

# STRATEGIC PLAN 2018 – 2025

## Reclaiming Community Development

As an effective response to Drug Harms,  
Policy Harms, Poverty and Inequality

# Clondalkin Drug and Alcohol Task Force Strategic Plan 2018 – 2025

Reclaiming Community Development as an  
Effective Response to Drug Harms, Policy  
Harms, Poverty and Inequality







## CONTENTS

<b>1. Executive Summary</b>	<b>2</b>
<b>2. Introduction</b>	<b>6</b>
2.1 CDATF Programmes and Activities	7
<b>3. Understanding the Existing Context</b>	<b>10</b>
3.1 CDATF Strategic Planning	11
3.2 Recognising the Crisis	11
3.3 Acknowledging and Building on Our Strengths	12
3.4 The New National Drugs Strategy 2017 - 2025	12
3.5 Theory of Change Planning Process	14
<b>4 Strategic Goals and Outcome Indicators</b>	<b>16</b>
4.1 Mission Statement	16
4.2 Strategic Goals and Outcome Indicators	16
<b>5. Values and Approaches Underpinning the Work</b>	<b>19</b>
5.1 A Community Development Approach	19
5.2 A Person Centred Approach	19
5.3 A Human Rights Based Approach	19
5.4 An Evidence Based Approach	20
<b>6. Structures and Operational Procedures</b>	<b>21</b>
6.1 CDATF Role and Functions	21
6.2 CDATF Organisational Structure	21
6.3 Development Groups	21
6.4 Evaluation and Review	22
6.5 Evaluation of Outcomes	s23

## 1 EXECUTIVE SUMMARY

In 1997, the government established Local Drug Task Forces (LDTF's) which were later renamed Drug and Alcohol Task Forces (DATF) as an area based policy response to the dual concentration of problem drug use (at that time mainly injecting heroin use) and poverty and social exclusion. The Clondalkin Drug and Alcohol Task Force (CDATF) was one of 14 task forces set up at that time, replicating the model of community led, interagency partnerships that had developed in many areas of the city overwhelmed by epidemic levels of heroin use among its young people.

Since then the Clondalkin Drug and Alcohol Task Force (CDATF) has worked to reduce drug-related harms to individuals, families and communities by working in partnership with key stakeholders in the community, voluntary and statutory sectors on the coordination and delivery of services.

In order to achieve its goals, the Task Force relies on the work of community, voluntary and statutory agencies who give of their time and commitment to participating in the CDATF board and sub groups: representing and highlighting the needs of those affected by drug and alcohol misuse; identifying appropriate responses; influencing decision making at local and national level and making recommendations regarding the allocation of resources.

Currently, and despite funding cuts, fifteen organisations are funded through the CDATF to deliver ongoing activities and interventions along the continuum of care of targeted prevention, family support, treatment and rehabilitation, supply reduction and coordination.

### UNDERSTANDING THE EXISTING CONTEXT AND CHALLENGES

In 2015, mindful of the significant changes in the local and national context the CDATF commissioned a piece of research to assess the changes in drug trends and drug related harms; analyse the changes in the economic and policy environment; assess the impact of the introduction of austerity policies and inform its future strategic planning.

The research study '*Outcomes: Drug Harm, Policy Harms, Poverty and Inequality*' (O'Gorman 2015.) was launched at a national conference on the 28th of April 2016.

The first and most important implication of the research findings for the strategic planning process was the impossibility of dealing with drug and alcohol misuse in **isolation**. The research also clearly demonstrated the strong links between drug and alcohol misuse and a range of other factors, most of these being associated with poverty and inequality.

The report highlighted a number of key concerns regarding changing drug trends including the increase in rates of '**any illegal drug**' use which have almost doubled in the last five years. The patterns of polydrug use including combinations of cannabis, various prescription pills such as benzodiazepines, Z drugs, and alcohol and the use of cocaine, new psychoactive substances such as mephedrone, and various ecstasy type substances in recreational settings. Concerns outlined also included the sense of helplessness and hopelessness experienced by individuals and families, the difficulties services reported in terms of accessing support for young children living with parental and family members' drug and alcohol misuse and the level of systemic violence and hidden nature of the drugs economy which is having a destabilising effect in parts of the Clondalkin community.

Overall the report highlights the negative outcomes of government policies and reforms including the policy shift towards viewing drug use as an individual behavioural issue, the impact of austerity, the drawing back of power from communities and lack of support for community development approaches as a legitimate response to poverty and drug related harms.

The report made the case that government policies were themselves adding to the problems rather than addressing them and crucially significant emphasis was placed on the need to **rebuild** or rehabilitate the community and partnership based model that had effectively been dismantled.

### STRATEGIC PLANNING PROCESS

Against this background the CDATF engaged in a strategic planning process based on the seven step 'Theory of Change' model involving a range of stakeholders in the Clondalkin community including those providing services. The process was facilitated by Nexus Research Cooperative in 2017.

Consultation with those working in community based programmes and services and those accessing these services provided some detail on the implications of these ongoing challenges. There was widespread agreement that:

- Cutbacks to services and incomes have contributed to what many described as a **crisis** for a significant number of families and communities.
- What most respondents saw as a breakdown in community infrastructure generally has contributed to the difficulties.

- Community-based drugs projects and services have seen an increase in demand for services while their funding base is shrinking.
- Projects and local services in this situation are fulfilling a very wide community development and family support brief while, at the same time, they are funded and required to report on a much narrower set of functions related to the delivery of drug and alcohol services.
- Difficulties are added to by ongoing criminal activity locally, frequently accompanied by intimidation and a fear for personal safety for those who become actively involved in responding to drug and alcohol misuse in the community.
- Finally, the intergenerational nature of drug and alcohol misuse had become clearer as the crisis for particular families and communities has deepened.

While the challenges are substantive and significant, however despite this there is agreement that the CDATF need to take into account of and build upon these strengths in the current strategic plan and into the future.

The most important strengths and assets are in relation to:

- **A strong commitment and motivation within the Clondalkin community** to improve living conditions and increase opportunities. This has remained evident through a long history of community development activities and the engagement of individuals, groups and organisations in activism and volunteering at community level.
- **The availability of local services** which have been developed through the work of local residents and locally based organisations using community development approaches.
- The **knowledge, experience and competencies** built up over the years through programmes and activities supported by the CDATF, in particular the expertise and capacity built up by staff and volunteers in responding to local needs and in delivering services locally.
- **Effective working relationships and cooperative structures.** The CDATF has been the vehicle through which community interests, local service providers and local representatives have been able to maintain collaborative working relationships.

In 2016 the Minister of State for the National Drugs Strategy Catherine Byrne TD appointed an independent expert panel to carry out a rapid review of the 2009 – 2016 National Drugs Strategy. The review established a number of key pointers towards priorities for the future. Firstly, the need to be more explicit in identifying responsibilities and functions of local partners and partnership arrangements was highlighted. Secondly, in reviewing progress towards rehabilitation, more general barriers to recovery were identified as important, specifically relating to employment, mental health and homelessness. Thirdly, a strong argument was made for national policy and strategy to be influenced by local experience (Review of the National Drug Strategy; Griffiths, Stang, Singleton 2016)

In July 2017 the Government published its new National Drugs Strategy 'Reducing Harm, Supporting Recovery' a health led response to drug and alcohol use in Ireland 2017 – 2025' (Department of Health, 2017). The Strategy recognised that partnership working between the statutory, community and voluntary sectors was a major factor in the success of previous National Drugs Strategies and outlined the key role of DATF's in coordinating interagency action at local level and supporting evidence-based approaches to problem substance use including alcohol and illegal drugs.

Together with what have been identified as key issues and challenges, the CDATF strategy has taken these points on board; emphasising the importance of well-defined partnerships, broader areas of policy impacting on drug and alcohol misuse and recovery and value in bringing lessons learned locally to reassessment of national direction.

