The Experiences of Women with a dual diagnosis (trauma and substance use) engaging in a pilot Peer-Led intervention programme (Seeking Safety Ireland): A PPI-based Evaluation.

EXECUTIVE SUMMARY

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1.0 OVERVIEW

The launch of a National Clinical Programme (NCP) for individuals with the dual diagnosis of mental ill-health and addiction in early 2023 marked a genuine commitment to deliver targeted interventions to people looking for support with both issues at the same time.

As part of this NCP, a programme called Seeking Safety was set up in Ireland in 2022. Seeking Safety is a US present-based intervention for people experiencing both trauma and substance use issues and was originally developed with women in mind.

Eight partner organisations, including the HSE, undertook to run a pilot of this programme in Ireland initially for women only. The aim of the programme is to help women to reduce substance use, improve mental health and to guide women to keep themselves safe – in relationships, substance use or in mental ill-health.

Each of the community organisations recruited a Project Worker and a Peer Support Worker (PSW) to help implement the programme. All of the PSWs have lived experience of both trauma and substance use. As part of a commitment to co-production the programme evaluation used a Patient and Public Involvement (PPI) approach. Seven of the PSWs opted to train as Peer Researchers for this evaluation and were trained by the Recovery College in DCU. They have been involved in every stage of the evaluation process.

Dual Diagnosis

For the purposes of this evaluation, dual diagnosis refers to the experience of trauma and substance presenting in a person at the same time. There is ample evidence of closely linked associations between mental health issues, substance or alcohol use disorder (SUD/AUD). In Ireland, increasing numbers of people seek help for SUD/AUD and mental health separately. Irish policy up until recently has separated mental health and addiction supports meaning that people have been refused health care because of the co-occurrence of both issues.

There are gender differences in the way that men and women experience mental health issues, and their pathways into SUD/AUD are often quite different too. There has been a gap in Irish policy which reflects the lack understanding of how SUD, DSGBV (Domestic, Sexual and Gender Based Violence), Adverse Childhood Experiences (ACEs) homelessness and transactional sex can impact women.

However, there is a growing international acceptance that women who present with a dual diagnosis have experienced ACEs which include maltreatment, neglect and abuse – all of which can lead to

trauma and mental health difficulties in adulthood. Women seeking SUD/AUD treatment report a lifetime history of sexual and/or physical assault in 80% of all cases.

DSGBV is on the rise globally and in Ireland the estimates are disconcerting, especially since the COVID-19 pandemic. While all genders can and do experience DSGBV, women are almost twice as likely to experience sexual violence and four times more likely to experience non-consensual sexual intercourse.

One possible outcome of DSGBV is the development of Post Traumatic Stress Disorder (PTSD). This is a psychological reaction to witnessing or experiencing traumatic events. For people who have experienced such events as a child and into adulthood the psychological impact can be more profound with the development of Complex PTSD (CPTSD), leading to life-long mental health issues if not addressed.

Barriers to Seeking Help

There are a number of difficulties associated with getting and receiving help for trauma and substance use generally and these barriers include lack of knowledge of services, long waiting lists as well as stigma around mental ill-health and substance use.

Powerlessness and Lack of Agency

Women seeking help face additional barriers due to a number of reasons including financial abuse, low income and childcare needs - including fear of their children being taken into care. Services with childcare supports are scarce and women experiencing SUD/AUD and/or trauma may have very limited family or social support networks.

Women who have experienced DSGBV, those engaged in transactional sex and marginalised women can all face additional stigma. For migrant women, DSGBV may be normalised and they may be entirely dependent on their partner's income and they, as well as many other women, may be trapped in abusive relationships.

Lack of Safety and Community

SUD/AUD and mental ill-health are seen as a form of social exclusion in that people experiencing either or both are unable to fully participate in society. Both issues can cause rifts in family and social networks which are often permanent, leaving them very isolated and with no support.

Safety and trust are key issues for women looking for help – they are more likely to have experienced exploitation and abuse and their safety needs to be a priority. For those who have been involved in transactional sex or who have been trafficked there are high levels of distrust as a result

of years of sexual and emotional trauma and establishing trust with keyworkers in services takes time and requires equity, respect and care.

