

Support needs of those in Ballymun with Alcohol and Homelessness Issues

**A Progress Review of the Ballymun Case Management Team
Based on Action Research October 2005 to February 2007**

Ballymun

Case management

Support



Ballymun Case Management Team



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Ballymun Case Management Team

Pilot Project funded by:



Committee is supported by:

Homeless Agency and Local Drugs Task Force



Report complete October 2007

BCMT

51 Shangán Road, Ballymun, Dublin 11

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AA	Alcoholics Anonymous
BCMT	Ballymun Case Management Team
BCON	Ballymun Community Organisations Network
BLDTF	Ballymun Local Drugs Task Force
BRL	Ballymun Regeneration Limited
BRYR	Ballymun Regional Youth Resource
CMT	Case Management Team
CPN	Community Psychiatric Nurse
CWO	Community Welfare Officer
DCC	Dublin City Council
DPT	Depaul Trust
GP	General Practitioners
HA	Homeless Agency
HNA	Holistic Needs Assessment
HSE	Health Service Executive
NDS	National Drug Strategy
NGO	Non Governmental Organisation
PHCT	Primary Health Care Team
RDTF	Regional Drugs Task Force
SADQ	Severity of Alcohol Dependence Questionnaire
YAP	Youth Action Project

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At **Depaul Trust** our vision is that everyone should have a place to call home and a stake in their community. Nowhere is this more visible than in the work of the Ballymun Case Management Team, whether this be working with people who have patterns of 'street' drinking or supporting people to prevent the collapse of tenancies.

Ballymun has historically been an area associated with social disadvantage, but out of this, as in many similar areas, has developed a strong sense of community and self belief. There are many case examples in the work of the Ballymun Case Management Team where this can be seen, and it is to the credit of not only the team themselves but the service users, other service providers and the general community in Ballymun that they have been so well received.

Alcohol misuse has long been a feature of Irish society. As alcohol use is often considered socially acceptable, its misuse can be overlooked as a problem. We are delighted that there have been moves by the statutory agencies to ascertain the level of problematic alcohol use in the area, and to identify areas for future development to address this. Depaul Trust has been delighted to deliver this pilot project, which I believe to be innovative, inclusive, value for money, and not least, community focused. Although this has been a new venture for Depaul Trust in Ireland, it has cemented further our commitment to working with those who are often marginalised and excluded from other services due to their alcohol use. The fact that this has been a local area initiative, in line with ongoing homeless policy objectives, has helped make this a pilot a success.

The team has developed the service with a commitment to low threshold working, true to the ethos of Depaul Trust, meeting people where they are at both in their physical and emotional environment. This has only been possible through a partnership approach that has been seen at all levels in the development of this service. I would like to reiterate the thanks to those previously mentioned in the acknowledgment page who have supported us whether through funding, referrals, advice or in any other way. I would especially like to thank the staff team and volunteers for the dedication they have shown to this pilot and we look forward to many more years of committed work with people in Ballymun.

Kerry Anthony
Acting Chief Executive Officer

Support needs of those in Ballymun with alcohol and homelessness issues

INTRODUCTION

THE CONTEXT

Alcohol, drug use, homelessness and other related problems have been present in Ballymun for the last two decades. This is recognised in the Ballymun Regeneration Masterplan which acknowledges the interdependence of social, economic, and environmental well-being as integral to the local quality of life.

In 2003 the Ballymun Homeless Action Plan showed that people in Ballymun with addiction issues were at particular risk of losing their tenancies due to a lack of appropriate support facilities in the area. In 2006, Ballymun Homeless Forum, a body that brings together local and citywide stakeholders to address strategically the issues of homelessness in Ballymun, commissioned TSA Consulting to quantify the extent of homelessness in Ballymun. TSA Consulting concluded that there were between 70 and 100 homeless households (90 – 130 adults) in Ballymun.

Discussions between the Depaul Trust and local statutory and voluntary agencies led to the establishment of the Ballymun Case Management Team (BCMT) as a 15 month pilot project starting in October 2005. This is now extended until December 2007. Ballymun Regeneration Ltd has supported the BCMT initiative.

BCMT had two interlinked aims:

- To provide an outreach service to people in Ballymun who use alcohol and are homeless or threatened with homelessness, using a case management, harm reduction approach.
- To gather information and views from service users and service providers on the future needs for alcohol support services in Ballymun through an action based research project.

THE DEPAUL TRUST

The Depaul Trust was established in London in 1989 by the late Cardinal Basil Hume as a response to growing numbers of rough sleepers in the city, and it was set up in Ireland in 2002 at the request of the Society of St Vincent de Paul, the Daughters of Charity and the Vincentian Fathers. Depaul Trust's first Irish project opened in Dublin in February 2002, and it has expanded since to include four homeless hostels, a medical services team, and an outreach support team. In September 2005 Depaul Trust opened its first homeless service in Northern Ireland.

Depaul Trust is committed to working with those who are most marginalised and so many of its services are 'low threshold', which means maintaining entry and accommodation requirements at a low level so that as few people as possible are denied access. The principle of harm reduction is applied. This means assisting clients to reduce drug or alcohol related harm where they are either unwilling or unable to stop using these substances. The work is characterised by a key working approach, using care plans that are tailored to individuals' needs.

BALLYMUN CASE MANAGEMENT TEAM

The team comprises one manager and two case management workers.

The work of BCMT originally focused on homeless street drinkers, although subsequently it became apparent that there were fewer street drinkers than had been expected, and many of them had tenancies of their own. Depaul Trust recognises that 'problem' drinkers require appropriate accessible services that address their health, housing and social needs as well as their alcohol use.

A key feature of BCMT's approach is case management. Whilst there are many definitions of case management, it is in essence concerned with ensuring that each individual receives a package of services from a range of organisations that is tailored to meet their specific needs. In adopting this model of working, BCMT identified four stages: assessment; care planning; advocacy, and tracking.

THIS REPORT

This document, which was compiled through Action Research constitutes a progress review of the first fifteen months 'pilot period' of the Ballymun Case Management Team as well as presenting the information gathered from service users and providers on the future alcohol support needs in the area.

Case management and harm reduction are on-going medium to long term approaches that have many potential benefits. At a societal level, these include financial savings and the reduced negative social impact that accrue from maintaining tenancies and lessening the drain on emergency services. From a personal point of view the potential personal health and 'quality of life' rewards for people experiencing problems with alcohol are obvious. However while dramatic positive changes that may occur in the short term at a personal or societal level are worth noting and encouraging, it would be premature to draw conclusions or make unrealistic claims until more long term data is available.

At the same time it is clearly crucial that any innovation is kept under constant review if it is to maximise its effectiveness. A progress report like this allows an opportunity to acknowledge the success of the 'bedding in' process, and a level of service usage that would seem to suggest that there is a real value in the BCMT's approach. This document is primarily intended however as a measurement of progress, an opportunity to receive and incorporate feedback, and a chance to look at lessons learned and difficulties encountered. This should help identify ways in which the BCMT might be improved and should also be of benefit to similar services that might be established elsewhere.

BALLYMUN LOCAL DEVELOPMENTS

It is important to acknowledge that there have been significant developments in the area of drug, alcohol and homelessness/housing support in Ballymun since November 2005 when the BCMT was established. Some of these cannot be quantified but they include the following;

- The opening of the new resource at Horizon Centre that includes an alcohol counselling service run by YAP (Youth Action Project).
- Outreach teams have been extended and a new Outreach Network Meeting of outreach teams operating in Ballymun has been established.
- A contact Service has been established as an evening and week-end outreach service focusing on drug and alcohol using clients who may not be linked in, or sufficiently linked in with services.
- The establishment of Dublin City Tenancy Sustainment Team.
- The development of a Primary Health Centre
- Greater discussion about HSE addiction service including alcohol
- Ballymun Regeneration Limited (BRL), via the Ballymun Community Safety Strategy, now supports the resourcing and implementation of a community alcohol strategy using a public health approach.

RESEARCH METHODOLOGY

The study incorporated both qualitative and quantitative elements. Data was collected between 1st November 2005 and 28th February 2007.

The quantitative segment involved gathering information on service users. During the period of the research, information was gathered on 78 service users; of these 53 used the service more than twice, and in these cases additional data was gathered. In addition, interventions made by the BCMT were analysed.

The qualitative segment involved seeking the views of key stakeholders on a range of relevant issues. This part included:

- Distribution of 350 questionnaires to local services and organisations, of which 64 (18%) were returned.
- One-to-one interviews with five service users.
- Analysis of partnership and networking by and with the BCMT
- Formal information exchange and consultation with five local organisations and forums.
- Two consultation focus groups

FINDINGS

Findings are presented under ten headings:

1. ACCEPTABILITY OF TEAM

Initial skepticism from some quarters was alleviated when the team demonstrated its commitment to consultation and the development of high quality, well-managed services into the future.

2. SOCIO-DEMOGRAPHIC INFORMATION ON SERVICE USERS

Of the 78 clients who accessed the service, 47 (60%) were male and 31 (40%) were female. Three quarters of them came from three areas in Ballymun (Balcurris, Coultry, and Silogue). Just over half the clients were aged between 26 and 41. Over half the clients (58%) were single.

3. FAMILY AND CHILDREN

The 78 clients had 148 children between them. Of these, 106 were aged under 18 and 42 were dependents aged 18 or over. Forty-seven (44%) of the children aged under 18 were living with a service user; 42 (40%) were living with the other parent; and 17 (16%) were living away from either parent. Although the remit of BCMT is clients aged 18 or over, the team does case manage issues relating to the children of its clients.

4. ALCOHOL AND DRUG ISSUES

All those consulted stated that alcohol use was a problem in Ballymun and the great majority stated that it was a serious or very serious problem. Nearly all respondents reported a problem in the area with street drinking (this was not borne out by the BCMT's experience) and nearly all stated that alcohol and drugs were interrelated problems.

Of the 78 service users, all had identified support needs related to alcohol use. Twenty-seven (35%) were involved in street drinking. This was, as reported above, a lower level than expected, and not all of these were homeless. Forty-one (53%) were poly substance users. Nineteen (24%) had significantly reduced their drinking during the focus period.

5. HOMELESSNESS AND TENANCY SUSTAINMENT

Thirty-one (40%) of the 78 service users were homeless during the pilot phase, and 14 (18%) had a prior history of homelessness.

Nearly half had been in their present accommodation for more than three years. BCMT carried out tenancy sustainment work with four service users.

6. HEALTH

A large proportion of the clients were already clients of the primary care team. Depression and low self-esteem were common amongst the client group. Over a quarter of the clients reported that their mental health was an issue.

7. DEMAND FOR SERVICES AND INTERAGENCY WORKING

Contact was made with 78 individuals, of whom 53 used the service more than twice. Thirty-one (40%) of the service users were referred by health services; 27 (35%) were contacted through outreach work; 7 (9%) were self-referrals; 13 (17%) made contact by other means.

8. CASE MANAGEMENT WORKING

There was a high level of engagement between BCMT and its clients. Of the 53 clients who used the service more than twice, 10 clients had 20 or more sessions with the BCMT; 12 clients had between 10 and 19 sessions, and 31 had less than 10 sessions. The most common interventions concerned information, advocacy, relationship building and harm reduction.

9. REFERRALS

During the period of the study BCMT established strong links with other agencies, which has enhanced the effectiveness of case management. The team committed a considerable amount of time to promotion of support needs around alcohol use in Ballymun. This included 36 presentations to groups and the establishment of links with 66 services. Following this work, ten different agencies and groups referred clients to the BCMT; and the great majority of these referrals were appropriate. Referrals by the team were made to 37 different services.

10. FUTURE SERVICE PROVISION

Consultation with local services revealed strongly held views from most participants that alcohol support services should be provided locally.

The top four services referred to by respondents were: drop-in day centres; homeless related services; detox and aftercare services and a community support detox programme. Over 80% referred to the need to increase the level of support for children affected by alcohol use in the community.

CONCLUSIONS

The findings of this survey establish the need for a service similar to that operated by BCMT to continue and to be further developed in the future.

RECOMMENDATIONS

1. To ensure the continued operation of the Ballymun Case Management Team pilot project through mainstreaming and further development.

1.1 To maintain and develop existing outreach services for clients of BCMT as an accessible referral route in view of the large numbers of clients who have availed of, and wish to remain accessing the service either in their homes or at a community venue.

1.2 To utilise volunteers in the development of services to support people with alcohol issues.

1.3 To continue to link service users into appropriate services through continued use, support and participation with local networks in the area.

1.4 To continue to monitor problematic alcohol related issues in Ballymun and ensure focus is maintained where appropriate.

2. To support the implementation of the Ballymun Community Alcohol Strategy

2.1 Facilitate the appointment of a community alcohol strategy co-ordinator

2.2 Engage with statutory organizations in the development of a community alcohol strategy using a public-health approach.

3. To ensure the development and resourcing (from existing or additional means) of a positive, pro-active supportive space for people who use alcohol in Ballymun. Consideration should be given to those with families.

3.1 To explore the provision of a low threshold area/ centre to cater for the multiple needs of clients who access BCMT.

3.2 Seek to ensure service user participation in any consultation undertaken relating to the provision of alcohol support services in Ballymun.

3.3 To lobby and advocate for the development of local community based alcohol detoxification and rehabilitative centres as opposed to reliance on city centre provision.

4. To ensure that those with alcohol issues in Ballymun have access to social housing, homeless accommodation and other housing support services through the engagement in the Ballymun Homeless Forum and the North West Area Homeless Forum.

5. To ensure that a high quality, integrated approach, using the continuum of care model is implemented via relevant agencies in Ballymun.

5.1 To work in line with the Homeless Agency to develop a care planning model and to employ the Holistic Needs Assessments - HNA as best practice.

5.2 To ensure and promote adequate training for service providers on problematic alcohol use and alcohol related harm reduction techniques.

6. To ensure that the support needs of families and children are addressed.

6.1 To further support the needs of families and children affected by alcohol by investing in resources and specialist skills in this area. Any initiative should remain linked to the protocols of the Ballymun Interagency Group for Assisting Children and Young People.

6.2 To consider family friendly possibilities in any further service developments. A service response to meet the needs of families and children should be explored.

INTRODUCTION

This document constitutes a progress review of the first fifteen months “pilot period” of the Ballymun Case Management Team. The team was established in October 2005, as a response to a finding in the Ballymun Action Plan 2003 that people in Ballymun with addiction issues were at a particular risk of losing their tenancies due to a lack of appropriate support facilities in the area. It had two interlinked aims

- To provide an outreach service to people in Ballymun who use alcohol and are homeless or threatened with homelessness, using a case management, harm reduction approach.
- Through an action based research project to gather information and views from service users and service providers on the future needs for alcohol support services in Ballymun.

