



Ballyfermot Local Drug and Alcohol Task Force CLG Annual Report 2017- 2018





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Section 1: Background and overview of Ballyfermot Local Drug and Alcohol Task Force

BLDATF is one of 12 LDATF around Dublin, which were set up in the late 1990s to address the drug crisis of the time. As a locally based multi-agency/multi-disciplinary board we support a number of organisations within the community to provide a range of services and activities across the region. The BLDATF recognises that the impact of substance misuse extends beyond the individuals to communities and families, and as such we work closely with the wealth of networks within the Ballyfermot community to address the harms of substance misuse, raise awareness and reduce stigma. Principals of community development are central to our work through our engagement with the community, and the strengthening of relationships across the statutory, voluntary and community sectors both locally and nationally.

1.1 Ballyfermot LDATF as a Company Limited by Guarantee (CLG)

In Spring 2017 Ballyfermot LDATF became a CLG, this was the outcome of an audit which made recommendations with regard to separating the administration of the Ballyfermot LDATF from Ballyfermot Advance Project. As such, although Ballyfermot LDATF has been in existence since 1998, as a CLG it is young. In order for us to deliver on our key role in the community, the Ballyfermot LDATF recognised that the company structures - including decision making - within our organisation need to be robust and fit for purpose, and comply with all relevant company and organisational obligations. As such, during 2017 and into 2018 the Ballyfermot LDATF worked together to implement policies and procedures which would support their work, and to get on the journey with *The Governance Code*.

In September 2017, the BLDATF spent time with a facilitator exploring their plan for the future – this plan had 3 main strands: 1. BLDATF activities and responding to emerging needs within the community; 2. BLDATF engagement with local networks and its relationship with community projects; and 3. Company structures and decision making. In 2018, through a grant received from the DOH, the Ballyfermot LDATF tendered for a consultant to strengthen its governance under the following brief: *In collaboration with the Ballyfermot Local Drug and Alcohol Task Force, to develop a Board Handbook and to review all Subgroup Terms of Reference to ensure the Ballyfermot Local Drug and Alcohol Task Force is compliant with best practice guidelines under the Charities Regulators, Governance Code and other relevant guidelines*. This piece of work is due for completion in spring 2019.



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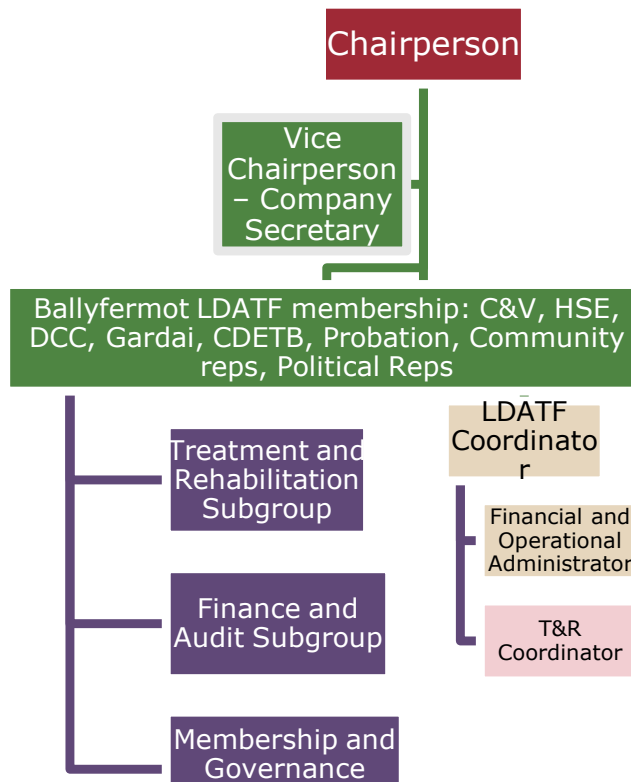


Figure 1: BLDATF Company Structure

1.2 Ballyfermot LDATF staffing 2017 and 2018

During the reporting period staffing too has changed for the Ballyfermot LDATF. When the company was formed a full-time Financial and Operational Administrator was recruited in March 2017, this worker replaced the part time administrative support provided through Ballyfermot Advance. In early summer 2017, the Coordinator who was in place for 17 years, retired. At the time the HSE were not in a position to recruit to replace the post. In order to retain some stability within the organisation, the BLDATF agreed – in partnership with the HSE – to extend the contract of the then part-time Treatment and Rehabilitation Coordinator, to include a half time BLDATF Interim Coordinator position. HSE Recruitment began for the LDATF Coordinator’s post in March 2018 and in July 2018 the person holding the 2 part-time posts within the BLDATF, moved full-time to a HSE post as Coordinator for the Ballyfermot LDATF. Recruitment for a Project Officer (to replace the T&R Coordinator position) for the BLDATF began in Autumn 2018 (this post was filled in March 2019).