Meanings of Recovery

Recovery in both substance use and mental ill-health is moving away from early medical only models towards an understanding of recovery in terms of a psychosocial process which is based on a human rights framework.

Recovery in substance use is based on the concept of Recovery Capital – that a person has at hand a number of resources that enables sustained recovery in all aspects of their lives – socially, physically and in being able to be part of society. Recovery in mental ill-health is based on the CHIME framework whereby recovery centres on Connectedness, Hope, Identity, Meaning and Empowerment.

Recovery from DSGBV, PTSD and CPTSD is additionally associated with the concept of healing – the ability to regain a quality of life which allows a person to regain power, gives them a sense of self-worth and enables them to find peace. Key to this healing is the realisation that there is a causal effect between CPTSD and PTSD that impacts relationships and life experiences.

Dual recovery is about an ability to take part in a community, to be in receipt of individualised treatment which allows someone ownership of their lives. And while Irish policy is moving towards a wider understanding of key recovery goals funding is often outcome driven. This limits the capacity to recognise subtle positive change such as increased well-being and better psychological functioning and stability.

Engaging People with Lived Experience

A key aim of recent Irish policy is the engagement of People with Lived Experience (PWLE) in both mental health and substance use service provision. This is especially true in the development and implementation of the new Dual Diagnosis Model of Care. As an important component of inclusion, their input has been sought into peer-run and peer-led programmes. The engagement of PWLEs has been more effective than treatment as usual in a number of intervention programmes. There is evidence of greater levels of engagement, higher levels of community support and improved quality of life outcomes.

An extension of the increased engagement of PWLEs is their engagement as Peer Researchers. PWLEs who train to become Peer Researchers are increasingly becoming involved in co-producing knowledge and democratising the research process. This type of approach, known as Patient and

Public Involvement (PPI) is becoming embedded in social and health care research in Ireland. They can provide greater levels of relevance, challenge stereotypes and question bias.

Seeking Safety Ireland

Seeking Safety, an evidence-based coping skills approach to helping people to attain healing from trauma and/or addiction, originated in the US over 25 years ago. It has since been successfully adapted and implemented in a range of settings and is highly effective. Originally provided by professional staff, it was trialled as a peer-delivered trauma specific treatment with very positive outcomes.

Funding from the Women's Mental Health Fund was sought to implement a cross-sectoral interagency Seeking Safety model in Ireland for women experiencing both trauma and substance use with a particular emphasis on women experiencing DSGBV.

Seeking Safety is a flexible programme designed to be delivered over a number of months using 25 topics either in individual or group settings. It uses five key principles: safety as priority; integrated treatment; a focus on ideals; specific content areas and attention to the keyworker process.

The funding provided for the pilot delivery of six core topics to women (initially) by seven community organisations who support people experiencing trauma and substance use issues. They undertook to deliver six core topics including safety, setting boundaries, red and green flags, compassion and asking for help. They each had funding for a Project Worker and a Peer Support Worker to work a set number of hours delivering Seeking Safety Ireland (SSI).

The organisations, who established a Governance Group to oversee the pilot implementation process, also undertook to adapt the US model into an Irish addendum.

This research, using a PPI approach, is an evaluation of the experiences of 14 women as they engaged in the evolution and implementation of the pilot Peer-led Irish adaptation of Seeking Safety.

2.0 METHODOLOGY

Evaluation Background

Seeking Safety Ireland (SSI) is a pilot programme led by the National Clinical Programme for Dual Diagnosis, the Health Service Executive as well as the following seven community organisations:

- Ballyfermot STAR, Dublin 10
- Red Door – Drogheda, Louth, East Meath
- Roscommon Women's Network – Co Roscommon
- Ruhama – Dublin City, HSE Midlands and Mid-West
- SAOL – North Inner City, Dublin
- Sophia Housing – South Inner City, Dublin, HSE South and Mid-West
- STAR Ballymun – Dublin 11

The implementation of the programme was overseen by a Governance Group comprising the leads in each organisation as well as representatives from the HSE, a National Lead and the external evaluator. The Governance Group also had responsibility for the creation of an Addendum of the Seeking Safety Handbook to be used in an Irish context.

