Canal Communities

Local Drugs & Alcohol Task Force

Strategic Planning Document 2013 - 2016

c/o Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10

tel: 01 6206455 /6206413 e-mail: elaine.whelan1@hse.ie / mary.ryder2@hse.ie

Canal Communities
Local Drugs & Alcohol Task Force

Introduction and context

In 2011 The Canal Communities Local Drugs Task Force embarked on a new strategic planning process. Since the Task Force was established in 1997 four different organisational plans have been developed, written up and put into effect. The first of these was produced in 1997/98 the second in 2000/1, the third 'emerging needs' plan in 2004/5 and the most recent plan covered the years 2006 to 2010. This current plan will cover the years 2013 to 2016.

This current process officially began at a Task Force meeting in April 2011 in Rialto when members and staff of the Task Force were asked to think about the future direction and focus of the organisation with the question 'What would success look like for the CCLDTF?' A number of issues were raised notably the inclusion of service users in all aspects of the Task Force strategy. But perhaps the strongest sentiment on the day was that the Task Force remain in existence and be sustained along with the projects and services on the ground in communities.

After the initial session in Rialto a sub-group was established to oversee and direct the strategic planning process. The sub-group was made up of Task Force members and project staff. The sub-group has given direction and impetus to the strategic planning process since its inception. At the start of this process the Task Force commissioned Community Action Network (CAN) to facilitate the process of strategic planning both in the sub-group and in larger Task Force meetings. CAN would facilitate the Task Force in discussions and record ideas and suggestions and material from these sessions and put them into a user-friendly framework.

This strategic planning process takes place within a number of changing contexts. At a macro level, large scale societal changes are taking place which are manifesting themselves most clearly in the austerity programmes that are being implemented. These large scale social/political/ economic changes are feeding down to community level with amazing speed. Their clearest expression can be seen and felt in the level of cuts that are being experienced by the Task Force and all of the projects that work in this area to deliver the CCLDTF strategy. Project closures, embargoes on the re-employment of staff and repetitive cuts to budgets are the three main ways that austerity is being delivered to the CCLDTF. Alongside changes at a societal level we are also seeing changes at a community level in relation to the patterns and trends of drug use in this area.

In the CCLDTF research document 'A Dizzying Array of Substances' the argument is made quite convincingly that we are now in the midst of a poly-drug using culture where a very broad range of drugs are now available and being used in comparison to the past and this in turn is changing the needs of service users in projects. Drugs Task Forces were set up primarily in response to an opiate phenomenon, but the drug using landscape has been undergoing a radical reorientation in recent times which requires changes in the way we respond.

The simple idea behind this new Strategic Planning process was to give the Task Force a road map or a set of signposts that we could use to direct our actions in the present and future. In more concrete terms this meant sharpening the mission of the Task Force and looking again at its goals and

objectives. Why does the CCLDTF exist and what does it want to do and how? The Task Force is obviously hardwired into the National Drugs Strategy but it also has its own particular local identity and dynamics as is reflected in the plans and the objectives set since its establishment. It may be helpful if we briefly recall its mission.

The main purpose of the Task Force is to provide an effective, integrated response to the problems posed by drug misuse in the Canal Communities area and its environs by

- Reducing the numbers of people turning to drugs in the first instance, through comprehensive education and prevention programmes.
- Providing appropriate treatment and aftercare for those who are dependent on drugs.
- Ensuring that an appropriate level of accurate and timely information is available to inform the response to the problem.
- Implementing a drugs strategy for the Canal Communities area, which co-ordinates all relevant programmes and addresses any gaps in services.
- Providing a mechanism, which enables local communities to work closely with State and voluntary agencies in designing and implementing that strategy.

In order to accompany these more focused organisational objectives, the Task Force laid down, in its 2006 plan, the following set of values which would act as an ethical foundation for the organisation.

- Equality: Create opportunities where all groups can participate on an equal basis.
- Networking: Networking between groups and communities across issues and between community, voluntary and statutory sectors etc.
- Integration: Bringing together key players to tackle complex issues and to maximise impact.
- Sustainable actions: promote actions that can be sustained beyond the life of the Task Force and strengthen what already exists.
- Inclusion of those who will be affected by the actions in designing the actions.
- Engage in consultation and feedback to the community.

