



Dun Laoghaire Rathdown Outreach Project

Strategic Plan

2010-2013

Rehabilitation

Education

Reintegration

Support

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Vision

Our vision is of a society that is well informed about and understands issues of substance misuse. We are working towards a society in which individuals receive the care and support they need to address their addiction without fear of discrimination or stigmatisation.

Mission Statement

Our mission is to empower positive change through a person centred approach for individuals, families and communities affected by addiction.

Values

We believe that every individual has the internal resources they need for growth. We believe that providing a supportive, non-judgemental environment will encourage individuals to reach their full inclusion in society. We base our actions on what is important to a person from their own perspective and which contributes to their full inclusion in society.

We provide the core conditions of empathy, congruence and unconditional positive regard which help growth to occur



Chairperson's Foreword

STRATEGIC PLAN 2010 - 2013

Since its conception in 1998 Dun-Laoghaire Rathdown Outreach Project (DROP) has strived to provide a non-judgemental supportive Project that caters for the needs of its service users.

As the needs of the service users have grown and changed over the years so has the project, it not only provides its original rehabilitation morning programme and support to community projects but has now initiated a range of services that are accessible and capable of meeting emerging needs.

To deliver and sustain these services the organisation and its stakeholders have been consistently dedicated, passionate and flexible in using their expertise and skills to fulfil the aims and objectives of the project and for this we are eternally grateful.

The future holds new challenges for everyone especially with regard to funding, these cuts will affect our services users, staff and the programmes we offer but as an organisation we will endeavour to provide the best possible services with the available resources. To guide us in our present work and to help us develop in the future we have developed this strategic plan for the next three years.

Elaine Forsyth



Managers Overview

STRATEGIC PLAN 2010 - 2013

In 2008 the Governing Board and Management Committee of Dun Laoghaire Rathdown Outreach Project approved a review to be undertaken as a preliminary exercise to developing a strategic action plan. This review was to look back over the 10 years of DROP's existence and to highlight areas which might usefully be considered as part of a strategic action plan.

The review examined the external factors in which DROP had operated for 10 years, changing trends in society, in drug use and in drug policy at national level in Ireland and at the development of DROP's highly reputable services and provision.

The review focused on the organisation under the following headings:

- Governance and Strategy
- Services and Provision
- Communication and Networking
- Financial Structuring
- Staffing and Management
- Marketing and Promotion

Specific recommendations were made and issues raised under each heading, however, on the whole the findings were positive.

The key results were:

- Impressive development over 10 years
- Ability to deal with difficult conditions and problems
- High levels of commitment
- Good financial management
- Good reputation

DROP was found to be well respected in the field, have a team of highly motivated and committed staff, often working under difficult conditions and a good reputation with funders and other agencies.

Main weaknesses were a lack of strategic planning and uncertain funding structures. It was felt that good governance will be essential for DROP if it is to survive and prosper in what is a difficult economic climate, which could also see a rise in drug use, mental health issues and unemployment.

Following on from this organisational review it was agreed that DROP develop a 3 year Strategic Plan.

Strategic planning is about asking the people whose actions will create the future what they want that future to be. Where do you want to be in three years? Not where do you think you'll be, not where do you forecast you'll be but where do you want to be. Once the organisation identifies where they want to be they ask the next big question. What has to change in order for us to get there? Those changes are articulated as a small set of strategic goals with implementation plans that start immediately.

The purpose of our action plan is to provide a vision for the immediate future of DROP in the form of a document that addresses how individuals and families experiencing addiction issues can be better served through a coordinated approach which is properly resourced. This action plan will also allow the staff and board of management of DROP to highlight the accomplishments to be achieved over the next few years, in what will be difficult financial times.

The action plan has both internal and external audiences. The internal audience consist of the staff team, board of directors and management committee members. The external audience will be more wide-ranging, including funders and financial sponsors, local community agencies and providers of addiction rehabilitation / prevention services.