All of the partner community organisations appointed a Project Worker (15 hours per week) and a Peer Support Worker (7 hours per week). All key stakeholders received initial training in November of 2022. The SSI programme, if fully implemented, will ultimately run over 25 sessions for a calendar year. For the pilot six essential topics were to be delivered and each partner community organisation undertook to engage between 6 and 12 women in the SSI programme, either as group or in one-to-one sessions.

Using a PPI Approach

Adaptation of the programme in Ireland was based on the concept of a PPI approach, where the women accessing the service become key players both in the development and implementation of the programme as well as central to its monitoring and evaluation.

The key objective of the evaluation was to train and engage Peer Researchers to monitor and evaluate the programme and make recommendations for future applications of the training model.

Peer Support Workers who expressed an interest in becoming Peer Researchers for the evaluation were recruited and subsequently appointed. They received training from the Recovery College at

DCU and additional training as the evaluation progressed which was provided by the external evaluator.

The Peer Researchers were involved in every stage of the evaluation process and their input included: feedback on the original recruitment material; input into the research instruments; defining the research questions; carrying out and uploading the interviews using alpha-numeric codes; data anonymisation; thematic analysis and overall feedback on the final report

The Research Questions, as defined by the Peer Researchers were as follows:

1. What are the experiences of women engaging in the SSI programme?
    a. What was their motivation for participating?
    b. Did they feel empowered by the programme?
    c. Did the programme provide them with a sense of safety and community?
    d. Has the programme impacted on their recovery and healing in terms of their trauma, mental health and addiction?
    e. What issues exist with the programme?

Research Design

This evaluation used a mixed-methods approach with a combination of statistical data provided by the seven partner organisations and qualitative data in the form of interviews with 14 of the participants on the SSI programme.

Recruitment and Consent

The seven partner organisations selected at random women from their caseloads who met the following criteria:

Have lived experience of trauma and addiction

Over the age of 18 years

Have the capacity to give informed consent

Have undertaken or started the SSI programme.

They were given both a Participant Information Leaflet (PIL) and a Consent Form and given a period of one week to decide on participation. All materials used in the evaluation were NALA approved to ensure ease of use where literacy was an issue and further revised by the Peer Researchers before use.

Data Collection

Peer Researchers conducted fourteen interviews between June and August over a period of eleven weeks. Interviews lasted between 9:04 mins and 1 hour and 24 mins, with an average interview time of 28:09 mins.

Data Protection and Anonymisation

The evaluation was carried out using a 'privacy by design' approach. All members of the Research Team held current HSELand GDPR training certificates. They were all trained in the use of recording devices and how to securely upload the interview using alpha-numeric codes.

Data Analysis

The external evaluator transcribed the interviews verbatim and all identifying information was removed. Audio files were then deleted. All Peer Researchers were given copies (n=2) of anonymised interviews that they had not conducted and asked to carry out an initial thematic analysis. The external evaluator carried out the initial analysis of the data using NVivo (version 1.5.3.) which is a widely used qualitative software analytic tool) using the Framework Method.

An in-person thematic analysis workshop was held in one of the partner organisations in late August which was attended by all seven Peer Researchers. They identified commonalities and differences in the data. They were able to draw descriptive explanations clustered around themes allowing for a lucid, synthesised and valid interpretation of the data that emerged from the interviews.

Ethical Considerations

Ethical approval was granted for this research by the HSE REC B Midlands on 19.04.2023.

The PI and Co-investigators took into account the fact that there are a number of ethical issues relating to the involvement of Peer Researchers and Research Participants in PPI research in terms of vulnerability. This was mitigated by establishing and maintaining a close working relationship between the PI, the Co-Investigators and Support Workers in the local individual services.

Further support was provided by the Research Team, Training Team as well as the SSI Programme Manager and the Manager for the NCP for Dual Diagnosis and a distress protocol was put in place.

Payment

Peer Researchers were paid a daily rate commensurate with standard Research Assistant rates. Research Participants were each given a gift voucher to the value of 20.00 euro to thank them for their time by the community organisations. This gift was not signalled in advance.