Ballyfermot LDATF Staffing				
Position	Employer	Time period	Hours	Grade
Coordinator	HSE	(since July 2018)	F/T	HSE 7
Financial and Operational Administrator	BLDATF	(Since May 2017)	F/T	HSE 4
Treatment and Rehabilitation Coordinator*	BCP	(January 2016 to July 2018)	P/T	HSE Project Worker Scale
BLDATF Coordinator (Interim)	BCP	(July 2017-July 2018)	P/T	HSE 7



Section 2: Ballyfermot LDATF in the context of the new national substance misuse strategy *Reducing Harm Supporting Recovery* 2017-2025

The new national substance misuse strategy RHSR 2017-2025 was launched in July 2017. The strategy was the first integrated drug and alcohol strategy to be developed in this jurisdiction¹. The Taoiseach states in the forward the significant public health issue posed by alcohol consumption in Ireland and Minister Catherine Byrne highlights in her foreword the importance of a more compassionate approach to drug and alcohol misuse².

This more compassionate and health led approach embedded within the RHSR was welcomed here in Ballyfermot. In the 2016 Annual Report, Ballyfermot LDATF endorsed a public health approach to addressing alcohol related harm.

Comparing the impact of alcohol on others in the year prior to the survey

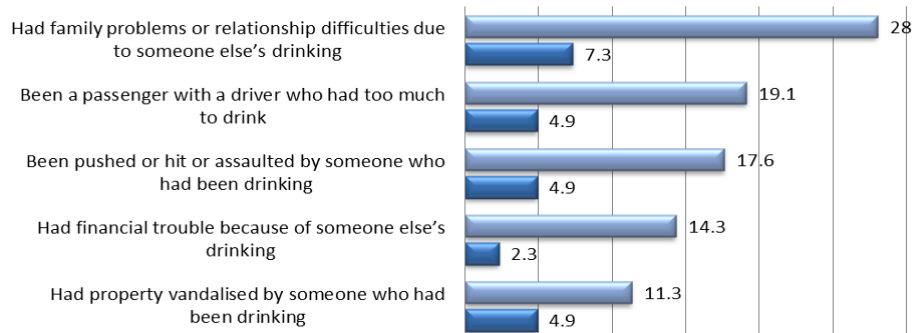


Figure 2: Data from the 2016 Ballyfermot Alcohol Research showing the comparison between local responses and the responses in national research.

In 2017 Ballyfermot LDATF launched the SWAT Project³ and the Ballyfermot Local Alcohol Research⁴; both these projects were undertaken in 2016 funded through the Dormant Accounts Fund. Both

¹ Drugnet (2017) "New National Drug and Alcohol Strategy launched" *Drugnet* Autumn Edition [available at: https://www.hrb.ie/fileadmin/publications_files/Drugnet_63_web.pdf]

² Department of Health (2017) *Reducing Harm Supporting Recovery A health-led response to drug and alcohol use in Ireland 2017-2025* Dublin: DOH

³ Ballyfermot Local Drug and Alcohol Task Force (2016) *Supporting Women to Access Treatment* available at: [http://www.drugs.ie/resourcesfiles/ResearchDocs/Ireland/2017/complete_project\(002\).pdf](http://www.drugs.ie/resourcesfiles/ResearchDocs/Ireland/2017/complete_project(002).pdf)

⁴ Ballyfermot LDATF (2016) *Ballyfermot Alcohol Study 2016* [available at: https://ballyfermotldatf.ie/wp-content/uploads/2018/05/Ballyfermot_Community_Alcohol_Research_2017.pdf]



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projects highlighted the issues relating to problematic alcohol use in Ballyfermot. The particular experience of Ballyfermot was outlined in the 2016 BLDATF Annual Report; however suffice to say that when compared to the national picture, the Ballyfermot research revealed a relationship with alcohol which was far more problematic than with the general population.