Action Plans are about the medium to long term, and it is important to acknowledge from the outset that fifteen months is not a long enough period to generate or measure outcomes.

Case management and harm reduction are on-going medium to long term approaches that have many potential benefits. At a societal level, these include financial savings and the reduced negative social impact that accrue from maintaining tenancies and lessening the drain on emergency services. From a personal point of view the potential personal health and ‘quality of life’ rewards are obvious. However while dramatic positive changes that may occur in the short term at a personal or societal level are worth noting and encouraging, it would be premature to draw conclusions or make unrealistic claims until more long term data is available.

At the same time it is clearly crucial that any innovation is kept under constant review if it is to maximise its effectiveness. A progress report like this allows an opportunity to acknowledge the success of the ‘bedding in’ process, and a level of service usage that would seem to suggest that there is a real value in the BCMT’s approach. This document is primarily intended however as a measurement of progress, an opportunity to receive and incorporate feedback, and a chance to look at lessons learned and difficulties encountered. This should help identify ways in which the BCMT might be improved and should also be of benefit to similar services that might be established elsewhere.

1.1 Background

Ballymun is a suburb of north Dublin located five miles from the city centre and consists of an area of one square mile stretching from Glasnevin to the M50. The area is unique in terms of its population profile and levels of deprivation, and is an area of high health and social need. Prior to the regeneration programme which commenced in 1997, the majority of the population was housed in Dublin City Council flat complexes, which consisted of 2,814 flats within seven tower blocks, and 29 spine blocks.

The “**Ballymun Homelessness Action Plan**” (Ballymun Homeless Forum 2003) highlighted those with alcohol addiction issues as a specific group at risk of losing tenancies due to a lack of support services in the area. It recommended that an outreach based service (floating support) should be developed. This followed a report carried out in 1999 by the Homeless Initiative “Under Dublin’s Neon Lights” (Homeless Initiative 1999), which also highlighted the need for residential and day services for this group. As a result, in 2004, the Depaul Trust joined in discussions with Ballymun Regeneration Ltd, the Health Services Executive and the Ballymun Local Drugs Task Force on the need for services aimed at people in the Ballymun area who have problems associated with alcohol misuse and homelessness.

In Ballymun, there are families where addiction is a contributing factor to their continued marginalisation over two and three generations. Alcohol misuse not only affects individuals, but also partners, children and neighbours. This client group can be a challenging group of people to work with due to the fact that they may present as difficult to engage at times. Some of the difficulties are as follows;

- Clients are often excluded from services in the locality as these services are “dry” or due to the clients’ challenging behaviour, and thus accessing much needed support and assistance can be difficult.
- Men and women with alcohol addictions often consume on the streets even though they may have tenancies. In a recent exercise carried out by the Gardai and Dublin City Council in a park in central Dublin (which was a known hangout for street drinkers), 80% of the men and women were not rough sleepers but had tenancies in the locality.
- Due to the nature of addiction those requiring support may have issues associated with poor primary health and mental health.
- Many service users have serious financial concerns due to their money being spent on alcohol.
- Many service users are homeless, have unstable accommodation and/or display behaviours associated with anti social activity.

The initial aims of the pilot project of BCMT were;

- To provide outreach based support to people with alcohol issues in Ballymun. This could include, visiting people in their homes and/or on the streets where they spend time. The target group are people resident in the Ballymun area and who have alcohol/poly-substance use, mental or physical health problems and social and economic issues.
- To assess the impact and support needs of children / minors who are in the early stage of alcohol addiction or who are living with alcohol dependant parents /guardians.

The objectives set out for the pilot project of BCMT;

- To assist clients to successfully sustain their tenancies and to take a positive and active role in their local community.

- To carry out assessments of the client's health, social and housing needs, and to determine the relevant services needed to address the identified needs in a holistic manner and to build care plans around each individual.
- To link people into the identified services required to assist and support people in social and housing needs and where needed to advocate on their behalf.
- To link clients into the primary health care services in Ballymun and to support people around their physical and mental health needs and where needed to advocate on their behalf.
- To develop protocols with the relevant services / agencies in the area such as HSE, AA, Gardai, Probation service, Housing Associations, NGO's etc.
- To work within a harm minimisation framework, through a personalised programme of care plans and keyworking.
- To provide advice and support on areas such as budgeting, creative activity, meaningful occupation and activities that promote self esteem.
- To provide a level of support and care through the development of professional and caring relationships with clients.
- To link in with other services and where relevant provide mediation work where there is a threat of family or neighbourhood breakdown.
- To work with clients with dependant families and to educate them about and refer them to available services.

Client Target Group

- Residents in the area of Ballymun
- Long-term street homeless in Ballymun
- Male and Female
- Single and families

1.2 BCMT – Ballymun Case Management Team

A summary of the current work of BCMT is:

To provide outreach based support to people who use alcohol and have homeless related issues in Ballymun by using a case management, harm reduction approach.

Through an action based research project, to gather information and local opinions from both service users and service providers on the future needs for alcohol support services in Ballymun.

Since November 2005, the BCMT has been working in Ballymun providing an outreach support service to people experiencing problems with alcohol and homelessness. The team links service users into relevant support services. The team seeks to remain as flexible as possible and will work with all residents in the Ballymun area (male and female) over the age of 18 and their families. In line with the original aims for the project the team continues to provide a service to people experiencing short-term and long-term homelessness in the Ballymun area.

The team has sought to operate within the original aims and objectives, however some necessary changes to these have been agreed with the steering committee as the pilot progressed. For example, BCMT does not currently assess the support needs of minors or children who are in the early stages of alcohol addiction: however, the Steering Committee maintains the remit of alcohol support for children and minors as an area for future development.

Family and Children Remit

The remit of BCMT is to work with people over 18 years. However when working with service users, BCMT does refer to various local services in the area that have a specific focus in youth/child related issues (Aisling, BRYR, YAP, Social Work Team etc), and case manages issues relating to children with these agencies. BCMT has signed up to the Network for Assisting Children and Young People which uses a case management system (13 agencies) and collectively implements an agreed protocol for children and young people in Ballymun. BCMT attends network case meetings when the team is working with any member of the child's immediate family (parent, sibling etc). Furthermore, there is currently a collective bi-monthly outreach meeting of all teams in Ballymun whereby any concerns around the impact of a parent/guardian's drinking on vulnerable children can be referred to the outreach team of the Central Youth Facility in Ballymun.

1.3 The Steering Committee- Aims and Objectives¹

The original committee is still in operation and oversees and supports the work of the BCMT. The primary aim of the steering committee is to address alcohol support needs in the Ballymun area through short term and long term support and in partnership with homeless and drug related services. The objectives of Steering Committee are:

- 1) To oversee and support the aims and objectives of the Ballymun Case Management Team pilot project.
- 2) To address the short term needs and undertake preventative measures around the effects of alcohol in Ballymun
- 3) To meet and seek resources to address the medium to long term needs of people in the Ballymun area affected by alcohol.
- 4) To take action around issues that have arisen from local research and other reports which address the needs of this client group.
- 5) To monitor and evaluate how the pilot project and other long term initiatives integrate and affect homelessness and address homeless related issues.
- 6) To ensure that there is effective partnership working regarding alcohol related needs in the Ballymun area, and that any new initiative is integrated in existing service provision.

¹ The Steering Committee has representatives from Ballymun Regeneration Limited (BRL), HSE Addiction Services, HSE Social Inclusion Unit, Ballymun Local Drugs Task Force, Dublin City Council, Homeless Agency and Ballymun Primary Health Care Team.

1.4 Format Of The Report

This report is structured to give an overview of the BCMT's work in an organisational, local, and a wider policy context in Ireland. It outlines the methodology used in order to gather the necessary data, and presents findings, summary, conclusion and recommendations. Recommendations are proposed in three areas: for the Depaul Trust, for the local area of Ballymun and in the wider context, for alcohol services in Ireland.

It should be noted that this report reflects only the pilot phase of the BCMT and has been written to provide initial findings and recommendations to the steering committee in order to inform future planning.

2.1 Depaul Trust- Organisational Context

General Overview

□ **Origins:** The Depaul Trust has its roots in the work of St Vincent Depaul and Louise de Mariillac who some 400 years ago in Paris set about working with those who were the most marginalised and excluded in society. Vincent's motto was about actions not words, that is, it is about what you do, not what you say. Today in the Depaul Trust there is a commitment to remain true to this ethos seeking to actively engage with those who are excluded elsewhere, and it is in doing this that the evidence of remaining as low threshold as possible is seen.

□ **Vision:** The Depaul Trust Vision is that everyone should have a place to call home and a stake in their community

□ **Mission:** The Depaul Trust mission is to offer homeless and disadvantaged people the opportunity to fulfill their potential and make positive, informed choices about their future.

□ **Values:**

1. Depaul Trust celebrates the potential of people
2. Depaul Trust puts words into actions
3. Depaul Trust takes a wider role in civil society
4. Depaul Trust believes in rights and responsibilities

Depaul Trust in Ireland

The Depaul Trust was initially established in London in 1989 at the initiative of the late Cardinal Basil Hume as a response to the growing numbers of young people sleeping rough on the streets of London. The founding partners were the Daughters of Charity, the Society of St Vincent de Paul and the Passage Day Centre.

The Depaul Trust in Ireland was established in 2002 at the request of the Society of St Vincent de Paul, The Daughters of Charity and the Vincentian Fathers. It was envisaged that the experience and expertise which the agency had accumulated in England would be invaluable to the homeless sector in Ireland.

In February 2002 the first project in Ireland opened, and in the following 4 years the organisation has expanded its Dublin services to include 4 homeless hostels, a medical services team, an outreach support team and an ethos for development and change.

From September 2005 Depaul Trust has expanded its provision of services to Northern Ireland with the opening of a low threshold services for street drinkers, development of family provision and an unemployment training programme for young people.

2.2 POLICY CONTEXT

2.2.1 LOW THRESHOLD WORKING

In line with the roots of the organisation there is a commitment within Depaul Trust in Ireland to continue to work with those who are most marginalised within society. Depaul Trust recognises the need for a continuum of care for those who are homeless or at risk of homelessness. Low threshold services can offer a point of entry into this continuum of care and provide an opportunity for people to be supported in accessing other appropriate services to meet presenting needs.

"Low threshold in essence means high tolerance and essentially working with those who require high support. The adoption of this principle allows us to address the needs of the most vulnerable in a non judgmental manner, acknowledging people make particular lifestyle choices. By applying the principles of harm reduction to this we recognise that these individuals have rights in continuing with such choices, but support them in reducing the harm they are causing to themselves." (Depaul Trust website)

"The aim of "low threshold" is to maintain the service-access requirements at such a level that as few people as possible are excluded. Emphasis is placed on engaging and maintaining engagement with service users especially working with those who present with very difficult behaviour. If peoples' lives can be stabilised to the extent that they can move on to a "normal" higher threshold service, this is welcomed and encouraged, but it is not an expectation or a pre-requisite of accessing a low threshold project. While consistency is important, in a low threshold approach, this is balanced with the fact that people have different capacities of understanding and compliance." (Cassidy 2007).

2.2.2 HARM REDUCTION

Harm reduction refers to strategies which are aimed at reducing alcohol-related harm where alcohol users are either unwilling or unable to stop using alcohol. Arguably harm reduction techniques are less clear-cut with alcohol users than with drug users, however, at a minimum, basic needs should be met as far as possible in order to provide a basis to reduce further harm. In order to employ harm reduction, workers should be able to present accurate information and may express their own beliefs, but they should not make judgments for people. Harm reduction recognises that even very minor improvements in a person's behaviour, or positive small steps should be encouraged and nurtured as this may be the most that they are capable of at this time. Some principles of "harm reduction" include the following:

- Abstinence is preferable and a person who wishes to be abstinent should be encouraged and facilitated;*
- It is a social reality that some people are demonstrably unable to achieve or maintain complete abstinence;*
- Different people may have different desires and their capacity for change may vary;*
- Peoples' desire and capacity for change can vary at different points within their lifetimes and are sometimes contingent on a variety of circumstances;*
- Harm Reduction promotes any practice that maintains or improves a person's health;*
- Harm Reduction is not an all or nothing approach and is not dependent on a person observing all or any behaviours and practices recommended to them;*
- Taking care of oneself is a skill that can be learned;*
- People who value themselves and whose self esteem is nurtured are more likely to attempt to minimise harm for themselves. (Cassidy 2007).*

2.2.3 NEEDS BASED APPROACH

BCMT key works with each service user through a user led approach and provides case and care management to each individual when appropriate. Keyworking is the process of taking responsibility to ensure that the needs of key service users are met and reviewed on a regular basis. The Key worker is responsible for the implementation of specific case actions within a specific organisation. They encourage individuals to use the service(s) available, but do not push these on people who are unwilling or not motivated to use them. This needs lead approach and the willingness of staff to meet individuals where they are at with their issues is essential and has lead to high numbers availing of services.

2.2.4 HOMELESSNESS AND ALCOHOL USE

Depaul Trust have been working with long term street drinkers in Dublin since November 2002 when the city's first 'wet shelter' Aungier Street was opened. The organisation established a similar service in Belfast in 2005. During the course of the last five years Depaul Trust has developed a wealth of skills and knowledge in providing low threshold services based on the principles of harm reduction, and although the BCMT was a new type service for Depaul Trust in Ireland, the experience of working with this client group in accommodation services provided invaluable learning in the establishment of the BCMT.

With the establishment of the BCMT there was an emphasis placed on working with people who were homeless and street drinking – the assumption being that people who street drink are necessarily homeless. A definition of street drinking is provided by Lamb (1995) as '...a person, who drinks very heavily in public places and, at least in the short term, is unable or unwilling to stop or control his or her drinking. Most street drinkers have a long history of alcohol misuse. Street drinkers often drink in groups for companionship'. Depaul Trust recognises that those who street drink experience a number of problems related to their lifestyle, including:

- Housing problems – there is a perception that street drinkers are sleeping rough. This is not always the case but they do have housing problems of various types
- Health problems – often related to their alcohol use
- Problems with the Gardai – this may be because they are contravening bye laws, begging etc.
- Safety problems – street drinkers are often subject to physical violence
- Low self esteem.

