



Inchicore  
Bluebell  
**Community  
Addiction Team**



Strategic Planning  
Document

2014 - 2017

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# Executive Summary

The Inchicore Community Drug Team was established in 1999 and the Bluebell Addiction Advisory Group in 2004. In 2011 both projects merged to form the Inchicore Bluebell Community Addiction Team. During the intervening years the project has grown, developed and expanded its services.

The service is now well established in both communities, providing a key community response to local addiction problems.

Our research for this strategic plan involved consultation with all the major stakeholders in the service. Funding cutbacks in recent times, necessitated the use of in-house resources to conduct the consultation. Staff rose to the challenge and gathered very interesting results during the course of their interviews.

Polydrug use continues to be a major issue for service users. The growing problems of alcohol and herbal cannabis use, along with an alarming rise in mental health issues are among those issues identified.

This plan reflects the needs of service users and identifies our key strategic goals seek to address those needs. We will strive to meet the challenges identified in this report and we will endeavour to stay focused on providing direct service provision, responding to the changing addiction problems in Inchicore and Bluebell.





# Vision, Mission and Values

## Our Vision

Our vision is that all those living with problematic substance misuse in Inchicore and Bluebell will have access to a holistic addiction service locally.

## Mission Statement

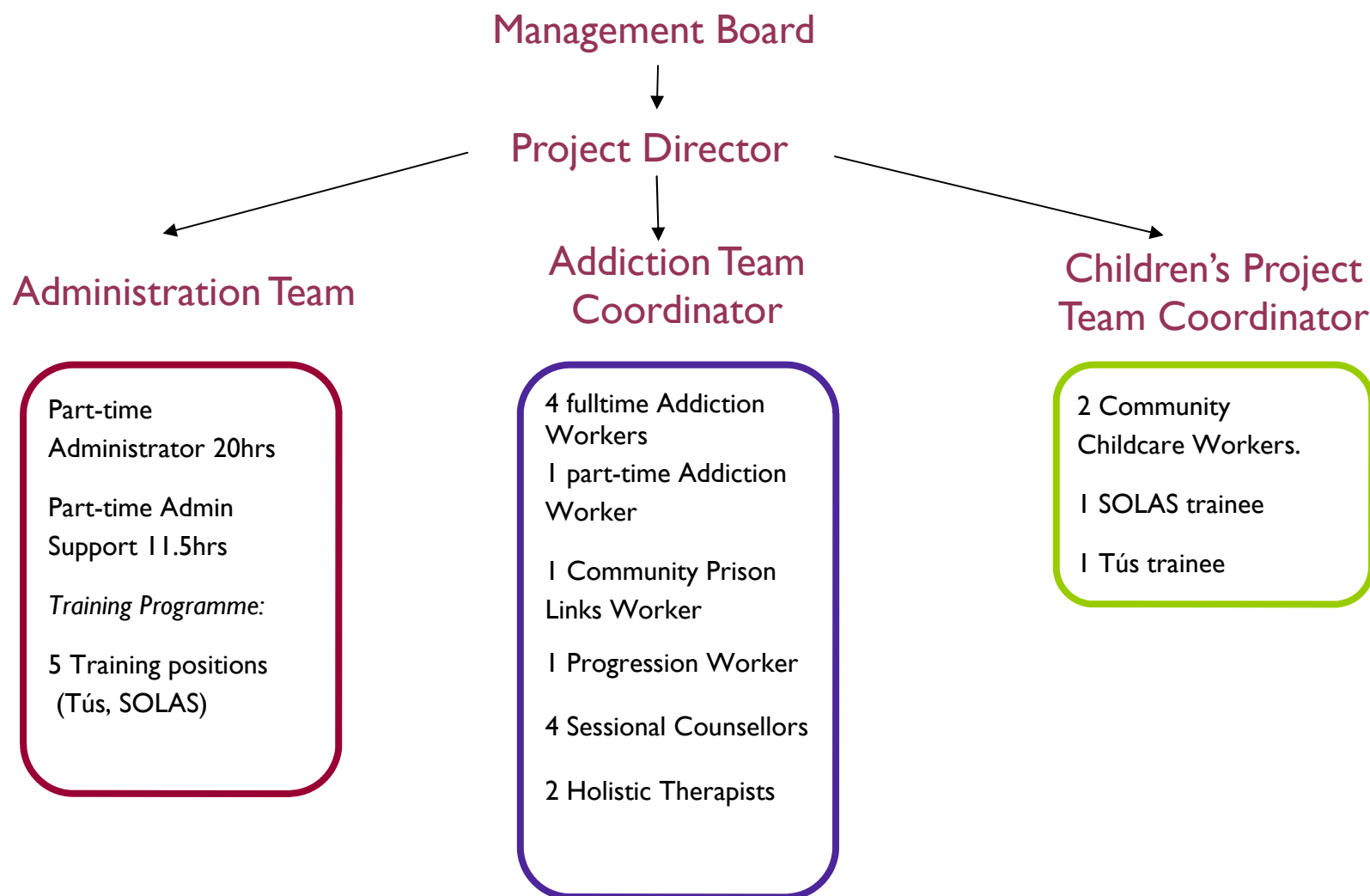
Our mission is to provide a quality service to those living with problematic substance misuse from the Inchicore and Bluebell areas and to promote culturally appropriate responses to local addiction issues.

