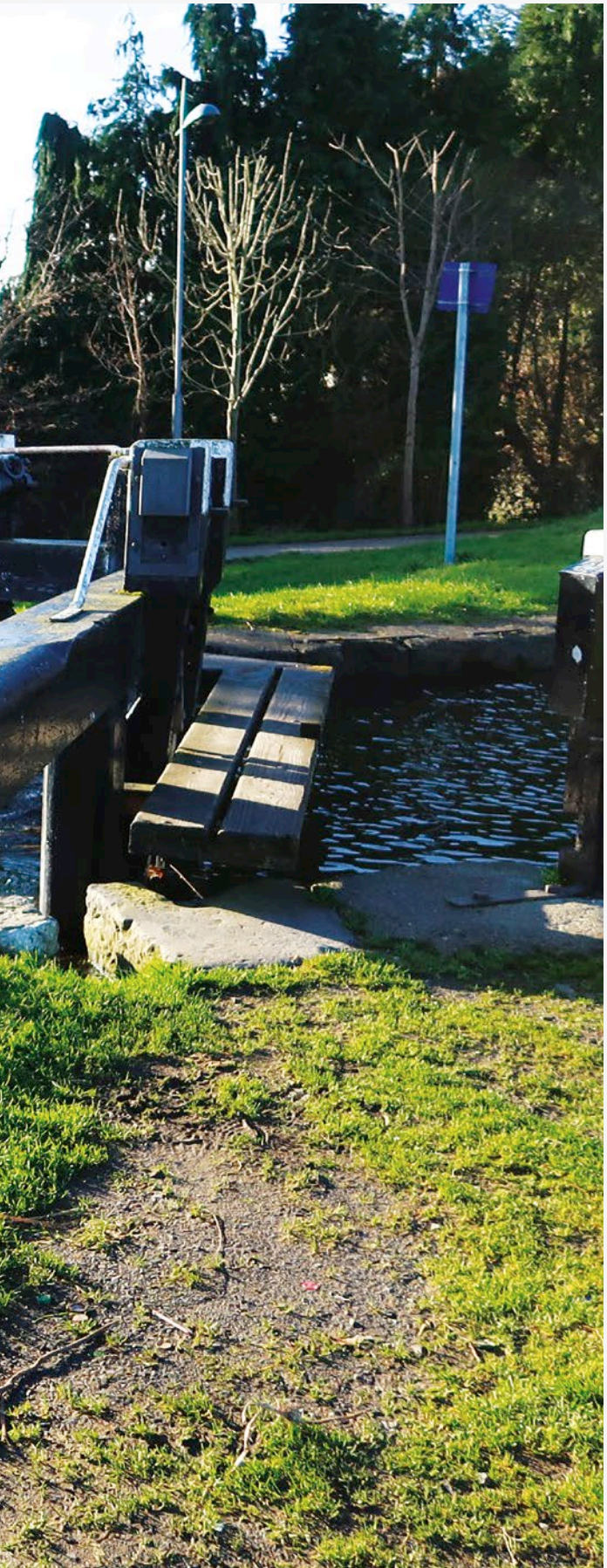
THE CLONDALKIN MODEL

A Community of Practice

Clondalkin
Drug & Alcohol Task Force



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An acknowledgement that this publication was commissioned by CDATF and compiled by S3 Solutions

Clondalkin
Drug & Alcohol Task Force

S3 SOLUTIONS

1 CONTEXT

The Clondalkin Drug Task Force (CDTF) was established in 1997 (later renamed The Clondalkin Drug and Alcohol Task Force). The 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.

The role of Local Drug and Alcohol Task Forces as set out in the Governments current National Drugs Strategy *'Reducing Harm, Supporting Recovery 2017 – 2025'* is to implement that Strategy in the context of the needs of the regional/local area and strengthen community based responses in partnership with the community, voluntary and statutory sectors.

The CDATF Strategic Plan 2018 – 2025 '*Reclaiming Community Development as an Effective Response to Drug Harms, Policy Harms, Poverty and Inequality*' was launched in March 2018 with the overall mission:

The strategic planning process identified ***a strong commitment and motivation within the Clondalkin community*** to improve living conditions and increase opportunities, building on a long history of community development activities and the engagement of local individuals, voluntary groups and organisations in 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 the funding challenges for community development infrastructure in Clondalkin, and the ongoing threat posed by criminality.

"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."

2 THE CLONDALKIN MODEL

CDATF have co-delivered a number of initiatives in recent times in partnership with local voluntary and statutory organisations that have produced significant positive outcomes for service users, families and the community.

Based on a 'community of practice approach[1]', these initiatives were successful because of the process adopted by CDATF and other agencies when developing responses to specific issues affecting the community. The success of these initiatives has been recognised locally, regionally and nationally, resulting in CDATF often receiving requests to share their process or model.

Thus, to capture the essence of this work and in the spirit of sharing practice, CDATF commissioned the compilation and publication of 'The Clondalkin Model' as it was applied to the following **five key initiatives:**

1. Dual Diagnosis
2. Culturally Appropriate Substance Misuse Education
3. Culturally Appropriate Counselling & Referral Pathways
4. Support, Advice, Free Exchange, Empathy (SAFE) Harm Reduction Intervention
5. Schools Based Substance Misuse Education Programme

Each initiative is directly relevant to the National Drug Strategy and also aligned to the **three strategic goals** of the CDATF 2018-2025 Strategy, namely:

1. Dealing with the effects of drug and alcohol misuse.
2. Strengthening the role of the community in addressing the causes of drug and alcohol misuse.
3. Having a positive influence on mainstream services and contributing to more integrated responses.