It is recognised that street drinkers need appropriate, accessible services which address their:

- Health needs - many street drinkers have difficulty in gaining access to healthcare services, especially psychiatric services. They suffer from a wide range of illnesses which are exacerbated by their drinking, poor diet and sleeping rough for extended periods and they are at risk of injury from falls and attacks.

- Housing needs - single homeless people face problems in finding appropriate housing. This is partly due to the fact that local authorities are unlikely to class people with drug or alcohol problems as vulnerable or in priority need. The ending of this practice would make a considerable difference, allowing more single homeless people to find accommodation.
- Social needs - for most street drinkers, their whole life revolves round drinking. Therefore if they decide to give up or cut down their drinking, something is needed to fill the gap. For many, employment is not a viable option, but befriending schemes or skills training may be.
- Drinking - mainstream alcohol services aim to enable people to change their drinking habits but research suggests that “many who are homeless or inadequately housed, in poor health and with a chaotic lifestyle may not be ready for this dramatic change. Health, welfare and housing issues may need to be tackled first. Some street drinkers may never be ready to or wish to address their alcohol problem” (Lamb 1995).

2.3 CARE AND CASE MANAGEMENT

2.3.1 DEVELOPMENT AND DEFINITION OF A CARE AND CASE MANAGEMENT MODEL

Service users with substance abuse problems require assistance in linking with multiple systems and support services since their needs are so complex. A model of care and case management has been adopted by the BCMT.

There are different definitions of care and case management but there appears to be general agreement that

- care management involves the co-ordination of services at management and administrative level.

Fragmentation and the poor integration of services, increased care costs, and trends towards locally-based service delivery have all contributed to the development of care management models.

- case management involves actions at client level and the delivery of individually, tailored care plans.

The recognition that clients have multiple, complex needs has led to individualised, person-centred planning and thus case management. The core principle of person centred planning is the central involvement of clients in planning their own futures.

This distinction is recognised in the Homeless Agency Strategy (2004-2006), Making It Home. (Homeless Agency 2004). In this strategy, care management is described as a support to the delivery of case management through sector wide planning, monitoring and evaluation, and troubleshooting in the event that there are blockages in the system. Case management is described in terms of holistic needs assessment, care planning and implementation, through a multi-agency approach with a case manager taking responsibility for an individual or family, ensuring those assessments, planning and implementation occur according to commitments made by the relevant service providers.

Benefits cited in the use of care and case management include:

- better co-ordination of service delivery,
- improved outcomes for clients,
- improved service accessibility,
- more accurate identification of client needs,
- more appropriate use of services,
- provision of continuity of treatment,
- focus on positives/strengths of the client
- a means of marshalling restricted resources,
- it engenders and supports a 'what works' philosophy

2.3.2 EMPLOYING THE MODEL: BALLYMUN CASE MANAGEMENT TEAM

In adopting the case management model the team looked at the model in four different stages: assessing, planning, brokerage and tracking. The staff members of the BCMT are all trained in these four areas.

1. Assessing- BCMT supports service users in determining what services they need and securing access to them. Aspects of the work of the team include assisting individuals to sustain their tenancies; and carrying out assessments of service users' health, social, and housing needs. The team links people into the required services to assist and support them and advocate on their behalf when needed.

The BCMT works within a harm minimisation framework as mentioned earlier, through a personalised programme of care planning and keyworking. Care planning consists of advice and support on areas such as budgeting, creative activity, meaningful occupation and activities that promote self-esteem. BCMT works with families of dependent service users and educates them as to the services available to them.

2. Planning- Care plans are agreed in partnership with service users and outline realistic expectations. These care plans are reviewed and changed accordingly depending on the current needs of the service user.

3. Brokerage- An important aspect of the work of the BCMT is in relation to advocacy or brokerage. The team supports people to advocate for themselves but advocates on their behalf when appropriate -many are unable to access services for many reasons including literacy problems, intoxication and lack of awareness of current available services.

4. Tracking- BCMT will keep an open channel of contact with each service user that wishes to stay working with the team. This is an important part of case management as many homeless people and street drinkers are transient in nature and move from service to service. If they have a particular service which they can link in with to provide referrals and general support, then the service user is not lost in the system.

All service users accessing the BCMT more than once have a file set up which records personal information and care plans. The longer the service user accesses the service the more information is gained.

2.4 NATIONAL CONTEXT ON ALCOHOL

A Survey by Alcohol Action Ireland in 2006 found that 82% of people believe that our current alcohol consumption levels are too high and 85% believe that our cultural attitudes to alcohol need changing. During the public consultation process prior to the drafting of the National Drug Strategy 2001-2008, members of the public, particularly those outside Dublin, identified alcohol as their major source of concern.

At present alcohol falls within the remit of the National Drugs Strategy (NDS) 2001-2008 only in so far as under 18 year olds are concerned, or in relation to adults in the context of polydrug use. A Working Group on Alcohol and Drug Synergies was established by the Department of Health and Children in November 2006. The Working Group arose from a recommendation of the Mid-term Review (MTR), published in 2005, of the National Drugs Strategy (NDS) 2001-2008 that;

"A working group involving key stakeholders of both the alcohol and drugs areas should be established to explore the potential for better co-ordination between the two areas and how synergies could be improved. The group should also examine and make recommendations on whether a combined strategy is the appropriate way forward. It is recommended that the working group should report by end 2006". Mid-term Review of the National Drugs Strategy 2001-2008. March 2005

Persons presenting with alcohol as their main addiction are referred to the Mental Health service of the HSE for treatment. However, alcohol is recognised as a significant and often a complementary problem in conjunction with drug use within the area.

The HSE Addiction Service responds to the presenting issues of problem substance use with a variety of interventions including outreach, education and prevention work, assessment and treatment, aftercare and rehabilitation. The range of staff engaged in the multi-disciplinary service provision include psychiatrists, GP's, nurses, pharmacists, counsellors, outreach workers, general assistants, administration staff, community welfare officers, education officers and rehabilitation and integration workers.

HSE Addiction Service

Current Position

Alcohol is currently addressed in work with under 18s in drug awareness context

Addressing street drinking is currently a feature of outreach work often where other drugs are being used (illicit drugs & prescription tablets)

Alcohol is tested for in many clinics (GP services) for people on methadone

Potential Developments

Defining the extent and nature of alcohol problems across the area in an evidence-based framework similar to drug prevalence estimates would be a useful exercise. 'Vision for Change', the strategy of the Mental Health Service points to need for a move to more localised based treatment services and away from institutionalised residential treatment responses to alcohol problems.

The HSE, as part of its restructuring, is seeking to have an umbrella addiction service rather than separate alcohol and drug services. De facto many services and professionals are dealing with the range of addictions and many clients present with polydrug (including alcohol) use.

The question of the links between the alcohol policy and the NDS has become more prominent with the establishment of the 10 Regional Drug Task Forces (RDTFs). Many of the proposals for funding being put forward to the Department of Community Rural and Gaeltacht Affairs the context of the RDTFs relate to alcohol or to services in which alcohol is a component. A number of RDTFs have expressed the view that alcohol should be included in the remit of the drug task forces.

2.5 LOCAL AREA CONTEXT

2.5.1 BALLYMUN REGENERATION LIMITED

Alcohol, drug use, and other related problems in Ballymun have been consistent social issues for the last two decades. The Ballymun Regeneration Masterplan has ensured that the physical regeneration of Ballymun is supported by a Community Sustainability Strategy which recognises the inter-dependence of social, economic and environmental well-being as being integral to the local quality of life and successful regeneration.

Ballymun Regeneration has supported the Ballymun Case Management Team as an initiative which is seeking to identify the types of programmes facilities and services that will meet the needs of people living in Ballymun who have alcohol issues. It is hoped that the pilot will assist in the creation of an inclusive, well-resourced community, which is capable of responding to its own challenges.

2.5.2 HOMELESSNESS IN BALLYMUN

BCMT works in line with the Homeless Agency's Action Plan 2007-2010, A Key to the Door. This action plan contains a wide range of actions under the three strategic aims of preventing homelessness, providing quality homeless services in local areas and providing housing along with whatever supports people need to maintain their housing. The plan lists a total of 10 Core Actions and 74 Additional Actions, which will contribute to the achievement of the Partnership's vision of eliminating long term homelessness and the need for anyone to sleep rough. The Core Actions are especially important as they are most likely to have the biggest impact on the achievement of the Vision.

The North West functional area of Dublin City Council will be affected by many of the actions contained in the plan although they are not specific to it. However, there are some actions that are specific to the North West functional area and the local Homeless Forum. Ballymun forms a major part of this local area prioritisation in A Key To The Door;

- *Dublin City (North West)* will carry out a feasibility study to ensure access to local services in Finglas rather than those in the city centre, and implement its findings;
- *Dublin City (North West)* will support the work commissioned by the Ballymun Homeless Forum aimed at developing a suitable model to meet the local accommodation and holistic needs of those experiencing homelessness;
- *Dublin City (North West)* will support the early implementation of recommended actions and to implement this model through location of sites, securing funding routes and channels and commitment from key stakeholders;
- *Dublin City (North West)* (with Depaul Trust) will continue the alcohol outreach service in Ballymun and will evaluate this service.

Ballymun Homeless Forum was established in February 2002 and brings together local and citywide stakeholders to strategically address the issue of homelessness in Ballymun. Many service providers in Ballymun working with homeless people do so as part of their wider remit that is defined by a broader issue such as mental illness, drug or alcohol addiction or housing need. Research commissioned by the Forum in 2003 highlighted that many service providers interviewed felt that the “regeneration project would make homelessness more visible in Ballymun, in that the rough sleepers would be unable to sleep in the flat complexes and those staying with friends and relatives would have fewer possibilities” (Vision 21:2003:6).

In 2006, Ballymun Homeless Forum commissioned TSA Consulting to develop a model to meet the accommodation needs of those presenting as homeless in Ballymun (report awaiting publication). One of the aims of the work was to quantify the number of people that are homeless in Ballymun and three main sources of information were used to assess this. These sources were; the Homeless Agency- Counted in 2005, information from Homeless Persons Unit and a separate count by research company Vision 21 in 2003.

TSA concluded that the quantification of those homeless from Ballymun should be taken as a range between 70 and 100 households (90 to 130 adults). In addition, both service providers and those experiencing homelessness highlighted the importance of having localised accommodation services that meet needs of both short-term and long term homeless who wish to remain in the community. The report also stressed the importance of having a continuum of accommodation whereby there are different accommodation types available which meet the needs of those that present, and clearly identifiable progression routes across accommodation types.

2.5.3 TENANCY SUSTAINMENT

The Dublin Simon Tenancy Sustainment Service (DSTSS) has been in operation in Ballymun since late 2005. It works with people who have experienced homelessness or are at risk of homelessness to assist them to maintain themselves in a home of their own.

The DSTSS team consults with service users to understand and provide a service that encapsulates all their needs, and to form a better understanding of gaps in services from their perspective. The Tenancy Sustainment Service offers a comprehensive in depth assessment of each persons needs. Subsequently a support package is delivered, tailored specifically to meet

the individual's needs. There is an emphasis on working with local communities and linking service users into identified resources.

A definition of "tenancy sustainment" would include:

- Supporting people emerging from homelessness to move into new tenancies
- Providing ongoing support to people following their move-in
- Provision of a preventative strategy to support tenancies at risk

2.5.4 DRUG USE IN BALLYMUN

Ballymun has a long established Opiate problem. In 2006, there were a total of 482 individuals (whose address was Ballymun) that were receiving methadone treatment. Of these, 332 were receiving their methadone from treatment clinics (Domville House), 119 from General Practitioner's (GP's) and 31 from within the Prison service. (Source: Central Treatment List).

It is generally accepted that not all those with opiate problems will be accessing treatment for their problematic use, as there exists groups which are "hidden" and/or "hard to reach" such as female drug users.

Poly drug use is also a characteristic of those in treatment for opiate problems, with service providers reporting greater use of alcohol, benzodiazepines and cocaine. The use of cocaine in Ballymun is also evident within the non opiate treatment population - for example there has been an increase in the number of young people who are experimentally, recreationally or problematically using the drug in the area. Likewise high levels of problematic use of alcohol and benzodiazepines are evident in Ballymun amongst people who may not access drug services in the area but are presenting within mainstream health services (for example; General Practitioner surgeries etc).

Ballymun is one of the 12 areas in Dublin designated a local drugs task force (14 in total in the country). Ballymun Local Drugs Task Force (BLDTF) was set up in March 1997. Its remit was "to assess the nature and extent of drug misuse in Ballymun and to develop and monitor the development of an action plan to respond to this identified problem (Ballymun Local Drugs Task Force 1997, 2000). The Ballymun Drugs Task Force has its origins in the Ballymun Addiction Forum which was set up in 1995 by the Ballymun Community Coalition whose brief initially addressed supply of drugs but was later developed to include treatment and prevention issues. BLDTF brings together over 60 members representing the community, voluntary and statutory sectors to co-ordinate, support and fund a collective response to drug use in the area.

2.5.5 LOCAL RESPONSE TO ALCOHOL

In the focus period between 1st November 2005 and 28th February 2007 it is important to note that there have been significant service developments in the area of alcohol support. Some of these cannot be quantified but they include the following;

- The opening of the new resource at Horizon Centre that includes an alcohol counselling service run by YAP (Youth Action Project). YAP provides counselling for individuals in recovery and helps anyone who is sober, sustain their sobriety. This benefits some of our service users and referrals have been made.
- Outreach teams have been extended and a new Outreach Network Meeting of outreach teams operating in Ballymun (Outreach teams from; HSE Addiction Service, Ballymun Regional Youth Resource, Ballymun Youth Action Project, Contact Service) has been established.
- As an evening and weekend (**Out of hours service**)
- A contact Service has been established as an evening and week-end outreach service focusing on drug and alcohol using clients who may not be linked in, or sufficiently linked in with services.
- The establishment of Dublin City Tenancy Sustainment Team. Referrals have been made to this service locally.
- The development of a Primary Health Centre
- Greater discussion about HSE addiction service including alcohol.
- Ballymun Regeneration Limited (BRL), via the Ballymun Community Safety Strategy, now supports the resourcing and implementation of a community alcohol strategy using a public health approach.

3.1 INTRODUCTION

This study incorporates both qualitative and quantitative data. The project has operated with a remit of undertaking action based research whilst continuing to offer a quality service to those accessing the service. The time period covered in this research is: November 1st 2005 until February 28th 2007.