## Our Values

The Inchicore Bluebell Community Addiction Team will work in a non-judgemental way with all those struggling with addiction. We operate our service based on mutual respect, dignity and equality. Self care and self empowerment of all those who attend or work in our project will be of paramount importance. We will strive to continuously improve the service. We respect the rights of the individual to be heard.



# Structure of the Organisation





# Current Service Provision



At the time of writing this report there are a total of 218 people attending the Inchicore and Bluebell projects. 143 for addiction issues, 43 family members and 32 children attending the Children's Project.

We recognise the importance of ensuring that our service reflects the current demand and changing needs within the

local community. We are part of the Canal Communities Local Drugs Task Force and our service has developed in line with the National Drugs Strategy (2009-2016) and the Steering Group Report on a National Substance Misuse Strategy. (2012). We are working hard to ensure that we are meeting the needs of the service user as their struggles and addiction issues change.



# Background to this Strategic Plan

Over the last two years, the organization has continued to provide a range of services to the community. However, there was a growing sense that the drug trends were continually changing and that, the needs of service users and the community were also changing.

Subsequent to the merger of both services in Inchicore and Bluebell following our last strategic plan, we were keen to re-assess the changes within the communities and to document the emerging needs. A broad range of stakeholders were identified and their views were gathered through a qualitative interview process.

The research also involved a review of local and national policies, this was to ensure our future plan while responding to local issues would align clearly within National Substance Misuse Policy objectives.



# Our Research

## Quantitative Research

Due to the serious financial constraints on the service over the last few years, there was no budget for any external researcher. Our quantitative data comes from our Client Management System called 'ICARUS' which tracks all interventions with clients and also the drug use trends of our service users. This system is updated by keyworkers after every intervention with a client and therefore provides extremely useful and up to date information on the needs of those accessing the services.

## Qualitative Research

We needed to give people a voice, so we could be inclusive at all levels in preparing our strategic plan. With the support of the staff, it was agreed we would complete some in-house training in basic research skills. Following this the needs analysis would be conducted by the team. While we acknowledge this will produce some limited responses, we feel it was the only way we could ascertain the current needs as funding was not available on this occasion.

Over 22 individual interviews with service users/family members/local and statutory bodies, primary health care services and other community groups were carried out. Staff carried out the task enthusiastically with interesting results.

In total 10 focus groups were also held with staff/management and children who attend the Children's project.





# Service Provision Statistics

The main services in Bluebell and Inchicore during the period January to December 2012 were as follows

Service Provided	Number of
Alternative Therapies	172
Brief One to One	1253
Children's Morning Group	1298
Children's Afternoon Group	1499
Children's Project Drop In	73
Client Phone Call	3552
Family Support Group	245
Afternoon Adult Drop In	2327
Facilitated GP visits	142

Service Provided	Number of Visits
Outreach / Home Visit	497
Planned One to One / Crisis Intervention	356
Prison Visit	224
Professional Counselling Session	347
Professional Phone Calls	1002
Street Contacts	175
Women's Group	131
Men's group	215



# Perception of Current Service Provision

- ◆ There seemed to be a very good knowledge of the current range of service provision by both service users and agencies.
- ◆ The service users found the service very safe, helpful and invaluable to the two communities.
- ◆ The warm non-judgemental welcome was acknowledged by many service users.
- ◆ The level of interagency work was noted and the importance of sustaining this was key in the future delivery of services to the community. It was noted that the staff were at times too busy with direct service provision to engage in community development interagency work, however, their willingness was there.
- ◆ The holistic nature of providing services to children, parents, family members and clients was seen in a positive light.
- ◆ The range of services offered including mental health support, keyworking, counselling and family support was also acknowledged throughout the needs analysis.