## MISSION STATEMENT

It was agreed that the overall thrust of the CDATF Strategy is

**“To re-establish and strengthen the role of the community in tackling the causes and consequences of drug and alcohol misuse; facilitate the re-establishment of meaningful and effective partnerships; and support the development of a holistic approach to dealing with both the causes and consequences of drug and alcohol misuse in the CDATF area.”**

## STRATEGIC GOALS AND OBJECTIVES

### 1 STRATEGIC GOAL ONE Dealing with the effects of drug and alcohol misuse

#### OBJECTIVES

1. To work towards addressing the broader social and economic contributing factors of drug and alcohol misuse in partnership with community, voluntary and statutory agencies.
2. To continue to provide person-centred supports and effective service responses to the needs of those affected by drug and alcohol misuse.
3. To build on and increase meaningful progression opportunities for those affected by drug and alcohol misuse.
4. To create more opportunities for improving collaboration and developing an integrated response to drug related crime and intimidation.
5. To facilitate consultations with key stakeholders at local level regarding the decriminalisation of drugs for personal use and inform national policy.

### 2 STRATEGIC GOAL TWO Strengthening the role of the community in addressing the causes of drug and alcohol misuse

#### OBJECTIVES

1. To continue to strengthen the capacity of the community in challenging the root causes of drug and alcohol misuse including the harmful outcomes of drug policy, poverty and inequality.
2. To facilitate the participation of those most affected in identifying and developing appropriate responses to drug and alcohol misuse.
3. To build the capacity of those most affected by drug and alcohol misuse to engage in decision making at all levels.

### 3 STRATEGIC GOAL THREE Having a positive influence on mainstream services and contributing to more integrated responses

#### OBJECTIVES

1. To broaden the understanding and response to drug and alcohol misuse based on the recognition that the causes are multidimensional; crossing a range of social, economic and policy linked factors.
2. To engage with key stakeholders in renewing their commitment to the DATF model of community based partnership.
3. To build on existing evidence based on local knowledge and expertise which will demonstrate the longer term benefits of a more holistic approach to drug and alcohol misuse.
4. To seek to influence the development of appropriate responses to drug and alcohol misuse by bringing local knowledge and expertise to the planning and delivery of mainstream services and local development programmes.

## VALUES AND APPROACH UNDERPINNING THE WORK

The CDATF will continue to promote and actively support an approach to the work which is based on the principles of community development and is both person centred and human rights based. The CDATF also place great importance on the role of evidence in establishing links between goals, maintaining overall coherence and contributing to real and sustainable change.

The CDATF strategic planning process was based on the seven step ‘Theory of Change’ Model and reflects the CDATF commitment to community development and values which underpin this approach including;

- 1 Community Development
- 2 Person Centred
- 3 Human Rights Based
- 4 Evidence Based

## STRUCTURES AND OPERATIONAL PROCEDURES

The CDATF will continue in its role and functions in line with the New National Drugs Strategy as follows;

- Coordinating the implementation of the New National Drugs Strategy 2017 – 2025 (NDS) in the context of the needs of the local area.
- Implementing the actions where the DATF have been assigned a role in the NDS.
- Promoting the implementation of evidence based local drug and alcohol strategies and exchange best practice.
- Approving action plans agreed by each development group and securing additional funding for implementation.
- Establishing systems to facilitate continuous internal and external evaluation and review as a means of building the Task Forces spheres of influence on the basis of evidence, demonstratable results and lessons emerging.
- Building trust and promoting a culture of open exchange of learning and collective review and evaluation.

Three development groups will be established based on the strategic goals and will develop plans which will incorporate some of the actions proposed during the strategic planning process.

Periodic review will be carried out in each Development Group to ascertain:

- The extent to which targets have been met.
- Reason for progress or lack of progress in meeting targets set.
- Lessons emerging from the work in the form of factors aiding progress and factors impeding or blocking progress.
- Implications of results and learning for future policy and practice.

local knowledge and learning to bear on the process of improving services and broader planned interventions. The CDATF will put in place systems to facilitate continuous evaluation and review as a means of building the Task Forces sphere of influence on the basis of evidence, demonstratable results and lessons emerging.

## EVALUATION AND REVIEW

A priority for the CDATF in this Strategic Plan is to broaden the understanding and response to drug and alcohol misuse. Causes of drug and alcohol misuse are multidimensional; crossing a range of social, economic and policy linked factors. If they are to be effective, responses must also be multidimensional and span a range of policies, services and development programmes.

The CDATF board are setting out this plan to have a positive effect on this wider response environment. In so doing, members are especially aware of the importance of bringing



## 2 INTRODUCTION

In 1997, the government established Local Drug Task Forces (LDTF's) which were later renamed Drug and Alcohol Task Forces (DATF) as an area based policy response to the dual concentration of problem drug use (at that time mainly injecting heroin use) and poverty and social exclusion. The Clondalkin Drug and Alcohol Task Force (CDATF) was one of fourteen task forces set up at that time, replicating the model of community-led interagency partnerships that had developed in many areas of the city overwhelmed by epidemic levels of heroin use among its young people.

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In order to achieve its goals, the Task Force relies on the work of community, voluntary and statutory agencies who give of their time and commitment to participating in the CDATF board and sub groups, representing and highlighting the needs of those affected by drug and alcohol misuse, identifying appropriate responses, influencing decision making at local and national level and making recommendations regarding the allocation of resources.

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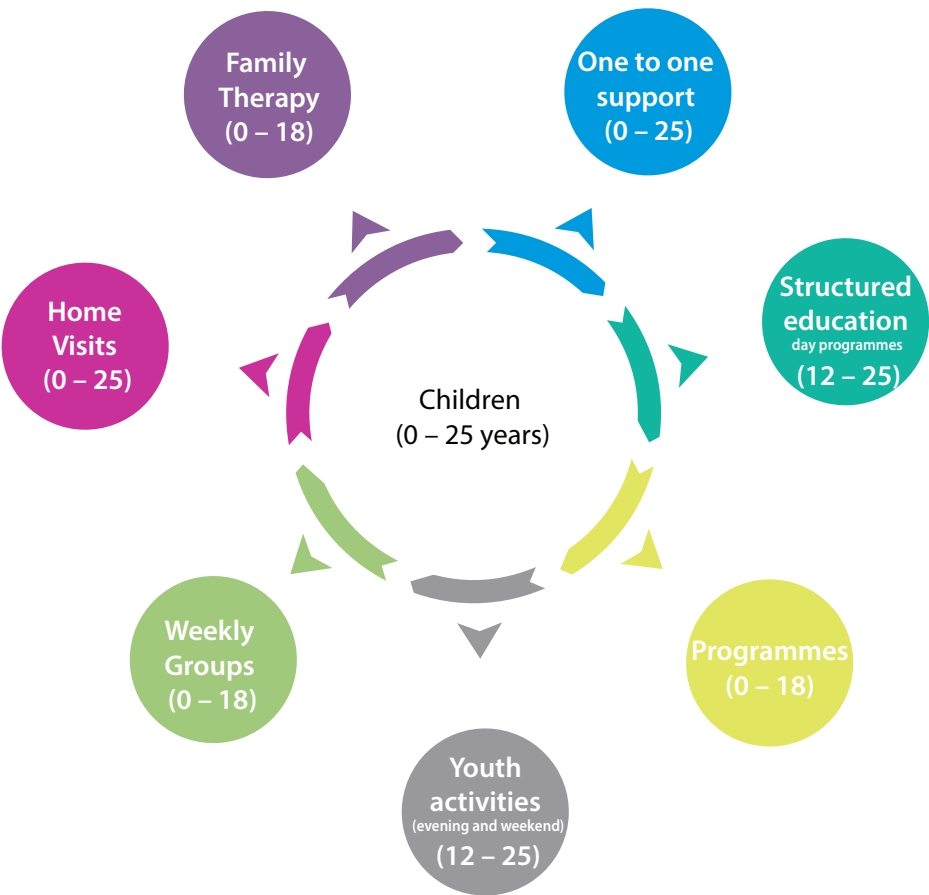




2.1 CDATF PROGRAMMES AND ACTIVITIES

Prevention and Family Support (Children & young people up to 25 years)

Prevention programmes range from targeted prevention programmes for children whose parents are engaged in drug and alcohol misuse; programmes for young people at risk of /or already involved in harmful drug and alcohol misuse; youth programmes and education awareness programmes for parents, teachers, service providers and members of the community.