3.2 DATA COLLECTION METHODS

In line with the action – based research remit, the team actively recorded and collected data in the course of their day to day operations. There were also a range of specific methods undertaken with a view to collating information from key stakeholders as part of a consultation process.

1. Case Management Documentation - In line with the case management model a comprehensive Excel database was developed to collate information on service user information with a view to identifying any trends or issues that may not have been previously visible.

The database is split up into three sections.

- Section one - Service users details, which include age group, gender, family/ children, area met, who referred them to service, street drinking, poly-drug use and accommodation status.
- Section two – Needs and care plan.
- Section three – Type of intervention used to fulfil the needs and goals.

The information on the database along with the service users' individual files are updated regularly to ensure that important information is not lost. Basic information was gathered through case management with 78 services users over the specified time period. However in the case of the 53 users who have accessed the service more than twice, more detailed information is recorded. Interventions by the case management team were also analysed and case notes were examined.

Depaul Trust has a confidentiality policy and all service users are informed that the team will be recording information about the case management work. A case file is held on every service user and each contact is recorded. The Severity of Alcohol Dependence Questionnaire (SADQ) is used as an assessment tool regarding alcohol use. Should any service user be unhappy with the service they are receiving the Depaul Trust has a complaints policy that they may utilize.

2. Consultation Process - Much of the information from the database can be used in a quantitative analysis of the needs of the service users accessing the support of the BCMT over the relevant period. Although this is essential information and excellent in identifying gaps in services and needs of the service user group it was also agreed that it was important to access information from all groups working in the area that may have more information in relation to these issues.

This was in line with the initial aims and objectives of the pilot phase. In this regard, a range of methods were employed to obtain the data which complemented any limitations that may exist in any one method. These methods included:

- Service providers and residents snapshot questionnaire October 2006
 - Estimated 350 questionnaires sent by post and e-mail to major services/organisations in area (including Ballymun Community Organisations Network, Ballymun Local Drugs Task Force, Ballymun Homeless Forum, Local Schools, GP's).
 - 64 returned questionnaires (18%) - Other methods therefore complemented this low response rate.
 - Of those returned: (Questionnaires were not sent out according to status but respondents were asked to add their status in reply)
 - Local residents = 27
 - Community and voluntary agency = 24
 - Statutory agency = 10
 - Other/ spoils = 3
- Service user one to one interviews October - January 2006 (5 service users).
- Analysis of partnership and networking by and with the Ballymun Case management team.
- Formal Information exchange and consultation in local meetings and network forums
 - BCON - 28th November 2006
 - Homeless Forum - 28th November 2006
 - Community Psychiatric Nurses - 29th November 2006
 - Primary Health Care Team - 4th December 2006
 - LDTF Treatment and Rehabilitation - 13th December 2006
- Two consultation focus groups on 12th December 2006 and 16th January 2007 (attendance included in appendix). This process invited public/local opinions on the issues of alcohol and homelessness in Ballymun through targeted questions, and allowed stakeholders to participate in the formulation of the final report with recommendations for future services.

This section presents the main findings from the case management documentation and the consultation process that were undertaken by the Ballymun Case Management Team. The information relates to the period November 2005 to February 2007, covering fifteen months of operation. The findings include a summary, analysis and conclusion presented under the following headings:

- 4. 1 - Acceptability of team
- 4. 2 - Socio demographic information on service users Demand for services
- 4. 3 - Family and children
- 4. 4 - Alcohol and drug issues including poly drug use and street drinking
- 4. 5 - Homelessness and tenancy sustainment
- 4. 6 - Health - physical and mental
- 4. 7 - Demand for services and referrals
- 4. 8 - Partnership and interagency working
- 4. 9 - Case management working
- 4. 10 - Future service provision

4.1 ACCEPTABILITY AND ACCESSIBILITY OF THE TEAM

As stated, the BCMT has endeavoured, with the support of the steering committee, to establish a presence and a high quality service in the Ballymun area. According to the 2006 census here is an estimated population of 15,233 people in Ballymun. The Depaul Trust had previously not run services in Ballymun and therefore has had to establish new networks and promote the service over the focus period.

Since the establishment of the Ballymun Case Management Team, it has generally been welcomed into the Ballymun area by other service providers and local people. There was some initial skepticism in relation to a new harm reduction/low threshold service to support people with alcohol issues. These concerns have been alleviated due to the work of the steering committee and the BCMT and the demonstration that there is a commitment to consultation and to the development of high quality, well-managed services into the future.

It is important to state that the BCMT work from a harm reduction model and that many of the interventions as outlined in Chapter Two are ongoing and their outcomes are difficult to quantify. However from initial experience the team has found that people are generally open to the interventions suggested by BCMT.

4.2 SOCIO-DEMOGRAPHIC INFORMATION ON CLIENTS AND FAMILIES

Of the 78 clients who accessed the services of BCMT over the fifteen month period, the majority were male (n= 47; 60%).

The BCMT works solely with people who live in Ballymun; this includes people who are living there temporarily due to tenancy sustainment issues. Table 4.1 and Figures 4.1 and 4.2 present an overview of the demographic profile of those who accessed the service.

Table 4.1 Summary of Main Socio Demographic Information n=78

	Gender balance	Male= 47; Female= 31
Figure 4.2	Ballymun origin	75% came from three areas in Ballymun - Balcurris, Coultry and Sillogue.
Figure 4.3	Age range	The majority age range is between 26-41 years (54%)
	Number living in Dublin city council accommodation.	37 service users - (47 %)

Figure 4.1 Area of Origin in Ballymun (information recorded at baseline may have moved due to regeneration)

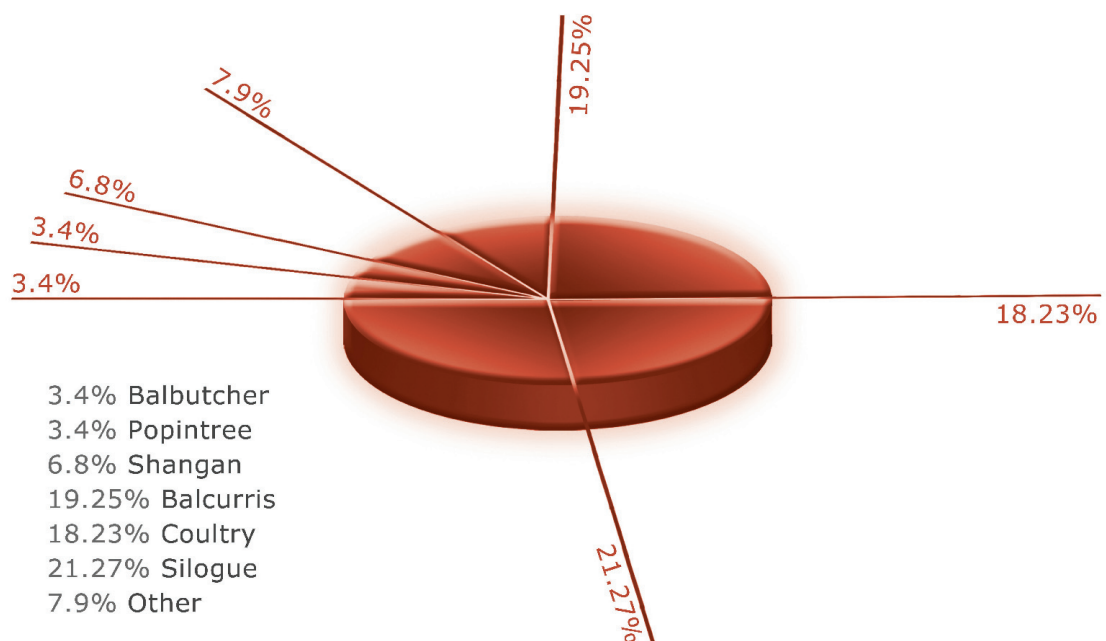
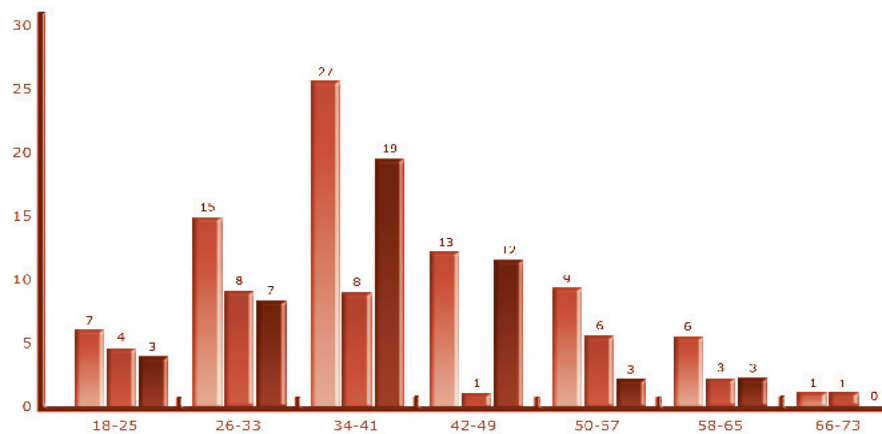


Figure 4.2 Age Profile



4.3 FAMILY AND CHILDREN

When asked what group is most affected by alcohol use, over half of the respondents (57%) reported family/children as the primary group identified (ie. families, young people up to 18 years and children aged 0-12 years) More specifically, over one in five respondents who completed the questionnaire as part of the consultation process highlighted that families were the most affected by alcohol use in the community (21%). “Young people up to 18 years” was also similarly reported as a group affected by alcohol use in the community (21%), followed closely by children aged 0-12 years. These results are portrayed in the table below;

Table 4.2 Perceived Group Most Affected by Alcohol Use in Community

Young people–up to 18 yrs	21%	Women	6%
Families	21%	Single parents	6%
Community in general	17%	People who use other substances	4%
Children 0-12	15%	Local businesses	2%
Men	7%	Elderly	1%

In terms of client profile, Tables 4.3 (a), (b) and (c) highlight the family circumstances of clients of BCMT. As can be seen, all service users to date have had children. Of the total 78 clients, there were 148 children, the majority of which were under 18 years (72%). Those clients with highest number of dependent children were either single or separated.

Table 4.3 (a) Client Profile by Number of Children

Total number of children	148	Women	6%
Total under 18	106	Single parents	6%
Total 18 and over	42	People who use other substances	4%

Table 4.3 (b) Client Status by Number of Children

Status	Number of Clients by Status	Dependent (Under 18)	Non – Dependant (Over 18)	Total Children by Clients
Single people	45	42	6	48
Married	12	11	5	16
Separated	8	31	19	50
Co-Habitant	3	16	0	16
Divorced	5	2	0	8
Widowed	5	4	0	10
Total	78	106	42	148

Table 4.3 (c) Childcare Responsibility

Living Circumstances	No. of Families	No. of Children
Living with Service User	18	47
Living with other parent	19	42
Over 18	12	42
Residential Care	3	6
Foster Care	2	5
Living with Grandparent	2	5
Prison /detention	1	1
Childcare responsibility unknown	21	Unknown
Total	78	148

The remit of BCMT is to work with people over 18 years. However the team does refer into, and case manage issues relating to children with various local services in the area that have a specific focus in youth/child related services (Aisling, BRYR, YAP, Social Work Team etc). BCMT has signed up to the Network for Assisting Children and Young People which uses a case management system (13 agencies) and collectively implements an agreed protocol for children and young people in Ballymun. BCMT attends network case meetings when the team is working with any member of a child’s immediate family (parent, sibling etc).

4.4 ALCOHOL AND DRUG ISSUES INCLUDING POLY DRUG USE AND STREET DRINKING

4.4.1 PERCEPTIONS OF ALCOHOL USE IN BALLYMUN

As indicated in Chapter Three of the Report, an extensive consultation process was undertaken with members of the community in Ballymun and with services working in the area. One of the main aims of this part of the consultation was to gauge the level of general awareness of alcohol related problems in Ballymun, in addition to associated influencing factors and effects of use. Table 4.4 presents a summary of the main findings in this regard.

All respondents reported alcohol use as a problem in Ballymun with the majority reporting alcohol use as a very serious/serious problem (90%) and the majority of respondents also knew somebody with an alcohol problem (83%). Family and friends were reported to be the main sources of support, followed by GP and health services. Comments from service users interviewed highlighted the existence of alcohol related problems in Ballymun; "Everywhere – streets (gangs)", "All over", "People drink around the shopping centre", "All over Ballymun, shopping centre, flats" were some of the recorded comments.

Table 4.4 Perceptions of Alcohol Use and Related Harm in Ballymun (n=64)

Information	Findings to date
Numbers who reported alcohol use as a problem in Ballymun	64 (100%)
Numbers who reported alcohol use as a serious/ very serious problem in Ballymun	58 (90%)
Numbers who know somebody with an alcohol problem in Ballymun	53 (83%)
Reported source of support for those with alcohol problems in Ballymun	
Family and Friends	18 (34%)
GP and health services	13 (24.5%)
Counselling/groups/AA	13 (24.5%)
Other	9 (17%)

Table 4.5 below highlights provides further evidence that the use of alcohol in Ballymun is perceived as a serious problem, specifically the accessibility and availability of alcohol (ie. for under 18's). Respondents also perceived the use of alcohol and drugs to be inter-related problems in Ballymun. Almost all respondents reported perceiving Ballymun to have a high level of street drinking. This is in contrast to the findings from BCMT on levels of street drinking and poly drug use that will be presented later in the section.

Table 4.5 - Perceptions of Alcohol Use and Related Harm in Ballymun (n=64)

In your opinion,	Agree	Disagree	No Comment
Alcohol is a social problem in Ballymun	93%	2%	5%
There is a problem with street drinking in Ballymun	92%	2%	6%
Alcohol and drugs are interrelated as problems in Ballymun	92%	5%	3%
Alcohol availability is a problem in Ballymun	81%	11%	8%
The supply of alcohol is too easily accessible in Ballymun	75%	9%	16%
Alcohol is being sold to young people (underage) in Ballymun	69%	14%	17%
There are barriers to people accessing services around alcohol in Ballymun	59%	16%	25%

Table 4.6 highlights that the majority of those who completed the questionnaire perceived money and poverty as the primary factor influencing alcohol use, followed closely by family experience and anti-social behaviour and crime.