Section 3: Overview of substance misuse and related issues in Ballyfermot

Ascertaining an exact picture of substance misuse and related issues in BLDATF region can be done in a number of ways. Central treatment lists provide an overview of the number of individuals engaged in methadone treatment in the BLDATF area. Secondly, NDTRS treatment data will provide an overview of treated cases and thirdly, individual project data reporting provides information from services not engaged in either of the above systems. Local research may provide a more in-depth analysis and in particular can capture general themes amongst particular groups in the community, feedback from the TF itself and its subgroups as well as from the variety of networks to whom the BLDATF is connected. Each method has both its strengths and its weaknesses. This section provides an overview of substance misuse related issues in Ballyfermot, using CTL data, NDTRS data and other feedback from projects. The information below pertains to 2017 and 2018, however where relevant the specific year to which the data refers is indicated in the text.

3.1 Central Treatment list

The CTL reporting system as established in 1998 after the publication of the *Report of the Methadone Treatment Services Review Group 1998*⁵. The purpose of the system is to ensure that all individuals receiving methadone substitution in a given area are centrally recorded, individuals can access methadone treatment from one provider only. CTL data refers only to those receiving methadone substitution as a treatment for opiate dependence, therefore is limited only to reporting on methadone treatment for which the HSE has statutory responsibility.

Below is the data pertaining to Ballyfermot LDATF for 2018. A total of 384 individuals were being treated with methadone substitution in 2018, 28% of whom were female.

⁵ <https://www.drugsandalcohol.ie/5092/1/513-017ReportMethadone.pdf>



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The proportion of those accessing clinics was the same regardless of gender, therefore just over 50% of individuals are accessing methadone through their GP.

Task Force Area	Gender & Treatment Location (During Period Jan to Dec '18)						Gender & Treatment Location (as of 31st December '18)					
	Gender	Clinic	NDTC	GP	Prison	Total	Gender	Clinic	NDTC	GP	Prison	Total
Ballyfermot LDATF	Male	107	<10	144	16	275	Male	89	<10	142	12	250
	Female	43	<10	60	<10	109	Female	38	<10	57	<10	100

The age profile of individuals recorded in the CTL data indicates clearly the aging of individuals who are prescribed methadone, an older drug using population, as referenced in the RHSR⁶. The strategy specifically names as an action within the strategy, 2.1.23 where it was identified that the needs of older people with long term substance misuse issues need to be examined. The low numbers of young people accessing methadone substitution is an indication of a change in drug use patterns rather than an indication of a reduction in drug use amongst young people in the BLDATF area. Alcohol, benzodiazepines, cocaine and cannabis are the main problem drugs reported to the HSE Adolescent Addiction Services as outlined in the Dtalk magazine 2017⁷.

Task Force Area	Age of Clients in Treatment (During Period Jan to Dec. '18)									Age of Clients in Treatment (as of 31st of Dec. '18)								
	0-15	16-19	20-24	25-29	30-34	35-39	40-44	45+	Total	0-15	16-19	20-24	25-29	30-34	35-39	40-44	45+	Total
Ballyfermot LDTF	0	<10	0	<10	30	69	99	176	384	0	0	0	<10	25	60	94	164	350

3.2 NDTRS Treatment data:

The TF funded agencies (Fusion CPL, Ballyfermot Star and Ballyfermot Advance) all contribute the National Drug Rehabilitation Reporting System (NDTRS). This data captures all treated cases in these projects. One of the downsides to the data is that in the absence of a unique health identifier (UHI) some individuals may be captured a number of times across services. However, the data is thorough and can provide a clear picture of the types of drugs being reported by service users upon referral, a number of key demographics as well as the interventions provided and a brief indication of outcomes. The following is a summary of the NDTRS data for 2018.

⁶ Department of Health (2017) *Reducing Harm Supporting Recovery A health-led response to drug and alcohol use in Ireland 2017-2025* Dublin: DOH (p14; 34;44;

⁷ Dtalk – Alcohol: What’s the harm?