**FAMILY THERAPY**

Neart Le Cheile  
Carline

**ONE TO ONE SUPPORT (0-25 YEARS)**

Neart Le Cheile  
Carline  
YES Centre  
Ronanstown Youth Service  
Clondalkin Youth Service  
Clondalkin Travellers Development Group

**STRUCTURED EDUCATION DAY PROGRAMMES (12-25YEARS)**

Carline  
YES Centre  
Ronanstown Youth Service

**PROGRAMMES (0-18 YEARS)**

Neart Le Cheile  
Carline  
Ronanstown Youth Service  
Clondalkin Youth Service

**YOUTH ACTIVITIES (EVENING AND WEEKEND) (12-25 YEAR OLDS)**

Carline

Ronanstown Youth Service  
Clondalkin Youth Service

**WEEKLY GROUPS (0-18 YEARS)**

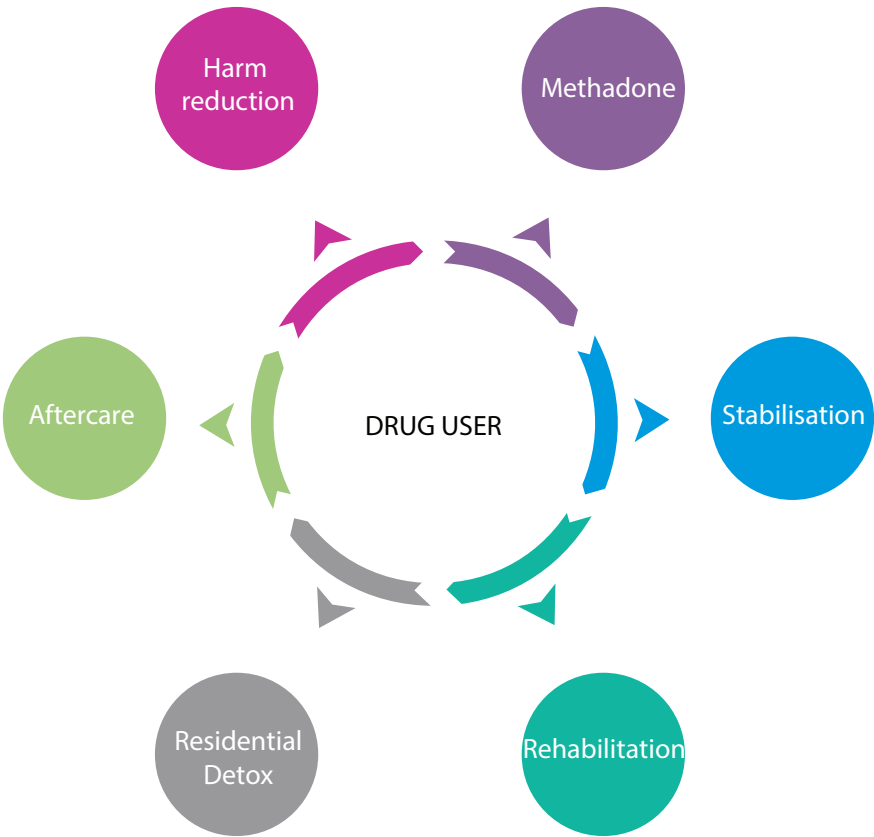
Neart Le Cheile  
YES Centre  
Ronanstown Youth Service  
Clondalkin Youth Service

**HOME VISITS**

Carline  
YES Centre  
Ronanstown Youth Service  
Clondalkin Youth Service

Treatment and Rehabilitation

Treatment and rehabilitation programmes and initiatives are available across the continuum of care and include needle and syringe exchange programmes, low threshold harm reduction stabilisation programmes, one to one crisis interventions, counselling and aftercare; specific integrated 12 step programmes with an education and training focus; family support for parents, partners, siblings of those engaged in drug and alcohol misuse; homeless services and programmes for those in prison and their families.



HARM REDUCTION

HSE – Needle Exchange, Outreach.  
CASP - Medical Staff, Needle Exchange, Homeless Service  
Clondalkin Tus Nua – Outreach Needle Exchange, Homeless Service.

METHADONE

HSE – CLAC Prescribing, Detox,  
CASP – Prescribing, Detox,  
GP's, Pharmacists - prescribing, Dispensing.  
Catchment area restricted.

STABILISATION

CASP – key working, family support (over

18s - 1:1, counselling and group)  
Neart Le Cheile –Stepladder programme, 1-1 advocacy, DU Forum  
Clondalkin Tus Nua – structured CE programme, key working, family support (over 18s - 1:1, counselling and group)

REHABILITATION

CASP – rehabilitation programme, counselling, Key working, education, family support (over 18s - 1:1, counselling and group)  
Clondalkin Tus Nua – CE Rehab day programme, counselling, key working, family support (over 18s - 1:1, counselling and group)

HSE – Rehab & integration (1.5 days a week).

RESIDENTIAL DETOX

Full Medical Detox – HSE Cuan Dara

AFTERCARE

CASP - Groupwork, key working and counselling. Clondalkin Tus Nua - CE drug free programme, key working and counselling.

SUPPLY REDUCTION

The CDATF adopts a community development approach to supply reduction, actively supporting local community representatives to collaborate with relevant statutory agencies and service providers to address community safety concerns and reduce supply. These ongoing working relationships are facilitated centrally through the CDATF North Clondalkin and Southwest Clondalkin Community Safety Forums and the Local Policing Forums.

Supply Reduction



North Clondalkin Community Safety Forum – raising awareness, liaising with community, neighbourhood participation, capacity building, training and development, outreach, research and localised campaigns.

South West Clondalkin Community Safety Forum - raising awareness, liaising with community, neighbourhood participation, capacity building, training and development, outreach, research and localised campaigns.

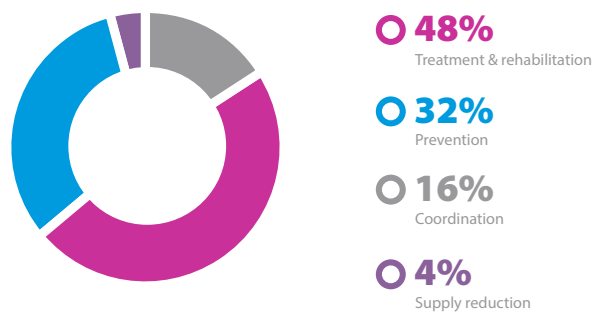
Community Participation Fora - issue based responses, training and development, capacity building and participative democracy.

COORDINATION

In addition to coordinating prevention, treatment, rehabilitation and supply reduction programmes and initiatives the CDATF facilitates a range of cross-cutting measures. These centrally coordinated activities include:

- General outreach to and support for communities and community organisations.
- The delivery of training and capacity building to staff across services including drug services, family support services, youth and prevention services.
- Organisation and delivery of Level 7 Community Addiction Studies Course.
- Design and delivery of drugs awareness programmes within the formal and informal education sector (including schools-based programmes).
- Ongoing efforts to influence relevant dimensions of policy and decision-making.
- Development and updating of organisational governance policy and procedures.

CDATF Funded Actions





### 3 UNDERSTANDING THE EXISTING CONTEXT

In 2015, mindful of the changing local and national context the CDATF commissioned a piece of research to assess the changes in drug trends and drug related harms; analyse the changes in the economic and policy environment, assess the impact of the introduction of austerity policies on those affected by drug and alcohol misuse and inform its future strategic planning.

The research study *'Outcomes: Drug Harm, Policy Harms, Poverty and Inequality'* (O'Gorman 2015.) was launched at a national conference on the 28th of April 2016.

The first and most important implication of the research findings for the strategic planning process was the impossibility of dealing with drug and alcohol misuse in isolation. The research also clearly demonstrated the strong links between drug and alcohol misuse and a range of other factors, most of these being associated with poverty and inequality.