[1]Groups of People who share who share a concern or a passion for something they do and learn how to do it better as they interact regularly – Communities of Practice Learning Theories Lave & Wenger 1998

3 COMPILING 'THE CLONDALKIN MODEL'

In order to compile **'The Clondalkin Model – A Community of Practice',** a thematic analysis of the five key initiatives was carried out and mapped. Interviews were carried out with CDATF, partner organisations in each of the five initiatives, local practitioners and service users. The research team explored the process undertaken by the CDATF and key partners in each of the five initiatives to identify a commonality of approach and to define some of the core foundational principles of 'The Clondalkin Model'.

The research found that the model is based on parity of esteem and collaboration between community interests, voluntary services and mainstream service providers, underpinned by a tenacity and passion for the Clondalkin community. This is illustrated through the five initiatives which are mapped out in the subsequent sections, where groups of people who shared a concern and passion for what they do learned how to do it better through regular and structured engagement. Common elements such as shared goals, leadership and investing the necessary time (particularly during a predevelopment stage) were evident in the approach to all five.

Community development principles such as empowerment, enabling, participation, pursuit of human rights & social justice and challenging exclusion, underpin all aspects of the Clondalkin Model and the availability of local services has been enhanced through the work of local residents and locally based voluntary organisations using such approaches. In compiling the model in **Figure 1**, we have identified **four stages** which are consistent across all of the initiatives.

Each stage contains between 1- 4 components which collectively represent the model. The model places **INTRINSIC / TACIT KNOWLEDGE/ OBESRVATION / INSTINCT** for the local area at the apex, this is where each of the five initiatives began and was easily recognisable across all five. This is derived from the personnel involved and their connection to and passion for Clondalkin the place. This varied from an observation of an emerging issue or a realisation that a specific community is facing a challenge. A strong commitment and motivation within the Clondalkin community to develop local responses to drug & policy harms, poverty and inequality has remained evident through a long history of community development work in the area.

The model enhances the evidence base for the effectiveness of locally based practice and the use of community development approaches. In analysing the model, it is important to recognise that each local context is different and that all stages of the process must be fully implemented to achieve the best outcomes for all stakeholders. Whilst presented as a cyclical model, it is noted that the model is not intended as a linear and sequential process, moreover it is a flexible approach that evolves based on the needs of the 'community in practice'.

In the examples analysed, some stages took longer than in others and some stages are more clearly evident in some initiatives than in others, however the stages of the model are present in all five examples. The model is presented overleaf followed by a description of each stage + component.