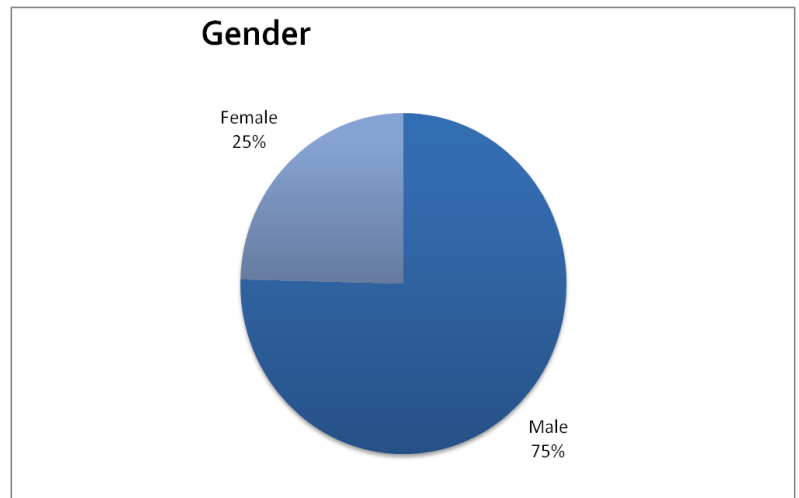
https://www.drugsandalcohol.ie/27663/1/Dtalk_100_Summer_2017.pdf



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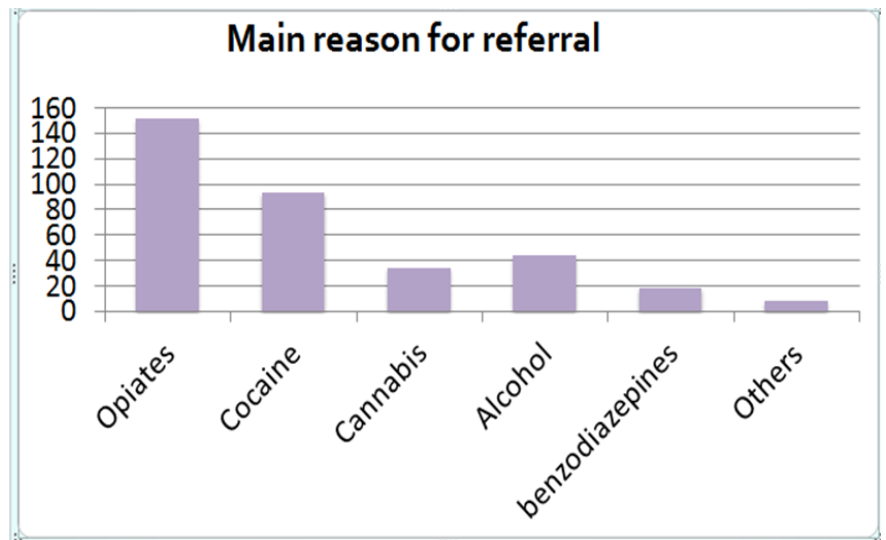
3.3 Service user profile:

In 2018 a total of 374 individuals who reside in the BLDATF area are recorded as accessing services. Of the 374 individuals 75% were male. The majority of individuals – 85% - were referred for problematic drug use, a much smaller number (15%) referred for alcohol only.



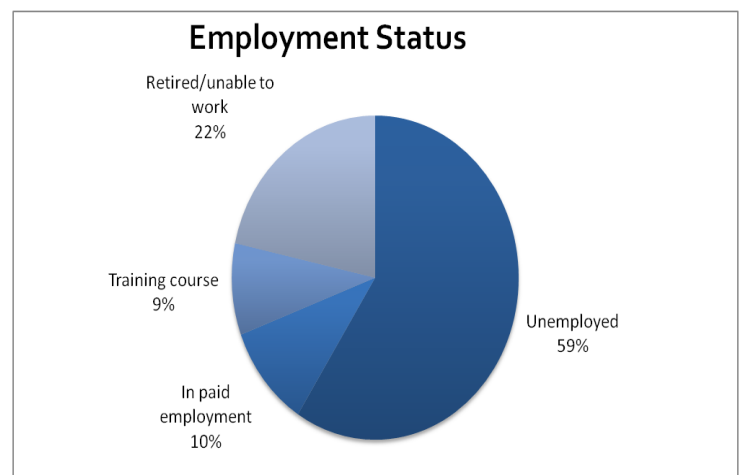
3.4 Drug of choice

The most commonly reported primary problem substance was heroin, followed by cocaine and cannabis respectively. 58% of individuals reported using more than one drug. Cannabis (23%) was reported as the most common problem secondary substance, followed by benzodiazepines (21%). Cocaine was reported as a secondary substance in 16% of cases. Alcohol featured as a secondary substance in the 11% of cases.



