Annex 2.6 Good practice

Improving and extending resocialisation and rehabilitation care of persons addicted to psychotropic substances

Measure title	Member state
Transition Fund 2006 Project: ***"Improving and extending resocialisation and rehabilitation care of persons addicted to psychotropic substances"*** ***Project is:*** • ***implemented in three sections:*** 1. ***twinning section*** 2. ***technical assistance*** 3. ***grant scheme*** • financed from the funds of the European Communities and from the national co-financing	**Slovak Republic -** implementing the twinning section of the project in cooperation with France, in the capacity of senior partner, and Finland, in the capacity of junior partner, and other invited European experts

Outcome objective of the measure

General objective:

Improving and extending the process of resocialisation and rehabilitation care of persons addicted to psychotropic substances with a view to achieving a level of resocialisation and rehabilitation care of addicted persons comparable with the other EU countries.

Sub-component objectives:

- Make an analysis of the existing situation in the provision of professional services in resocialisation facilities,
- Produce a manual containing specific aspects of the conditions of resocialisation care provided to drug addicted persons in the EU to be used in the Slovak Republic,
- Draw up a proposal of personnel (number of qualified workers per client) and professional (qualification and experience required) standards for the area of resocialisation care of persons addicted to psychotropic substances in the SR
- Design the content of specialised training modules and the education plan for resocialisation centres' staff,
- Through trainer training the specialised training and the staff training in the area of drug additions will be ensured.

Purpose:

To improve the quality of personnel in resocialisation facilities in the SR in terms of their better vocational preparation and ability for work with persons addicted to psychotropic substances with a view to increasing the level of all activities delivered by these facilities and develop the quality standards of care provision to addicted persons.

Project purpose (brief): modification of conditions of activities carried out by RC and their application in practice, measurable increase in the number of abstaining persons upon completion of resocialisation programmes, support the network of care providers for addicted persons.

Summary of main results

- Analysis of the current situation in provision of professional services in resocialisation centres. (The analysis was the springboard for the adoption of measures to improve the quality of resocialisation programmes in RC.)
- Developing a manual for the specification of conditions for resocialisation care of drug addicted persons, based on the experience from the EU countries to be used and adapted to the SR conditions. (The manual has been distributed to state administration bodies, territorial self-government and RC.)

- Formulating, designing and submitting personnel (number of qualified workers per client) and professional (qualifications required and the needs of practice) standards of the performance of professional activities in the RC. (Personal and professional standards were adopted and approved by the competent institutions and subsequently served as reference materials for the draft amendment of the Act No. 305/2005 Coll on social and legal protection of children and social curatorship and on amending of certain acts.)
- Formulating the contents specification for specialised training and education plans for resocialisation centres staff.
- Implementation of specialised education and training for employees working in the area of resocialisation of drug addicted persons through "trainer training".
  (Sustainability of the project will thus be guaranteed)
- A grant scheme is also implemented under the project the purpose of which is to provide financial support to the programs, initiatives and activities of RC or to territorial self-governments having established the RC from the financial resources of the Transition Fund and national co-financing of up to maximum 25 thousand EUR per any one project. The support of the achievement of the main project objective is directed mainly at increasing the quality of workers and institutional capacity building of RC, supporting harmonisation of therapeutic procedures and resocialisation procedures, linking the system of healthcare and resocialisation care and supporting increased accessibility of resocialisation and post-resocialisation services.
- The project 's technical assistance will provide the required administrative and organisational provision and the professional guaranty of the preparation and implementation of the education activity for the employees dealing with resocialisation of drug addicted persons.

Targeted final beneficiaries		**Policy focus**	
General population	☐	Social exclusion	☒
Children	☐	Healthcare	☐
Single parent families	☐	Long-term care	☐
Unemployed	☐	Management	☐
Older people	☐		
Young people	☐	**Geographic frame**	
People with disabilities	☐		
Immigrants /refugees	☐	National	☒
Ethnic minorities	☐	Regional	☐
Homeless people	☐		
Specific diseases	☐	**Implementing agency**	
Other: persons addicted to drugs or otherwise addicted (children upon completion of compulsory school attendance and adults)	☒	General Secretariat of the Committee of Ministers for Drug Additions and Drug Control of the Office of the Government of the SR in cooperation with: • Ministry of Labour, Social Affairs and Family of the SR • Association of Resocialisation Centres and Post-resocialisation Services of the SR • Resocialisation centres	