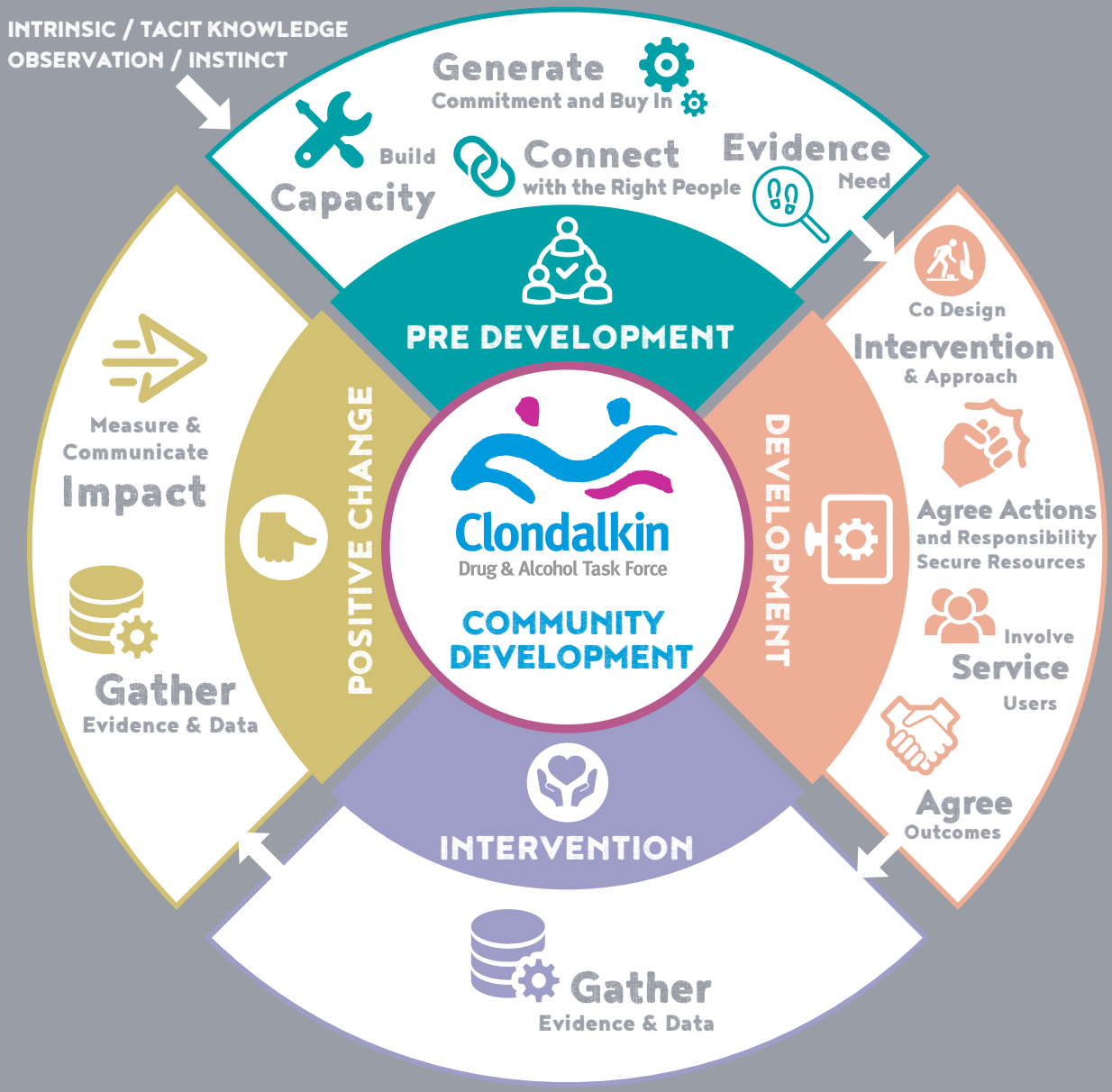
PRE-DEVELOPMENT

DEVELOPMENT

INTERVENTION

POSITIVE CHANGE

Figure 1 – Overarching Clondalkin Model



COMMUNITY DEVELOPMENT PRINCIPLES AND ENABLERS UNDERPINNING THE CLONDALKIN MODEL

Meaningful connections with the right people combined with a unity of purpose and collective will to deliver positive change.

The roles and contributions of various organisations, both statutory and community & voluntary are respected and valued, leading to strong collaboration and partnership working.

The tenacity, passion and leadership of the individuals across various organisations is reinforced with a deep understanding of Clondalkin the place and its historical context and environment. This local knowledge creates strong instinct in identifying needs.

At a service user level, the community led, non-statutory approach is perceived as less threatening and offers greater flexibility, leading to increased buy in and resilience.

Table 1: Stages of the Clondalkin Model

STAGE	COMPONENT	DESCRIPTION
Pre Development	Connect with the Right People Evidence Need Generate Commitment and Buy In Build Capacity	The model involves a significant investment in 'predevelopment' work, often over a long period of time to ensure that those involved 'get it right' and the intervention is sustainable. In each of the five initiatives analysed, the predevelopment stage was centred on connecting with the right people across the community, voluntary and statutory services and gathering evidence and data to support the initial intrinsic/instinct based identification of an issue. This was often achieved through statistical evidence, consultations or further observation. Those involved took the time to understand emerging issues or challenges and to use this to motivate and generate a collective will to create a positive change. This resulted in a unity of purpose around the identified issue or challenge. It should be noted, that in the five initiatives analysed, the motivation to act was abundant across the CDATF and other partners. Where necessary, the predevelopment stage often included capacity building to better understand an issue or challenge and to ensure people had the appropriate skills and knowledge.
Development	Involve Service Users Co-Design Intervention and Approach Agree Outcomes Agree Actions and Responsibility (Secure Resources)	Consistent across the five approaches was the involvement of service users or partners in the co-design of the intervention. This was usually a consultative approach involving focus groups, interviews and informal discussions about what would work best for the relevant community of practice. In all cases, those involved in the process identified realistic goals and outcomes to be achieved, this helped retain motivation throughout. A task and finish approach were applied across the initiatives, setting responsibility and accountability on relevant agencies to deliver action. Where appropriate, stakeholders leveraged their connections and partnerships to secure additional resources to enable an intervention to be implemented. This was made easier given the extent of predevelopment work and the level of buy in and commitment already secured.
Intervention	Delivery Gather Evidence & Data	Consistent across all five areas was the collaborative approach adopted to deliver the intervention. This was fostered through the relationships and trust built through the earlier stages of the model. Quality assurance was enabled through regular reporting back to the relevant steering group by the delivery partner on progress and service user feedback. Data on outputs and activity was also collated at this point.
Positive Change	Measure & Communicate Impact Review & Evaluate	Informal engagement and consultation approaches were used to measure attitudinal change and soft outcomes such as enhanced knowledge and awareness and an increased likelihood to engage with services in the future. The tacit knowledge, observation and instinct of practitioners was important in identifying positive change such as improved pathways, reduced duplication, improved well-being and coping strategies. For CDATF as the coordinating body, the process is the positive change/ outcome. As the process is now embedded, the projects have their individual's outcomes in terms of the interventions which they deliver, capture and report back to CDATF on.

4 'THE CLONDALKIN MODEL' APPLIED

The following pages offer an interpretation of the process adopted by CDATF and relevant partners in the delivery of the five interventions.

For clarity and ease of reference we have included the intrinsic/ tacit knowledge element as the opening sentence for each initiative. In example 1, Dual Diagnosis this stemmed from a "noticeable increase in service users presenting to substance misuse services', thus observation was the trigger for the model in this case.

In the SAFE project (example 4) the model was again kickstarted by observation by An Garda Siochana (AGS) and Irish Rail regarding the increased visibility of public drug use, anti-social behaviour and drug litter around the train station in Clondalkin.

The following tables highlight key moments across the five initiatives as they apply to the stages of the model.

INITIATIVE 1 CDATF DUAL DIAGNOSIS

This initiative emerged from a noticeable (observation) increase in service users presenting to substance misuse services with more severe co-occurring disorders and complex needs that were resource intensive, as well as an observation of little or no interagency work between substance misuse services and mental health services.

