Service Executive (HSE) in the CE Drugs Rehabilitation Response

The HSE has a key role to play in the delivery of an integrated response to participants referred to a CE drug rehabilitation place in terms of Care Planning and Case Management[7]. A key element of a service user's rehabilitation is the assurance that an integrated approach will be taken in the provision of services across the HSE and all other statutory and voluntary sectors. As the lead agency in case management, the HSE is responsible for ensuring that each individual is appropriately supported through the treatment and rehabilitation system including time spent on CE. The primary function of the HSE services in this instance is to ensure that the referred service user has access to the appropriate and on-going treatment and recovery supports while on CE. This rehabilitation response reflects the continuum of care developed by the National Drugs Rehabilitation Framework (NDRF) and is based on the development of an integrated pathway model. The HSE has responsibility for ensuring that the case management process is in place and can delegate, upon agreement, the provision of case management and the tracking of service users' progression through the continuum of care to other agencies. In order to ensure effective communication the Case Manager has responsibility to ensure that all service providers fulfil their part of the Care Plan. A Key Performance Indicator for HSE Substance Misuse Services for 2015 is that all new entrants have a HSE key worker and a written care plan.

The Role of the Education & Training Boards (ETB) in the CE Drugs Rehabilitation Response

The role of the Education and Training Boards (ETBs) in providing opportunities for the training and development of participants is a key component of the drugs rehabilitation framework. During their time on CE and in accordance with their Individual Learner Plan (ILP) and career plan, participants will have the opportunity to work towards a range of learning options from a Major Award at the appropriate level on the National Framework of Qualifications (NFQ) to industry based awards, for example courses provided through Skillnets. The CE Supervisor will have a pivotal role in supporting and exploring learning options with participants. For vulnerable adults, access to second chance education and core skills development including literacy and numeracy provides the first step on the ladder of qualifications. For others, the opportunity to gain higher level awards and furthers progression options to work will be available. In these cases, it is important that participants get access to professional adult educational guidance. This service is limited at present. To date, the ETBs are one of the main providers of education and training for participants on CE. The provision of education and training will continue to be negotiated at a local level with CE Sponsoring Organisations and with the Local ETBs by the CE Supervisor on behalf of the CE Sponsoring Organisation. The scheme will also have the option of

[7] For a detailed explanation of Care Planning and Case Management see the National Drug Rehabilitation Framework Document. Health Service Executive, July 2010.

procuring training from other approved providers where it is not readily available from the ETBs through the Training Grant provided under CE.

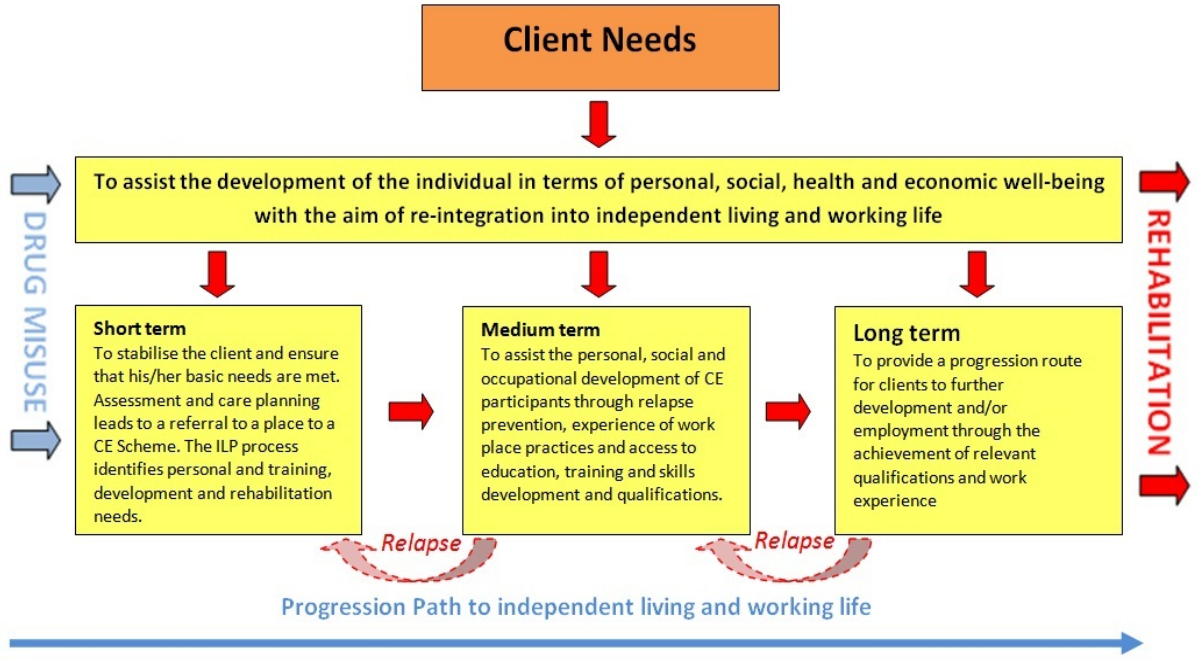
The Role of the Community & Voluntary Sector in the CE Drugs Rehabilitation Response