The research highlighted a number of key areas of significant concerns:

- Since the Clondalkin Drug and Alcohol Task Force was established, patterns and trends in drug consumption have evolved in response to the global and local shifts in drug production and supply, and in fluctuating levels of demand influenced by accessibility, price, quality and cultural appeal.
- Currently the most common drugs taken by young people in the region are alcohol, cannabis, cocaine, ecstasy and new psychoactive substances – rates of 'any illegal drug use has almost doubled in the previous five years.'
- The sense of helplessness and hopelessness experienced by parents, partners and siblings of problem drug users as a result of having a family member or living with a relative who is drinking or taking drugs excessively.
- The difficulties services reported in terms of accessing support including psychological and learning assessment for young children living with and affected by parental and family members drug and alcohol misuse.
- The high levels of suicides among young people in the area.
- The level of systemic violence and the hidden nature of the drugs economy which is having a destabilising effect in parts of Clondalkin.
- The increasingly apparent complexity and strength of links between drug and alcohol misuse, poverty and inequality. These links, and the critical consequences for families and communities, have become more apparent during and

following a period of sustained government-initiated cutbacks.

- The drawing back of power from communities and the lack of support for community development approaches as a legitimate and necessary response to poverty and drug related harms. Policy has moved away from supporting this in a coordinated way, with partnership and inter-sectoral collaboration as a model being undermined.
- Related policy shifts that view drug use as an individual behavioural issue rather than a community issue; emphasises individualised and centralised service delivery; creates delineation between services; and make a coordinated response more difficult.

*"Drug policy in Ireland has become more focused on addressing individual drug using behaviour as if these issues were context free. Little attention is paid in policy discourses to the underlying issues of poverty and inequality and even less consideration is given to the harmful outcomes of policy. These include the severe reductions in welfare and social care funding, and an increased emphasis on individual responsibility, centralisation of power, and a public management system focused on measuring outputs, effectiveness and value for money – all utterly disconnected from the needs of people and communities." (O'Gorman, 2015).*

The cumulative effect of these ongoing developments, the report argued, was the inability of drug policy and initiatives to have a positive effect on either the causes or the consequences of drug and alcohol misuse. Indeed the case was made that government policies were themselves adding to the problems rather than addressing them.

Crucially, at local level, significant emphasis was placed on the need to rebuild or rehabilitate the community and partnership-based model that had effectively been dismantled.

*"A rehabilitation of the DATF model of community-based partnership and a revitalisation of their capacity to coordinate local responses ... would provide a basis for addressing many of the issues outlined in this report." (O'Gorman, 2015).*

Overall the report also highlights the negative outcomes of government policies and reforms including the policy shift towards viewing drug use as an individual behavioural issue, the impact of austerity, the drawing back of power from communities and lack of support or community development approaches as a legitimate response to poverty and drug related harms.

Following the publication of the research the CDATF organised a national conference in which over 120 people participated representing community, voluntary and statutory sector organisations at local and national level. At this conference the CDATF committed itself to taking on board the key findings of the research, most particularly the clearly demonstrated need to rebuild an effective community-based response to tackle the causes and consequences of drug and alcohol misuse in the Clondalkin LDATF area.

## CDATF STRATEGIC PLANNING

Against this background and taking into account the issues which emerged in the CDATF research report, the CDATF engaged in a consultation process on a new Local Drug and Alcohol Strategy for the area.

This strategic plan has been drawn up following a series of consultations and working group discussions involving a range of stakeholders in the Clondalkin community, including those providing local services. The process was facilitated by Nexus Research Cooperative in 2017. Specifically this involved:

- Consultation with community-based organisations and service providers who were responding to various challenges raised by drug and alcohol misuse in Clondalkin. Discussions (with staff volunteers and service users) centred on difficulties faced, the perceived impact on families and broader community, and what should be seen as priorities for the CDATF in a new planning period.
- Consultation, covering the same topics, with service providers including HSE drug treatment services, An Garda Síochána and the Local Authority.
- A series of joint workshops. These (four in total) brought together the full range of interest groups including local community, voluntary and statutory organisations, service providers, volunteers, CDATF staff and beneficiaries of services and programmes. These workshops were structured and facilitated using “Theory of Change” methodology and approach to planning. Agreement was reached on all aspects of the strategic plan, including priorities, aims, outcome indicators, structures and operational procedures.

## RECOGNISING THE CRISIS

Consultation with those working in community-based programmes and services, and with beneficiaries of these services, provided some detail on the implications of these ongoing challenges. There was widespread agreement that:

- Cutbacks to services and incomes have contributed to what many described as a crisis for a significant number of families and communities. Some of the most serious problems were reported in relation to the continuing rise in homelessness and deteriorating mental health.
- Community-based organisations and service providers, funded to respond to drug and alcohol misuse, have been forced into a situation of having to deal with the consequences of this crisis on a daily basis. What most respondents saw as a breakdown in community infrastructure generally has contributed to the difficulties. With the removal of other local development projects, the community-based drug services have become the first and sometimes only, point of contact for individuals and families in some areas facing these crises.
- Community-based drug projects and services have themselves suffered from cutbacks, resulting in a situation where their development brief and workload has become broader while their funding base is shrinking.
- Projects and local services in this situation are fulfilling a very wide community development and family support brief while, at the same time, they are funded and asked to report on a much narrower set of functions related to the delivery of drug and alcohol services.
- This kind of increasingly pressurised environment has also added to the potential for division amongst groups locally. Community-based organisations expressed the need for solidarity and the need to avoid competitiveness as demands increased and resources decreased.
- Difficulties are added to by ongoing criminal activity locally, frequently accompanied by intimidation and a fear for personal safety for those who become actively involved in responding to drug and alcohol misuse in the community.
- There are also implications for establishing area-based priorities within these overall challenges. **Particular communities have been impacted more severely by cutbacks and the planning process for the CDATF needs to take into account the need to target resources at those communities, families and individuals with the most critical needs.**
- Finally, the intergenerational nature of drug and alcohol misuse had become clearer as the crisis for particular families and communities has deepened. On one end of the age spectrum, this implies the need to identify and take into account the specific needs of older people. At

the opposite end, the need for a longer term vision has become apparent in terms of moving towards meaningful and sustainable change by involving the very young in the community and responding to their needs.

- The need for improved interagency collaboration based on a whole family approach was also highlighted.

### ACKNOWLEDGING AND BUILDING ON OUR STRENGTHS

While the challenges, as noted above, are substantive and significant, however despite this there was agreement that the CDATF need to take into account of and build upon these strengths in the current plan and into the future.

The most important strengths and assets are in relation to:

- **A strong commitment and motivation within the Clondalkin community** to improve living conditions and increase opportunities. This has remained evident through a long history of activism and volunteering at community level. This is particularly true of those areas suffering from the highest levels of social and economic exclusion that have been affected most significantly by austerity policies, and face the most formidable challenges in relation to drug and alcohol misuse. This commitment has persisted, despite a dismantling of the community development infrastructure in local areas, and despite the ongoing threat posed by criminality. The commitment was most recently evident through the very strong and active engagement of community-based interests in the process established to create this strategic plan.
- The availability of local services which have been developed through the work of local residents and locally based organisations using community development approaches.
- **The knowledge, experience and competencies** built up over the years through programmes and activities supported by the CDATF. In particular the expertise and capacity built up by staff and volunteers in responding to local needs and in delivering services locally. This means that CDATF now has:
  - › A spread of committed and experienced people over a wide geographical area.
  - › A very wide sphere of competencies within the group of workers, volunteers and associated activists. A deepening of the crisis for many communities in recent years has obliged those working on the front line to strengthen their own capacity to respond with flexibility to a broader range of complex needs presenting to services.
  - › Most importantly, an ability to understand the challenges faced by local people in communities; the capacity to assist people in a flexible way in responding

to these challenges; and the ability to build up and maintain a trusting and non-judgemental local space, understanding the importance of difference and diversity.