STAGE	COMPONENT	DESCRIPTION
Pre Development (2014)	Connect with the Right People	• The issues for Community Addiction Services and Community Mental Health (CMH) Services were explored and identified. Initial meeting with CMH Team took place in August 2014. • These issues were highlighted at the CDATF Treatment & Rehabilitation (T&R) subgroup in 2014 and the need for a coordinated approach locally was agreed. • Challenges in relation to responding to mental health within a Community Drugs Project explored. • Challenges in relation to responding to substance misuse within a Community Mental Health Team explored. • CDATF continued to engage with community addiction services and community mental health to identify needs locally. • Similar issues identified by CMH re: more complex cases, resource intensive, the need for formal case management. • 2 members of the CMH team joined the CDATF T&R Group. • A presentation of the National Drug Rehabilitation Framework (NDRF) given to the clinical team of CMH. • A training needs analysis for CMH and local substance misuse services undertaken by CDATF in relation to dual diagnosis. • Training was delivered by CDATF to CMH on care planning, case management, drug education & awareness, harm reduction and screening & brief intervention (SAOR). • CMH also included in training on MAPA, Domestic Violence, Cannabis training & Solution Focused Brief Therapy. • CMH delivered training to the Community Addiction Services on mental health medication and purpose. • Community drug services presented to the CMH clinical team on services offered locally.
	Evidence Need	
	Generate Commitment and Buy In	
	Build Capacity	

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STAGE	COMPONENT	DESCRIPTION
Development (2016)	Involve Service Users Co-Design Intervention and Approach Agree Outcomes Agree Actions and Responsibility (Secure Resources)	• Establishment of the Dual Diagnosis Working group as part of the T&R group work plan in 2016. • This group consisted of: CDATF Rehabilitation Coordinator (Chair) CASP, Clondalkin Tus Nua, Neart LeCheile, Clondalkin Travellers Development Group and the Community Mental Health Team. • Services consulted internally on dual diagnosis and collated baseline data. • Barriers / challenges were explored in relation to service provision / integrated care pathways for service users (Addiction services and Mental Health services). • The need to formalise collaboration in relation to case management and shared care was agreed. • CDATF worked closely with the management of 3 local community drug services and the clinical team in CMH to draft a document to formalise shared care locally. This process allowed for the needs of each service, the resources available and best practice to be considered when drafting the Memorandum of Understanding (MOU). • This MOU stated those who have a key worker in both services and give consent will have a formal shared care plan between the services with a case management approach. MOU signed in September 2017.
Intervention (2017-2019)	Delivery Gather Evidence & Data	• The MOU was launched at a Dual Diagnosis seminar. The seminar highlighted the process to date and included inputs from Mike Scully (HSE Addiction Psychiatry) & Liam MacGabhann (National Advisory Committee on Drugs (NACD) Research). • Consultation took place with all attendees to identify specific training needs and the ongoing role of the CDATF in the process. Training plan commenced in April 2018 (supported and funded through CDATF). • Wellness Recovery Action Plan (WRAP) Facilitator Training rolled out with Traveller project, drug services & youth services and embedded as part of service provision across the continuum in 2019.
Positive Change (Ongoing)	Measure & Communicate Impact Review & Evaluate	• Reduction in duplication of services, increase in integrated care pathways for those with co-occurring disorders and improved collaborative working. • Better understanding across both sectors of roles / responsibilities and challenges and improved collaborative working. • Reduction in hospital stays for 3 complex cases locally. • Improved information sharing and formalised shared care planning leading to early intervention to those requiring additional supports.

INITIATIVE 2 CDATF CULTURALLY APPROPRIATE SUBSTANCE MISUSE EDUCATION

Travellers were identified as a target group in the CDATF 2009-2016 Strategic Plan. This was borne from a recognition (instinct/ intrinsic) for some time that the services were not meeting the needs of the Travelling community and there was a need to 'do something' differently as direct engagement was proving difficult.

STAGE	COMPONENT	DESCRIPTION
Pre Development (2009-2014)	Evidence Need Connect with the Right People Generate Commitment and Buy In Build Capacity	• Harm Reduction Support - Pre-Developmental Phase, a 4 Stage Plan was developed in November 2014 with Clondalkin Travellers Development Group (CTDG) and CDATF. • Recognition of the specific needs and experiences of Travellers including the barriers they experience in accessing mainstream services. CTDG highlighted the increase in individuals presenting with drug and alcohol issues and a concerning increase in members of the Traveller community using Melanotan and Anabolic Steroids. • CDATF met with the Primary Health Care Team and Youth Workers to explore this further and gather some baseline data. • Community development approach to facilitate Traveller participation at all stages and all levels. Given the acceptance of steroids and tanning injections among the Traveller community it was felt that this was the most practical starting point in relation to harm reduction. • Commitment of drug services to working in partnership with members of the Traveller community to develop culturally inclusive services was secured. • Capacity building and harm reduction training for staff within CTDG to feel comfortable and confident disseminating harm reduction information. • A training programme was put together and delivered to the board members and staff of the CTDG (including the Primary Health Care Team). Training was delivered over 8 weeks and included drug awareness and harm reduction training.