3.5 Service user living arrangements and employment status

Most service users were reported as living in stable accommodation. 65% of individuals were recoded as living in stable accommodation and just over 10% recorded as homeless. The remaining 25% were made up of individuals in prison or other institutions, such as residential care. 58% of individuals were



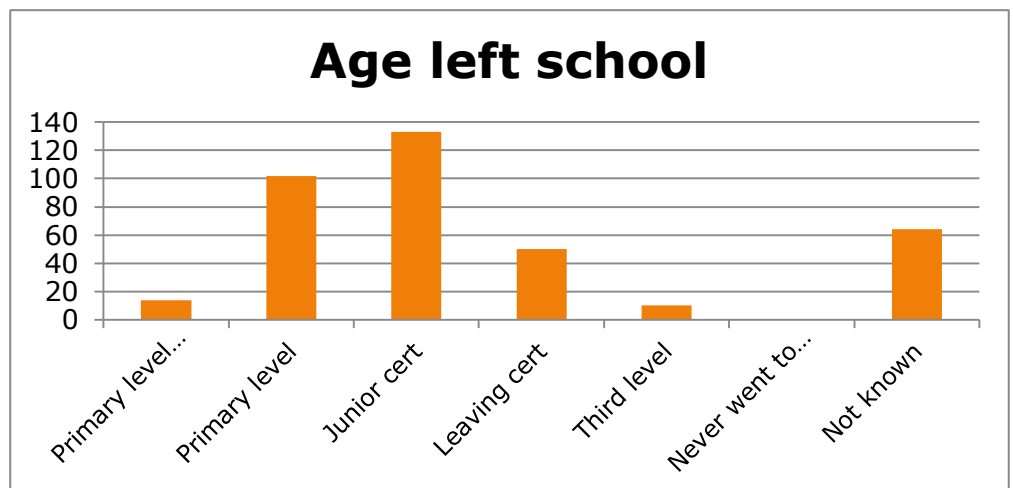


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unemployed upon treatment entry, 10% of individuals were in paid employment (including part-time employment), 21% were retired or unable to work and 5% were on training or in education; for the remaining individuals their employment status was not recorded. If more evening and out of hours services were provided, it is possible that the employment status data would be impacted. Likewise if more people experiencing problematic alcohol use referred for support, again the employment data might be impacted as other data indicates that employment and problematic alcohol use are not mutually exclusive⁸.

3.6 Educational status upon treatment entry

The majority of service users (133) had completed school to Junior Certificate level, a smaller number of service users (50) had a completed Leaving Certificate and a smaller number again had third level education (10). It is widely known that



school attendance and a positive education experience act as a protective factor against problematic drug and alcohol use (NACD, 2010)⁹. Therefore the low educational attainment for service users captured within the NDTRS is to be expected.

⁸

<https://www.hse.ie/eng/services/publications/topics/alcohol/costs%20to%20society%20of%20problem%20alcohol%20use%20in%20ireland.pdf>

⁹ NACD (2010) *Risk and Protection Factors for Substance Use Among Young People* [available at: <http://www.drugs.ie/resourcesfiles/ResearchDocs/Ireland/2010/RiskYoungPeopleSchool.pdf>]