As was pointed out during a full day planning session in Bluebell in September 2011 there is often confusion about the different elements of a strategic plan such as the vision, mission, values, aims, objectives and actions. The meaning of each of these was clarified during the strategic planning process and it may helpful to restate the differences here.

- Vision: Describes the ideal Future.

- Mission: Addresses the question why the Task Force exists. In so doing, it names who benefits and what benefits they can expect.

- Values: These are beliefs and principles that underpin the Task Force and its work.

- Aims: These are broad statements of what the Task Force does. (They are sometimes called goals).

- Objectives: Describe how the aims will be carried out. They are usually timed, capable of being measured and have a resource allocation.

- Actions: Detailed and specific descriptions of what is to happen, when and who is responsible.

At a session in Bluebell in September 2011 the CCLDTF spent a full day revisiting the Mission Statement and the values from the previous strategic plan. There was an agreement that the Mission as presented is not really a Mission Statement, but is more like a set of objectives. From this session many different opinions were offered on potential changes to the mission that resulted in new versions of a Mission Statement being developed and created. The aims also began to be adapted, changed, added to and modified over the course of the session.

The following text summarises the changes that were made over the course of these sessions and incorporates them into a new strategic planning document for the Task Force. As well as modifying the Mission Statement, the values of the previous plan were also revisited and were added to and extended.

The modified values are preceded by Article 25 of the UN Declaration of Human Rights as it appears to fit closely with the field of work of the Task Force and the ideals to which it aspires. The Mission Statement and the values are followed by four broad aims that the Task Force wants to implement. Each of these aims is broken down into a number of relevant sub sections which includes how and by whom they will be implemented.

Mission

To co-ordinate service users, community, voluntary and statutory agencies in the implementation of an effective, integrated drugs and alcohol strategy for the Canal Communities area.

Article 25 of the UN Declaration of Human Rights

- Everyone has the right to a standard of living adequate for the health and well-being of him self/herself and of his/her/their family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Equality

We believe that everyone has the right to equal prospects for a good life but not everyone has equal conditions for achieving this.

We recognise that there are inequalities in society. These inequalities exist in areas of resources, respect and recognition, working and learning, power, love care and solidarity.

We believe these inequalities are a foundational cause of addiction and problematic drug and alcohol misuse in the CCLDTF area.

We believe that removing these inequalities will go a long way toward addressing the issues of addiction that people face in this area.

We recognise that all our work takes place in the context of such inequalities and commit the Task Force to understanding and to changing them.

Respect

The CCLDTF is committed to respect as a fundamental principle in its work.

We work from the belief that respect for all those involved in the CCCLDTF – from service users, to their families, to communities and project staff - is essential.

We respect the unique contribution of all those who collaborate with us in our actions.

We appreciate and accept difference and strive to tailor our services to respond with sensitivity.

Participation

We strive to be inclusive, approachable and welcoming to all of those who come into contact with the CCLDTF and all of the projects under its aegis.

We will continue to work towards making the CCLDTF as accessible and user friendly as possible.

We will continue to work to support all those we work with and for, and to participate actively in the implementation of agreed local and national policies in response to drug and alcohol misuse.

Sustainable Actions

We are committed to delivering quality outcomes for the people who use the services funded through the CCLDTF.

We are responsive to identified needs, flexible and willing to change our approach as required, open to on-going evaluation and learning, and willing to be held accountable for the programmes we help fund and direct.

We work to build upon strengths among service users, their families and community and across the web of organisations that work collaboratively with the CCLDTF.

We work to maximise collaboration to ensure the sustainability of all our actions.

Integration

The CCLDTF is committed to partnership and integrated practice by encouraging and supporting community wide networks of statutory, voluntary and community groups, service users, their families and the community.

We believe integration must be supported and developed to allow for meaningful participation, diverse perspectives and contributions to emerge. We believe in our collective capacity to creatively problem-solve, celebrate success and promote learning.

Aim 1

To support and develop the provision of direct services for drug users and their families.