Context/background of the initiative

The initiators of the project implementation were all entities referred to under the

implementing agency. The initiative for designing the project resulted from the actual institutional and professional capacity of resocialisation centres operating in the SR and their administrative, statutory and financial support of the activities undertaken. The situation reflected the following facts:

- inadequate comprehensiveness in the provision of optimal care of persons addicted to psychotropic substances – from the provision of healthcare through the implementation of targeted execution of measures of resocialisation care to their direct impact on increasing the rate of the implementation of catamnesis,
- low number of persons who could continue rehabilitation and resocialisation care in specialised facilities designed for the purpose, relative to the number of persons who have undertaken treatment of drug additions within the healthcare sector,
- residential care of drug addicted persons provides a more comprehensive solution of the broad range of problems these persons face (requiring professional intervention on the part of qualified personnel), compared with the out-patient care rendered through psychological and social counselling,
- lower quality of the existing personnel capacities and of the application of the most recent approaches in direct work with clients, compared with the level of care provided for these persons by other spheres of assistance in the SR (e.g. counselling, healthcare, prevention) and with the level of provision of this care in other countries of the EU.

Initiatives were therefore directed at improving personnel and institutional capacities in resocialisation facilities in the SR in order to improve professional expertise and the ability to work with persons addicted to psychotropic substances with a view to enhancing the level of all activities carried out by these facilities, including facilitation of reintegration in the social environment which is the ultimate effect required: a full inclusion of persons dependent on psychotropic substances in the social structures.

In this respect the necessity was highlighted of ensuring efficiency and long-term sustainability of the results of provision of such comprehensive care by initiating activities, which would boost motivation of persons to continue with resocialisation and active participation in solving their own problems.

Based on the above facts, that involved unequivocally the provision for improvement and extension of the range of care provided within the sector of labour, social affairs and family - in the interest of systematic support of the consistent solution of the problem of persons dependent on psychotropic substances - one that would bring about sustainable effects.

Details of the initiative

1.	**What is or was the timetable of the initiative concerned?**
month/ year **07-12/ 2007**	**Component 1** (completed) Under this component, *the Report describing the current state of content and professional provision of assistance to addicted persons in RC* was prepared which mapped the present situation of care provision in all 20 RC set up in the SR. The analysis was made by independent French and Finnish experts (which ensured objective content of the analysis). They have also produced a *Report on resocialisation care provided in 11 countries of the EU*. Both documents constituted the essential background materials for the work of experts operating under Component 2. The cited documents have been posted on the web page at www.infodrogy.sk (Slovak/English versions) **Component 2** (completed) With a view to developing a manual of personnel and professional standards a

month/ year **12/2007 - 04/2008**	working group was constituted drawn from representatives of state administration, self-government, non-governmental organisations and foreign experts from France, Finland and Poland. Two study tours have been organised under this component for representatives of resocialisation centres, to France and Finland, which helped their participants to get a more comprehensive appreciation of the system of resocialisation care in anticipation of the prepared quality standards for RC. The outcome of this component - the manual "*Quality of RC for drug and other addictions– standards and good practice"* was officially presented, discussed, and adopted by the participants of a conference – directors of all resocialisation centres set up in the territory of the SR, representatives of state administration, territorial self-government, and nongovernmental organisations actively dealing with drug issues. MOLSAF is one of the final beneficiaries of this document, which has incorporated the essence of the manual into the draft amendment of the Act. No. 305/2005 Coll. on social and legal protection of children and social curatorship and on amending of certain acts, currently in the process legislative approval. By incorporating the qualitative criteria of the manual into the amendment of the act the project objective in the area of legislation was achieved, which, *inter alia,* has direct implications for the quality of the implementation of the priorities of the *Action Plan of the Implementation of the National Programme of Combat Against Drugs in compliance with the anti-drug strategy of the EU in the competence of the MOLSAF for 2005 – 2008.*
month/ year **04-12/ 2008** of which:	**<u>Component 3</u>** (under way) The objective of the implementation of this project is to identify the education needs of the RC staff and designing the training modules for specialist employees of RC and stakeholder institutions and experts. The component will be implemented in two phases:

month./ year **04-09/ 2008**	1. preparation of the content of two training modules by the Education Board set up for the purpose (representatives of RC, state administration, academic community, foreign experts and technical assistance):
	  a. a training module for the RC staff, who with regards to their qualification, do not have the necessary special knowledge and competences for the work with drug addicted persons,
	  b. a training module "trainer training",

month./ year **09-12/ 2008**	2. the implementation of the" trainer training" module, to be attended by every employee of each RC involved in direct work with the client. The purpose of the training is to achieve exchange of knowledge and good practices at national and European levels. The training participants should be a kind of "vehicles for change" in the implementation of professional activities of their RC. **<u>Note:</u>** All expert working groups operating under components 2 and 3, in line with the application of the method of mainstreaming, were purposefully drawn from Slovak, French, Finish and Polish experts actively operating in the field of resocialisation care. There is a significantly positive perception, particularly of the active participation of experts involved in direct performance of the work with clients, who have facilitated the current views and expectations of their clients from the resocialisation process. In this way the working groups' outcomes have been acquiring real dimension, which, to a large extent, concurs with the idea of

	involving groups at risk of social exclusion in the decisions and processes directly affecting them.
2.	**Specific objectives**

	The project has not defined specific objectives within its structure. Despite this, by the fulfilment of the main objective of the project, which is supporting the activities carried out by the RC, the following specific activities of RC have also been indirectly supported:
	• Availability of and access to programmes of targeted and multi-purpose resocialisation care:
	  o support of resocialisation and reintegration programmes with a special emphasis on specialised (social, psychological, medical) services for young drug users
	  o support of resocialisation and reintegration programmes for a special target group of RC, namely for the convicted drug using criminal offenders on probation, and the development of cooperation with mediation and probation officers while abiding by the relevant legal regulations of the Ministry of Justice.
	• Institutional support of the RC activity with regards to their role in the regional and local social policy.
	• Establishing links between healthcare and social systems of care of persons addicted to psychotropic substances.
	• Awareness raising on the activity of RC and their contribution to the system of society-wide care of persons with addiction problem.

3.	**How did the initiative address the objectives?**
	Comprehensive support of RC (institutional, personnel, and professional support) was pursued also through the implementation of project sub-components' objectives. The involvement of all entities having direct or indirect impact on the activity of RC in the implementation process was a necessary precondition for success, as was the effective use the personal contribution and professional experience of domestic and foreign project co-implementing agents.
Monitoring and evaluation	
	How is/was the measure monitored/evaluated?
	The progress in the implementation of the project has been systematically evaluated at the meetings of the managing authority, which approve quarterly reports and the final report.
Results	
1.	**To what extent have the specific objectives been achieved ?**

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2.	**What obstacles or risks have been encountered in the implementation of the initiative?**
	No major obstacles have been encountered in the project implementation. We believe it to be due to consistent preparation and sufficient involvement of all stakeholders participating in the project from the initial phase of the project preparation.
3.	**How have these obstacles and risks been addressed?**
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4.	**Have there been any unexpected benefits or weaknesses?**
	The project implementation have brought about additional benefits, particularly in the area of exchange of contacts and good practice, strengthening communication and collaboration of all stakeholders at governmental, academic and professional levels and also in the area of ideas for further potential cooperation with foreign partners. The initiative of the managing authority to award accreditation to the trainer training can be regarded as yet another benefit of the project, whereby the sustainability of the project and the support of the development of lifelong learning in the field of social work could be ensured. The too ambitious objective - *to achieve comparable level of provision of resocialisation and rehabilitation care of addicted persons with that of the other EU countries* can be seen as a weakness of the project – which, however, is progressively achieved by the implementation of sub-component objectives. This objective is regarded to be a priority in the long-term perspective – within the meaning of the need to constantly improve the system of provision of resocialisation care in the territory of the SR.

List of abbreviations used in the text:

- RC – resocialisation centre
- SR – Slovak Republic
- MOLSAF SR – Ministry of Labour, Social Affairs and Family of the Slovak Republic