Table 4.6 Factors that Affect the Use of Alcohol in Ballymun (n=61)

Poverty and Money	11 (18%)	Physical Health	8 (13%)
Family	9 (15%)	Mental Health	8 (13%)
Antisocial behaviour/crime	9 (15%)	Community	7 (11%)
Children and Young People	9 (15%)	Other substance misuse	4 (6.5%)
Housing (sustaining)	8 (13%)	Employment	1 (1.5%)

* Respondents could answer more than one and so does not add to 100%

4.4.2 ALCOHOL USE AMONG CLIENTS OF BCMT

Level of Alcohol Support Need: Having support needs around alcohol is one of the primary criteria for intervention by the team. Team interventions have developed around client need and this is a continual process. BCMT have noted that it is better to meet service users early in the morning before they get intoxicated.

Twenty seven of our service users (35%) were first encountered during the outreach shifts of BCMT around the area and the known street drinking hotspots. These areas include the back of the shopping centre near the AIB, around the shopping centre and the first block in Balcurris. In addition, results from the client database highlight that most of those over 35 years of age are staying with the service for a longer time. Their stated reason for drinking at home is primarily loneliness and thus BCMT are in a position to provide a befriending service for these individuals.

As mentioned in Section 3 of the Report, the Severity of Alcohol Dependency Questionnaire (SADQ) is employed by the BCMT during the first intervention to measure the severity of dependence on alcohol. It is a widely used tool particularly in Britain and Australia and has demonstrable reliability and validity. It is divided into five sections corresponding to; physical withdrawal symptoms, affective symptoms of withdrawal, craving and withdrawal relief drinking, typical daily consumption and reinstatement of withdrawal symptoms after a period of abstinence. It is relatively quick to complete and is easy to score. It is most useful as an assessment tool for use with problem drinkers.

The information below highlights that the majority of active clients throughout the pilot period exhibited "severe alcohol dependence" (n=21; 46%). Over a third also scored as having "moderate dependence" on alcohol (n=17; 36%). This suggests a high level of support needs upon initial engagement with the BCMT and also shows the effectiveness of the service in attracting the specified target group to the service.

Table 4.7 Assessment of Alcohol Use at Baseline as Reported by

Information	Findings (relates to 46 clients out of a total of 53 active clients)
Severe Alcohol Dependence	21 (40%)
Moderate Dependence	17 (32%)
Mild Dependence	4 (7.5%)
No Alcohol Dependency	4 (7.5%)
Missing/Not Completed	7 N (13%)
Total	53 (active clients)

Reducing Alcohol Use and Related Harm: Over a third of service users (38%) stated that they have reduced their alcohol use, over the focus period of engagement with BCMT, as shown in Table 4.8

A key service provided by BCMT is advocacy for service users and assistance in getting into detox centres. During the pilot period, BCMT made 18 referrals to detox centres. The waiting time for these referrals averaged up to 3 weeks. Unfortunately, lengthy waiting times and lack of bed space do not allow for successful interventions as the motivation of the service user diminishes when asked to wait for long periods of time. Therefore, there is a need to act while the “iron is hot” if effective change is to be a possibility and any delay can compromise both service users and the service itself. This is not just an issue in Ballymun and BCMT have found that within the national context, alcohol specific supports are just as limited. The BCMT are further constrained therefore by countrywide alcohol service provision. The success of reducing alcohol intake could be due to the fact that a substantial amount of referrals, as detailed in this sections, have been made through a service already linking in with people about their health.

Street Drinking: Early findings show that the level of homeless related street drinking is not as high as perceived. Despite the fact that over a third of the client group (35%) drink in public or outdoor places (steps of flats etc.) this is not generally connected to homelessness. The explanation would seem to be the preference to drink with others (peer group) and the fact that it is less expensive than using pubs. This would suggest that a significant number of people whom the team have met can sustain relatively stable lifestyles and may not have developed chronic alcohol issues.

According to the Local Gardai and the team’s own observations, the patterns of outside drinking in Ballymun would appear to start at the opening times of off licenses and cease at around 8pm at night. The team have been told that the reasons for early evening movement in drinking areas is due to the vulnerability of street drinkers after this time and the emergence of increased anti-social activity. The most common street drinking area is behind the shopping centre near the AIB bank, where most of the outreach has been focused.

Poly Drug Use: Poly drug use refers to the use of two or more psychoactive drugs in combination to achieve a particular effect. In many cases, this makes the experience far more dangerous than taking the substances alone. Poly drug use often carries with it more risk than use of a single drug, due to an increase in side effects, and unique pharmacological interactions. The majority of our poly-substance users would mix alcohol with cannabis and/or benzodiazepines (prescribed or not prescribed).

The BCMT assessment includes poly-drug use but concentrates support primarily around alcohol use. As shown in Table 4.8, 41 (53%) of the BCMT client group have poly-drug use issues.

A considerable number of service users who have poly-drug use issues are linked into many different services that only look at one part of their addiction. It is important that the case management model allows for care plans to be established to connect the work between different addictions and open interagency work needs to be established. These care plans can be reviewed by all relevant agencies to allow for long term stability.

Table 4.8 BCMT Support and Referrals Relating to Alcohol Use

Information	Findings to date
Service users with identified support needs around alcohol	78 (100%)
Number of service users who 'street drink'	27 (35%)
Number of referrals made to detox services	18 (23%)
Number requesting detox	18 (23%)
Poly substance users	41 (53%)
Self referral to services through alcohol support needs	7 (10%)
Service users through outreach with no formal service referral involvement	27 (35%)
Referral through health services (PHCT/ CPN)	31 (40%)
Number of service users who have intermittently reduced alcohol	11 (14%)
Numbers of service users who have significantly reduced drinking through focus period	19 (24%)

4.5 HOMELESSNESS AND TENANCY SUSTAINMENT

Table 4.9 below provides a summary of the nature and extent of both previous and current levels of homelessness among clients of BCMT. It illustrates that almost 1 in 5 service users had a prior history of homelessness (18%) with 2 in 5 reporting homelessness during the pilot phase of the service (40%). Despite this high level of homelessness, a large number of respondents also reported living in Dublin City Council housing for periods in excess of three years. These high levels of local authority occupancy highlight that service users are at increased risk of losing their tenancy due to their drinking.

Table 4.9 BCMT Support and Referrals- Homelessness and Tenancy Sustainment

Information	Findings to date
Number with prior history of homelessness	14 (18%)
Number homeless (emergency, accommodation etc) during pilot phase	24 (31%)
Number living on the streets, at end of focus period	7 (9%)
Total homeless during pilot phase	31 (40%)
Number who lived in last accommodation for less than 3 months	11 (14%)
Number living in Dublin city council accommodation.	37 (47%)
Time in current accommodation over 3 years	37 (47%)
Number referred by BCMT into hostels/ homeless services	8 (10%)
Regular Tenancy sustainment work carried out by BCMT	4 service users

- 20 % of service users had lived in their accommodation for less than 6 months. Eight service users were referred into hostels or homeless services by BCMT during the period (10%). The lack of local emergency accommodation (apart from Santry Lodge) meant that BCMT relied upon on city centre locations for such referrals.

BCMT has been able to utilize referrals into Depaul Trust services such as Aungier Street and Back Lane hostels constructively in five cases. BCMT referral options for clients into emergency accommodation are still limited and the range of appropriate low threshold provision in the city and locally does not sufficiently match presenting need.

Eight families working with BCMT have had housing issue problems. BCMT works with four out of the eight in conjunction with the tenancy sustainment team.

Over half of the responses from the questionnaire indicated there should be increased homeless services to support people with alcohol issues (53%). Fourteen individuals have expressed wishes for housing - these individuals are staying in temporary accommodation or living rough (18%). It is important also to note that most service users preferred not to reside in the city and travel back to Ballymun to see family and friends.

Figures 4.3 and 4.4 highlight the specific accommodation status of clients and length of time in current accommodation type.

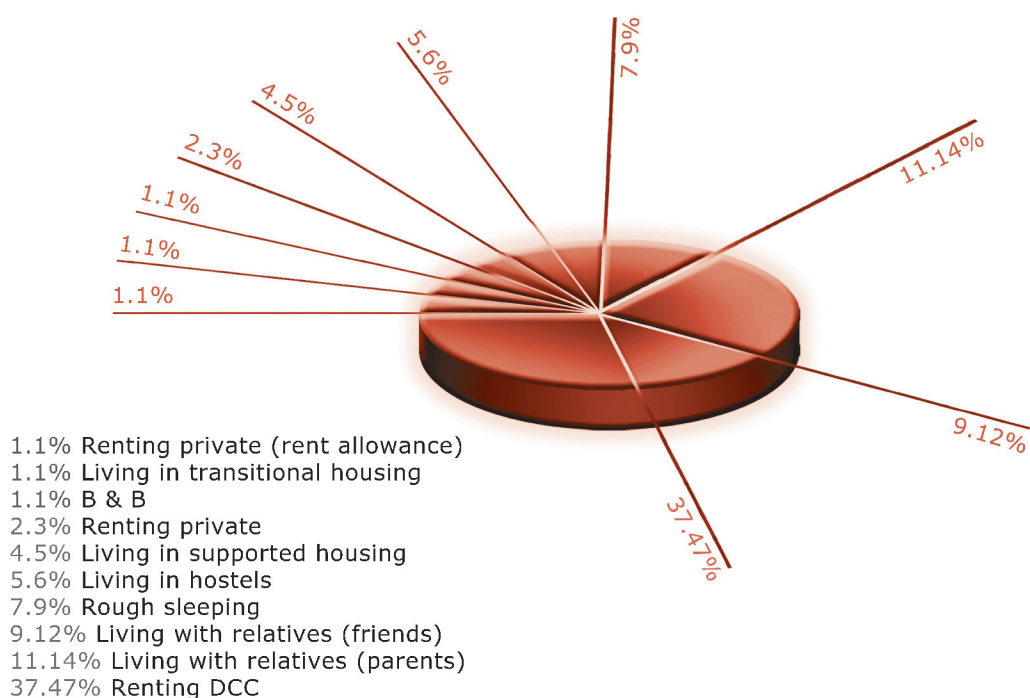
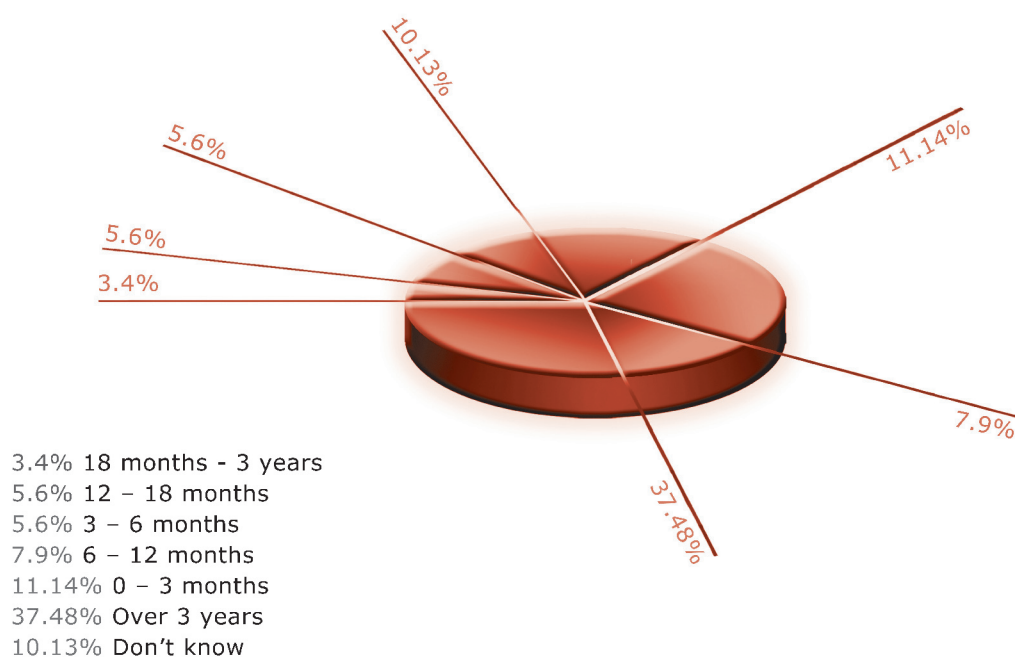


Figure 4.4 Length of time in accommodation at initial assessment with BCMT



4.6 HEALTH

4.6.1 PHYSICAL HEALTH

A multitude of physical and mental health issues due to excessive and long term use of alcohol have been recognised in the assessments with BCMT service users. However as stated, a large proportion of service users were already clients of the primary health care team.

In a recent needs analysis of the client group, the Depaul Trust low threshold shelter for long term street drinkers highlighted the following physical and mental health symptoms that presented: Korsikoff's Syndrome, Dementia, Incontinence, Cirrhosis of the liver, Diabetes, Grand Mal Epilepsy, Memory loss, Seizures, Hepatitis C, HIV, Depression, Croen's Disease, Blackouts, Asthma, Pneumonia, TB, Impetigo, Rashes, Aneurism in brain (on which doctors can't operate if the person is drinking heavily), double incontinence, pronounced speech impediment, pancreatitis, eye problems, feet problems, organic mental disorders, functional mental disorders.

In terms of the client group of Ballymun Case Management Team, high levels of "severe alcohol dependence" were recorded by active clients (46%). All clients also exceeded the recommended 21 units of alcohol per week. The continued heavy use of alcohol poses severe health risks such as those illustrated above. Furthermore, their lifestyle (eg. experience of homelessness) can further exacerbate problems with their physical health.

BCMT has witnessed some good case management working around physical health issues, as 40% of service users currently come through the primary health care team, community psychiatric nurse or general practitioner. This suggests that the links are already established for the service user in relation to health. Ongoing joint care planning is essential in these cases. Increasing work with GPs is essential if effective preventative strategies are to be put in place to manage peoples' needs before they reach the level of alcohol use that BCMT generally works with.

4.6.2 MENTAL HEALTH

BCMT has found that depression and low self-esteem are common amongst the client group. Fourteen people (18%) would prefer home visiting from the team. These people are low in confidence and feel unwilling to come out to meet the team. BCMT are looking into establishing befriending services with the use of voluntary support.

Over a quarter of clients reported that their psychiatric health was an issue (26%). BCMT has found that poor psychiatric health has had an affect on tenancy sustainment. Over the pilot period, there were six clients of BCMT whose psychiatric health issues affected their tenancy. These issues are often coupled with alcohol addiction, may lead to depression.

Six people have been referred to counselling services in Ballymun or in Dublin city. Having an active addiction to alcohol has prevented one service user from accessing bereavement counselling. BCMT are pleased to see the increase in counselling services in Ballymun but would advocate that these be addiction tolerant.