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STAGE	COMPONENT	DESCRIPTION
Development (2014-2015)	Involve Service Users Co-Design Intervention and Approach Agree Outcomes Agree Actions and Responsibility (Secure Resources)	• Traveller input in relation to a culturally appropriate approach to providing information and getting the message across was important. • Gender specific Melanotan awareness raising/harm reduction campaign involving the Primary Health Care Team and 16 girls (aged 16+) from the Traveller Community co-designed. • Gender specific Anabolic Steroid awareness raising/harm reduction campaign involving Traveller men (4 men- 18+) and the Youth Substance Misuse Worker co-designed. • Improved access and engagement of members of the Traveller community within drug services. • Improved relationships between services and the Traveller community was crucial to the ongoing development of the project. • CDATF helped to ensure that the CTDG and the service users/ beneficiaries were involved in the identification of desired outcome and the resulting action plan. • Different agencies held to account through the task force in a positive way, which is why it is important that it has a community development ethos as opposed to being statutory led. • Little additional resource secured, on-going need for resources to drive and sustain ongoing culturally appropriate substance misuse education.
Intervention (2015-ongoing)	Delivery Gather Evidence & Data	• 6 week culturally appropriate drug awareness, safer injecting and harm reduction programme developed and delivered. • Involvement of St. Oliver's Traveller CE Programme & Youthreach. • Workshops also focused on other aspects of health such as sunbeds, skin cancer, skin care, training and nutrition in relation to steroid use. • Culturally appropriate harm reduction booklet designed and circulated. • There was a general consensus that the project had 'gathered a momentum' which would be difficult to stop, but resources, and the support of the Task Force, were key to effective and long-term development.
Positive Change (Ongoing)	Measure & Communicate Impact Review & Evaluate	• Positive beneficiary feedback, the practice of injecting tanning products and steroids still happens, but with decreased incidence and that people are informed about the dangers. • Other parts of the country have requested copies of the booklets. • Review of the work of the Initiative by considering successes, disappointments and then highlighting the learning generated. • Increasing awareness in the Travelling Community that they can access culturally appropriate services. • Deeper understanding of the impact of addiction individually and on the whole family among members of the Traveller community affected by substance misuse. • Often interventions are developed **for** the Traveller community, this intervention was developed **with** the Traveller community, this is why it has been a success.

INITIATIVE 3 CDATF CULTURALLY APPROPRIATE COUNSELLING & REFERRAL PATHWAYS

Realisation (instinct/intrinsic) amongst the Traveller community in 2014 that mental health and substance misuse issues were impacting heavily on the community, parents concerned about their children, limited hope in terms of employment opportunities. Discrimination in their daily lives was impacting on mental health.

STAGE	COMPONENT	DESCRIPTION
Pre Development (2014)	Evidence Need Connect with the Right People Generate Commitment and Buy In Build Capacity	• Local community organisations held initial discussions regarding the need for intervention. • Resistance within the Traveller community in terms of substance misuse, seen as a taboo issue, macho culture turned men away initially. The intrinsic need was developed further through engagement with CDATF. • High levels of suicide and self-harm amongst the Traveller community emerged through statistics and research. Local Traveller engagement helped to demonstrate the need further. • The position of many Travellers, especially young people is that their interrelated social and economic circumstances mean that they are at risk of problematic substance misuse. • Engagement through the CDATF created links with all relevant agencies. • Development of strategies which ensured the buy in of organisations, not just individuals. • The Clondalkin Travellers Development Group designated a member of staff to carry out brief assessments of clients' needs and where appropriate make a referral to the culturally appropriate counsellor. • 2 cultural awareness sessions were delivered to staff engaged in the initiative by the PHC team. • Site visits were organised for staff team of Clondalkin Tus Nua & CASP.
Development (2014-2015)	Involve Service Users Co-Design Intervention and Approach Agree Outcomes Agree Actions and Responsibility (Secure Resources)	• A steering committee was established including representation from Clondalkin Travellers Development Group, Traveller Counselling Service, Tus Nua, CASP and the Clondalkin Drugs and Alcohol Task Force. Its aim was to work in collaboration with key stakeholders to develop a culturally inclusive model of practice in response to the needs of members of the Traveller community affected by substance misuse. • A Service level agreement was put in place between CTN, CASP, CTDG and the Traveller Counselling Services to agree the parameters. • A support and supervision group was established to provide ongoing support to designated staff members within the Clondalkin Travellers Development Group, Tus Nua and CASP. • Relationships and trust were built between the staff of each of the organisations by focusing on developing a deeper understanding of the different contexts within which they operated.