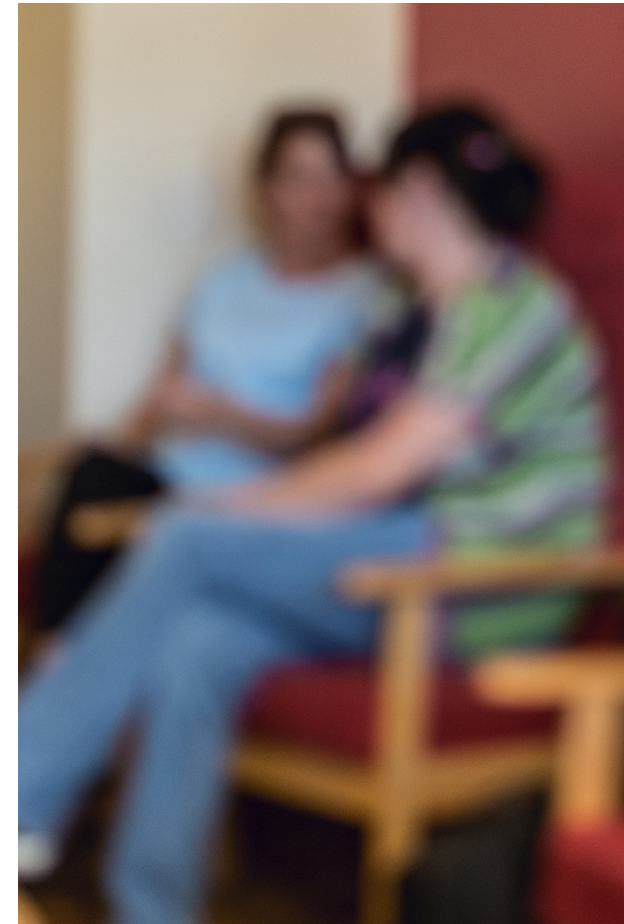


## Needs Identified by Service Users and Local Agencies

- ◆ There is still a stigma associated with addiction. In particular it was seen as difficult for an alcohol user to attend a traditional drug service, however this was changing.
- ◆ The limited physical space was sometimes an issue particularly for new service users.
- ◆ The cutbacks have reduced the staff and the opening hours. The staff were seen to give 100%, but the service users recognised that the staff didn't always have enough time to give them.
- ◆ There is a need to communicate more with the local community through signage, advertisement and general publicity. It was felt not everyone knew about the services.

## Identified Substances Misused in the Communities

It was commonly noted that there wasn't just one addiction problem, but a variety of substances were readily available and causing concern. People described a range of substances used at anyone time and while Heroin was still a problem it seems to have lessened with the younger generation



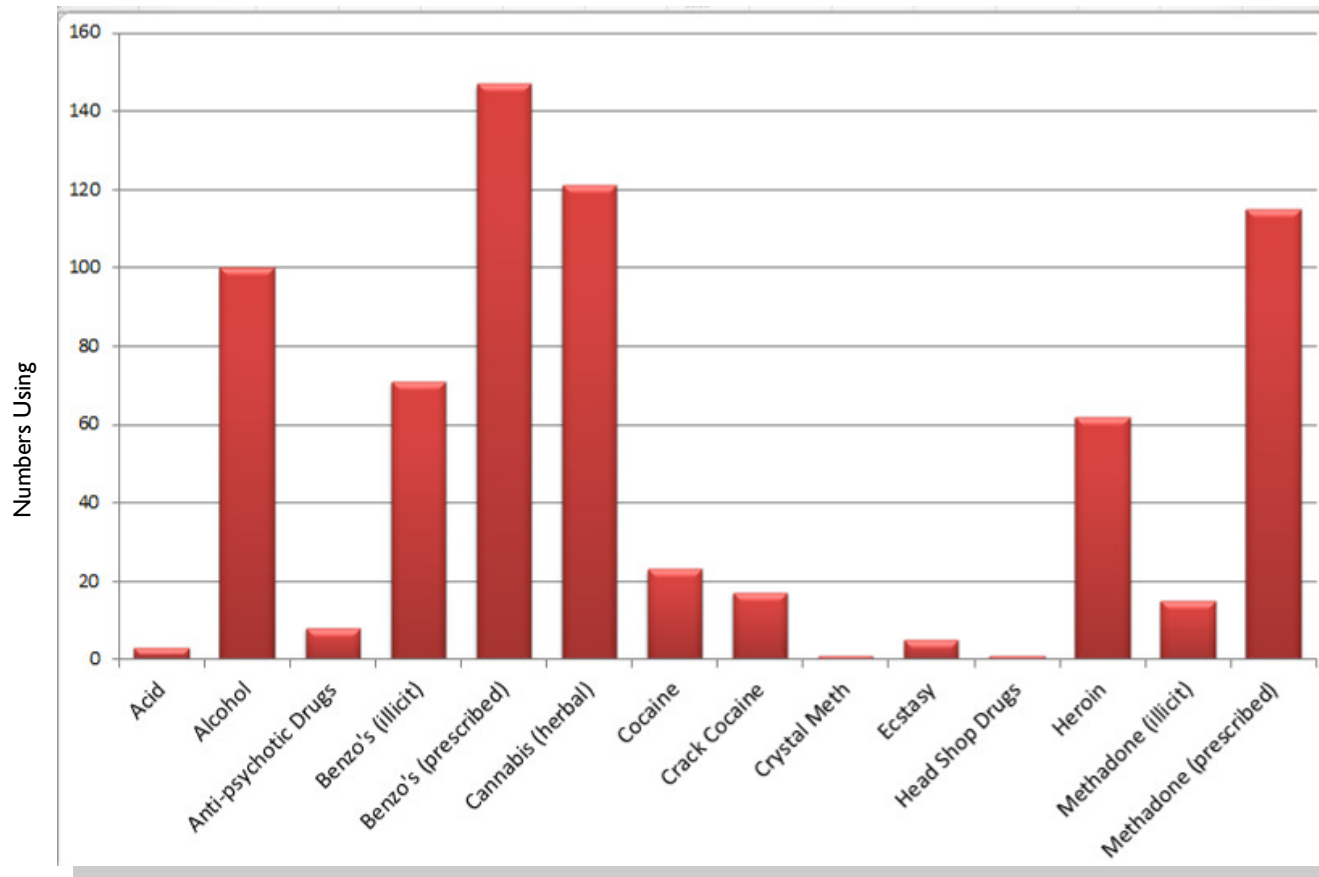
*Cannabis / Weed, Alcohol, Cocaine, Benzodiazepines alongside Methadone and Heroin were identified as problem substances in most of the questionnaires.*