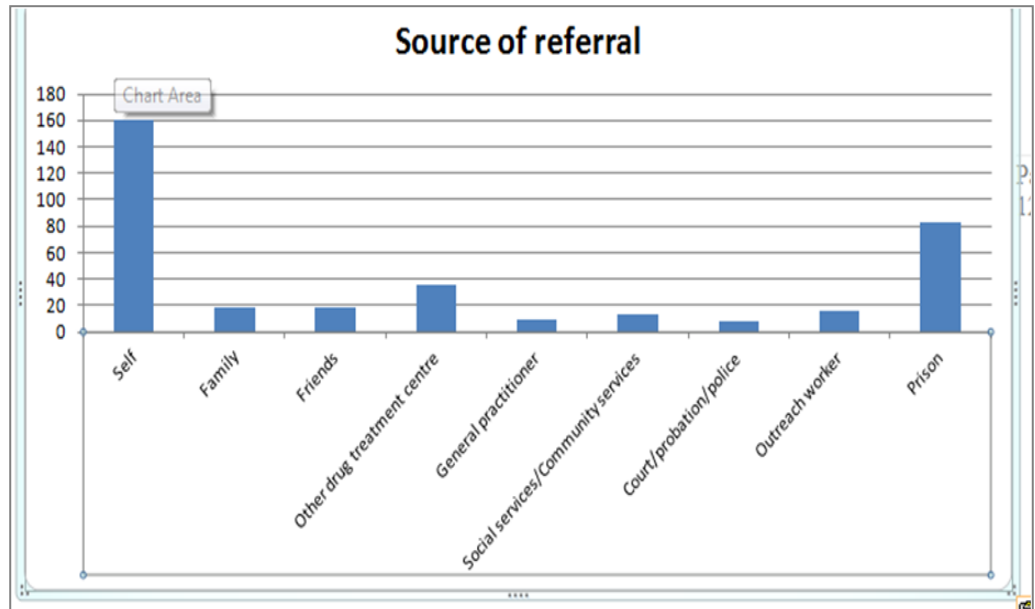


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3.7 Ethnicity and referral pathways.

The majority of individuals referred identified as white Irish, with just 2% of referrals identifying as from the Traveling Community. This would indicate that either members of the travelling community are not identifying as travelers at treatment entry, or that

the funded agencies reach into the travelling community requires strengthening. To attract members of the travelling community into services, the BLDATF can explore strengthening referral pathways from relevant services. The main source of



referral for adults was self-referral. For people under 24, the main source of referral was also self, followed closely by family referrals. No referrals from Emergency Departments, mental health facilities nor needle exchange were reported. An action which needs to be explored for future years is to look to strengthen referral pathways from those not featuring in the data this year, in particular mental health facilities where the link between mental health issues and problematic substance misuse is well established¹⁰.

3.8 Family involvement

Although family engagement is a significant theme in Ballyfermot, it did not feature prominently in the NDTRS treatment data. Family members involvement in treatment was recorded in only 5% of cases. Based on the data, familial involvement correlates with the number of people under 18 accessing services. Although parental/family involvement is central to addressing substance misuse amongst young people¹¹ and that indeed parental consent is a requirement when working with people under 18¹², family involvement is not unique to working with young people. The important role played by families in the lives of adults who are addressing problematic substance

¹⁰ http://www.alcoholforum.org/wp-content/uploads/2016/11/AlcoholForum_Report_DualDiagnosis.pdf

¹¹ <https://www.nsrif.ie/wp-content/uploads/journals/2015/Keeley%20et%20al%202015.pdf>

¹² http://www.drugs.ie/resourcesfiles/reports/drug_treatment_under_18s.pdf?direct=1