Sandra Kelly
Manager



The DROP Model of Service

STRATEGIC PLAN 2010 – 2013

WHERE IT ALL STARTED

D.R.O.P was founded in 1998 by people who wanted to create a practical, flexible and accessible response to anyone in the area who was suffering from the effects of substance misuse.

D.R.O.P's founders came from the local voluntary, statutory or community sector. They believed that whilst it is vital to support substance misusers to get out of the cycle of addiction, there are other groups of people who are not using harmful substances, but who suffer from the effects of substance misuse in their families, or in their community, and these people also required support and solutions. So the Project was set up to meet the needs of individuals, families and communities affected by substance misuse related issues.

D.R.O.P currently offer the following services free of charge:

Morning Programme

A structured rehabilitation programme, supporting participants to understand and overcome their addiction, to develop personally and socially, and to progress into employment, education and training.

Afternoon Service

Confidential therapeutic support for substance misusers.
Counselling, holistic therapies, acupuncture and acustim.

Drug Free Service

For people who want to explore the process of staying substance free.

Evening Service

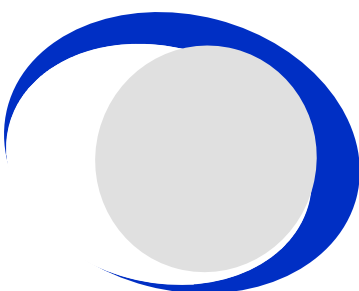
An immediate response for anyone concerned about their cocaine use, with or without other substance or alcohol use.
Counselling, holistic therapies, acupuncture and Acustim.

Family Support

For people who are concerned about a loved one's substance misuse. Counselling and holistic therapies, with the option of joining a peer support group.