The role of the Community and Voluntary Sector in the Drug Rehabilitation Response underpins the provision of CE Rehabilitation Schemes. These organisations act as a catalyst for the delivery of state services to service users and have a great deal of experience and expertise in care planning and rehabilitation. Locally based community and voluntary services will continue to engage with individual participants to enable them to access a range of personal and social interventions, such as family supports, advice on housing, money management and community re-engagement. The community and voluntary sectors are the main sponsoring organisations in the provision of CE Rehabilitation Schemes.

CE Progression Path to Recovery and Rehabilitation

The CE programme recognises that every participant's journey is different. Under the Framework the scheme sponsoring organisation through the role of the supervisor assesses the participant's developmental needs and abilities and identifies the response including the interagency response to ensure the best outcomes. This is done through the development of the Individual Learner Plan (ILP) on CE. The following diagram illustrates the stages of the integrated service provision required to enable the participant to move along the path of recovery, rehabilitation and progression.

Figure 1



While these stages represent a linear path; addiction, recovery and rehabilitation does not happen in a straight line as illustrated in Figure 1 above, and the content of the programme for each individual needs to be adapted to address for these realities. Relapse can occur at any stage, where the level and type of interventions may need to change depending on participants needs (for example harm reduction interventions). The role of the scheme through the CE supervisor is to mediate and support the participant in accessing the appropriate supports and services while on the scheme, and at the follow-up aftercare phase when the participant leaves the scheme.

Childcare Support for CE Participants

In 2013 Budget provision was made by this Department through the Department of Children and Youth Affairs (DCYA) to extend childcare supports to the Community Employment Programme. An allocation of 1,800 places was ring-fenced for CE participants under the CEC programme. This was in effect an extension of the CETS programme to CE. DCYA are responsible for the administration and the conditionality that applies to the distribution of these places. CE Participants are asked to make a contribution of €15 per session for these services.

Aftercare and Follow-up

Aftercare, following planned exits is an important element of service provision by the CE Scheme. Transition from the supports of the scheme to the next stage of the participant's journey is critical to ensure that the benefits of participation are not lost. Currently CE offers up to a 4 month period for this and the level of engagement will vary depending on the participant's needs.

2. Overview CE Drugs Rehabilitation Programme Framework

Participants on a Drug Rehabilitation Programme will broadly follow the programme Framework as outlined in this document. This is not meant to be a rigid structure that expects continuous progress from the participant, but instead, acts as a template to assist the scheme and the participant in ensuring that there is added value and progressive milestones for each stage of the programme. The CE participant will move through the programme at their own pace – some may complete the programme in 18-20 months, while others may take longer – depending on the client's readiness, willingness and ability to make progress away from substance misuse[8]. Participants will be encouraged to move through the CE rehabilitation programme as quickly as possible, albeit with respect to their own stage of readiness.