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STAGE	COMPONENT	DESCRIPTION
Development (2014-2015) *continued*		• Roles and responsibilities of staff members involved in the initial pilot phase were clarified. • The staff members within the organisations worked to develop a common understanding and approach to culturally appropriate key working and case management with regard to the provision of counselling and substance misuse interventions within the Traveller community. • It was agreed that the role of CTDG was not to provide direct services, it was to develop a programme where there are significant gaps with a view to mainstreaming it and ensuring that Travellers have access to mainstream (not segregated) services and to build on what is already there. • CTDG secured funding form the Clondalkin Drug and Alcohol Task Force for an initial 10- week interagency pilot initiative.
Intervention (2015-ongoing)	Delivery Gather Evidence & Data	• 10-week interagency pilot initiative to provide access to counselling and brief interventions for a small number of individuals and their families affected by substance misuse. • Review and Planning session agreed a model of practice for longer term funding. • Additional funding secured 2015 - €11,970 (full year) 2016 - €9,110 (full year) and same for 2017, 2018 & 2019 through Treatment & Rehabilitation grants scheme. • 147 one-hour counselling sessions were delivered by September 2015, 9 assessments were carried out and 7 referrals made from CTDG to counselling service, 10 family support and 15 Addiction support key working sessions were delivered by CTN (25 sessions) to 8 individuals from March 2014 - September 2015, 7 members of the Traveller community attended counselling sessions up to September 2015, 5 Referrals were made from CTDG to Clondalkin Tus Nua, A total of 6 - 10 families within the Traveller community benefited from the initiative by September 2015. • 10 family support and 15 addiction support key working sessions were delivered by CTN (25 sessions) to 8 individuals from March 2014 - September 2015.
Positive Change (Ongoing)	Measure & Communicate Impact Review & Evaluate	• Uptake levels indicate positively that the service is being used. • Traveller's experience of services is communicated by word of mouth within the community. • Awareness knowledge and understanding of Traveller culture and issues affecting members of the Traveller community among all steering group organisations improved. • More openness to accessing counselling and addiction support within the Traveller community. • Improved coping skills, self-esteem, mental and physical health among those accessing counselling/ addiction and family support services.

INITIATIVE 4 CDATF SUPPORT, ADVICE, FREE EXCHANGE, EMPATHY (SAFE) HARM REDUCTION INTERVENTION

Initial concerns raised by An Garda Siochana (AGS) and Irish Rail regarding the increased visibility (observation) of public drug use, anti-social behaviour and drug litter around the train station in Clondalkin. Concerns also raised regarding the safety of people using drugs in the area by local projects.

STAGE	COMPONENT	DESCRIPTION
Pre Development (2017)	Evidence Need Connect with the Right People Generate Commitment and Buy In Build Capacity	• Due to its location on the outskirts of Dublin and close proximity to the N4 and N7, local people from outside Dublin would find themselves in Clondalkin due to their drug use, predominately from counties Kildare, Laois, Westmeath and Tipperary. • Most people present for harm reduction needle exchange, drop-in services, cup of tea/ something to eat, sleeping bags & tents. They would mostly return on the train to their places of origin; however, some have ended up sleeping rough in the area. • Reported reasons for being in Clondalkin included: - To purchase drugs – To access needle exchange facilities with some reporting they were reluctant to use pharmacy based needle exchange facilities in their home towns as they were worried about being recognised – Anonymity and safety, they were not known in the area of Clondalkin. – Ease of access on the outskirts of Dublin – Transport, although some of this cohort attended the area in cars, others used public transport from their hometowns which stopped in Clondalkin. This data was gathered through consultation. • Baseline data gathered on the client profile: Age range 21 – 58 years, generally younger than typical cohort accessing local services, higher proportion of females (60%), Poor injecting techniques and often had limited knowledge about safe injecting. Limited access to methadone programmes, key working etc. in their own areas which increases the risks / vulnerability, Trust issues with services, Accessing Clondalkin from other parts of Dublin and regional areas, mainly parts of Kildare, Portlaoise & Portarlington. • An interagency response was identified as being needed. The CDATF, Gardai, Irish Rail, Clondalkin Tus Nua and CASP set up a steering group to look at developing a coordinated response to support the individuals presenting at the train station. • South West Regional Drug & Alcohol Task Force (SWRDATF), Ana Liffey Drug Project (ALDP) and South Dublin County Council (SDCC) later joined the steering group to provide a coordinated continuum of support from Kildare train line into Dublin. • Barriers / challenges in relation to service provision / exchange services/ care pathways and support services for those presenting were discussed. Gaps and blocks and training needs identified, actioned and met.

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STAGE	COMPONENT	DESCRIPTION
Development (2018)	Involve Service Users Co-Design Intervention and Approach Agree Outcomes Agree Actions and Responsibility (Secure Resources)	• CDATF was identified as the key local driver and clear understanding of individual roles and responsibilities of the steering group were developed. • Experiences of the outreach support workers, Irish Rail and Gardai of the issues were explored. • Individual concerns heard – community safety, passenger safety, service user safety. • Local drugs projects on the steering group, consulted their service users. • SAFE (Support, Advice, Free Exchange, Empathy) – A targeted outreach harm reduction awareness programme was established. The agreed aim of the initiative was to provide information of services available to those who are using crack cocaine and heroin and engage them in the most appropriate supports locally, and to provide a coordinated response to reduce the drug litter, reduce the levels of public drug use, reduce anti-social behaviour in the train stations while supporting those most marginalised to engage in appropriate supports. • No extra resources were secured. Good will and genuine buy-in from all was the only resource. Posters and leaflets were developed by steering group. • Collaborative approach with strong & committed representation from partners.
Intervention (2018)	Delivery Gather Evidence & Data	• SAFE was piloted at the local train station from March 2018 with a skilled outreach team making initial contact and building relationships with those needing support. • Regular updates from outreach team kept the Steering Group, that continued to meet every 6 weeks, informed of developments, gaps in service provision and changes in needs presenting. • Over the 7 months leading up to the launch, SAFE had built an effective, coordinated response & provided support to a very marginalised group of people. • Official launch of campaign October 1st, 2018. Initiative ongoing in 2019 with additional partners / stakeholders.
Positive Change (Ongoing)	Measure & Communicate Impact Review & Evaluate	• The SAFE Process. • Engagement & contact (total of 293 over the pilot period in 2018. Of these, 250 have availed of Needle Syringe Programmes (NSP) and crackpipe distribution programmes. 113 new clients have presented since the start of this initiative) • Provision of clean safe equipment (total of 532 Syringes, 820 needles, 340 pipes and 112 rolls of tin foil since March 18 – November 2018) reduced drug litter, reduction in anti-social behaviour at station (reported from AGS & Irish Rail) & reduction in harm as a result of interventions • Increased collaboration between the statutory, community and voluntary sector.