Challenges with the Study

Time and Flexibility

Peer Researchers with no previous knowledge of research have to be trained in advance and this, of necessity, means that the lead in time for any research using a PPI approach is considerable.

At a number of points during the study the Peer Researchers were unable to either attend workshops, parts of training or conduct interviews. As the SSI programme is rooted in a trauma-informed approach, Peer Researchers were afforded every opportunity to catch up or re-engage when they were able to do so. This requires a high degree of flexibility within the evaluation process.

Literacy

While all material was NALA approved in advance, Peer Researchers were asked if they felt comfortable with reading documentation. Where they did not, they were asked to suggest the best method to facilitate their continued participation. In the instance of this study, this involved using voice recording and voice notes.

Bias

All of the Peer Researchers also work as Peer Support Workers delivering the SSI Programme which has the potential to create a positive bias for the outcome of the programme evaluation. This was covered during training sessions and Peer Researchers were very clear that the purpose of an evaluation is to look at ways in which SSI could be improved.

3.0 PARTICIPANT PROFILE

Sociodemographic Profile

Where participants disclosed their age (n=13) this ranged from 20 year to 61 years with an average age of 41.1 years. Almost all (n=13) of the participants were single. Of those that disclosed that they had children (n=12) they each had between 1 and 4 children with an average of 2 children each. Of the participants who disclosed their employment status (n=13) seven of the participants in the study were unemployed at the time of data collection. Two (n=2) were employed full time and four (n=4) were in part-time employment. In relation to education (where disclosed n=11) four of the participants (n=4) had achieved 3rd level education, a further four (n=4) had finished secondary school while three (n=3) were early school leavers.

History of Trauma (PTSD) Mental Health and/or Substance Use

All of the participants had experienced DSGBV (n=14) and the majority disclosed (n=12) that they had witnessed DSGBV as a child in the family home. Three of the participants (n=3) disclosed that they were survivors of sexual abuse as a child, either by a family member or a person known to the family. Four (n=4) of the participants had experienced parental bereavement as a child as in three (n=3) instances had taken on the role of family carer at a young age.

In terms of mental health all (n=14) participants had experienced PTSD as a result of trauma. In addition, the participants described ongoing issues with their mental health. Ten (n=10) of the participants had experienced depression, and/or anxiety (n=6) and one participant reported an attempted suicide. Suicidal ideation was referred to by three (n=3) of the participants and a further three (n=3) had reported experiences of self-harm.

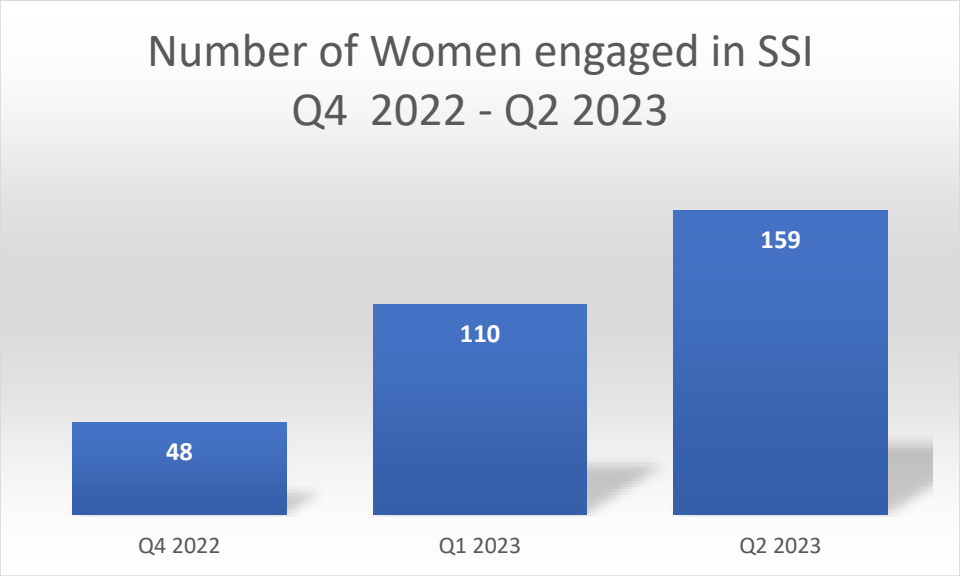
In relation to issues with SUD/AUD where disclosed (n=12) the majority (n=8) had AUD. Of the four that disclosed PSUD, two were using substances only and two were using substances and alcohol. The majority (n=10) had experienced intergenerational SUD/AUD within the family.