[8] 'Stages of Change' Model

Table 1: Progressive Milestones of the CE Drugs Rehabilitation Programme

Phase	Programme	Delivery
1	Engagement in CE Scheme. Exploration of Learning Opportunities on CE. On-going stabilisation, Career Planning, Identification of courses at an appropriate level on the NFQ (Minor Awards) or other options.	Mentoring, coaching, developing personal, social, work and learning competencies together with interagency treatment and recovery supports (incl. detox, harm reduction & relapse prevention).
↓		
2	Engagement in CE Scheme. Addressing rehabilitation needs, lifestyle changes. Work towards personal & social achievements career plan and relevant education/training courses (Minor Awards).	Mentoring, coaching, continued development of work and learning competencies and training together with interagency treatment and recovery supports.
↓		
3	Engagement in CE Scheme. Continuation of Stage 2 objectives. Progression Planning, Training continued on the NFQ.	Mentoring, coaching, access to work experience and continued participation in training, with interagency recovery supports.
↓		
4	Completion of CE Scheme. Achievement of relevant education/training certification Transition stage: work experience, access to mainstream CE, job search, Aftercare and follow-up	Mentoring, coaching, work placement support, and referral to Intreo and/ interagency follow-up supports.

The above programme Framework provides flexibility to participants entering the CE Drug Rehabilitation Programme. The participant has the flexibility to opt out of the programme over the period and re-engage and pick up at the previous stage completed. The CE participant can also enter the programme at any of the above stages depending on their capacity and abilities and move through the stages at their own pace. This reflects the journey of the participant from referral to the CE Scheme, through the different stages of the programme to completion.

Participation on the CE Drug Rehabilitation Programme will be for a duration of up to 4 years, with quarterly and annual reviews of progress against key performance indicators agreed with the participant at each stage of the process. In exceptional circumstances there is provision for a participant to avail of a 5th year on the programme, where a participant is pursuing an education or training programme that will substantially impact on their progression into further education/training or employment. It is conditional that this 5th

year be spent on a mainstream CE Scheme. The reason for this is to provide a sense of moving away from the high supports provided on a CE Drug Rehabilitation scheme and for the time to be used to further develop their sustainability outside of CE. This extension for a participant will be assessed on a case by case basis and requires the approval of the DSP Case Officer.

Corporate Governance of CE Drug Rehabilitation Schemes

The corporate governance guidelines for CE and those contained in the CE Operations Manual apply equally to CE Drug Rehabilitation schemes. Such schemes will be subject to annual financial and programme and training monitoring by DSP. The KPIs contained in this document will be the subject of the programme and training monitoring for drug rehabilitation schemes.

3. Objectives of the CE Drugs Rehabilitation Programme Framework

Given the complex needs of participants in rehabilitation, the programme framework, and schemes that operate within it, will through an integrated inter-agency service response provide access to the following:

- Rehabilitation and therapeutic supports to those recovering from substance misuse with the support of the HSE and other specialist addiction services;
- Access to a range of physical and psychological health and social supports while on the scheme;
- Participation in educational qualifications at an appropriate level on the National Framework of Qualifications. The provision of education and training will be negotiated at local level with the ETBs and/or other Providers;
- Relevant supports for those participants who may wish to pursue Awards at higher levels but may still be in need of addiction and other rehabilitation supports at the same time;
- Access to adult education guidance support where possible, through the Education and Training Boards (ETB's);
- Relapse and recovery service supports where required to ensure that the maximum potential of the participant is achieved;
- Regular monitoring of the participant's development and achievements through the ILP and inter-agency care planning process;
- Engagement with relevant Drug and Alcohol Task Forces to ensure supports for participants and the CE project;
- Progression options for participants, including transfer to activation or mainstream programmes, further training and development opportunities and employment options;

- Engagement with the local Intreo Services to identify employment opportunities or further training options; and
- Contact with employers to facilitate work placements and progression opportunities.