INITIATIVE 5 CDATF SCHOOLS BASED SUBSTANCE MISUSE EDUCATION PROGRAMME

Initial concerns raised by teachers about their lack of knowledge and confidence in identifying and dealing with substance misuse issues in local schools. Tacit knowledge, observation and instinct of teachers indicated that substance misuse was becoming more prevalent within schools and at a younger age.

STAGE	COMPONENT	DESCRIPTION
Pre Development (2010)	Evidence Need Connect with the Right People Generate Commitment and Buy In Build Capacity	• Difficulty identified in engaging parents in drug education and awareness programmes was identified. • Existing Substance Misuse Prevention Education were perceived to be having a limited impact with no participation from parents. • CDATF Prevention & Education Officer was active in building relationships with schools across the CDATF area, met with schools to discuss their issues and challenges in relation to drug education and awareness. • Whilst no empirical data was available on the incidence of substance misuse in the CDATF area, discussions with the schools confirmed the need for a comprehensive approach to delivering drug education and awareness programmes involving students, teachers and parents.
Development (2011)	Involve Service Users Co-Design Intervention and Approach Agree Outcomes Agree Actions and Responsibility (Secure Resources)	• All stakeholders consulted on possible programme content. • CDATF was identified as the key local driver and clear understanding of individual roles and responsibilities of the CDATF Prevention & Education Officer and the schools were agreed. • Experiences of the schools and CDATF Prevention & Education Officer were explored. • Barriers / challenges in relation to programme delivery and training needs were discussed, actioned and met. • Individual concerns heard – teachers, parents, CDATF. • Student, Parent, Teacher & Family agreed the key outcomes of the programme. • No extra resources were secured to support delivery, CDATF took the lead utilising existing resource – Prevention and Education Officer. Collaborative approach with strong & committed representation from all involved. • Teachers & Student Programme was developed comprising of 8 sessions. • A 6-week Parent Programme was designed with focus on the family. • A Teacher specific programme was created alongside student mentoring and peer learning initiatives.

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STAGE	COMPONENT	DESCRIPTION
Intervention (2011-2019)	Delivery Gather Evidence & Data	• Programmes were delivered over the period 2011-2019. • Content has been continually tweaked and refined based on participant feedback and emergence of new trends and information that is fed through the CDATF. • Schools, students, teachers, parents continue to be engaged across the CDATF area.

Positive Change (Ongoing)	Measure & Communicate Impact
	Review & Evaluate
		• Key outcomes of the work to date, measured through observation and anecdotal feedback includes:
		  • Increased knowledge and awareness of substance misuse issues among teachers, schools and families in the CDATF area.
		  • Enhanced confidence to identify and deal with substance misuse issues among teachers.
		  • Increased capacity among parents to identify early substance misuse issues in family members.
		  • Improved engagement between parents and children on substance misuse issues.
		  • Improved engagement between teachers and students on substance misuse issues.
		  • More peer support evident among students.
		  • More robust substance misuse policies operational in schools.

6 CONCLUSIONS

The Clondalkin Model as depicted in the exemplar initiatives sets out the four key stages of the model which are underpinned by a core set of community development principles and enablers to achieve positive outcomes for service users, families, community & voluntary organisations, statutory agencies and the wider Clondalkin area. We have identified a number of strategic conclusions from the design and mapping of the Model.

COMMUNITY DEVELOPMENT ETHOS

The key principles and enablers for the Clondalkin Model are immersed in a Community Development ethos and include:

- Meaningful connections with the right people combined with a unity of purpose and collective will to deliver positive change.
- The roles and contributions of all stakeholders are respected and valued, leading to strong collaboration and partnership working.
- The tenacity, passion and leadership within the community is reinforced with a deep understanding of Clondalkin the place and its historical context and environment. This local knowledge creates strong instincts in identifying and meeting needs.
- At a service user level, the community led approach offers greater flexibility, leading to increased buy in and resilience.

CHALLENGING INTERVENTIONS

The Communities of Practice sought to address complex and challenging interventions where in many cases statutory services have had limited impact.

The Dual Diagnosis of Addiction and Mental Health is not recognised in policy and strategy. 'A Vision for Change[2]' stipulates that the major responsibility for care of people with addictions lies outside the mental health system. This very clearly passes responsibility back to Addiction Services which significantly inhibits collaboration and inter agency working between the disciplines resulting in poorer outcomes for people in recovery who experience difficulty accessing combined or linked services.

Statutory services have continued to struggle to effectively engage with the Traveller community to identify needs and develop interventions leading to a significant increase in the number of individuals and families presenting to community groups & voluntary services seeking support in relation to problematic substance misuse and experiencing significant barriers in accessing appropriate services.

Through the adoption of an inter-agency approach undertaken by CDATF and voluntary agencies and underpinned by community development principles, the Clondalkin Model has provided a framework for addressing complex and challenging areas of work such as this.

[2]*The Report of the Expert Group on Mental Health Policy - 2006*

CAPTURING LOST OUTCOMES

Projects and local services in Clondalkin 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.