4.7 DEMAND FOR SERVICES AND REFERRALS

4.7.1 LEVEL OF ENGAGEMENT

The BCMT has developed and adapted its practice over time, which is necessary with this type of project. In the initial phase, the team concentrated on the perceived problem of street drinking. Between October 2005 and January 2006 the BCMT undertook outreach shifts, but discovered that street drinking and homelessness was not as significant an issue as had been imagined. Nevertheless dealing with it where it does exist continues to be a feature of the team's role. Public drinking (ie: in private gardens) is more visible in spring and summer months. An essential aspect of this project has been the outreach element. This has enabled the BCMT to reach out to some people who will not venture into certain areas of Ballymun.

As outlined in Chapter Two, low threshold working requires a high degree of flexibility and this has been critical to the level of interventions made and the achievement of working with such a small team and supporting 78 service users. Service users are met where they wish, including, in their homes, coffee shops, private areas or on the street.

Table 4.10 below highlights that a total of 78 service users accessed BCMT. Over a third of these clients (27 service users) have been either self-referrals or initiated work with the BCMT through outreach sessions. This voluntary interest in the support offered by the team is a guide to the demand for services and also reflects on the low threshold and open access nature of the project.

Table 4.10 – Number of Clients Referred to BCMT

Information	Findings (no of people)
Number of service users engaged by BCMT	78
Number of active service users (engaged with BCMT on two or more occasions)	53 (68%)
Number of self referrals through BCMT outreach session	27 (35%)

Feedback from the consultation process highlighted that the main alcohol support services to people in Ballymun should be provided locally. As can be seen from Table 4.11 below, only 11% considered that it would be a viable option to house alcohol support services for members of the Ballymun community outside Ballymun.

Table 4.11 Demand for Provision of Alcohol Services Locally

Where do you think the main alcohol support services to people in Ballymun should be provided? Findings (no of people)			
Ballymun – 89%	Dublin city centre – 6%	Dublin area – 4%	National – 1%

4.2.2 REFERRAL TO BCMT

With a lower number of street drinkers than anticipated, the BCMT actively worked to raise its profile further by attending a series of local meetings, networking, and providing information sessions on their work. In addition, profile raising activities were undertaken including door to door publicising of the service and the development of a promotional leaflet, which was launched in April 2006.

Referrals into the BCMT came from a variety of services and through street outreach work. Interagency work has led to the most successful targeted referrals over the past year.

Table 4.12 Referrals from Services and Network Co-Ordination

Information	Findings to date
Number of local services directly working with BCMT	37
Number of local agencies / groups who have referred people into service*	10
Number of regular local forums BCMT attends.	3 - Homeless forum, Local drugs task force, BCON (Ballymun Community Organisations Network)
Referral profile	Appropriate - 78 Inappropriate - 7

*Agencies which have referred into the service are; Accord, Community Psychiatric Nurses, Ballymun Primary Care Team, Hail Housing Association, Ballymun Jobs Centre, Men’s Network Resource Centre, BRYR, Star Project, Youth Action Project, St Vincent DePaul, MABS and the Law Centre.

The pilot phase showed that local referral agents are knowledgeable about the team. As can be seen from the table above, there were only 7 inappropriate referrals made to the BCMT. This would suggest that there is clear understanding of the role of the BCMT and that inappropriate referrals have been limited.

Table 4.13 Outlines the services worked with over the sixteen month period and the referrals made to BCMT by local organisations.

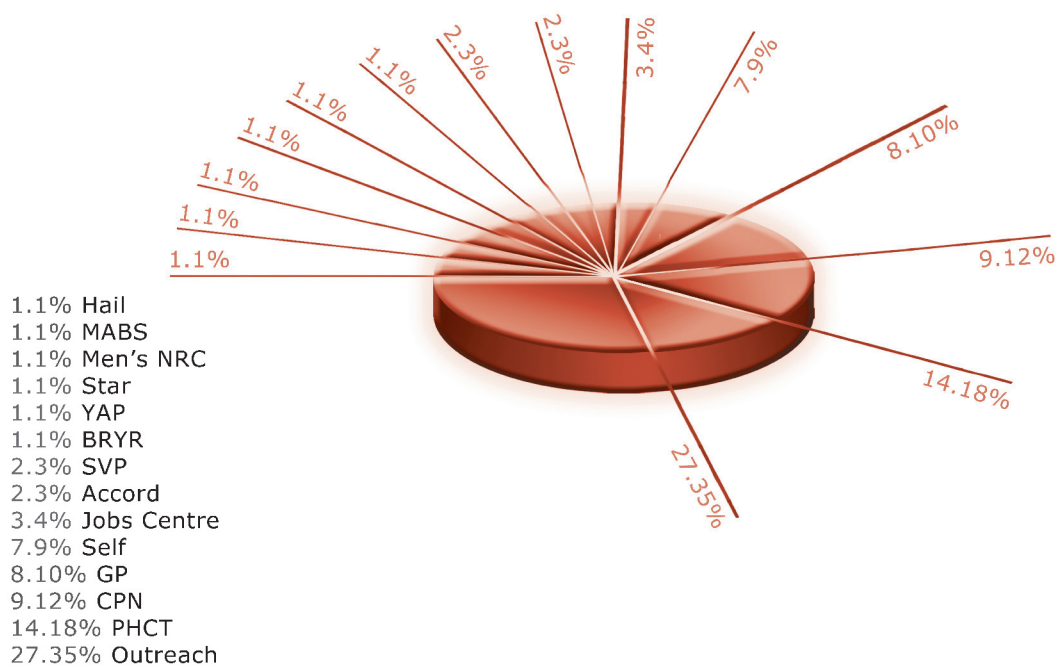
Information	Findings to date
Referrals from health service (GP, CPN, PHCT)	31 service users (40%)
Outreach	27 service users (35%)
Self referral	7 service users (9%)
Number of local (Ballymun) referrers into service	10
BCMT Client Referrals to Other Services	47 different services

The graph below highlights the frequency of referrals by agency (**Figure 4.5**). It shows that the majority of referrals were self-referrals (n=27; 35%). The second most frequent referral route was through the health services.

During the BCMT outreach shifts, information about the service is handed out. It may be months later before a service user contacts the team for assistance. Usually these individuals are contemplating a change or reduction in alcohol use and are looking for help to achieve this. The outreach nature of the service allows for easy accessibility to the service, hence the high number of self-referrals over the period.

The second most frequent referral route was through the health services. Thirty-one of our service users have been referred by community psychiatric nurses, public health care nurses, primary health care team or general practitioners. It is envisaged that this will continue due to the nature of alcohol use and related health problems.

Figure 4.5 Frequency of Referrals by Agency.



4.8 PARTNERSHIP AND INTER-AGENCY WORKING

BCMT have established strong links with other partner agencies and have relied on these for the case management model of working, which would suggest that no service can operate successfully in isolation. Many of the other services that exist in Ballymun are very relevant to the needs of people with alcohol support needs.

The high level of networking and participation with other agencies is largely due to the established networks already in place through Ballymun Community Organisations Network (BCON), Ballymun Local Drugs Task Force (BLDTF), and the experience of the representatives involved on our steering committee. The most relevant of those are inevitably in the field of health and addiction, followed by low threshold support services and tenancy sustainment. BCMT also sit on the Ballymun Homeless Forum, the LDTF Treatment and Rehab Sub-Committee, and BCON. More recently a network of outreach teams has been initiated; this it is hoped will enable greater partnership working in Ballymun for people who may not be able to access in-house services.

The BCMT maintain links with the local Gardai, however to date we have found that the justice system is not regularly involved with the people who use alcohol services in Ballymun. This is in contrast to other Depaul Trust services locally and in the inner city that cater for similar client groups. It would seem to be relevant in planning for services and in analysing how 'problems surface' locally. In Ballymun it is still most likely that problems with alcohol will become apparent through the health service, which is why local consultation included the GPs in the area. It may also be reflective of the fact that the majority of clients had existing tenancies and were not street homeless as is the case in the city centre.

BCMT has committed a considerable amount of time to promoting the issue of support needs around alcohol use in Ballymun and has been welcomed to several Dublin based forums to talk about the case management harm reduction model. See **table 4.14**.

Table 4.14 Levels of Inter-Agency Networking

Information	Findings to date
Presentation by BCMT / talks carried out to groups	36
Number of services BCMT has linked in with over period	66
Total of services in BCMT network	49 (33 are Ballymun based)
Groups with whom BCMT regularly network	17
Numbers involved in consultation	58
Number who returned BCMT questionnaire	64
Groups attended Launch in April 2006	9

Table 4.15 Examples of Inter-Agency Work

- Both the Integrated service's manager from the Homeless agency and the head of homeless services on Dublin City Council are on our steering committee.
- BCMT has established all of its work within emerging best practice frameworks (ie Case management model). BCMT are mindful of the Homeless Agency's strategic plan and the national move towards local service provision.
- The team is represented on the Ballymun Homelessness Forum and is part of a sub committee involved with providing an awareness of homeless needs in the Ballymun area.
- The service has been promoted widely as both an alcohol and homeless support service. The Depaul Trust is primarily recognised as an organisation working with homelessness.

- The team has linked in with the Homeless Forum and have co-operated with the assessment study on homelessness issues and future service provision.
- The team work with Hail Housing and Sophia Housing to help local residents maintain their tenancies and to access homeless services in the city centre.
- Links have been made with local housing provision through the Homeless Agency's "Night Bus". This includes Santry Lodge which provides local emergency accommodation for individuals experiencing homelessness.
- BCMT were part of establishing a network of outreach workers in Ballymun.

4.9 CASE MANAGEMENT WORKING

4.9.1 RATIONALE FOR BCMT

As highlighted earlier, "case management" is a system that provides support to those alcohol and homeless service users who are in need of ancillary services. Case management incorporates the arrangement, co-ordination, and monitoring of services to meet the needs of individuals and families. The Depaul Trust only delivers services where they do not exist already. The BCMT operates within the principles of harm reduction and meet service users where their needs are at. Service users with substance abuse problems require assistance in linking with multiple systems and support services since their needs are so complex. The BCMT help service users in determining what services are needed and in accessing these services. This has certainly been the most effective aspect of the work. Maintaining a low threshold and open access has lead to twenty seven self referrals / outreached service users so far. This constitutes 47% of the cases supported by the team.

Part of this approach includes the tenancy sustainment and preventative work of the BCMT. Due to the fact that service users approach the project voluntarily they are more open to support and a consequence of this has been that several endangered tenancies have been sustained. The case management model applied by BCMT can only work if it is supported by the partnership working of other agencies including statutory and voluntary providers.

4.9.2 LEVEL OF SERVICE USER ENGAGEMENT WITH BCMT

Table 4.16 below provides a summary of the level of service user engagement with the BCMT. There were a total of 568 case management sessions over the pilot period and 53 active cases. Therefore, there were approximately 25 service users per case worker. The Care Manager does not carry a case load but does engage in case management work when required in the interests of health and safety, and to cover annual leave. The BCMT works within the guidelines of case management as set down by the Homeless Agency.

Table 4.16 Summary of Level of Service User Engagement

Information	Findings to date
Number of total client cases	78
Number of active client cases (two or more contacts)	53 *Remaining – 25 service users would have had one contact with BCMT remain on file and may contact in future
Total number of case management sessions by team (active cases- two or more contacts)	568
Breakdown of case management sessions with each active client case (n=53)	20 or more sessions = 10 10 – 20 sessions = 12 5 – 10 sessions = 16 Less than 5 sessions = 15
Most popular interventions by the team	Information, advocacy, relationship building and harm reduction interventions
Average number of case management sessions made for each active service user	11
No. of services that have accepted referrals from BCMT	37

4.9.3 TYPE OF SERVICE USER ENGAGEMENT WITH BCMT

Table 4.16 illustrates interventions when the team advocated a formal approach/choice to the service user in addition to the effectiveness of the intervention. This refers to a clearly defined activity during the case management session and does not include telephone calls, home assistance etc. The table 4.17 below outlines the specific types of intervention undertaken.

Table 4.17 Formal Interventions/ by BCMT

Type of Intervention During Case Management Session	Formal Recommendation Made to Service User	Service user Linked Into Service
Advice	79	71
Harm Reduction Technique	78	53
Info and Advice	78	71
Relationship building	78	71
Advocacy	75	71
Residential detox	24	10
Crisis Prevention	18	15
CWO	18	6
Training	12	7
Home detox	11	6
Provided sleeping bags	10	10
Info on Counselling	9	6
GP appointment	8	6
Job search	8	2
Tenancy sustainment	8	6
Referred to counselling	7	4
CPN	7	4
Hospital visits	7	7
Substance misuse programme	7	2
Family support	7	7
Accommodation search	7	7
Hospital appointment	5	5
Budgeting	4	4
Citizens Advice	2	2
Arts Centre	1	1
Total	568	454

At an internal Depaul Trust team day in August 2006, the BCMT reviewed the types of service engagement of those who have accessed the service to date. A service user can fit into more than one category. This categorisation is helpful to determine the level of service required and the time priority for the two case management staff of BCMT. Broadly the service users profile can fit into the following categories:

Table 4.18 Type of Service User Engagement with BCMT

Level of Engagement	Explanation	Effectiveness of Work / Some Analysis
1. Active Change	<i>Service users who are seeking active change regarding alcohol use. Often self referrals.</i>	These are prioritised by the team and respond well to interventions.
2. Agency referred/ constructive attendance	<i>People whose needs have been identified and who have agreed to be referred through an agency</i>	This group are very likely to be appropriate to the case management model
3. Crisis Intervention	<i>People who self refer or who are referred by an agency and who are in a state of 'crisis' in relation to alcohol or homelessness. This includes serious health issues and suicidal behaviour.</i>	The BCMT feel that it is essential to continue to meet these needs after the pilot phase of the project and that the team is in a good position to do this. We would stress however that not all 'repeated user' crisis work can be managed in the long term by the team due to limited resources and the lack of a drop in facility. Re crisis response, all workers carry mobile phones and are as flexible as the project resources allow.
4. Service users with Dependant children/ relatives	<i>Self explanatory.</i>	As stated earlier, all service users to date have children. Promotion of an alcohol responsive (harm reduction) model in relation to family/children work is important into the future. The BCMT will attend the strategy meetings organised by the Network for Assisting Children and Young People - but are not in a position to sign up as a agency with the other 13.
5. Loneliness / support / contact	<i>Service users who may have changed their life style and hence reduced the harm of alcohol use but require ongoing encouragement and general support from the BCMT.</i>	This aspect of the work has been initially time consuming to the team, but is essential in terms of harm reduction, BCMT are exploring volunteering and befriending programme options around this demand.
6. Prevention work	<i>Self explanatory</i>	Prevention is managed though a harm reduction model. One to one sessions and the availability, flexibility and 'simple' dynamic of the team ensures that some prevention work can happen for service users. This aspect of the work is as strong as the network of groups who provide 'alternative occupation' for the person.
7. Brief intervention	<i>Clients who access the service once or may want to know more of the service but do not want to engage at present.</i>	This is a key aspect of the case management model and it remains essential during the pilot phase that the basic expression of a need for support is addressed.