- **Effective working relationships and cooperative structures.** The CDATF has been the vehicle through which community interests, local service providers and local representatives have been able to maintain collaborative working relationships. In addition to the advantages this brings in terms of responding to the challenges faced by individuals and families affected by poverty and drug and alcohol misuse on a day to day basis, it has enabled movement towards a broader 'evidence-based' approach. As indicated through the research report the CDATF is committed to ongoing review of the broader causes and consequences of drug and alcohol misuse; as well as to ongoing efforts to find collective ways of responding to these and tracking meaningful outcomes.

### THE NEW NATIONAL DRUGS STRATEGY 2017 - 2025

In 2016 the Minister of State for the National Drugs Strategy Catherine Byrne TD appointed an independent expert panel to carry out a rapid review of the 2009 – 2016 National Drugs Strategy (Department of Health, 2009). The review established a number of key pointers towards priorities

**Firstly**, the need to be more explicit in defining responsibilities and functions of local partners and local partnership arrangements was highlighted. The need to monitor and review the fulfilment of these responsibilities and functions was acknowledged.

**Secondly**, in reviewing progress towards rehabilitation, more general barriers to recovery were identified as being important. The most significant of these barriers were specified as relating to employment, mental health and homelessness. Since success in reducing harm and achieving recovery and rehabilitation targets are so clearly connected to such wider issues for the individual and society, the review argued for drug strategies to strengthen links between other areas of policy and service delivery.

**Thirdly**, a strong argument was made for national policy and strategy to be influenced by local experience.

*'Building on strong community focus in the previous strategy, responsiveness could be achieved through regular need assessments at the local level that are analysed at the national level to identify emerging issues to allow reprioritisation, the development of new initiatives or adjustment of current ones' (Griffiths, Strang, Singleton, 2016).*

In July 2017 the Government published its new National Drugs Strategy 'Reducing Harm, Supporting Recovery' a health led response to drug and alcohol use in Ireland 2017 – 2025.



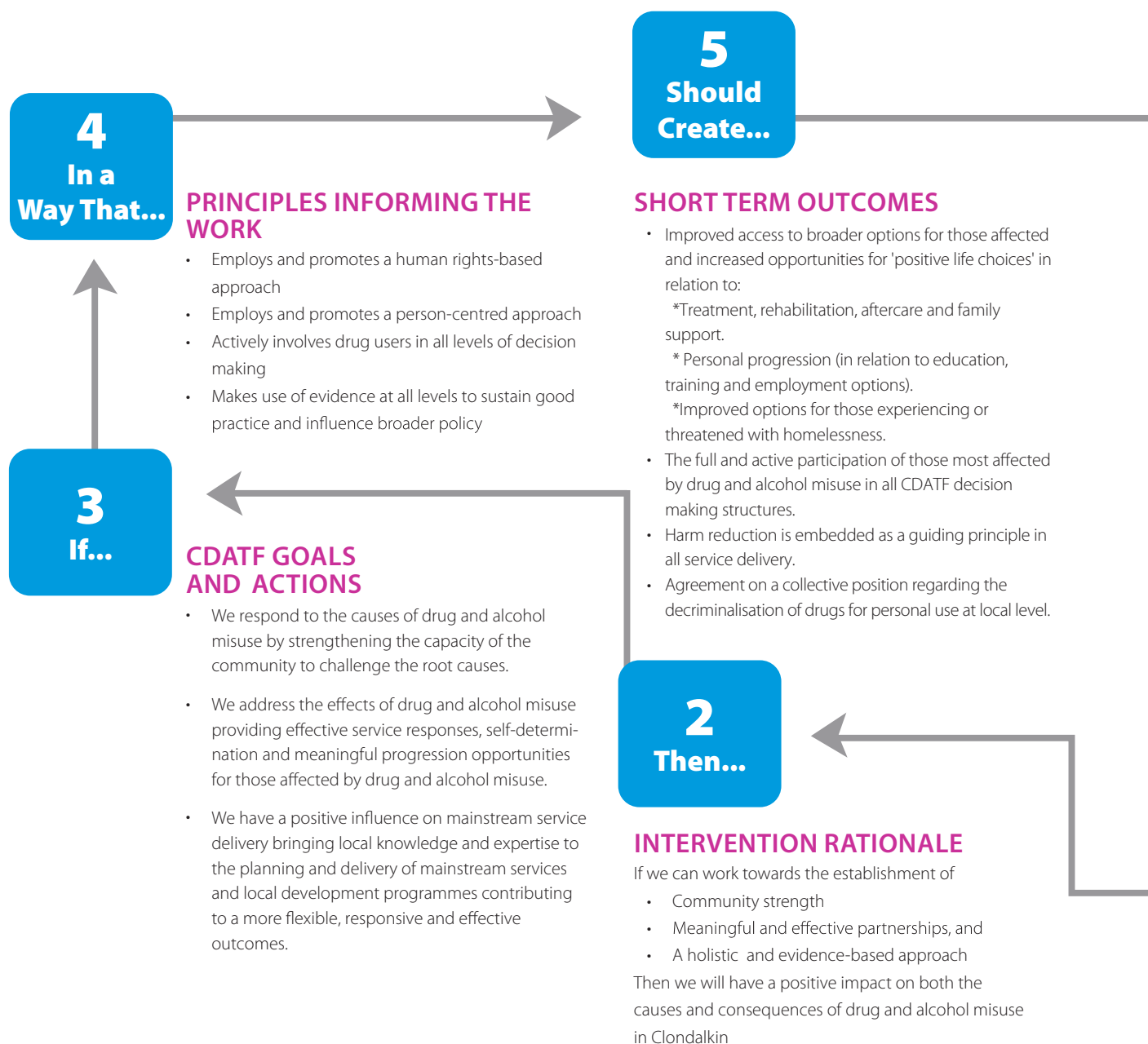
The Strategy recognised that partnership working between the statutory, community and voluntary sectors was a major factor in the success of previous National Drugs Strategies and outlined the key role of DATF's in coordinating interagency action at local level and supporting evidence-based approaches to problem substance use including alcohol and illegal drugs.

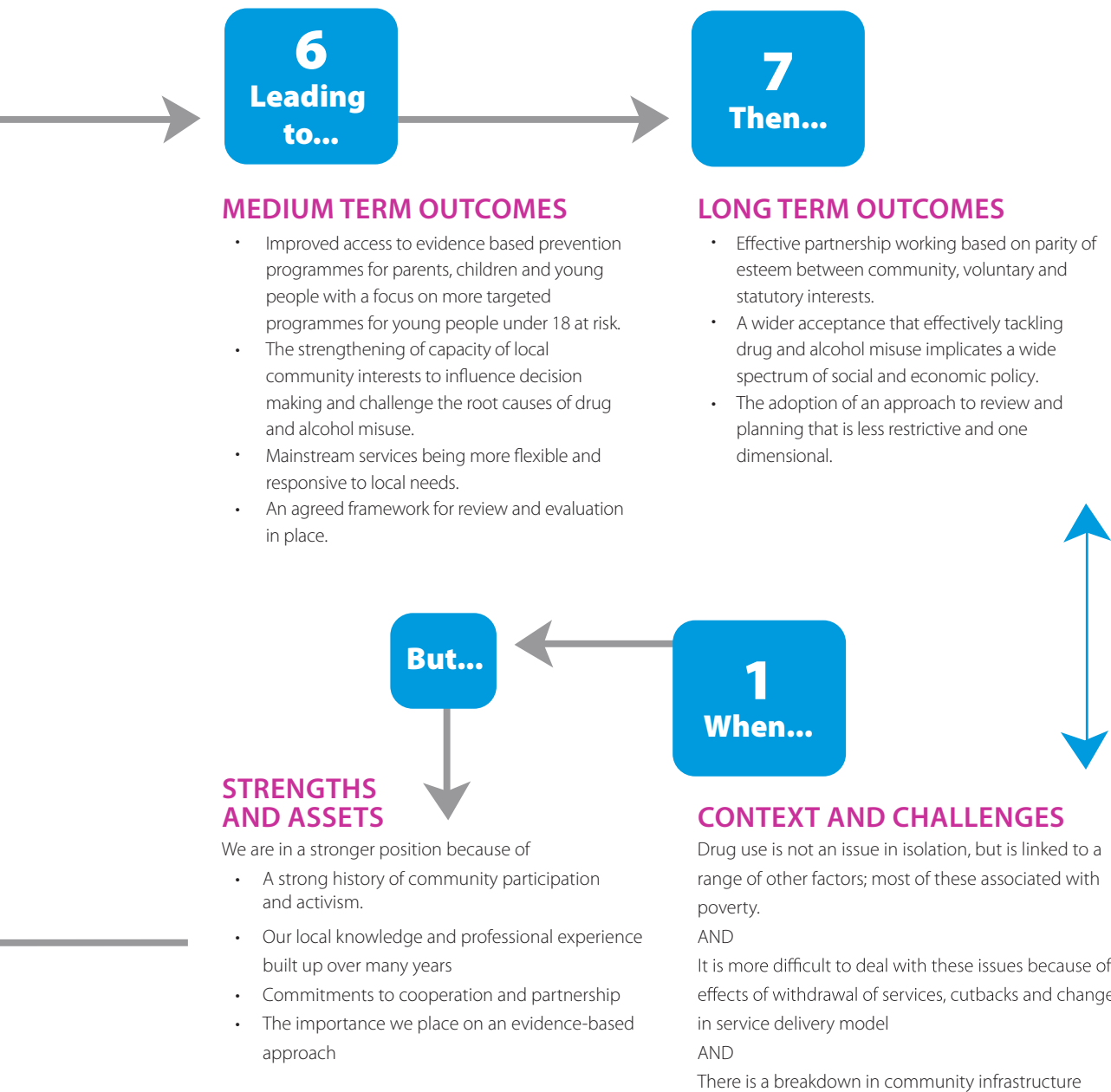
Together with what have been identified as key issues and challenges, the CDATF strategic plan has taken these points on board; emphasising the importance of well-defined partnerships, broader areas of policy impacting on drug and alcohol misuse and recovery, and value in bringing lessons learned locally to reassessment of national direction.