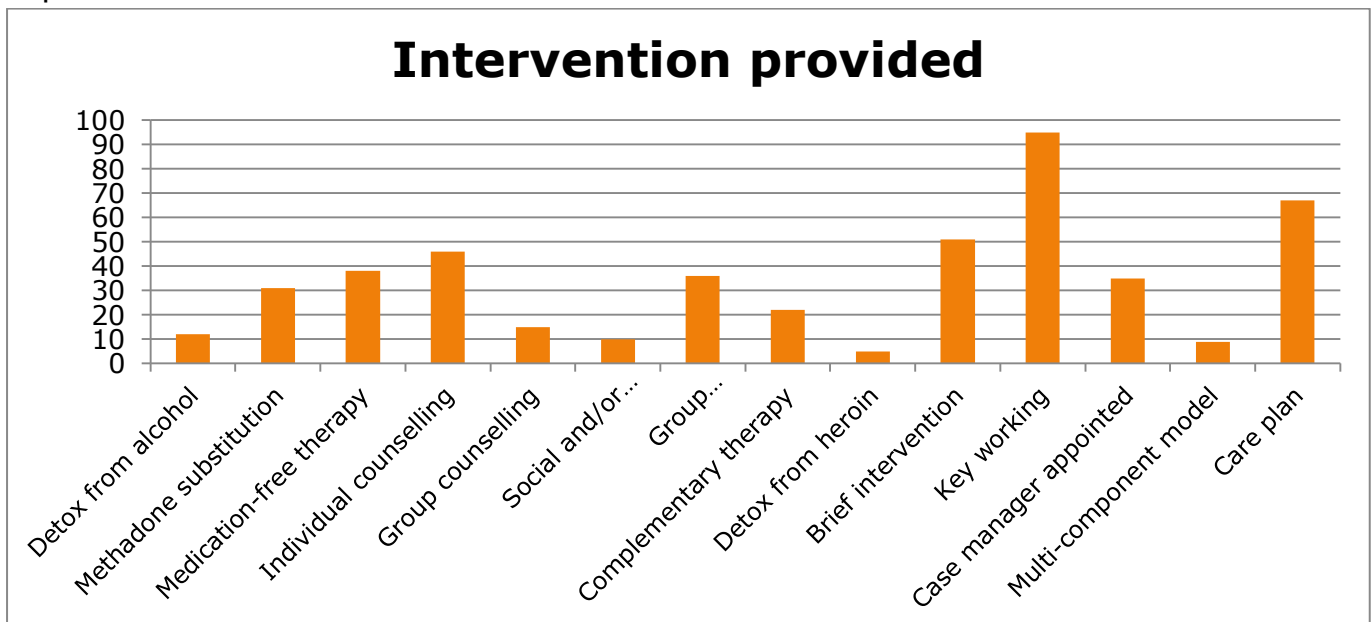


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misuse is well established and it could be argued central to the recovery process¹³. At a local level, services are engaged in family support processes and referrals, however, the data indicates a need to explore the strengthening of reporting on familial involvement.

3.9 Interventions provided

Key-working was the main intervention provided in the majority of cases, with counseling and group work a close second. You would expect to see the same number of individuals who receive key-working to receive a care plan also, however care planning was lower than expected. This is likely due more to reporting discrepancies as opposed to an actual reflection on practice. However, it is worthy of further exploration.



3.10 Treatment Outcomes

Treatment outcomes can be very difficult to report on. This is particularly so when using the NDTRS system alone, which does not have the capacity to capture the nuances and variations in outcomes for individuals, and indeed families if their intervention is reported on through the NDTRS. For example, the 71 individuals whose outcome is recorded as "client did not return for appointments (no show/DNA)" does not capture what may have happened for that client during their time with the service; while they may not have returned to the project, during their time with the project they may have made significant changes and perhaps not returned for a