This programme framework acknowledges the range of participant profiles coming onto CE and the range of special interventions and supports that may be required and mediated in particular by the CE Supervisor and the Sponsoring Organisation to which the CE scheme is attached. It acknowledges the importance of adequate preparation of referred clients prior to the take up of the CE scheme and the value of aftercare services on completion of the scheme.

This framework notes the range of competencies of the CE Supervisor/Sponsor as outlined for mainstream CE schemes and gives particular emphasis to the importance of one-to-one guidance and mentoring sessions inherent in the delivery of this programme. The CE Drug Rehabilitation Supervisor will have, in addition to the core competencies as outlined in the CE Procedures Manual, relevant work experience in project management and programme delivery to participants in rehabilitation.

A key task for the CE Supervisor is to ensure the alignment of the Individual Learner Plan with the Care Plan for the service user so that there is complementarity and continuity. This alignment of the ILP with the Care Plan will ensure the effective delivery of the CE Drug Rehabilitation Programme.

4. Programme Access, Referral and Delivery for Referred Rehabilitation Participants

Participants are referred to a drug rehabilitation place using the DSP referral process which has been developed in line with the National Drug Rehabilitation Framework (NDRF). Within the NDRF, when a person enters a substance misuse service, an integrated care pathway is developed. Therefore any referrals from such service to a CE Drug Rehabilitation scheme should have a care plan in place. It is essential that the assessment and care plan is carried out by a trained and competent person.

The conditions for delivery of the CE rehabilitation places are outlined in the *Guidelines on the Agreement on the 9 Points Revised Conditions for CE Drugs Rehabilitation Places* and apply to both mainstream and dedicated drugs scheme places. The revised conditions address scheme access; participant referral; programme delivery; duration; participant/supervisor ratios; expected outcomes and programme support structures.

5. CE Drug Rehabilitation Programme Framework - Phases

Phase 1: Engagement with the Programme

Objective:
To enable the participant to begin to engage in the process of rehabilitation designed to regain their capacity for daily life away from the impact of problem drug use.

In general, CE Drug projects provide access to training based on the development of an Individual Learner Plan (ILP). Additional interventions for effective recovery should be identified in consultation with the key worker/referral practitioner based on the individual's Care Plan. This includes the identification of treatment and relapse prevention services and other personal supports including one-to-one, group work, counseling and advocacy services.

During Phase 1 the following will be achieved:

- The participant will receive an induction to the scheme, the ethos and objectives of the scheme will be explained, as well as conditions of participation (Individual Learner Plan), housekeeping rules, roles and responsibilities;
- Relevant addiction support services will be identified;
- The development of a participant profile, which will include personal, educational, social and economic, family, health, housing, education and employment history will be undertaken;
- The identification of personal goals relating to distance travelled and hopes and fears will be undertaken;
- Barriers to engagement will be identified;
- A range of personal development goals will be achieved including personal effectiveness, literacy and numeracy needs, self-awareness, communication, time management, working with others, problem-solving, and learning to learn.

Phase 1: Scheme Key Performance Indicators

1. All participants receive an induction to the CE programme.
2. Assessment of participant's situation and needs undertaken.
3. Engagement of the participant in the programme.
4. A review of participant's progress and development is recorded under the ILP.

Phase 1: Participant Key Performance Indicators

1. Participant attends the CE programme regularly and engages positively and commits to the programme.
2. Participant demonstrates an increased awareness of their rehabilitation needs and begins the process of goal-setting.
3. Participant engages in compiling an Individual Learner Plan (ILP).

Phase 2: Goal Setting and Engagement in Learning

Objective:
To enable the participant to identify the competencies needed to progress their own personal well-being and educational and vocational goals.

During Phase 2 the following will be achieved:

- The participant will have fully engaged in the scheme;
- The participant will have set learning targets and engage in other therapeutic activities;
- Individual coaching and mentoring supports that are needed will be identified and provided; and
- Integrated interventions from other services will also be identified to support the participant's developmental needs.