The chart overleaf presents a summary of the CDATF strategic planning process which was based on the seven-step "Theory of Change" model and reflects the CDATF commitment to community development and the values which underpin this approach.



## Theory of Change







# 4 STRATEGIC GOALS AND OUTCOME INDICATORS

## MISSION STATEMENT

It was agreed that the overall thrust of the CDATF Strategy is

**“To re-establish and strengthen the role of the community in tackling the causes and consequences of drug and alcohol misuse; facilitate the re-establishment of meaningful and effective partnerships; and support the development of a holistic approach to dealing with both the causes and consequences of drug and alcohol misuse in the CDATF area.”**

## STRATEGIC GOAL ONE DEALING WITH THE EFFECTS OF DRUG AND ALCOHOL MISUSE

OBJECTIVES	OUTCOME INDICATORS
<div>1. To work towards addressing the broader social and economic contributing factors of drug and alcohol misuse in partnership with community, voluntary and statutory agencies.</div> <div>2. To continue to provide person-centred supports and effective service responses to the needs of those affected by drug and alcohol misuse.</div> <div>3. To build on and increase meaningful progression opportunities for those affected by drug and alcohol misuse.</div> <div>4. To create more opportunities for improving collaboration and developing an integrated response to drug related crime and intimidation.</div> <div>5. To facilitate consultations with key stakeholders at local level regarding the decriminalisation of drugs for personal use and inform national policy.</div>	<div>The Task Force will continue to facilitate the delivery of services and programmes that assist individuals and families facing challenges associated with drug and alcohol misuse. Under this goal the CDATF will be working towards;</div> <div><ul style="list-style-type: none"><li>• Increased clarity in relation to underlying principles governing the delivery of drug and alcohol services.</li><li>• The embedding of harm reduction as a guiding principle in all service delivery.</li><li>• The creation of broader and more improved options for those affected and increase opportunities for ‘positive life choices’ in relation to:<ul style="list-style-type: none"><li>• Treatment, rehabilitation and aftercare.</li><li>• Personal progression (in relation to education, training and employment options).</li><li>• Accommodation (especially in relation to improved options for those experiencing or threatened with homelessness).</li></ul></li><li>• The provision of additional evidenced based prevention programmes for parents, children and young people most at risk of drug and alcohol misuse.</li><li>• The development of more specific and targeted programmes for young people under 18 engaged in drug and alcohol misuse and their families.</li><li>• Creating safer and more meaningful opportunities for those most affected in developing a collective response to drug related crime and intimidation.</li><li>• Developing a clear outcome in the ongoing discussion regarding the decriminalisation of drugs for personal use.</li><li>• Supporting the full and active participation of those most affected in all CDATF decision-making structures.</li></ul></div>

STRATEGIC GOAL TWO  
STRENGTHENING THE ROLE OF THE COMMUNITY IN ADDRESSING THE CAUSES OF  
DRUG AND ALCOHOL MISUSE

OBJECTIVES	OUTCOME INDICATORS
<div>1. To continue to strengthen the capacity of the community in challenging the root causes of drug and alcohol misuse including the harmful outcomes of drug policy, poverty and inequality.</div> <div>2. To facilitate the participation of those most affected in identifying and developing appropriate responses to drug and alcohol misuse.</div> <div>3. To build the capacity of those most affected by drug and alcohol misuse to engage in decision making at all levels.</div>	<div>The Task Force will continue efforts to strengthen the capacity of local community to understand and effectively challenge the root causes of drug and alcohol misuse. These efforts will have the task of rebuilding community infrastructure at their core, but will also focus on rebuilding real and effective partnerships between mainstream services and community based responses. Under this goal the CDATF will be working towards;</div> <div>A strengthening of the capacity of local community interests to have an influence. Progress in this direction will be evident in the extent to which community representatives are:</div> <div><ul style="list-style-type: none"><li>• Facilitated to become more actively engaged in understanding and addressing the causes of drug and alcohol misuse.</li><li>• Actively engaged with and participating in decision making structures at local and national level including the CDATF.</li><li>• Feel safer and develop trust in the process of partnership and interagency working at local and national level.</li><li>• Have a greater capacity to be more effective in their efforts to lobby and influence decisions which impact on their lives.</li></ul></div>



STRATEGIC GOAL THREE  
HAVING A POSITIVE INFLUENCE ON MAINSTREAM SERVICES AND  
CONTRIBUTING TO MORE INTEGRATED RESPONSES

OBJECTIVES	OUTCOME INDICATORS
<div>1. To broaden the understanding and response to drug and alcohol misuse based on the recognition that that the causes are multidimensional; crossing a range of social, economic and policy linked factors.</div> <div>2. To engage with key stakeholders in renewing their commitment to the DATF model of community based partnership.</div> <div>3. To build on existing evidence based on local knowledge and expertise which will demonstrate the longer term benefits of a more holistic approach to drug and alcohol misuse.</div> <div>4. To seek to influence the development of appropriate responses to drug and alcohol misuse by bringing local knowledge and expertise to the planning and delivery of mainstream services and local development programmes.</div>	<div>The Task Force will facilitate a concerted effort to improve effectiveness (and cost-effectiveness) of mainstream service delivery. Under this goal the CDATF will be working towards highlighting the lessons emerging from local practice in the shaping and targeting of service delivery through;</div> <div><ul style="list-style-type: none"><li>• Raising awareness of the fact that effectively tackling the drug and alcohol issue is not just about drug and alcohol misuse in isolation but implicates a wide spectrum of social and economic policy. Progress in ensuring that this approach is embedded in practice will be evident through mainstream service providers:<ul style="list-style-type: none"><li>› Communicating with each other more effectively.</li><li>› Achieving a 'depth' in efforts to improve integration, ensuring for example that effective collaboration takes place at front line service level, and at decision making level.</li><li>› Adopting an approach to review that is less restrictive and one-dimensional taking into account qualitative as well as quantative benefits and the broader family and community effects of particular responses.</li><li>› Acknowledging the broader social and economic contributing factors to drug and alcohol misuse and the range of social and economic benefits accruing from a more holistic approach.</li><li>› Acknowledge the importance, and potential mutual benefit accruing, from sustainable partnerships.</li><li>› With these mutual benefits in mind, engagement in negotiation, joint service planning and review (seeing local organisations as knowledge and expertise to be harnessed rather than just as a mechanism for service delivery).</li><li>› Are more flexible and responsive to local needs with the capacity to change, contract and expand when needs change.</li><li>› Are less restrictive in terms of policies in relation to access where these conditions can act as a barrier to access.</li><li>› Direct increased resources towards community development infrastructure, in recognition of the vital role this plays in effective responses.</li></ul></li></ul></div>



## 5 VALUES AND APPROACHES UNDERPINNING THE WORK

The CDATF will continue to promote and actively support an approach to the work which is based on the principles of community development and is both person-centred and human rights-based. The following values will underpin the CDATF strategic goals, objectives and actions over the next seven years.