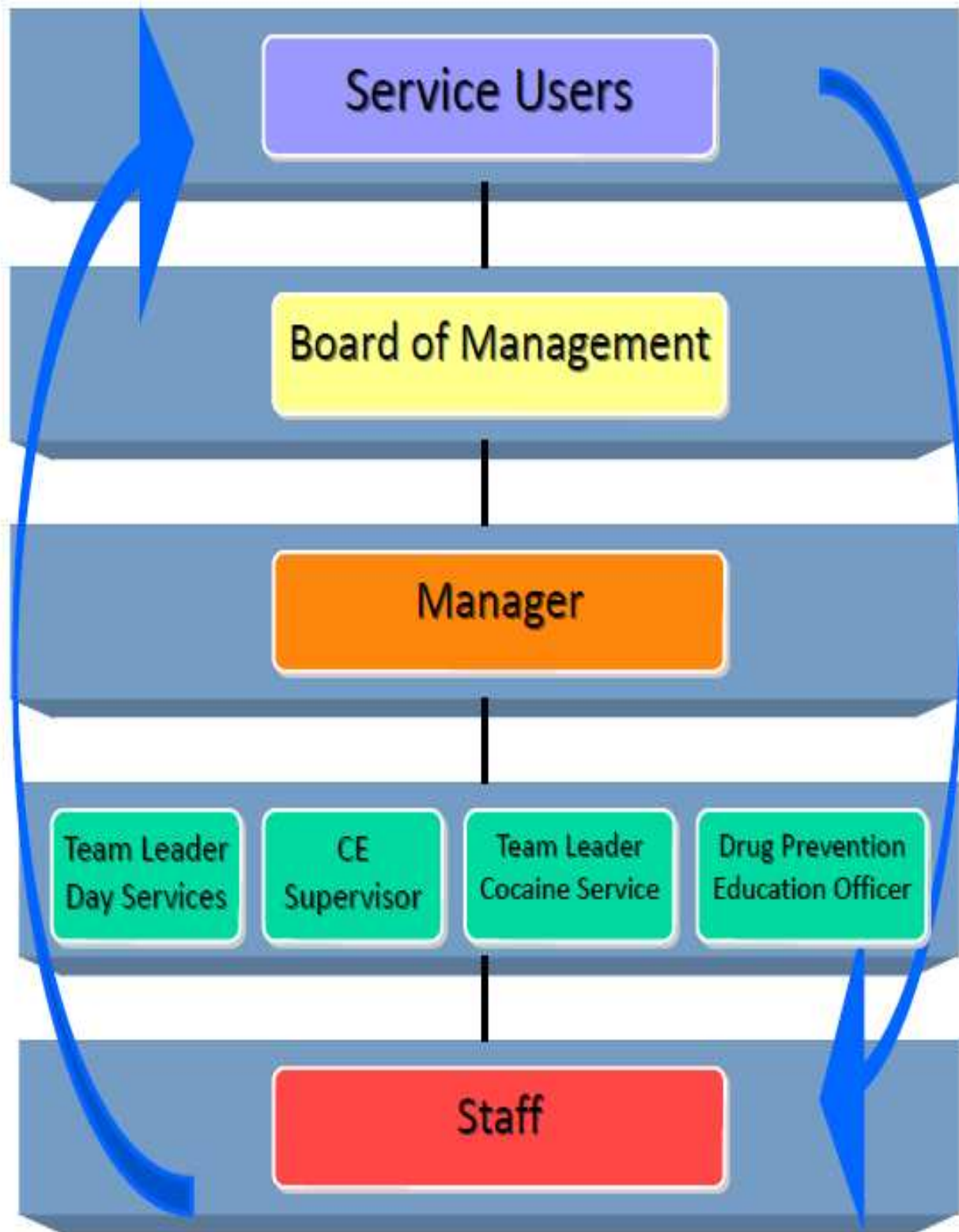
Community Employment

Career and training opportunities for people looking to move into the work place after a period of unemployment.





DROP Organisational Structure





Governance and Best Practice

The DROP Board of Directors has implemented systems and controls that embrace best practice in relation to the accountability and expenditure of all funds and other resources within the organisation. The Board of Directors hold responsibility for the governance and implementation of all systems and controls that are in place. The Board of Directors also monitor on an ongoing basis the organisational management accounts, audit process, insurance, data protection, policy and procedure implementation and all other corporate functions. The audited accounts are presented to the board on an annual basis.

Key Principles of Good Governance

The following 7 key principles of good governance from the Code for Voluntary and Community Sector will be considered and adapted by the Board of DROP to form their corporate governance operating model:

1. Every organisation should be led and controlled by an effective Board of trustees which collectively ensures delivery of its objectives, set its strategic direction and upholds its values.
2. The trustees as a Board should collectively be responsible and accountable for ensuring and monitoring that the organisation is performing well, is solvent, and complies with all its obligations.
3. The Board should have clear responsibilities and functions, and should compose and organise itself to discharge them effectively.
4. The Board should periodically review its own and the organisation's effectiveness, and take any necessary steps to ensure that both continue to work well.
5. The Board should set out the functions of sub-committees, officers, the chief executive, other staff and agents in clear delegated authorities, and should monitor their performance.
6. The Board and individual trustees should act according to high ethical standards, and ensure that conflicts of interest are properly dealt with.
7. The Board should be open, responsive and accountable to its users, beneficiaries, members, partners and others with an interest in its work.¹

¹The National Hub of Expertise in Governance (2005) *Good Governance, A code for the Voluntary and Community Sector*



WHAT PEOPLE THINK ABOUT D.R.O.P

The following is an overview of what is being said about DROP.

Service User's View's

'It's fantastic to be able to get a one to one service'

'The best thing is that they meet you and work with you where you are at'.

'The non-clean rule is a great help when you are getting started, I am here for about a year now and hope to continue coming'.

'I think they have saved my life really. I have also recommend DROP to others'.

'It's not like other services where they break you down and then try to re-build you'..

'I found DROP's details on a leaflet in a shopping centre. I am not a typical addict if there is such a person. My life was a total mess before I came here. They support me in a totally holistic way'.