# Statistical Information on Addiction Issues

## Current Drug Use among Service Users of Inchicore and Bluebell



Source ICARUS Database October 2013



# Addiction in the Communities

Those interviewed also identified wider problems associated with addiction to be;

- ◆ Intimidation in the communities
- ◆ Violence particularly around alcohol misuse
- ◆ Financial difficulties
- ◆ Crime in the community
- ◆ Fear and a lack of safety, particularly described by the children who participated
- ◆ Impacting on Children's welfare
- ◆ Behavioural and emotional difficulties for children
- ◆ Poor living conditions for families
- ◆ Poor school attendance where addiction is relevant in the family
- ◆ Mental health problems and a perception of an increase in depression
- ◆ Poor physical health of adults and children



# Needs Identified by Staff

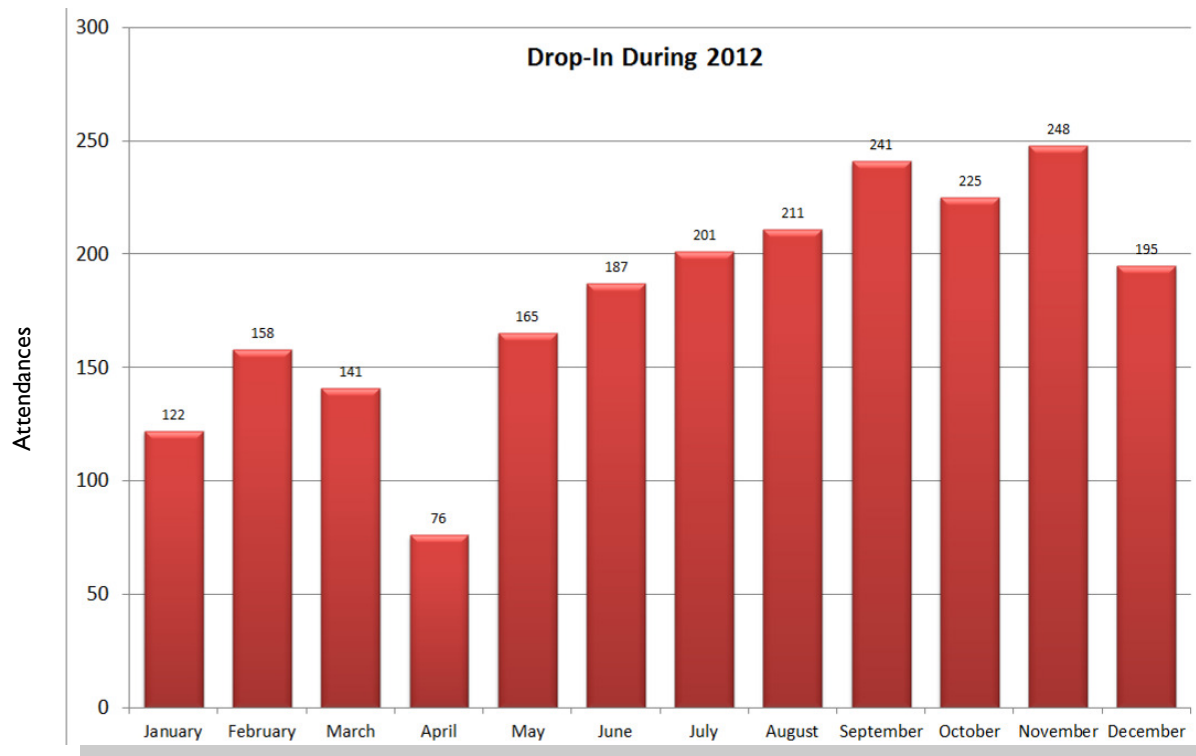
There was a sense that our service has reached its capacity based on our current resources. However the importance of prioritising service delivery based on emerging needs was highlighted. The following areas were identified as presenting needs of current service users and their families:

- ◆ Harm reduction service should include safer crack use.
- ◆ Alcohol misuse presenting in drop-in more frequently
- ◆ Physical space is an issue across all services, especially for Under 18's
- ◆ Low-threshold services needed for chaotic user
- ◆ Clinical services needed to support work
- ◆ Key working and counselling services have waiting lists.
- ◆ Some minority communities were not accessing service enough
- ◆ Physical health needs of clients a priority
- ◆ Mental health and suicidal ideation is clearly increasing
- ◆ Homelessness and eviction of service users from private rented accommodation
- ◆ Physical needs - hungry clients, increased demand for hot meals / laundry service