Regarding housing where disclosed (n=9) two were living at home and the remaining (n=7) were housed however the majority (n=8) had experienced Homelessness or Housing Insecurity (HHI) during their lifetime.

4.0 SUMMARY OF QUANTITATIVE RESULTS

Quantitative data was provided for this section by collation of statistics from each of the seven participating community organisations. The SSI Programme started in the last quarter of 2022 with five community organisations delivering the programme – Ballyfermot STAR, Red Door, Roscommon Women's Network, SAOL and STAR Ballymun. Up to the end of December of that year they have between them engaged 48 women who attended a total of 106 SSI sessions. By early 2023, a further two organisations had started to implement SSI – Ruhama and Sophia Housing.

Number of Women engaged in SSI Q4 2022 – Q2 2023



Source: Seeking Safety Ireland

The total number of women engaged in SSI since its inception is 317. In Q4 2022, five of the partner organisations were involved and between them engaged 48 women.

By the end of Q1 **2023, all seven partner community organisations were delivering SSI and 110 women were engaged in SSI rising to 159 by the end of Q2 2023 – an increase of 44.5%** in that six months.

By the **end of Q1 2023, all seven partner community organisations were delivering SSI and these organisations facilitated 920 sessions in that six months – rising from 331 in Q1 2023 to 589 in Q2 2023 – an increase of 78.0%.**

Two of the organisations (SAOL and Ruhama) started to deliver (May 2023) SSI with other organisations with whom they had a close working relationship. In the case of SAOL, the SSI programme started in the Dóchas Centre (Ireland's only women's prison) and Ruhama delivered the

SSI programme in Coolmine. These programmes were being delivered with Support Workers and PSWs in both of these locations.

Seeking Safety Ireland Programme Engagement Q 4 2022 to end June 2023

	No. of women engaged in SSI	No. of Group Sessions Delivered	No. of Individual Sessions Delivered	Total number of Attendances
TOTALS	317	254	145	1026

Source: Seeking Safety Ireland

In the eight months since its inception, SSI has engaged:

- **317 women attending 1026 SSI sessions**
- **Group sessions = 24.7% of all attendances**
- **Individual sessions = 14.1% of all attendances**

Participants who are not 'group ready' are offered individual sessions until they feel comfortable joining a group. In other instances, due either to trust issues or geographic spread, group sessions are not workable and organisations provide individual sessions only.

- Average group number = 7
- Average group session in time = 1 hour 45 mins
- Average individual session in time = 2 hours

Retention Rates

- **Between 30% and 100%**
- **Average 83.7%**

Variation in retention rates is a result of a combination of location, cohort and manner of engagement. For example Ruhama (which has a 97.0 % retention rate) delivers group sessions in tandem with Coolmine (rehabilitation addiction service) and the SSI programme is delivered as part of a CE (Community Employment) Scheme. Sophia Housing delivers only individual sessions and has a 100.0% retention rate. Roscommon Women's Network (which has a retention rate of 69.0%) has a wide geographical spread and the county has no transport infrastructure, making access difficult for potential participants and long journeys for PWs and PSWs. In addition a large number of women

from a Roscommon based Direct Provision Centre signed up initially but more than 50% did not return after the first session, partly due to travel issues and partly due to language barriers.

Waiting List

- **Wait list end June 2023 = 20 individuals**

As a new programme initial recruitment to SSI was immediate. However by the end of June 2023 a waiting list already existed. As of that date more than 20 women were waiting to join group or individual sessions and the wait time was six to eight weeks.

5.0 SUMMARY OF QUALITATIVE FINDINGS

The findings summary uses quotes from the fourteen research participants to illustrate the themes decided upon by the Peer Researchers.