4.9.4 CASE MANAGEMENT IN OPERATION: EXAMPLES OF CLIENTS HISTORIES

The following two client histories (tables 4.19 and 4.20) exemplify the type of work engaged in by the BCMT on a day to day basis and the working principles of a low threshold, needs based, case management approach. They highlight the capacity of the BCMT to work with local services within Ballymun and build appropriate referrals for, and in consultation with clients.

Table 4.19 Client History A

The Case Management Team (CMT) met Client A in Ballymun in December 2005. At this stage Client A had recently been evicted from her DCC flat due to anti-social behaviour related to alcohol mis-use, and was sleeping on the streets. She began to drink more heavily in order to survive the cold weather. She was not availing of any homeless accommodation in the city centre, as she preferred to be in Ballymun where she felt safer and had her friends around her. Her children were in the care of her ex partner and she did not get access due to the situation she was in and her heavy alcohol use.

The CMT linked in and completed an assessment with her, and over a period of time she decided that she wanted to stop drinking. Following on from this decision she completed a 3-week residential detox and follow on 3 month rehabilitation. In the mean time, meetings were held with DCC, and they agreed to give Client A a new tenancy, provided that she completed the detox and continued to avail of the services offered to her regarding her addiction.

Initially, Client A found it hard to stay alcohol free for a variety of reasons including her social networks but stuck with the decision to make positive changes in her life. Over the period of a year Client A has linked into many local services, all of which she agrees appear to be having a positive impact on her life. These include tenancy sustainment support, the employment centre, the money advice centre, social workers and aftercare/counselling. She completed a course on positive parenting and home management, both of which she enjoyed and felt she benefitted from.

Currently, Client A has one of her children living with her permanently and has access to the other children at weekends. Over time, she is building up the community supports available to her in order to help her remain alcohol free, which is her long-term goal. She has a vision of having her all her children back in her care and securing a part-time job.

Client A continues to engage with BCMT on a weekly basis.

Table 4.20 Client History B

Client B is a 45 year old male from Ballymun. His first contact with the BCMT was through a housing agency after he was given a notice to quit for anti-social behaviour due to alcohol misuse. He suffers from Post Traumatic Stress Disorder following a serious car accident 15 years ago. He has gone through a lot of difficult times in the past few years, which affects his moods. He also goes through periods where his life is good and he is not drinking. He gets on well with his family and is very close to his children. He is also popular with his neighbours and does odd jobs for them.

During the early stages of his contact with the BCMT he showed suicidal tendencies and the team linked him into Stanhope St for counselling. He was also linked in to psychiatric services in Ballymun and AA meetings. BCMT later referred him to St Vincent's for an assessment and he was admitted for a week.

A week after coming out of hospital he started drinking again and missing his appointments. He requested BCMT to write a referral for the Simon detox and Cuan Mhuire for treatment. He was accepted into Cuan Mhuire, Limerick. Agreements were made with his housing authority, that if he completed his treatment they would review his tenancy case with conditions. A support plan was put together along with his supported housing officer and Client B agreed to give notice before he came back to Ballymun. However, he returned to Ballymun four days later saying that he couldn't cope without the support of his family. He informed his support worker that he had returned to Ballymun and had abstained from alcohol and would be staying with his sister until a case conference was held regarding his accommodation. A new case conference was held by which time he had abstained from alcohol for a month. Unfortunately, he then lost his accommodation due to not completing his treatment in Limerick.

Appeals were made and another support plan was developed with other services including the Men's Centre, GP, Axis centre, Stanhope centre, Simon Tenancy Sustainment Team, psychiatric clinic and BCMT. However the Housing Authority rejected his appeal and gave him 30 days to remove his belongings. Disheartened he moved back to Ballymun, sleeping on the floor in a friend's house, and started drinking heavily again. There was no contact with him for over a month until BCMT found him in a worsened state and admitted him into hospital for alcohol abuse and Delirium tremens (DT's). After leaving hospital he became homeless again and needed support from BCMT. The team helped him get accommodation in a B&B and supported him because of re-occurring suicidal tenancies. The B&B was not equipped to give him adequate support and, after the second suicide attempt, gave him a notice to quit the accommodation. BCMT referred him to Castle Street homeless services. This service was able to place him in an alternative Bed & Breakfast in Swords where he is currently.

BCMT linked him into St Vincent's Fairview again for weekly support, and Focus Ireland to ensure he received support during weekends when the BCMT were unavailable. He has now stabilised and is taking correct medication. BCMT have seen a huge improvement in his well being. He links in daily with BCMT and the team feels that with support he will be able to live independently.

4.10 FUTURE SERVICE PREVENTION

During the consultation process as outlined in Chapter 3, all respondents were asked for suggestions about future local services for people who use alcohol in Ballymun. Responses were collated and analysed. The following table presents the most common responses. Outreach services, out of hours services and youth services were less frequently cited. This may be indicative of the current level of provision locally in relation to such services.

Table 4.21 Top 4 Recommended Future Services in Ballymun

1. Drop In Day Centres
2. Homeless Related Services
3. Detox and Aftercare Services
4. Community Support Detox Programme

In the responses from interviews with service users, there was similar agreement on the nature of alcohol service provision that is required in the future for Ballymun. This included a drop in day centre, local detox services and a continuation of the BCMT.

Almost two thirds of those consulted through the self completion questionnaire agreed with the necessity for future alcohol related services in Ballymun (64%). More specifically, the majority of those consulted through the questionnaire (over 80%) referred to the need to increase the level of support for children who are affected by alcohol use in the community. Counselling and training for workers in dealing with alcohol were also key priority areas identified.

Table 4.22 Suggested Future Alcohol, related Services in Ballymun

Further support to Children affect by Alcohol in the home	83%	Increased Primary Health services to support people with Alcohol issues	56%
Counselling	78%	Prevention / public education initiatives	62%
Training for workers in dealing with alcohol	76%	Outreach services	56%
Training/ support for people affected by alcohol (ie: in the family)	72%	Information on Harm reduction techniques with Alcohol users	53%
Community Detox	69%	Increased Homeless services to support people with Alcohol issues	53%
Day services	67%	Other	0%

These quotes provide an insight into the nature of recommended proposed responses at both a service deliver and organisational/policy level.

Table 4.23 Examples Of Feedback From Consultations/Service Delivery

Support

- A dependable constant service where people affected by alcohol abuse can source help and information they need
- Limited support currently and need for intervention for children where there are lone parents
- Community have a role to play and also have responsibility

Detox and Aftercare Services

- Local supervised detox
- Quick response re detox with a range of community support following detox
- Easy access detox unit with other supports like counselling, support workers and low threshold. This would allow people to get off the treadmill of addiction
- Immediate response in a crisis for alcohol withdrawal/detoxification and ongoing counselling and support
- Access and waiting list in detox units
- People who come out of care have no aftercare treatment

Harm Reduction

- Wet Centre- have an alternative to drinking on the streets, “somewhere to hang out” for older people
- Wet centre have a “one stop shop”- out of hours that fits with lifestyle- detox, counselling, low threshold, easy access, crisis response to people, early positive interventions.
- Wet centre- on door step, easily accessible and after hours (support on offer)
- **Wet centre – older people who drink and possibly not much is going to change. By putting younger people into this environment it can send mixed messages that we as workers are accepting where they are at and this can hinder progression**

Education and Policy Related

- Nationwide education programme on the danger of alcohol
- Collective addressing of issue by GPs
- Discourage older people buying drink for younger

Social/Anti-Social Related

- More Gardaí presence and the need for drinking laws to be implemented properly

Partnership and Inter-Agency Working

- Alcohol integration within task force structures and National Drug Systems.

Table 4.24 Examples Of Feedback- Structural/Organizational/ Policy

Local Community Response

- Community have a role to play and also have responsibility
- Move to model of community representation (FAST) Finglas
- Look at recommendations of an alcohol working group

Case Management

- Making services available to community – accessible
- Most people in Ballymun don't know what's here
- Let people know how we work (education)

General Community Attitudes to Alcohol and Homelessness Related Issues

- Very tolerant community
- Community needs to recognise the value of having addiction services and support them, as they are a service for Ballymun. It is important not to view it as stigmatised

Tolerance of Local Services and Businesses

- Need buy in of services – protocols with local services / businesses
- Advocacy with local services / community

Co-operation between Existing Agencies

- No way of working together at the moment – we work separately
- Avoidance of getting together as services
- Lead agency support person through other services
- Inter-agency work needed
- Interagency protocol like Children and Young People – could look into adapting their model
- DCC should look into having nominated / dedicated worker to work with local agencies (Homeless Forum).

The findings included in this report relate to November 2005 and February 2007 covering fifteen months of operation. Prior to the inception of the BCMT there were no specific alcohol support programmes or agencies. Some work was undertaken previously examining various models for a community alcohol strategy in Ballymun, however limited progress was made following development of the appropriate model.

The extent of work undertaken by BCMT is relatively small in comparison to the general use and related needs of those with alcohol in Ballymun. It is our opinion that the results highlighted establish the need for this type of service and its further development. Furthermore we would see that demand is exceeding the limits of the pilot project and would therefore recommend not only the continuation of the Ballymun case management team (BCMT) for people who have entrenched or high level alcohol use issues but also suggest an assessment as to future development and mainstreaming.. The information below illustrates some of the main findings;

CLIENT PROFILE

- The majority of those consulted through the survey felt that alcohol was a serious or very serious problem in Ballymun (90%) and also reported high levels of knowing somebody with an alcohol problem (83%)
- Total number of service users which accessed the services of BCMT was 78 individuals.
- The majority of service users were male (60%)
- Over half of our service users were single (58%)
- The majority age range was between 26-41 years (54%)
- All service users had children, the majority of whom were under 18 years (72%)
- Almost 1 in 2 service users reported living in Dublin City Council local authority housing (47%).
- 14% of service users disclosed on-going legal issues.
- 14% of service users had a history of anti social behaviour.
- Number of service users homeless during pilot phase (40%)
- Almost one in two active clients exhibited severe alcohol dependence (46%) with a further 36% of clients exhibiting "moderate dependence".
- 35% of BCMT's clients were street-drinkers.
- Over half of service users had issues relating to poly drug use (53%)
- Numerous mental and physical health issues were observed among the clients upon presentation to BCMT

SERVICE DELIVERY / INTERVENTIONS

- Total number of formal interventions by team per service users = 568
- Types of interventions most commonly received by clients of BCMT; advice, harm reduction techniques, information and advice, relationship building, and advocacy.
- Number of service users who accessed BCMT on more than two occasions was 53 (68%)
- Average care plans sessions with each person to date = 3
- Average number of formal interventions made for each service user =11
- BCMT have established strong links with other partner agencies; 37 services worked directly with BCMT, 10 of whom were local service sin Ballymun.
- Very strong awareness of the work engaged by BCMT by agencies in the area highlighted by the fact that there were very few inappropriate referrals to BCMT (n=7)
- BCMT made referrals to 47 different services of behalf of clients needs during the pilot period.
- BCMT linked in with 66 agencies over the time period of the pilot
- BCMT carried out 36 presentations or talks to various groups over the pilot period
- Collectively, less than half of clients have been either self-referrals (9%) or initiated work with the BCMT through outreach (35%)
- Two in five clients of BCMT were referred from the primary health care team
- 10% of clients were referred by BCMT into hostels/homeless services ie approximately 1 in 3 of those who were reported homeless at the point of assessment.
- Number of referrals into detox services (23%)
- Over a third of service users (38%) reported that they had reduced their alcohol use over the period of engagement with BCMT.
- 89% of survey respondents reported that alcohol support services to people in Ballymun should be provided locally – take it out from this section as this has been already presented under Future service provision.

FUTURE SERVICE PROVISION

- The majority of those consulted felt that it was important to provide alcohol services locally in Ballymun (89%)
- Over 1 in 2 of the responses from the questionnaire felt that there should be increased homeless services to support people with alcohol issues (53%)
- Over half of the survey respondents reported family/children as the primary group identified as being those most affected by alcohol.

As presented in the report, the work of Ballymun Case Management Team (BCMT) has been a positive experience for the Depaul Trust, BCMT staff members, local support services and clients of services.

In doing so, the action based report, and in particular, the consultation process has provided the opportunity to reflect on the nature of the BCMT service in the future. The data shows sufficient demand for service and its continuation would be welcomed. Hence, the following recommendations are presented;

1.To ensure the continued operation of the Ballymun Case Management Team pilot project through mainstreaming and further development.

1.1 To maintain and develop existing outreach services for clients of BCMT as an accessible referral route in view of the large numbers of clients who have availed of, and wish to remain accessing the service either in their homes or at a community venue.

1.2 To utilise volunteers in the development of services to support people with alcohol issues.

1.3 To continue to link service users into appropriate services through continued use, support and participation with local networks in the area.

1.4 To continue to monitor problematic alcohol related issues in Ballymun and ensure focus is maintained where appropriate.

2. To support the implementation of the Ballymun Community Alcohol Strategy

2.1 Facilitate the appointment of a community alcohol strategy co-ordinator

2.2 Engage with statutory organisations in the development of a community alcohol strategy using a public-health approach.

3. To ensure the development and resourcing (from existing or additional means) of a positive, pro active supportive space for people who use alcohol in Ballymun. Consideration should be given to those with families.

3.1 To explore the provision of a low threshold area/ centre to cater for the multiple needs of clients which access BCMT.

3.2 Seek to ensure service user participation in any consultation undertaken relating to the provision of alcohol support services in Ballymun.

3.3 To lobby and advocate for the development of area based community based alcohol detoxification and rehabilitative centres as opposed to reliance on city centre provision.

4. To ensure that those with alcohol problems in Ballymun have access to social housing, homeless accommodation and other housing service supports through their engagement with the Ballymun Homeless Forum and the North West Area Homeless Forum.

5. To ensure that a high quality, integrated approach, using the continuum of care model is implemented via relevant agencies in Ballymun.