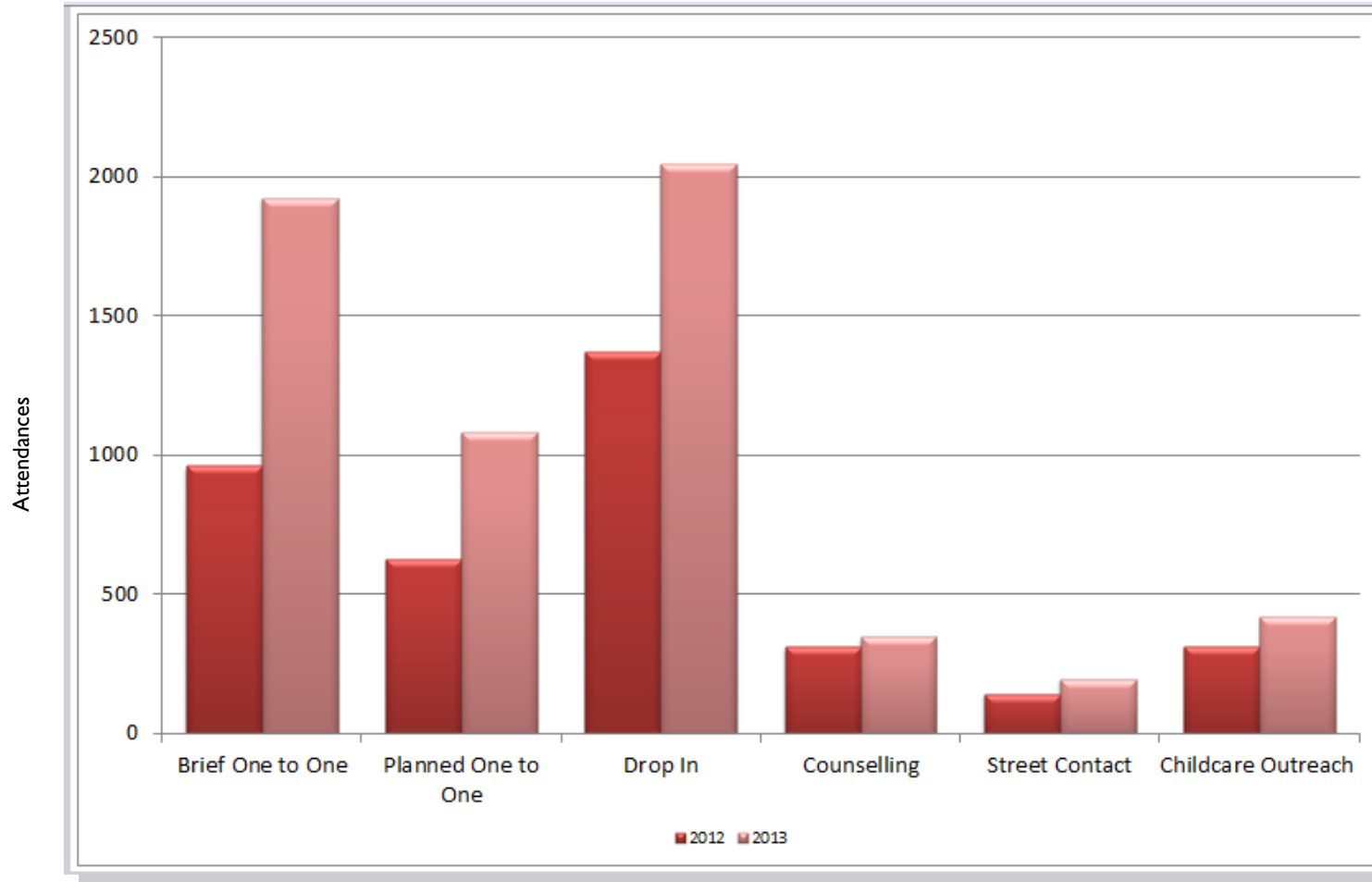
- ◆ Staff training in changing drug trends is needed
- ◆ More interagency work based on integrated case management approach needed
- ◆ More educational and employment opportunities for service users in the community



Source ICARUS Database October 2013



## Change in Service Demand 2012 - 2013



## Children's Services - Needs Identified

Once again maintaining the current level of service provision was seen as the priority for the children's project however key areas were identified as needing attention:

- ◆ Support for 10 to 11yr olds
- ◆ Emotional needs of children in afternoon group
- ◆ Children need more care planning and individual support
- ◆ Staff ratio's need to be addressed based on needs of children
- ◆ Parental involvement needs expansion
- ◆ Shared care planning with addiction team needs expanding
- ◆ Parent programmes need to be adapted for our client group
- ◆ Evaluation of service needed with key recommendations
- ◆ Under 18's work as an interagency piece is a priority



Children who attend our project face a myriad of challenges in life. Their parents are struggling with addiction and their lives are often chaotic. This can impact on the child. We provide a stable, safe environment and a developmental programme to support these children. We work in partnership with their parents to give these children the best chance in life. We strive to ensure that each child has the right to a healthy and fulfilling childhood.