Given the focus on quantitative data collection by funders which often results in the qualitative data being 'lost', many of the positive outcomes associated with a community- based model cannot be 'counted' but that does not make them less important.

The Clondalkin Model captures many such outcomes such as improved inter-agency working, enhanced engagement and trust garnered with marginalised communities and improved knowledge and awareness of services within same.

SUSTAINABILITY

The emphasis on utilising and evidencing Community Development as an effective response to drug harms, policy harms, poverty and inequality in the CDATF Strategic Plan 2018-2025 will ensure that the Clondalkin Model continues to underpin all of the work locally, involve collaboration and work on the basis of parity of esteem between community interests and mainstream service providers.

However, we must highlight that although it was the lead driver in all of the initiatives, no additional resources were made available to CDATF for their leadership of this work or for the community and voluntary agencies engaged in the delivery of these initiatives. A recent CDATF *"Analysis of Gaps to Effectively Implement Reducing Harm Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017 – 2025"* highlights the reduced capacity of both the task force and the services locally to respond to the growing issues in this area.

Cumulative cuts in this area have had significant negative impacts on those most marginalised and affected by substance misuse. There have been no increases in global budgets for the CDATF or any local services despite the fact that the boundaries have been expanded and the population is nearly 4 times what the CDATF was originally set up to respond to.

With the further expansion of the CDATF area there are huge concerns that if additional resources are not provided in this area this will create further issues and also reduce further the capacity of CDATF to effectively respond.

Notes

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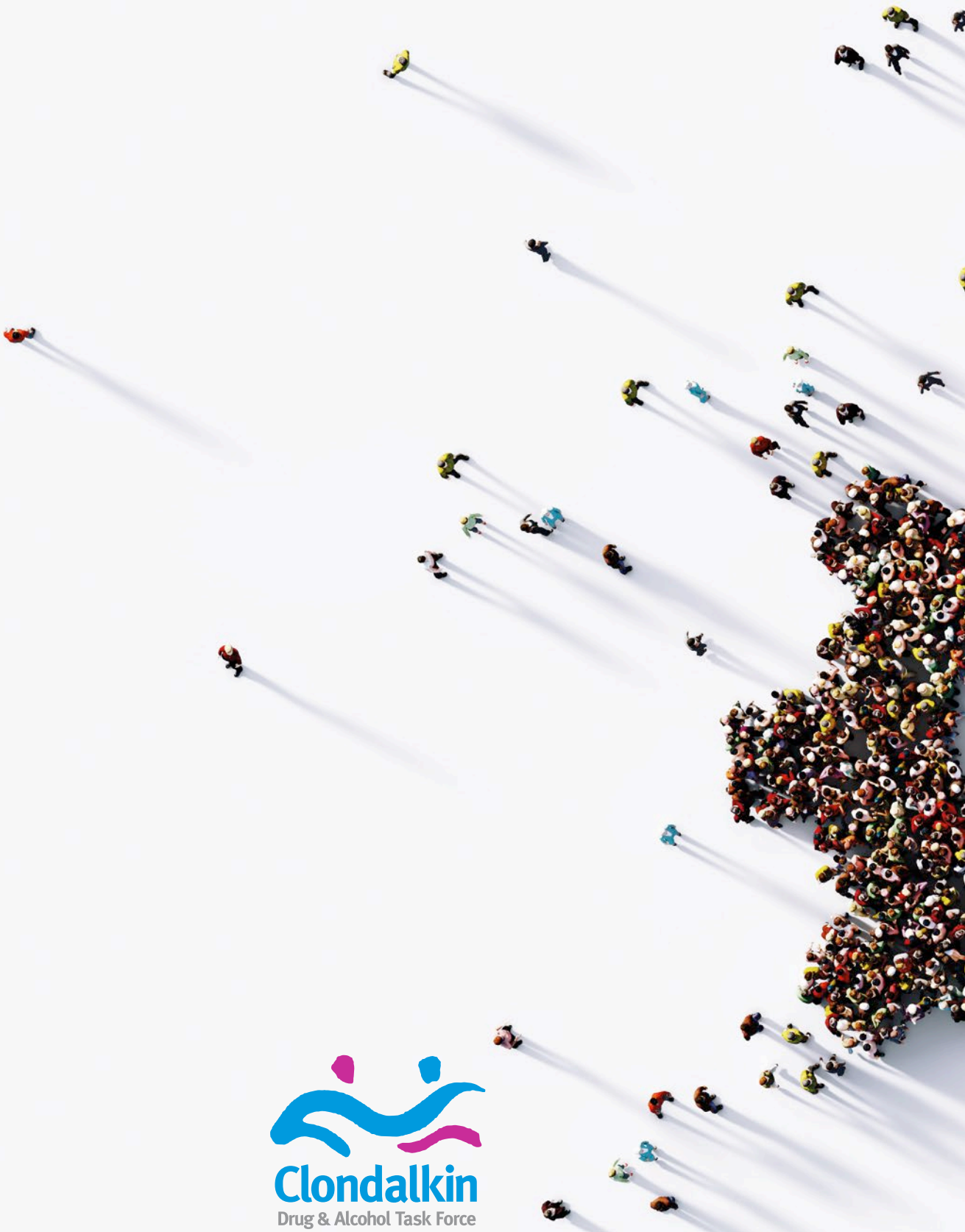

Clondalkin
Drug & Alcohol Task Force