Motivation to Participate

- Adverse Childhood Experiences
    - Parental loss and bereavement
    - Problematic family dynamics – physical and sexual abuse, neglect, intergenerational substance use
- Addiction
- Mental Health:
- Trauma
    - DSGBV

'And a lot of it [trauma] is unresolved in the family and a lot of addiction runs through my family because of that… it's kind of hard to get help and get out of it when you're surrounded by it … you're kind of engulfed in addiction.' (Whitney, aged 25 – 29 years).

Issues with Previous Experiences of Support

- Lack of aftercare/coping skills
- Singular nature of support (either mental ill-health or addiction)
- No continuity of care/capacity to build trust

Learning Outcomes

1. ***Empowerment v Powerlessness***

'That's what I've learned from being in this group … finding your power and taking your power back … you can't let people put words in your mouth. Before … you just kind of blindly agree with things just to keep everything smooth.' (Whitney, aged 25 – 29 years).

- **Establishing Boundaries**

'*[A 'friend' is] very helpful with us and the kids and things like that. But like he'd do certain things, like … pat you on the bum … stuff like that. And before I just put up but now, I'm like "Don't do that. Don't touch me. Don't put your hands on me. "* (Samantha, aged 35 – 39 years).

- **Self-Care**

'Compassionate towards myself, my younger self, because it's not my fault. I am enough and I'm not defined by my [trauma and addiction].' (Jess, aged 30 – 34 years).

- **Choice**

'The check in can … some weeks, we're going through an awful lot … so, it is taking that bit longer … because we have weeks where we don't get past check in.' (Marie, aged 40 – 44 years).

2. Community and Safety

- **Group friendship and Support**

'For me now it's just family. And just being part of this family… so, it looks like when I go out. I'm going out with my family.' (Hannah, aged 20 -24 years).

- **Feeling Safe**

' I actually felt safe I could talk to (Facilitator). I felt comfortable, I was in a safe place.' (Lily, aged 50 – 54 years).

- **Peer Led/Lack of Judgement**

'*There's no judgment... you feel … understood. That's the word …it's good when you're with other people that have gone through similar stuff and done similar stuff*.' (Samantha, aged 35 – 39 years).

3. Recovery and Healing

- **Understanding the Effects of Trauma**

'That's the part [explanation of PTSD] that really, I find has clicked with me. I always thought that PTSD is [just] post-traumatic stress disorder - trauma you had in your past. I never knew that it also leads to addiction. It's a coping mechanism, isn't it? It's a way for you to escape your thoughts. Your feelings. Escape the world, escape the people around you. Escape everything, all your stresses and worries and all that. I never knew any of that until I came here.' (Joanne, aged 35 – 39 years).

- **Being able to ask for help**

'[I learned in the SSI programme] it's okay to ask for help. To get that solution. I think that's something a lot of addicts struggle with, is reaching out and asking for help because you're worried about stigma and that shame. As women we're meant to handle everything,' (Marie, aged 40 – 44 years).

- **Learning Coping Skills**

'Instead of facing my fears and accepting them and learning how to deal with them, I was running for the bottle. But in the Seeking Safety, you learn other things … if you're craving for something, you can go off and do something … just for 20 minutes. And if you're not enjoying it, do something else. But sometimes when you pick something to do, you kind of get stuck into it. Like if you do a bit of art or something … you kind of get lost in it.'

(Molly, aged 45 – 49 years).

- **Improved Mental Health**

'[SSI} brought me out of my shell. Made me actually kind of realise the way to live is not with drugs. Not taking drugs, is the way to live. [Before that it was] isolation, withdrawals, didn't care. Didn't care if I lived or died. Self-destruct. It gave me a back... it gave me back more than what I wanted.'

(Joanne, aged 35 – 39 years).

- **Life Skills to Support Healing**

'It's about learning every single thing about yourself. That it's hard to look at … the whole thing with the triggers ... learning all your old behaviours … where it led you to …learning how to change it, learning why that behaviour came about … that what's really different from everything else is I'm changing my views and my thinking. ' (Marie, aged 40 - 44 years).