Phase 2: Scheme Key Performance Indicators

1. Rehabilitative supports are provided to participants through an inter-agency approach to support re-integration into family and community life.
2. Developmental activities such as literacy and numeracy supports are provided to participants, where necessary.
3. Pre and vocational training is provided in line with participant's ILP goals.
4. A review of participant's progress and development is recorded.

Phase 2: Participant Key Performance Indicators

1. Participant continues to engage in the CE programme on a daily basis.
2. Participant commits to and continues to follow their goals set out in their Individual Learner Plan (ILP).
3. Participant engages in personal development and rehabilitative activities.

Phase 3: Career and Skills Development

Objective:
To enable the participant to engage in educational, vocational and occupational skills and further development to promote learning and career progression.

During Phase 3 the following will be achieved:

- The Scheme will provide an input on the local work environment, types of employers, occupational levels of different jobs and skills;
- Participant will engage in a range of career planning activities, work sampling and other options; and
- The participant will commence modules of learning at an appropriate level on the NFQ as part of the achievement of qualifications, or other relevant training as part of their learning plan.

Phase 3: Scheme Key Performance Indicators

1. The Scheme has provided an input on the local work environment, types of employers, occupational levels of different jobs, and skills.
2. The Scheme has provided access to suitable vocational courses for the participant.
3. The continued provision of guidance and rehabilitative supports by the Scheme.
4. A review of participant's progress and development is recorded.

Phase 3: Participant Key Performance Indicators

1. Participants attend regular reviews and records are up-dated as appropriate.
2. Participant has engaged in a range of career planning activities, is refining goals and has an understanding of the local work environment and occupations.
3. Participant continues to build up self-confidence and engage in teamwork and other activities that enhance personal well-being.
4. Participant has commenced learning, particularly in certified courses and is working towards the achievement of a relevant qualification i.e. Minor/Major Awards at an appropriate level or equivalent.
5. Participant will have identified an external work experience placement.

Phase 4: Transition Planning and Exit from the Scheme

Objective:
At this stage the participant will have gained in self-confidence, have career and personal development goals and is engaged in training/education to further their long term goals towards sustainable employment. Participants will be moving towards further independence with the required supports in place to enable them to make the transition from the scheme to sustainable activities i.e. further education or employment.

During Phase 4 the following will be achieved:

- Accredited education/training at an appropriate level on the NFQ. The education/training will be sufficient to allow progression onto further education/ training or employment that is consistent with the participant's ILP;
- Other non-accredited modules to support the participant in their wider personal/social life will also be completed;
- Blocks to participant progression will be identified and addressed.
- Areas for further training, or further education will be identified;
- A period of work experience will be planned and completed;
- Job-seeking skills and interview preparation skills will be developed.
- A Follow-Up Plan will be agreed between the Supervisor and the participant; and
- Aftercare supports will be identified and the Care Plan updated.

Phase 4: Scheme Key Performance Indicators

1. On-going support is provided for the achievement of appropriate certification (QQI Major Awards.)
2. Participant blocks are identified and addressed.
3. Work placement is organised for participants in the final stage of their time on CE.
4. A Review of participant's progress and development is recorded.
5. A progression plan is in place for each participant (including the identification of transition requirements where needed).
6. Aftercare measures are put in place.

Phase 4: Participant Key Performance Indicators

1. Participant has a clear sense of direction and has the confidence to continue to achieve personal and career path goals on completion of the scheme.
2. Participant has achieved qualifications in education/training at an appropriate level.
3. Participant has a CV completed and interview skills developed.
4. Participant has had a number of weeks work experience outside of the scheme (where appropriate).
5. Participant has an aftercare plan and supports to ensure a positive transition from this stage to the next event e.g. further education, work placement, employment.