OBJECTIVE	HOW	WHO	WHEN
Support community drug service provision including harm reduction, treatment, rehabilitation and aftercare to offer service users a comprehensive and accessible service that facilitates progression.	By providing locally based services informed by identified local needs.	All relevant community projects and statutory services.	Continuous over the lifetime of the plan 2013 - 2016.
Support harm reduction programmes including the provision of consistent needle exchange facilities on a full-time basis in Rialto, Bluebell and Inchicore.	By outreach, community Facilities, agency and community consultation.	Task Force, Community and Voluntary sector, HSE.	Continuous over the lifetime of the plan 2013 - 2016.
Support the on-going development of local low threshold Drop-In Centres and Food Programmes.	By ensuring provision of resources, venue, food. By engaging with other service providers.	Existing providers.	Continuous over the lifetime of the plan 2013 - 2016.
Support Community Employment Schemes to facilitate progression for service users.	Through the Special C.E. Schemes. By continuous evaluation and support National Rehabilitation Strategy.	Community and Voluntary sectors, VEC, FAS.	Continuous over the lifetime of the plan 2013 - 2016.
To facilitate on-going outreach to stay in touch with hard to reach people. In so doing, be mindful of health promotion and harm reduction to maximise their health and promote healthier lifestyles.	Through established projects and the Harm reduction co-ordinator liaising.	Task Force and established projects.	Continuous over the lifetime of the plan 2013 - 2016.
Recognise and work with the changing trends in drug and alcohol misuse. Incorporate appropriate responses to increasing poly-drug and alcohol misuse.	Outreach. Record changes and trends. Develop specific programmes such as Reduce the Use.	Family Support Workers. Task Force. Local and national networks.	Continuous over the lifetime of the plan 2013 - 2016.

Facilitate the consultation with targeted young people at-risk to ensure that they are accessing the direct services they need and also work with young people to name and address any barriers they experience in so doing.	By developing a strategy for young people through conversation and evidence based knowledge.	Youth projects and groups, outreach workers, drug teams, Gardai, parents.	Consultation to begin by September 2013.
Advertise and encourage participation in Family Support Services for service users, their families and community.	By supporting and developing Family Support Services within the area. By endorsing the best practice model of Family Support.	Family Support Workers, Task Force, local and national networks.	Continuous over the lifetime of the plan 2013 - 2016.
Support outreach to members of New Communities to ensure their needs are met in a culturally appropriate way.	By linking with existing services and organisations engaged with New Communities. By supporting existing work.	New Communities Workers and trained volunteers. Task Force.	Continuous over the lifetime of the plan 2013 - 2016.
Develop appropriate supports for people while they are in treatment to prepare them for aftercare.	By developing appropriate transition programmes and actions between treatment and aftercare.	TURAS, LYNKS, Drug Free Worker, all relevant projects.	Continuous over the lifetime of the plan 2013 - 2016.
Support and promote health programmes to facilitate the wellbeing of service users and their families in the communities where they live.	By liaising with Community Health Projects, Primary Care Teams, Community Development Projects and local centres. By providing information.	Website.	Continuous over the lifetime of the plan 2013 - 2016.

Aim 2

To co-ordinate the provision of effective working collaboration between community, voluntary and statutory agencies to ensure a co-ordinated response to the problems posed by drug misuse across the CCLDTF area.

OBJECTIVE	HOW	WHO	WHEN
Support the implementation of relevant local and national policies pertinent to the life of this strategic plan such as National Drugs Strategy, National Alcohol Strategy, NDRIC, National Substance Misuse Strategy, Family Support, Children First, City Development Plan.	Identify relevant policies, develop a solid understanding of them and disseminate them to relevant groups.	Task Force and State Agencies.	Continuous over the lifetime of the plan 2013 - 2016.
Prioritise interagency working, recognising the key contributions of service users, communities, statutory and voluntary organisations within the continuum from prevention right through to treatment and aftercare.	Collaboration between community, voluntary and statutory service providers.	Established projects organisations and agencies at the CCLDTF.	Continuous over the lifetime of the plan 2013 - 2016.
Build integration from the bottom up - need to spell out the ways in which collaboration happens.	Through capacity and organisational development at local and community level.	Voluntary community and statutory.	Continuous over the lifetime of the plan 2013 - 2016.
Build the capacity and empowerment of Service Users and their families to participate meaningfully in the DTF.	Support Service Users individually and through the Service Users Forum. Up-skilling workers in agencies and organisations Listen, instil belief and engage in personal development Build on existing programmes. Advocacy and support by service users for service users.	Service Users,all established projects and organisations.	Continuous over the lifetime of the plan 2013 - 2016.
Develop creative ways in which service users and their families can play an equal role in the integrated responses of the DTF.	Map out what happens currently within each area and project in relation to the participation of service users and their families. Identify gaps and develop responses. Implement a planned approach to increasing participation.	Service Users Forum, Task Force, Established Projects and State Agencies.	Presentation of participation workplan by September 2013.