'DROP are responsible for supporting me to break off a very serious love affair with coke'

'The routine is very helpful'

'The focus and planning helps to reduce the boredom and reduces the risk factor for me'.

'When I started first, I dropped away but was supported back which was really great, I am coping very well now'.

Family member's view's

'The group works very well'

'The safety factor is a real strong point'

'There is a great degree of understanding here and that helps Provide an excellent coping mechanism'.

'I have developed an understanding and insight'

'It's really helpful being with others who can relate to what I am dealing with'.



Strategic Objectives

SERVICE DEVELOPMENT OBJECTIVES

OBJECTIVE 1: Deliver effective, holistic and integrated person-centred services to provide rehabilitation support, family support and individual support.

Proposed outcome 1: To increase the uptake of services.

Action 1.1 To identify and implement the most efficient and cost effective methods of advertising the service and reaching the appropriate target recipients.

Key Lead: Sub-Committee and full DROP team
Timeframe: Sub-committee to be formed by July 2010
Work ongoing from July 2010
Resources: Personnel, Time, Funding.

Action 1.2 To raise DROP's profile through face to face promotion, networking and agency visits.

Key Lead: Manager, Team Leader and Staff Team
Timeframe: By October 2010
Resources: Time, Personnel, Plan.

Action 1.3 Development of outreach work programme

Key Lead: Team Leader
Timeframe: Proposal and plan by June 2010 and implement by August 2010.
Resources: Time and personnel, Promotional budget, Service budget.

Proposed outcome 2: Identify new referral and new progression routes

Action 1.4 Develop a comprehensive list of possible new progression and referral routes.

Key Lead: Team Leader and CE Supervisor
 Timeframe: By April 2010 and ongoing
 Resources: Personnel, time and budget allocation

Action 1.5 Recruit link worker responsible for progression and referrals.

Key Lead: Team Leader, CE Supervisor and Manager
 Timeframe: By end of May 2010
 Resources: Personnel, Time, Finance, Work Space

Proposed outcome 3: To align CE programme with DROP's mission statement.

Action 1.6 To ensure that 75% of CE participants are in Recovery

Key Lead: Manager and CE Supervisor.
 Timeframe: To start by April 2010 and ongoing
 Resources: Personnel, time and policy document.

Action 1.7 To develop assessment procedures for CE participants

Key Lead: CE Supervisor, Team Leader and Manager.
 Timeframe: To start by April 2010 and ongoing
 Resources: Personnel and time.

Action 1.8 To identify supports required by all CE participants and draft an implementation plan.

Key Lead: CE Supervisor, Team Leader and Manager.

Timeframe: To Start by June 2010 and ongoing

Resources: Personnel and time.

Proposed outcome 4: To identify all possible means of securing additional service finance.

Action 1.9 All appropriate funding opportunities to be applied for when available.

Key Lead: Manager and administrator

Timeframe: Ongoing

Resources: Personnel, time, information.

Action 1.10 Establish fundraising task force.

Key Lead: Manager, administrator and finance and planning sub-group

Timeframe: By October 2010

Resources: Personnel and time.

Action 1.11 To apply for charitable status

Key Lead: Manager

Timeframe: By April 2010

Resources: Personnel and time.

2. SERVICE USERS OBJECTIVES

Action 2.2 Initiate a Care Plan (CP) with each service user.

Key Lead: Manager, Team Leader and Staff Team

Timeframe: To start by July 2010

Resources: Personnel, Time, Care Plan Template.

3.COMMUNICATION OBJECTIVES

OBJECTIVE 3: Building effective communication strategies internally and externally.

Proposed outcome 1: To develop a communications protocol and explore new channels for communicating.

Action 3.1 Draft organisational communications policies in relation to both internal and external communications.

Key Lead: Manager, and Staff

Timeframe: By June 2010

Resources: Personnel, time.

Action 3.2 Draft organisational structure including job titles and indicate lines of communication.