Aftercare and Follow-Up

Aftercare is a crucial part of any rehabilitation programme and an aftercare plan will be put in place for each participant prior to leaving the scheme. This will occur during the final phase of CE. The aftercare plan should be developed in the context of the overall Care Plan for the participant and should accompany the participant onto the next stage of development. The participant's care plan should outline the supports and resources from other agencies as required by the participant.

Support Workers (Mainstream Participants on CE Drug Rehabilitation Schemes)

The jobseekers referred from the Intreo Office to take up these vacancies will be subject to the eligibility conditions laid down for mainstream schemes. In terms of the programme on offer from sponsors to these participants, each participant will have an Individual Learner Plan that will contain a career goal and the pursuit of a Major Award in line with this. Where the participant is pursuing a Major Award, they have a maximum of 3 years on CE which will be reviewed on an annual basis and subject to meeting the requirements of the scheme and a satisfactory performance, may be approved for an additional 2nd year to complete the award. A third year may be approved to allow for work experience and intensive job search. The progression rate will be set at a challenging level depending on the profile of the participant.

6. Unplanned Exits and a Continuum of Care

Due to the complex nature of addiction, it is likely that some participants on drug rehabilitation places will lapse and relapse during the course of their CE programme. In line with the National Drug Rehabilitation Framework (NDRF) appropriate supports can be provided to participants while on CE if lapse or relapse occurs. In terms of unplanned exits, time needs to be allocated to the re-engagement or onward referral of these service users. This also needs to be factored into the supervisor's or assistant supervisor's work. Good practice is to maintain contact with the participant during any transition period. However, occasionally, when a relapse occurs, CE may no longer meet the participant's needs. In this instance the CE Supervisor should consult with or refer back to the Key Worker and/or Case Manager. Options will be determined by the nature, context and extent of the relapse and the stage of progress within the Care Plan.

Appendix 1: CE Drug Programmes in the context of the National Drugs Rehabilitation Framework

In line with the recommendations outlined in the Report of the Working Group on Drugs Rehabilitation (2007) the National Drugs Rehabilitation Framework (NDRF) was developed to provide a framework through which service providers can work to ensure that individuals affected by drug misuse are offered a range of integrated options tailored to meet their needs through a shared care plan.

The Framework notes that given the diversity of the supports required during rehabilitation, it is recognised that no one agency has the range of competencies, expertise or resources to meet the holistic needs of a service user (NDRIC 2010)[9]. This need for an integrated response was also recognised as far back as 2004 in the Bruce Report which noted the lack of linkage and coordination among frontline agencies, particularly the former Health Boards in acting to assist the recovery of participants (Bruce, 2004)[10]. The diagram below highlights the range of supports required for an effective, integrated model of rehabilitation.

[9] National Drugs Rehabilitation Implementation Committee. (2010) National Drugs Rehabilitation Framework Document. Health Services Executive. Dublin.

[10] Bruce, Alan (2004) Drugs Task Force Project Activity for FAS Community Employment and Job Initiative Participants: A Review. Universal Learning Systems.

In January 2014, the Oversight Forum on Drugs gave the endorsement for the Rehabilitation Framework to be rolled out nationally. The aim of the national rollout of the Rehabilitation Framework is that all substance misuse services engage with the system of care planning and case management.

Appendix 2: The Role of the Drugs and Alcohol Task Forces

The Drugs and Alcohol Task Forces' role is in accordance with the National Drugs Strategy and the National Co-ordination Committee for Drug and Alcohol Task Forces (NCCDATF) is to ensure the development of a coordinated and integrated response to drug and, more recently, alcohol misuse.

The Drug and Alcohol Task Forces have the oversight of the implementation of the National Drugs Rehabilitation Framework (NDRF) at local level; their Treatment Rehabilitation Sub-committees (or equivalent) have all relevant local services as members. Drug and Alcohol Task Forces drive the implementation of the NDRF at local level through their sub-committees. It is important that CE Drug Projects are linked in with the Treatment Rehabilitation sub-committees to support the referral pathways and participant engagement on CE.