# Administration Team - Needs Identified

It is well known that a vital aspect of any good organisation is it's backroom team. We have a very dedicated administration team but the capacity of this small team is limited and under resourced. Key areas identified for improvement were:

- ◆ File storage space needed
- ◆ Office space expansion
- ◆ Administration staff needed
- ◆ Community Employment trainees were identified as essential to the running of the service however the lack of filled places is an issue at times.
- ◆ Communication needed at community, local and national levels
- ◆ HR requirements / demands are increasing on the project - needs technical support
- ◆ Different reporting requirements of all funders, increases the workload and sometimes duplicates the work. This needs to be monitored.



# Key Areas Highlighted from Needs Analysis

The Community Treatment Model provided by the Inchicore Bluebell Community Addiction Team is a vital part of supporting individuals, families and the community to understand the impact of addiction on their lives. Addiction responses that encompass wider family needs in the context of their own community provide an invaluable safety net that helps communities to survive and grow.

- ◆ **Polydrug Use is the norm for our service users with most clients using two or more substances**
- ◆ **Alcohol and Herbal Cannabis are presenting as growing problems**
- ◆ **Heroin, Benzodiazapines and Methadone are clearly evident amongst our service users.**
- ◆ **Family members, especially the children, significantly benefit from the services provided by a Community Model of Addiction Treatment**
- ◆ **Wider effects of addiction on the local communities are providing new challenges that need intervention.**



# Key Strategic Priorities for 2014-2017

## ‘Pulling it all together. Where do we go from here?’

This section aims to put the key issues and common emerging trends into a proposed plan for the future direction of the organization. This is reliant of financial resources being maintained at current levels.

## Our Strategic Goals

1. ‘To utilise current resources efficiently, being fully aware of the capacity of the management and staff’
2. ‘To respond to the growing demands and changing trends of clients and their families who are struggling with drug and alcohol misuse in the Inchicore/Bluebell communities’
3. ‘To identify the emerging gaps through interagency work and collaboration’
4. ‘To sustain and expand the current childcare service and develop a response to emerging needs’
5. ‘To communicate locally and to the wider community about our service’





**‘To utilise current resources efficiently, being fully aware of the capacity of the management and staff’**

Area	Action	When
<b>Management / Governance</b>	<ul style="list-style-type: none"> <li>- To broaden expertise and experience of the Board</li> <li>- Review Memorandum and Articles of Association</li> <li>- Complete skills audit and implement training where necessary</li> <li>- To oversee the financial management of the project</li> <li>- To implement the Strategic Plan</li> <li>- Review Job Roles and Job specifications</li> </ul>	<ul style="list-style-type: none"> <li>- Completed by 2015</li> </ul>
<b>Management Team</b>	<ul style="list-style-type: none"> <li>- Sustain QUADS, review all policies and practices</li> <li>- Implement Síolta standards &amp; Aistear curriculum in Children’s Project</li> <li>- HR Training</li> <li>- Implement a Health and Safety audit</li> <li>- Implement ‘Outcome Star’ qualitative measurement tool</li> <li>- Implement a file review across all teams</li> </ul>	<ul style="list-style-type: none"> <li>- Completed by 2015</li> <li>- By 2016</li> <li>- By 2015</li> <li>- By 2015</li> <li>- By 2014</li> <li>- By 2015</li> </ul>
<b>Staff Care and Development</b>	<ul style="list-style-type: none"> <li>- Formulate a Training Strategy to include: Community Reinforcement Approach, Mindfulness, Motivational Interviewing, Suicide Intervention, Overdose Training, CRAFT Childcare training.</li> <li>- Formulate a Self Care Strategy to include; stress management, time management, holistic healing, supervision support increased</li> <li>- Review and improvement of physical work space to include: office clear-out in all areas and re-designing of the space</li> <li>- Review roles and responsibilities (based on service provision) in conjunction with staff.</li> </ul>	<ul style="list-style-type: none"> <li>- Completed by 2017</li> <li>- Completed yearly for life-time of the plan.</li> <li>- Completed by 2014</li> <li>- Completed by 2014</li> </ul>



**‘To respond to the growing demands and changing trends of clients and their families who are struggling with drug and alcohol misuse in the Inchicore/Bluebell communities’**