5.1 To work in line with the Homeless Agency to develop care planning model and employ the holistic needs assessment as best practice.

5.2 To ensure and promote adequate training for service providers on problematic alcohol use and alcohol related harm reduction techniques.

6. To ensure that the support needs of families and children are addressed.

6.1 To further support the needs of families and children affected by alcohol by investing in resources and specialist skills in this area. Any initiative should remain linked to the protocols of the Ballymun Interagency Group for Assisting Children and Young People.

6.2 To consider family friendly possibilities in any further service developments. A service response to meet the needs of families and children should be explored.

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Appendix B List Of Services Engaged With By BCMT

AA meetings (Alcoholic Anonymous) Arts Centre (Ballymun) Accord Aisling Project Balcurris Boys Ballyfermot homeless forum. Ballymun Gardai Ballymun Law centre Ballymun LDTF Ballymun Mediation Ballymun Partnership Ballymun Women's resource centre Ballymun Community Organisations Network (BCON) Belfast health services Ballymun regional Youth resource (BRYR) Community and Family Training agency (CAFTA) Community Action Programme Citizens Advice Conrath House transitional housing project Coolmine House Community Psychiatric Nurse (CPN) Cuan Mhuire - Limerick Dublin City Council (DCC) Domville House (HSE) Drop In Well Finglas addiction services team – Finglas/ Cabra Partnership Focus Ireland Friends of the Elderly Georges Hill (Focus Ireland) Geraldstown house community recourse centre Hail Housing Headway Ireland Homeless agency emergency network Home Help	Health service Executive – Primary health care team. Jobs club Lantern Project (Peter Mc Verry Trust) Linx Project Local Community Welfare office Local Off licenses Local Pharmacies Money Advice bureau Service (MABS) Mater Hospital Men's centre (Ballymun) Men's resource centre (Ballymun) Merchants Quay Ireland Occupational Therapist Team Probation Services Rape Crisis Rehabilitation and integration Santry Lodge (Dublin) Simon Alcohol Detox (Dublin) Simon Tenancy sustainment team Social Worker Team Sophia Housing St Vincent's Fairview Stanhope centre Star Project St Vincent de Paul (SVP) Tara House Thames Reach way Bond way – Graham House - UK Tollington Way UK Tus Nua Ballymun Urrus Women's Refuge Youth Action Project
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Appendix C List Of Attendees At Consultation Sessions

A. Ballymun Local Drugs Task Force -Wednesday 13th December 2006

Brian Foley	YAP
Clare Hobley	LDTF
Hugh Greaves	LDTF
Angie Birch	BRYR
Brendan Murphy	Jobs Centre
Jennifer Hughes	Jobs Centre
Marie Lawless	LDTF
Paul Quigley	Domville House (HSE)
Judith Penkert	Domville House (HSE)
Michaél Durkan	Rehab and Integration (HSE)
Izabela Iitewska.	BRL

B. Consultation Days – 12th December 2006 and 16th January 2007.

Judith Penkert	Domville House
Clare Horan	LDTF
Hugh Greaves	LDTF
Ray Corcoran	BRYR
Cathy Mooney	BRYR
Bredge Conlon	PHCN
Dr Paul Quigley	Domville House
Carolyn Ward	Hail Housing
Sean Megahey	Hail Housing
Brian Foley	YAP.
Joanna Ivers	Rehab and Integration (HSE)

C. BCON Meeting -28th November 2006

Audrey Meehan	CAP
Aine O'Suilleabhain	DCC
Aine Rooney	Welfare Rights
Ann Thomas	Sophia Housing
Anne McCluskey	Jobs Club
Antoinette Doyle	YAP
Catherine Lane	Partnership
Christine Beresford	Ballymun Law Centre
Clare Hobley	BLDTF
Siobhan Curran	Saint Margarets Travellers
Emma Freeman	CAP
Gerry Doherty	Ballymun Neighbourhood Council
Jessica Lawlor	BRYR
Karolyn Ward	Hail Housing Association
Kathy McAndrew	Star Project
Mairin O'Cuirean	Ballymun Partnership
Maria Ward	MABS
Paul Barber	Men's Network
Paul Kane	Ballymun Men's Centre.
Sean Megahey	Hail Housing Association
Thea Allen	Drop-in-well

D. Homeless Forum – 28th November 2006

Mairin O Cuireain	Ballymun Partnership
Patricia Scanlon	BRL
Paul Rogers	Finglas Cabra Partnership
Ann Thomas	Sophia Housing
Izabela Iitewska	BRL
Fergus Kelly	Ballymun CWO
Deararca O'Neill	CPN
Paul Clegg	DCC
Antoinette Doyle	YAP
Cathy Mooney	BRYP
Brendan Murphy	Jobs Centre
Jenny Heath	Focus Ireland
Colm Moroney	Homeless Agency

E. CPN – 29th November 2006.

Bernie Condon
Ian Parker
Deararca O'Neill

F. Primary Health Care Team – 4th December 2006

Dr David Gibney
Dr Brid Hollywood
Dr Mary Jennings
Dr Tara Conlon
Dr Maria Kelly
Dr Deirdre Hornick
Bredge Conlon
Catherine O'Reilly
Michelle McKeivitt

G. Service User - one to one sessions - October 2006 – January 2007

Patricia
Patrick
Stephen
David
Jimmy

Appendix D Consultation Cover Letter, Agenda And Questions In The Session

14th November 2006

Dear Respondent,

Re : Alcohol in Ballymun

I am inviting you to participate in a research project to study into alcohol use in Ballymun area and propose a local service response.

BRL, DCC and the HSE fund this pilot project which includes this research. The Depaul Trust are responsible to run the Case management team and to gather the information. Accompanying this letter is a short questionnaire that asks a variety of questions about alcohol use in Ballymun. I am asking you to look over the questionnaire and, if you choose to do so, complete it and send [or give] it back to me. (Your participation is voluntary) It should take you about 10 minutes to complete.

I am unaware of any risks to you if you decide to participate in this survey and I guarantee that your responses will be confidential. Please let me know if you would like a more detailed summary of our findings.

The results of this questionnaire will contribute to action-based research that we are currently undertaking in Ballymun. Another strand to this consultation are two open forums, you are welcome to attend either of the following dates.

- Tuesday 12th December 2006 10-12.00am (Venues to be set)
- Tuesday 16th January 2007 (time and Venue to be set)

Through your participation I hope to get your feedback regarding future alcohol service provision in Ballymun which will contribute to future planning. We are committed to sharing the results with your service when the research is completed in March 2007.

If you have any questions or concerns about completing the questionnaire or about being in this study, you may contact me at 01-8623728.

We appreciate your time.

Yours sincerely,

Conor Geoghegan**Case Manager***Ballymun Case Management Team**Shangan Road, Dublin 9**info@depaultrust.ie*

BCMT Consultation sessions format

10.15 – Introduction and welcome

10.25 - Presentation on Depaul trust and pilot project

- a) The Depaul trust
- b) The steering committee / our partners
- c) Introduction to team and aim of pilot project (BCMT)

10.35 - BCMT presentation

- a) What is case management?
- b) Some aims of the consultation
 - 1) To ensure the initial research by BCMT reaches a broader audience in Ballymun.
 - 2) To invite public/local opinions on the issues of alcohol and homeless in Ballymun (through targeted questions).
 - 3) To invite stakeholders to participate in the formulation of the final report with recommendations for future services.
 - 4) To further consult around good practice which meets service user needs/ locally driven services/ Continuum of care in Ballymun.(County Dublin/ broader)

c) Initial findings

d) Consultation groups

We would like to hear through these groups and questionnaires about three main areas:

- 1. Where you see the problems to be?
- 2. Solutions: What future services you would like to see
- 3. What Ballymun community and services can do to ensure services developed become most effective for the local community.

10.55 - Break off into small groups

- 1. Children and young people
- 2. Health: Alcohol and Poly drugs use
- 3. Homelessness and Alcohol
- 4. Community - Antisocial behaviour (street drinking)

11.30 - Group feedback on three areas for: Solutions future services and responses

12.00 – Thanks and Close

Appendix E Cover Letter And Questionnaire Template

Dear Respondent,

I am inviting you to participate in a research project to study alcohol misuse in Ballymun area and to propose local treatment services. BRL, DCC and the HSE fund this research project and Depaul Trust are gathering the information. Accompanying this letter is a short questionnaire that asks a variety of questions about alcohol use in Ballymun. I am asking you to look over the questionnaire and, if you choose to do so, complete it and send [or give] it back to me. It should take you about 10 minutes to complete.

The results of this project will contribute to action-based research that is currently undertaking in Ballymun. Through your participation I hope to get your feedback regarding future alcohol service provision in Ballymun. I anticipate that the results of the survey will be useful for all service users in Ballymun and I will share the results with your service when the research is completed, by email report or sending out report to you.

I am unaware of any risks to you if you decide to participate in this survey and I guarantee that your responses will be confidential. I hope you will take the time to complete this questionnaire and return it. Your participation is voluntary and regardless of whether you choose to participate, please let me know if you would like a summary of my findings.

If you have any questions or concerns about completing the questionnaire or about being in this study, you may contact me at 01-8623728.

Yours sincerely,

Conor Geoghegan

Case Manager

Ballymun Case Management Team

42 Shangan Road

Dublin 9

info@depaultrust.net

**Alcohol support in Ballymun Questionnaire
November 2006- January 2007**

Completion of all the information on this form will assist the effectiveness of the research results. – Thanks you for taking the time.

Name: (optional) _____

Organisation: _____

1) Please tell us who you represent:

(a) Local resident Community/Voluntary agency Statutory agency

(b) If agency type of agency.....eg drug/ alcohol service, education, health care, housing, information and advice, prevention
(you can circle more than one)

2) In your opinion, do you feel alcohol use is a problem in Ballymun?

Yes / No If Yes, please rate one of the following... (please circle one)

Very serious	Serious	Moderate	Low	Very Low
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Please mark to show if you Agree or Disagree with the following statements (please tick):

3) In your opinion,	Agree	Disagree	No comment
3.1 There is a problem with street drinking in Ballymun			
3.2 Alcohol availability is a problem in Ballymun			
3.3 There are barriers to people accessing services around alcohol in Ballymun			
3.4 Alcohol is a social problem in Ballymun			
3.5 Alcohol is being sold to young people (underage) in Ballymun			
3.6 The supply of alcohol is too easily accessible in Ballymun			
3.7 Alcohol and drugs are interrelated as problems in Ballymun			

4) What factors are affected by the use of alcohol in Ballymun?

(please rate from 1-10 if possible)

Housing (sustaining)		Community	
Family		Antisocial behaviour/ crime	
Physical Health		Employment	
Mental Health		Other substance misuse	
Children and young people		Money and poverty	

5) Alcohol affects other people socially and emotionally in Ballymun. In you opinion, who is most affected by Alcohol use? (Please tick 3)

Children 0-12	<input type="checkbox"/>	Men	<input type="checkbox"/>
Young people – up to 18 yrs	<input type="checkbox"/>	Women	<input type="checkbox"/>
Single parents	<input type="checkbox"/>	People who use other substances	<input type="checkbox"/>
Families	<input type="checkbox"/>	Other substance misuse	<input type="checkbox"/>
Children and young people	<input type="checkbox"/>	Local businesses	<input type="checkbox"/>
Elderly	<input type="checkbox"/>	Community in general	<input type="checkbox"/>

6) What are the gaps for services in Ballymun?

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7) Where do you think the main alcohol support services to people in Ballymun should be provided? :

Ballymun	Dublin city centre	Dublin area	National
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8) Do you know somebody with a problem with alcohol use in Ballymun Yes / No If yes, what support do they receive currently?

Family and friends	GP and health services	Counselling/ Groups/AA	Other
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9) There a have been suggestions for future local services which may support people who use alcohol in Ballymun, which of these would you support/ think are needed?

Community Detox	<input type="checkbox"/>	Prevention / public education initiatives	<input type="checkbox"/>
Day services	<input type="checkbox"/>	Training for workers in dealing with alcohol	<input type="checkbox"/>
Outreach services	<input type="checkbox"/>	Training / support for people affected by alcohol (ie: in the family)	<input type="checkbox"/>
Increased Homeless services to support people with Alcohol issues	<input type="checkbox"/>	Information on Harm reduction techniques with Alcohol users	<input type="checkbox"/>
Increased Primary Health services to support people with Alcohol issues	<input type="checkbox"/>	Further support to Children affect by Alcohol in the home.	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	Other (Please comment in section 10)	<input type="checkbox"/>

If you have any further statistical/ factual information relating to alcohol and alcohol services in Ballymun could you please forward to BCMT to be contributed into research.

10) Further comment _____

Appendix F BCMT Referral process

The Depaul trust policy B1 – Dealing with referrals, states as it's Purpose:

- To ensure referrals are dealt with as soon as possible, and decisions made without delay. To promptly and honestly inform the service user and referrer of the result.
- To ensure that a project only accepts service users who meet its referral criteria, and that the project has the capacity to meet their needs.
- To keep the referral process simple, courteous and friendly.
- To ensure the legitimacy of referral sources and criteria as laid out in project aims and objectives.

Ballymun Case management team would use the following process to refer service users to work with the team.

BCMT Referral Process:

- Referral forms to be filled out by referral agent with Service users present and signed by both parties.
- Referral forms can be either faxed/posted or handed into the project at Shangan Road, Ballymun.
- Once referral criteria have been met referrals will be dealt with on a first come first serve basis.
- In the event of a waiting list occurring, referrals may be ranked in priority of need and assigned to a caseworker in this manner. (see page 55)
- BCMT staff will aim to contact referrals within a one week period
- Due to case management approach , referral agent would be kept up to date with service user progress.

Full referral criteria can be made available from the BCMT project team at

01 862 3728

Postscript

POSTSCRIPT

The Ballymun Case Management Team is committed to the continuing collection of data. Between the end of the period covered in this report (February 2007) and the time of going to print (October 2007) a further 41 people availed of the Ballymun Case management team's services bringing the total number to 119 service users. The Steering Committee continues to meet on a monthly basis to look at future planning of services.

Further copies of this report or any queries can be directed to The Depaul Trust Services Department at:

18 Nicholas Street, Christchurch, Dublin 8

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info@depaultrust.net

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**Support needs of those in Ballymun
with Alcohol and Homelessness Issues**

Support

**A Progress Review of the Ballymun Case Management Team
Based on Action Research October 2005 to February 2007**

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Ballymun Case Management Team