Key Lead: Manager and Board of Management

Timeframe: By April 2010

Resources: Personnel, time.

Action 3.3 Plan facilitated 360° feedback workshop between BOM and staff.

Key Lead: Manager
 Timeframe: Annual event. First by end of 2010
 Resources: Personnel, time. funding for facilitator, venue and event.

Action 3.4 Establish information sharing/status reporting system between staff and BOM

Key Lead: Manager
 Timeframe: By April 2010 then ongoing
 Resources: Personnel, time.

4. STAFFING OBJECTIVES

OBJECTIVE 4: To continue to value DROP's staff contribution.

Proposed outcome 1: To maintain a shared vision, mission and value system.

Action 4.1 Design and conduct staff satisfaction/climate survey

Key Lead: Manager, Team Leaders, HR Sub group
 Timeframe: By December 2010 and annually.
 Resources: Personnel, time.

Action 4.2 Draft and implement staff supervision system both clinical and non-clinical.

Key Lead: Manager, Team Leaders and HR Sub group
 Timeframe: By May 2010
 Resources: Personnel, time.

Action 4.3 Implement staff appraisal process

Key Lead: Manager, HR sub group
 Timeframe: By May 2010 and conduct annually
 Resources: Personnel, time.

Action 4.4 Full review of staffing, roles and functions.

Key Lead: Manager, Hr Sub-group and Board of Management
 Timeframe: By end of 2010
 Resources: Personnel, time and funding.

Action 4.5 Complete training needs analysis and implement training plan for all involved with DROP

Key Lead: Manager, Hr Sub-group.
 Timeframe: By end of 2011
 Resources: Personnel, time and funding.

Action 4.6 Draft recruitment policy and procedure for all staff and volunteers.

Key Lead: Manager, Team Leaders and Hr Sub-group.
 Timeframe: By end of 2010
 Resources: Personnel, time and funding

5. MONITORING, EVALUATING AND GOVERNANCE OBJECTIVES

OBJECTIVE 5: Review operating practices at DROP to provide excellent standards of governance.

Proposed outcome 1: More effective monitoring process

Action 5.1 Bi-annual organisational review to include clients, staff and management

Key Lead: Board of Management and Manager
Timeframe: March 2012 to inform next plan
Resources: Personnel, time and funding for external facilitator.

Action 5.2 Define reporting structures and the reporting process and paper trail.

Key Lead: Manager
Timeframe: By end of June 2010
Resources: Personnel, time and funding.

Action 5.3 Implement active Database

Key Lead: Manager
Timeframe: By October 2010
Resources: Personnel, time, funding for data base composition, I.T. hardware and software

Action 5.4 Implement staff training programme around monitoring, evaluation and data base operation.

Key Lead: Manager, IT person.
Timeframe: By end of 2012
Resources: Personnel, time funding for training budget.

Proposed outcome 2: Establish a coherent and effective Board with strengthened economic and fiscal management, clarity and accountability.

Action 5.5 Ensure an effective and functional Board of Management structure is put in place.

Key Lead: Manager and Board of Management

Timeframe: Ongoing

Resources: Time, personnel and networking.

Action 5.6 Develop Policies for Board of Management Practices

Key Lead: Manager and Board of Management

Timeframe: Ongoing

Resources: Trainer, time, Information, funding.

Action 5.7 To operate and function within all legal requirements in an open and transparent manner

Key Lead: Manager, Board of Management, all staff.

Timeframe: Ongoing

Resources: Personnel and time, information, training, good policies.

Proposed outcome 3: Develop existing financial structures, policies and procedures.

Action 5.8 Generate and present annual revenue projections

Key Lead: Manager and Finance sub-group

Timeframe: As required by funders and at financial year end.

Resources: Personnel, time, IT resources, information.

Action 5.9 Delegate responsibility for specific service budgets to Team Leaders.

Key Lead: Manager.

Timeframe: By end of 2010

Resources: Personnel, time, training, It and financial resources.