<b>Area</b>	<b>Action</b>	<b>When</b>
<b>Alcohol</b>	<ul style="list-style-type: none"> <li>- Target those who are affected by alcohol misuse and develop appropriate responses</li> <li>- Develop links with local GP's to support alcohol programme.</li> <li>- Continue to work with external agencies in identifying and responding to the needs of problem alcohol misusers.</li> </ul>	<ul style="list-style-type: none"> <li>- Daily 9.30am to 5.30pm</li> </ul>
<b>Flexible needs based service</b>	<ul style="list-style-type: none"> <li>- Develop links with other services to try and engage with hard to reach users.</li> <li>- To sustain men and women's health groups</li> <li>- Health Promotion: to expand the Health Promotion service in conjunction with HSE based on service user needs</li> <li>- Harm Reduction: to continue to provide drop in services 5 afternoons a week.</li> </ul>	<ul style="list-style-type: none"> <li>- Weekly delivery for the years 2014 - 2017</li> </ul>
<b>Rehabilitation</b>	<ul style="list-style-type: none"> <li>- Strengthen links with community/residential detox and rehab centres providing a seamless continuum of care for alcohol and drug misusers.</li> <li>- To sustain and develop an Aftercare Group</li> </ul>	<ul style="list-style-type: none"> <li>- Begin 2014 and ongoing</li> <li>- Weekly 2014-2017</li> </ul>
<b>Reintegration</b>	<ul style="list-style-type: none"> <li>- Sustain the re-integration of offenders back into the community / society</li> <li>- Develop stronger links with mainstream employment and adult education services</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing</li> <li>- Begin mid 2014</li> </ul>
<b>Crisis Intervention/ Mental Health</b>	<ul style="list-style-type: none"> <li>- Continue to provide crisis intervention support.</li> <li>- To sustain and enhance suicide crisis intervention service</li> <li>- Develop a local response to improve the availability of mental health services for local people.</li> </ul>	<ul style="list-style-type: none"> <li>- Daily 9.30am to 5.30pm</li> <li>- Working Group formed by Sept. 2014</li> </ul>



‘To respond to the growing demands and changing trends of clients and their families who are struggling with drug and alcohol misuse in the Inchicore/Bluebell communities’ cont.d

Area	Action	When
<b>Poly-drug Use</b>	<ul style="list-style-type: none"> <li>- To enhance case management and care planning to meet the needs of poly-drug users based on the NDRIC model.</li> <li>- To seek support of clinical service in responding to complex polydrug / mental health clients and to develop appropriate responses</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing</li> <li>- Establish by 2016</li> </ul>
<b>Holistic Services</b>	<ul style="list-style-type: none"> <li>- To continue to expand the opportunities for alternative healing for service users</li> <li>- To explore and develop non-medical responses to substance misuse</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing from 2014</li> </ul>
<b>Counselling and Keyworking</b>	<ul style="list-style-type: none"> <li>- To sustain and develop the counselling and keyworking service.</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing from 2014</li> </ul>
<b>Family Support</b>	<ul style="list-style-type: none"> <li>- To sustain current level of service and develop service in Bluebell</li> <li>- To continue to link with local and national family support services.</li> </ul>	<ul style="list-style-type: none"> <li>- Weekly</li> <li>- Monthly</li> </ul>





## ‘To identify the emerging gaps through interagency work and collaboration’

Area	Action	When
<b>Representation</b>	<ul style="list-style-type: none"> <li>- To represent the addiction team on local structures as appropriate including the Primary Health care team meetings and others as needed.</li> <li>- To represent the project on local structures i.e. Canal Communities Local Drugs Task Force (CCLDTF), Childcare Network, Turas/Connect, Londubh, Family Support Network, Brining it all Back Home Initiative and others as needed.</li> </ul>	<ul style="list-style-type: none"> <li>- Monthly during 2014-2017</li> </ul>
<b>Interagency Relationships</b>	<ul style="list-style-type: none"> <li>- To develop and build on existing relationships with agencies such as schools, Youth Projects, Family Resource Centre, Community Development Projects, Hesed House etc. by attending regular case meetings particularly engagement in the Family Welfare Initiative.</li> <li>- To network with other addiction services in CCLDTF to improve service delivery.</li> <li>- To enhance links with Pharmacies and G.P.'s</li> <li>- To enhance links with Community Garda to support early intervention with substance misusers.</li> <li>- To expand referrals based on the National Drug Rehabilitation Implementation Committee (NDRIC) model.</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing</li> <li>- Ongoing</li> <li>- Ongoing</li> <li>- September 2014 - New Initiative begins</li> <li>- Ongoing 2014-2017</li> </ul>
<b>Progression / Reintegration</b>	<ul style="list-style-type: none"> <li>- To work with agencies towards progression and reintegration pathways liaising with services in the CCLDTF areas such as Local Employment Services, Obair, VEC, Adult Education and Community, Statutory &amp; Voluntary Services.</li> </ul>	<ul style="list-style-type: none"> <li>- Quarterly Meetings beginning 2014.</li> </ul>



‘To sustain and expand the current childcare service and develop a response to emerging needs’