### *A Community Development Approach*

- Enabling and supporting groups of people most affected to develop knowledge; skills and confidence so that they can develop an analysis, identify priority needs and issues and address these through collective action.
- The active engagement and participation of individuals and groups who experience social exclusion, marginalisation and discrimination in decision making, planning and action at all levels, from the local to the global.
- Empowerment of individuals and communities and working with people to enable them to become critical, creative, liberated and active participants in taking more control of the direction of their lives.
- The active pursuit of social justice and the development of a socially cohesive society.
- Challenging the oppression and exclusion of individuals and groups by institutions and society based on ability, age, culture, gender, marital status, socioeconomic status, nationality, skin colour, racial or ethnic group, sexual orientation, political or religious beliefs.



### *A Person-Centred Approach*

- Investing time and effort in listening to and understanding personal circumstances and challenges.
- Recognising difference and uniqueness, avoiding the potential for generalising about circumstances and needs.
- Demonstrating compassion, empathy and a duty of care.
- Offering people, the chance and the space to understand the causes of their own challenges with drug or alcohol misuse and not just the consequences.
- Providing professional and effective support, engaging in advocacy where appropriate and at all stages promoting self-determination.
- Working in a non-judgemental way and opposing all forms of prejudice.



### *A Human Rights-Based Approach*

- Treating people as people: defining people by who they are and not what their problems are.
- Recognising the entitlement of everyone to a high level of service provision.
- Recognising the constitutional rights of all as citizens.
- Promoting respect and facilitating the right to feel safe.
- Promoting respect and facilitating the right to question.
- Promoting respect and facilitating the right to self-direction and choice.
- Promoting respect and facilitating the right to have privacy respected.
- Promoting respect and facilitating the right to be represented.
- Encouraging and promoting collective responsibility.
- Upholding the right to influence local decisions and local decision-makers (across a range of policy issues and not just related to drug and alcohol misuse).

- Acknowledging the potential for conflicting rights in any situation (and the consequent need for mediation in many situations).

The CDATF will ensure that these core values are embedded at all levels of implementation of the CDATF plan, in particular through:

- 1 Ongoing review of activities and services supported by the Task Force.
- 2 Incorporation of core values and ethos in training programmes designed and/or delivered by the Task Force.
- 3 Active promotion of core values and ethos with mainstream service providers, and provision of support for these services developing consistent approaches in their own fields of operation.
- 4 Inclusion of core values in the overall review of Task Force activities and evaluation of strategic action plans. The CDATF will assess how progress is made as well as what progress is made.



### *An Evidence Based Approach*

The CDATF are committed to working in an integrated way by working to ensure that three goals at the centre of our plan are very much interrelated.

Success in positively influencing mainstream responses will depend greatly upon knowledge and lessons emerging from activities under the other two goals. Equally, there is a limit to effectiveness in achieving Goals 1 and 2 without efforts to influence mainstream services being integral to all activities.

We place great importance on the role of evidence in establishing links between the goals, maintaining overall coherence, and contributing to real and sustainable change. Actions will be delivered under each of the goals and will form an essential component of the CDATF' work in terms of the development and implementation of action plans. Most importantly, a framework will be agreed which will ensure that evidence of what was achieved and how it was achieved is collected and assessed on an ongoing basis. This will provide the basis for continuous interaction and negotiation with service providers and policy makers to take place on an informed basis.

Research supported or initiated by the Task Force will be within the action-research model: always aiming towards the successful achievement of Goals 1 and 2, and spelling out implications for the achievement of Goal 3.

## 6 STRUCTURES AND OPERATIONAL PROCEDURES

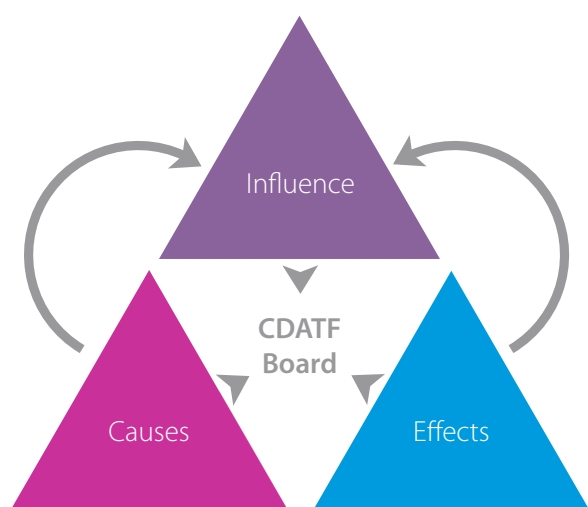
CDATF Board will continue its role and functions as set out in the New National Drugs Strategy 2017–2025 as follows

*To coordinate the implementation of the NDS 2017–2025 in the context of the needs of the local/regional area, to implement the actions where the DATF have been assigned a role and to promote the implementation of evidence based local/regional drug and alcohol strategies and exchange best practice.’ (Dept. of Health, 2017)*

### CDATF ROLE AND FUNCTIONS

- Coordinating the implementation of the New National Drugs Strategy (NDS) in the context of the needs of the local area.
- Implementing the actions where the CDATF have been assigned a role in the NDS.
- Promoting the implementation of evidence based local drug and alcohol strategies and exchange best practice.
- Approving the action plans agreed by each development group and securing additional funding for implementation.
- Establishing systems to facilitate continuous internal and external evaluation and review as a means of building the Task Forces spheres of influence on the basis of evidence, demonstrative results and lessons emerging.

### CDATF ORGANISATIONAL STRUCTURE



### DEVELOPMENT GROUPS

Three Development Groups will be established and will be responsible for;

- Agreeing terms of reference, membership and roles and responsibilities of organisations and agencies. Development groups will be task oriented and membership of each development group will be flexible and fluid dependent upon particular themes or tasks being addressed.
- Ensuring that service users are actively involved in decision-making.
- Identifying particular stakeholders needed to carry out actions on a cross-agency basis.
- Planning, delivery and review of specific programmes that require joint stakeholder involvement.
- Ongoing joint assessment of progress on achievement of objectives in accordance with agreed outcome indicators established under each goal, as well as specific programme indicators.
- Collecting, assessing lessons and making recommendations based on learning from joint activities carried out on an ongoing basis.
- The nomination of one agency to take responsibility for facilitating and coordinating activities for each development group.
- Each development group will have at least one representative on the CDATF Board.
- Setting of implementation targets and a reviewing progress towards achieving targets
- Drawing up an agreed schedule and time-table for implementation of actions.
- The action plans will incorporate some of the priorities proposed during the Strategic Planning sessions (for example):
  - › Exploring models of service user involvement including a payment incentive scheme.
  - › Service-linked education and training grants to enhance progression opportunities.
  - › Identify more appropriate funding mechanisms for the delivery of drug specific rehabilitation programmes.

- › Secure resources for the development of additional residential stabilisation programmes.
- › Develop more integrated responses to the issue of dual diagnosis across the community, voluntary and statutory sectors.
- › Continue to engage with schools in addressing early school leaving and raising awareness of best practice in the provision of drug education.
- › Develop more specific initiatives for hard to reach young people including street based outreach programmes.
- › Strengthening the organised voice of the community in areas most affected by drug and alcohol misuse.
- › Development and agreement on protocols to guide community, voluntary and statutory working relationships.
- › Identifying key research questions to inform more effective and cost-effective service delivery.
- › Initiating a programme within a European Framework funding context.