Promote interagency responses to the interconnected health, housing, education and employment needs of service users and their families.	Map the issues and develop plans to connect stakeholders across all of the different issues Know where to send people for different issues.	Community Voluntary and Statutory agencies.	Continuous over the lifetime of the plan 2013 - 2016.
Create a culture of mutual support and sharing of information in relation to work practices, emerging needs and community supports.	Build on existing practice and events such as CAN 2, Drugs Awareness Week.	CCDTF, Community and Voluntary Projects and Relevant Statutory personnel.	Continuous over the lifetime of the plan 2013 - 2016.

Aim 3

To strengthen community capacity to address drug and alcohol misuse and the issues arising from such misuse – for service users, their families and the broader community.

OBJECTIVE	HOW	WHO	WHEN
Inform the community on an on-going basis of the role of the Community Addiction Services and of the changing trends in drug and alcohol misuse and prevention.	Task Force website, meetings – information sharing Drug Team Reps. Drugs Awareness work CAN 2 workshops.	Task Force, HSE, Community Reps, CAN 2 Drugs Projects.	Continuous over the lifetime of the plan 2013 - 2016.
Support campaign actions for adequate housing, be it private or Local Authority for service users and their families within their own communities.	Local Drug Team support Early intervention from DCC if rent arrears exist.	Task Force, Drug Teams and relevant Statutory personnel.	Continuous over the lifetime of the plan 2013 - 2016.
Support and participate in regeneration projects within the Canal Communities area.	Continue the work that is already being done. Support Human Rights work on housing across canal communities complexes.	Regeneration workers, Community Rep. Support Worker, Statutory agencies, Community Safety Groups.	Continuous over the lifetime of the plan 2013 - 2016.
Support and participate in integrated responses to community safety and wellbeing to ensure a safe living environment for all.	In addition to existing groups and policing forums, community integrated response including residents, drug projects, youth projects, community projects family support and relevant statutory. agencies as required.	Task Force, Development Worker. Community And Voluntary Projects and State Agencies.	Continuous over the lifetime of the plan 2013 - 2016.
Support and challenge individuals and communities in relation to safety, security and criminality.	As above 2 hour workshop on exploring how we challenge intimidating and challenging behaviour.	As above.	Workshop and other work to be done by December 2013.

Liaise and work closely with youth services to address the needs of young people in relation to drug and alcohol misuse, its prevention and alternative options.	Develop alternatives Advocate for them.	Community and Youth Projects. Poly drug and Alcohol Worker. Education and prevention worker.	Continuous over the lifetime of the plan 2013 - 2016.

Aim 4

To provide relevant and up to date information and carry out relevant research to ensure all stakeholders have up to date and relevant information to participate fully in driving the local and national drugs strategy.

OBJECTIVE	HOW	WHO	WHEN
Promote and make public information on community addiction services available throughout the area.	Research harm reduction. Identify groups / individuals who are ahead with current research and feedback to the Task Force.	Community dev. Education co-ordin.	Reports to Task Force early Spring 2014.
Re-initiate ethnographic research into drug and alcohol misuse, lifestyle and the overall socio- economic factors that impact on drug and alcohol misuse in the Canal Communities area. Update this annually.	Establish a sub-group of Task Force on information, research, communication.	TF projects Academia.	Sub-group to be established by mid-2013.
Identify and develop appropriate responses to common trends, patterns and issues that emerge from the on-going service user needs analysis within all services.	CAN 2 - research. - reporting same. - agencies, monthly reporting - changes within services .	CAN 2 Service User Forum.	Research sub-group after the service users forum.
Raise awareness in relation to addiction and use the media to change the dominant narrative in relation to addiction at societal level. Same as 1 above -	Press releases. Official launch of annual review. Task Force spokesperson to develop media agenda.	Task force working group to develop this.	Establish communications sub-committee by mid-2013.


An Roinn Sláinte
DEPARTMENT OF HEALTH


Canal
Communities
Local Drugs & Alcohol Task Force