Area	Action	When
<b>Existing Work</b>	<ul style="list-style-type: none"> <li>- To continue to respond to the National Drug Strategy by providing a children’s service within addiction services.</li> <li>- To continue to work in partnership with the Addiction Team in the interest of Service Users and Children.</li> <li>- To meet monthly for joint casework or more frequently if needed.</li> <li>- To assess the viability of a separate children’s space.</li> </ul>	<ul style="list-style-type: none"> <li>- Daily 9.30am to 5.30pm</li> <li>- Daily</li> <li>- Monthly</li> <li>- Working group established by June 2014 - 2015</li> </ul>
<b>Service Provision</b>	<ul style="list-style-type: none"> <li>- To continue to provide the following services;               <ul style="list-style-type: none"> <li>- Morning Group</li> <li>- Afternoon Group</li> <li>- One to One work</li> <li>- Adolescent / Young Adult work</li> <li>- Care Plans implemented for all children and young people.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Weekly</li> </ul>
<b>Parenting</b>	<ul style="list-style-type: none"> <li>- Parenting work - to implement the Incredible Years programme tailored for our client group.</li> <li>- To increase parental involvement.</li> <li>- To develop an organisational response to parents presenting in family crisis.</li> </ul>	<ul style="list-style-type: none"> <li>- New programme delivered by 2015</li> <li>- Quarterly from January 2014</li> <li>- Working group established by January 2015</li> </ul>
<b>Evaluation of Childcare Service</b>	<ul style="list-style-type: none"> <li>- To carry out an evaluation of the Children’s Project over the last 10 years.</li> <li>- To gain insight into the benefits and impact of a children’s service within an addiction service.</li> </ul>	<ul style="list-style-type: none"> <li>- 2014 Initiated - completed by 2016</li> </ul>



## ‘To Raise the Profile of the Project Locally and Nationally’

Area	Action	When
<b>Digital Development</b>	<ul style="list-style-type: none"> <li>– To develop an online presence for the service, using social media.</li> <li>– To develop links to useful ‘apps’ for service users</li> <li>– To continue to enhance our website</li> </ul>	<ul style="list-style-type: none"> <li>– By 2015</li> <li>– By 2016</li> <li>– Ongoing</li> </ul>
<b>Project Promotion</b>	<ul style="list-style-type: none"> <li>– To build a clear communication plan including a yearly calendar detailing the promotional strategies to enhance our profile.</li> <li>– To publish our Annual Review</li> </ul>	<ul style="list-style-type: none"> <li>– January 2014 and each year of the strategy</li> <li>– Yearly</li> </ul>
<b>Profile</b>	<ul style="list-style-type: none"> <li>– To raise the profile of our service within the professional community (staff articles, community workshops, inter-agency communications etc.)</li> </ul>	<ul style="list-style-type: none"> <li>– Four inputs yearly 2014 - 2017 to professional community circulars.</li> </ul>



**‘To provide a well resourced Administration Service to back up the work of the Project’**

<b>Area</b>	<b>Action</b>	<b>When</b>
<b>C.E. Participation</b>	<ul style="list-style-type: none"> <li>- To remain focussed on full C.E. participation who support the delivery of our programmes</li> <li>- To offer training to trainees in conjunction with TURAS.</li> <li>- To have regular reviews with trainees.</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing 2014 - 2017</li> </ul>
<b>Admin Support</b>	<ul style="list-style-type: none"> <li>- To increase Administration support.</li> </ul>	<ul style="list-style-type: none"> <li>- As a priority in 2014</li> </ul>
<b>Client Management System</b>	<ul style="list-style-type: none"> <li>- To enhance and develop ICARUS system of Case Management</li> <li>- To produce regular statistics of drug trends and other data</li> </ul>	<ul style="list-style-type: none"> <li>- New Improvements by 2014</li> <li>- Yearly Report</li> </ul>
<b>H.R. System</b>	<ul style="list-style-type: none"> <li>- To develop a H.R. database</li> </ul>	<ul style="list-style-type: none"> <li>- Completed by 2015</li> </ul>
<b>Physical Space</b>	<ul style="list-style-type: none"> <li>- Assess viability of a separate Children’s Project Space</li> <li>- To review and improve physical space</li> </ul>	<ul style="list-style-type: none"> <li>- Recommendations by 2016</li> </ul>
<b>Grant/Funding Applications</b>	<ul style="list-style-type: none"> <li>- To develop a separate funding strategy</li> <li>- To increase our pro-bono support from private business community</li> </ul>	<ul style="list-style-type: none"> <li>- 2014 and yearly to 2017</li> </ul>





# Challenges - ‘We can’t do it on our own’

- ◆ An ambition still exists by the board of management to increase the staffing levels across the project. The needs are great and the demands are high. However we are cognisant of the financial restraints at present.
- ◆ Some area’s identified clearly fall outside our remit like the needs of young people, homelessness and the gaps in private rented accommodation, we will endeavour to work with our colleagues in an interagency response to provide such supports.
- ◆ Community intimidation and the physical health needs of our service users will require effective collaboration across the sectors in developing responses.
- ◆ Harm reduction interventions and clinical support for complex services users will again require the HSE and Mental Health services to work with us in this regard.





## Acknowledgements

Strategic Review Team: Celine Martin (Project Director)  
Éadaoin Ní Chléirigh, St. Michaels Estate Regeneration Board (Facilitator)  
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