Periodic review will be carried out in each Development Group to ascertain:

- The extent to which targets have been met.
- Reason for progress or lack of progress in meeting targets set.
- Lessons emerging from the work in the form of factors aiding progress and factors impeding or blocking progress.
- Implications of results and learning for future policy and practice.

Reports from each Development Group will be made available to CDATF Board meetings to assist in the overall strategic plan review.

## EVALUATION AND REVIEW

A priority for the CDATF in this strategic plan is to broaden the understanding and response to drug and alcohol misuse. Causes of drug and alcohol misuse are multidimensional: crossing a range of social, economic and policy linked factors. If they are to be effective, responses must also be multi-dimensional and span a range of policies, services and development programmes.

The CDATF board are setting out in this plan to have a positive effect on this wider response environment. In so doing, members are especially aware of the importance of bringing local knowledge and learning to bear on the process of improving services and broader planned interventions.

Evaluation is crucial in terms of making this link on an informed basis. The CDATF will put in place systems to facilitate continuous evaluation and review as a means of building the Task Force's sphere of influence on the basis of evidence, demonstrative results and lessons emerging.

Evaluation activities therefore provide continuous linkages between our three strategic goals. Review and evaluation are not activities to be undertaken at the end of our strategic planning period. They rather provide the mechanism through which experience on the ground (in addressing causes and effects of drug and alcohol misuse) is translated into positive and effective recommendations for change to broader mainstream policy and service delivery.

CDATF is committed to evaluation as an integral part of our development activities throughout the strategic planning period because we recognise the importance of:

- 1 The ever increasing need to demonstrate results in relation to resources invested. The CDATF are committed to demonstrating that CDATF supported activities not only succeed in achieving the objectives and targets, but that they also make economic sense in terms of broader outcomes. The CDATF will adopt an evidence-based approach to showing value for money in this respect.
- 2 Secondly, the CDATF is aware that impacts of CDATF supported initiatives go beyond individuals accessing service or participating in programmes. There are also clear benefits for families and for wider community. The CDATF is committed to demonstrating these benefits, both in the short and longer term and are also committed to using evidence to demonstrate the benefits of a more inclusive and holistic approach for mainstream service-providers and for Irish society generally.
- 3 Thirdly, the CDATF is also strongly aware that successful outcomes are very much dependent upon the active involvement of community, and of the particular approach taken to working within communities. Our evaluation efforts will not only show what has been achieved; but will also focus on how these achievements have come about. The CDATF is committed to ongoing critical reflection on what works well and what may not, informed at all stages by participant and service-user feedback. As a result the CDATF will be able to demonstrate (and share) the CDATF 'model', and how particular approaches and interventions can contribute to particular results.
- 4 Fourthly, the CDATF see lessons and insights emerging from the work as being of significant importance in shaping effective mainstream responses to social exclusion, education, health and other key challenges faced by the Clondalkin community and similar communities elsewhere. The CDATF will work to develop a review and evaluation



process which will provide a mechanism through which these lessons are captured, and then shared with our working partners within mainstream service provision and policy development.

- 5 Finally, the CDATF will address the need to develop a broader and more appropriate set of indicators to guide our evaluation process. The benefits of successful interventions are much wider than those that can be recorded (usually in numerical terms) through the delivery of services to individuals. The CDATF will develop evaluation indicators which will reflect this reality.

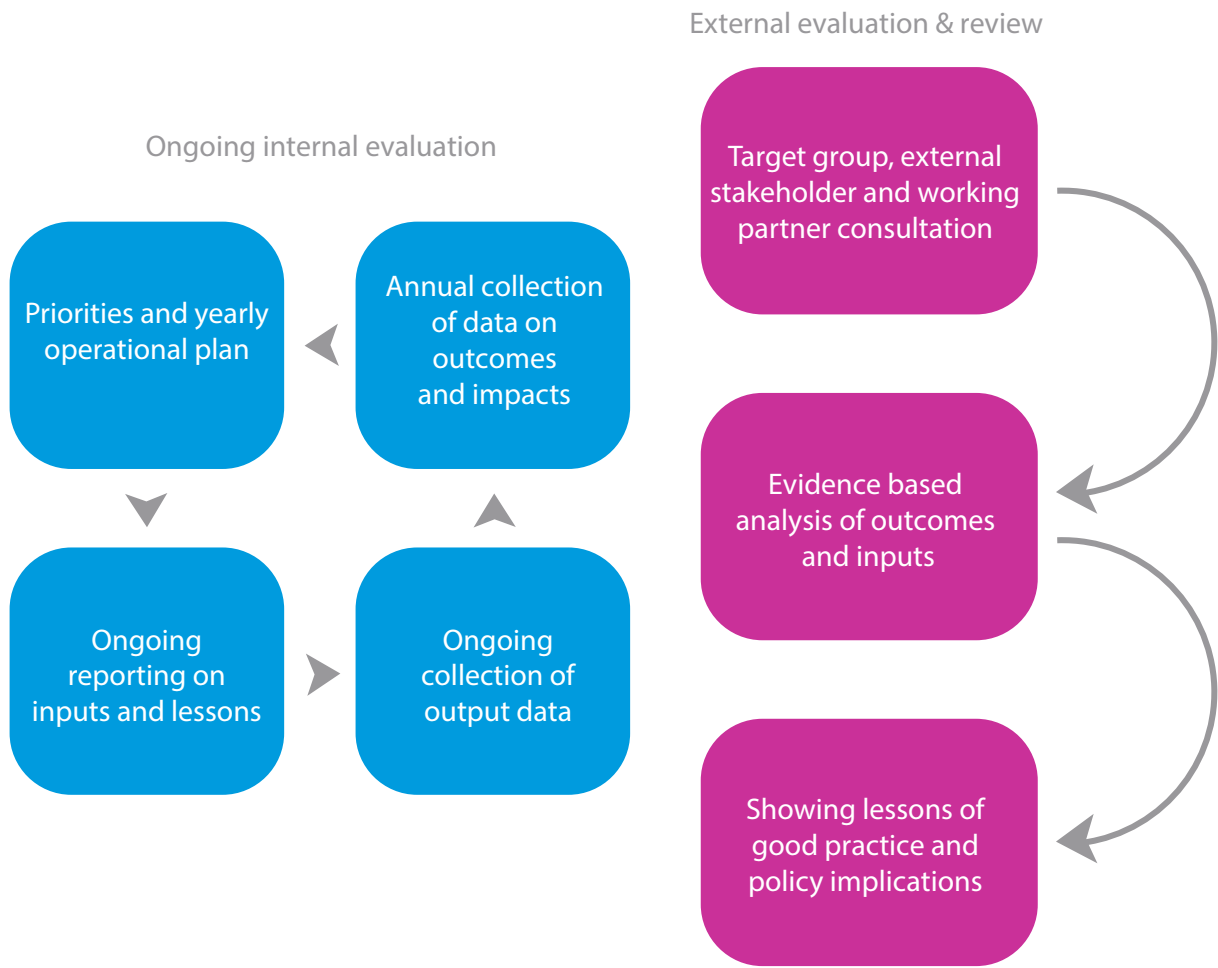
The evaluation process will allow for the participation of staff, board members, volunteers, service users and programme participants. It is envisaged that an annual cycle will result in the production of a yearly report: summarising progress towards achievement of strategic objectives and highlighting issues for future planning.

The model is based on the ‘Theory of Change’ approach: with an emphasis on understanding changing and evolving circumstances; setting clear aims, and increasing the organisation’s capacity to link and understand inputs and outputs on an ongoing basis.

Internal evaluation and outcome-data collection systems will be developed and built into all programmes and actions, and will become an integral part of the work carried out in Development Groups. The plan will also be externally evaluated to demonstrate outcomes, impacts and lessons for the future.

The basic elements of the model are presented below.

Evaluation of Outcomes



Notes

Lined area for notes.

## Notes