Issues with the SSI Programme

- Engage women earlier
- Follow-up with drop-in facility
- Too short

6.0 DISCUSSION

It is clear from both the quantitative results and qualitative findings that the pilot implementation of the Seeking Safety Ireland Programme, even using just six core topics, has achieved a number of key objectives. Most importantly it is engaging women with the dual diagnosis of trauma and SUD/AUD who, prior to this initiative, have been precluded from support.

The quantitative results suggest a real need for this type of intervention, with engagement levels rising from 110 women by the end of March 2023 to 159 women by the end of June 2023 – an increase of 44.5%. The seven partner organisations between them delivered 331 SSI sessions in the first quarter of 2023 rising to 589 sessions by the end of the second quarter – an increase of 78.0%.

In total, since its inception in late 2023, 317 women have taken part in the SSI programme across the seven partner organisations who have delivered 254 group sessions and 145 individual sessions - with a total number of attendances for both 1026.

There are variations across the seven partner community organisations in terms of engagement with women over that period. As four of the partner organisations have a primary focus on addiction rehabilitation they already have a cohort of service users that they can direct to the SSI initiative. SAOL has been able to deliver the programme (since May 2023) in Ireland's only women's prison (the Dóchas Centre). Ruhama started working with Coolmine (an addiction rehabilitation service) in May 2023 to deliver group SSI sessions.

For other organisations, such as Roscommon Women's Network and Sophia Housing, their primary aims are different and their services have a wider geographical spread than local addiction rehabilitation services.

The need for dual diagnosis programmes

The numbers of people in Ireland seeking help for SUD and/or AUD alone are increasing, as is the number of people looking for support with mental health issues. Levels of DSGBV in Ireland are disconcertingly high, especially since the COVID-19 Pandemic.

Women accessing addiction or domestic violence supports have high levels of ACEs – trauma – and 80% of women seeking help report a life-time history of DSGBV.

PTSD and Complex PTSD as one potential outcome of DSGBV in adulthood and ACEs in childhood, can lead to profound and long-lasting mental ill-health and addiction. This is borne out by the qualitative findings in this evaluation where the participants recount harrowing incidences of

childhood physical and sexual abuse, parental neglect and bereavement. They discuss turning to alcohol or drugs to numb their psychological pain and to deal with their mental ill-health which includes symptoms of PTSD, depression, self-harm, anxiety and suicidal ideation. They have grown up in families where there is evidence of inter and cross-generational SUD/AUD issues. All of the women in this study experienced DSGBV, often starting in childhood with patterns of unsafe relationships and life decisions following them into adulthood.

The barriers faced by the participants in this study reflect those found in the literature and their experiences of previous support include lack of understanding of the gendered nature and experience of addiction and mental ill-health as well as the intersectionality of their experiences. Particular barriers included the singularity of services and the lack of trust and safety felt by the participants when previously seeking help.

Learning Outcomes

The qualitative findings suggest that SSI has been instrumental in overcoming many of those barriers which include powerlessness and lack of agency, safety and trust issues as well as a comprehensive understanding of the intersectionality of trauma and substance use.

Empowerment v Agency

Women with complex needs often experience low income levels, financial abuse, childcare issues and may in many cases be coerced into transactional sex. As a result of early ACEs and trauma, they often make poor relationship choices leading them into abusive, inequitable and unhealthy adult relationships.

This is borne out by the women taking part in the pilot SSU talked of a sense of powerlessness, poor self-esteem and lack of control over their own lives. The programme offered them insights into choices in their adult relationships that they had not previously considered. They also learned self-care and self-compassion and were able to take these learnings with them into their everyday life.

Safety and Creating a Community

The social exclusion brought about by their experiences of mental ill-health and/or SUD/AUD was evident in their experiences of having little or no family or social support networks following family rifts or children being taken into care. Being subject to years of abuse and trauma, they have found it difficult to establish trust. The Peer-led nature of the SSI programme as well as joining a women-only group has made them feel safe and not subject to judgement.

Recovery and Healing

Recovery in SUD/AUD and mental ill-health is now moving towards a more comprehensive understating of recovery in both issues being a process which allows an individual to gain a quality of life and is based on a human rights framework.

That the SSI programme additionally has given the participants a causal understanding of the impact of their ACEs and PTSD has enabled them to consider the possibility of not just recovering, but also of healing.

Issues with the programme

The only criticism levelled at the SSI programme was that at six weeks (in most instances) was too short. As a pilot the six topics covered fall well short of the intended 25 topics that the programme was designed to deliver. A number also requested the establishment of some sort of follow up SSI drop-in group that they could join as well as suggesting that the programme be made available to men and that it should be extended to all genders at a much younger age.

Going forward with SSI

Retention rates for the SSI programme varied from 30.0% to 100.0% with an average rate of 83.7% for a number of reasons. Retention rates were highest for example where SSI was delivered as part of a CE scheme and higher for one-to-one sessions than for group sessions. Other reasons for variations may include language barriers or transport issues and warrants further examination.

Measuring Outcomes

The data collected in this evaluation focussed on motivation to participate and learning outcomes and did not seek to directly measure outcomes in terms of gains in quality of life, recovery from SUD/AUD and in mental health or healing from DSGBV/trauma. This should be embedded into the programme going forward to allow for more nuanced outcome measures.

7.0 CONCLUSION AND RECOMMENDATIONS

The Seeking Safety Ireland pilot programme, as an integrated cross-divisional interagency approach to provide support to women (initially) experiencing both trauma and substance or alcohol use issues, has had a number of successes even as a short intervention. The holistic nature of the programme has allowed women to address the barriers commonly encountered in accessing support giving them a sense of empowerment, creating a safe community and given them tools to support their healing and recovery journeys.

Within a relatively short period of time (November 2022 to June 2023), the SSI programme was delivered to 317 women in seven different CHO areas and had also been extended to partnerships with the criminal justice system and another addiction service.

In recruiting PSWs and using a PPI approach to this evaluation, the implementation of the SSI programme has been embedded in the goals of recent Irish policy in placing a high value on co-production and the very genuine input of PWLE.

The quantitative results indicate a very real need for dual-diagnosis programmes of this nature, which is further underlined by the findings section which gives voice to the experiences of women who recount life-long experiences of trauma leading to addiction, poor mental health and generally a lack of agency and safety in their own lives. The singular nature of previous supports have not given them the insights and life-skills needed to move beyond those experiences and towards a healing and recovery that can be maintained.

This evaluation makes the following recommendations:

- **Funding**
  Ring-fenced, multi-annual sustained funding needs to be allocated to the SSI programme.
- **Funding which acknowledges organisation-specific challenges**
  Rural organisations face additional challenges in implementing programmes and organisations which face deeply embedded trust issues may need additional funding to support women at an individual level. Sustained funding would enable an extension of hours for both Support Workers and Peer Support Workers and enable the partner organisations to eradicate waiting lists and extend the programme.
- **Training**
- Funding for further training for Support and Peer Support Workers to allow extension of the SSI programme as originally designed.

- **Extending SSI**

  Consideration should be given to extending the programme to other vulnerable groups of any gender, including men, teens and those involved in the criminal justice system who experience the dual diagnosis of trauma and substance use.

- **Working with migrant groups**

  At present SSI is delivered in the English language and this will be a barrier to vulnerable persons who could benefit from the programme. Consideration should be given to collaborating with specific migrant support agencies possibly using a blend of assistive technology but also to gain an understanding of cultural-specific needs of migrants with a dual-diagnosis.

- **Measuring Outcomes**

  There is a need for validated measurement tools measuring quality of life outcomes and reduction in substance use as well as gains in mental and physical health. The following self-completion scales are suggested:

  RecQoL – a 10-point self-completion questionnaire which measures gains in quality of life following mental health intervention;

  TEA – Treatment Effectiveness Assessment – a simple scale designed to measure changes in SUD/AUD, health, lifestyle and connectedness.

- **Further Research**

  As these is wide variation in retention rates from (30% to 100% with an average of 83.7%) further research would provide insight into how the programme could be more supportive/accessible to the non-completion group.

- **Support for PWLEs in Career Advancement**

There is a need to continue to support PWLEs in their career paths into the future. Future work PWLEs may include the development of formal recognition of qualifications as well as the establishment of a pool/talent bank of PWLEs who may be able to assist with other programmes and/or with research