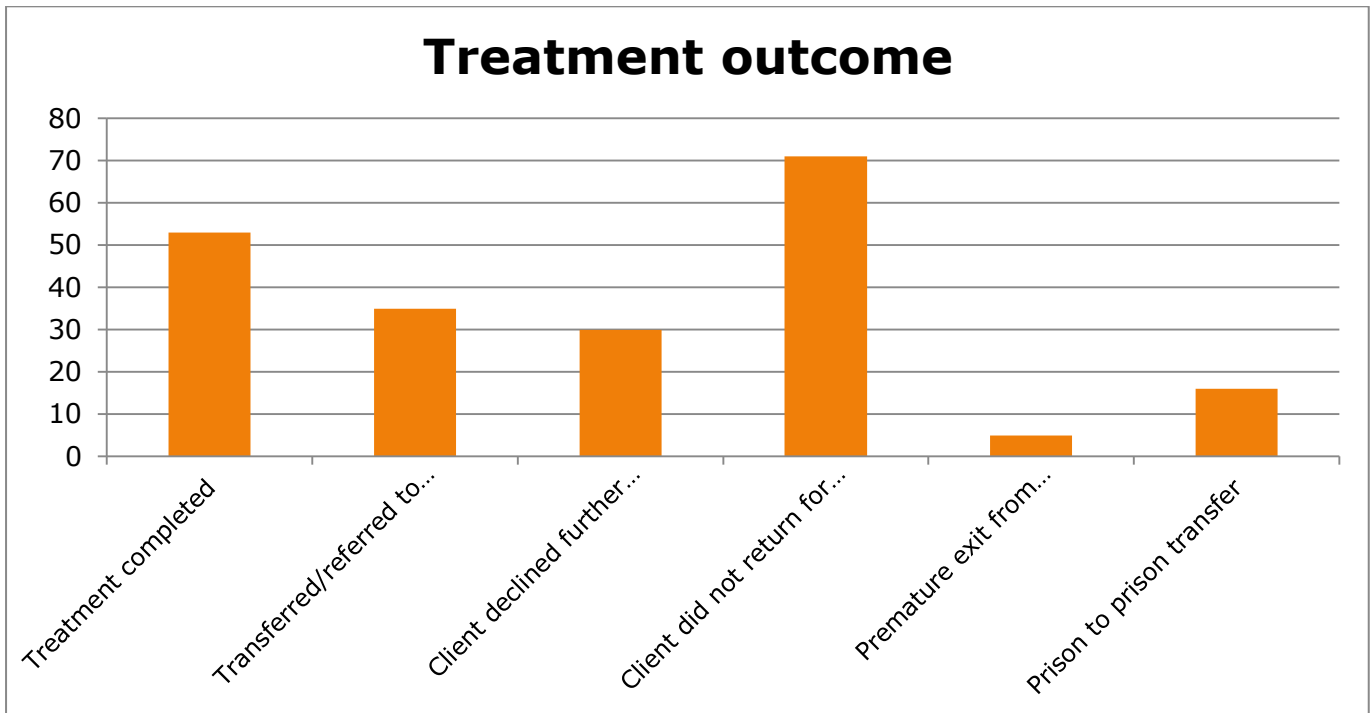
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<http://www.drugs.ie/resourcesfiles/ResearchDocs/Ireland/2015/WRDTFFamilySupportNeedsAnalysisReport.pdf>



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variety of reasons, not necessarily due to a poor outcome or experience with the service. Notwithstanding, below is a summary of the treatment outcomes as reported in the NDTRS system.



3.11 Work with under-18s drug and alcohol use

Work with under-18s is captured in a number of ways. Through drug and alcohol education and prevention initiatives which are run by FamiliBase and BYS. BYS offer a *Peer Education Model* which is offered in both in-school and out of school settings. Through using the peer education approach, this programme aims to help participants gain knowledge about the impact of drug and alcohol use and to strengthen resilience through outdoor education and using peer relationships. Some drugs education work which is delivered in schools through the CDYSB fund in FamiliBase. In 2018 the drugs education programme was delivered in both in-school and out-of-school settings, and resilience is strengthened through other holistic groups run in FamiliBase (for example, the *Healthy Body, Healthy Mind* group which is held on Tuesday evenings in FamiliBase). According to the feedback from projects, referrals into specialised drug and alcohol services for young people are often made through the education programmes.

In terms of treating problem drug and alcohol use amongst young people, the HSE Adolescent Addiction Services offers a Family Systems approach service, which is



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available across all of Dublin West. In addition to this, the ACRA model is rolled out on a small scale in Ballyfermot Star alongside Cherry Orchard Integrated Youth Service as part of a wider drugs awareness piece of work which is a partnership between the 2 projects. Furthermore, in FamiliBase, the *Youth Substance Misuse Worker* provides case management and support with referral to additional supports – for example, referral to residential treatment for under-18s is processed through the HSE Adolescent Addiction Services.

According to the treatment data, 4% of all referrals for problem drug and alcohol use are with people under the age of 18. However, as not all services offering support to young people with drug and alcohol problems are completing the NDTRS data collection forms, this data would be patchy at best. Local evidence and reporting suggests that drug and alcohol use is a feature of the lives of young people in Ballyfermot, the BLDATF connects as best it can to the relevant networks and agencies to ensure that referral pathways are clear and that parents are given accurate and up-to-date advice.

3.12 Childcare Fund

The only fund which is not captured through any of the above means mentioned so far is the Childcare Fund. The Childcare Fund (CCF) is an initiative of the Ballyfermot Local Drug & Alcohol Task Force (BLDATF) which was developed in response to a need identified in 2002. The fund was developed to support parents with access to quality and affordable childcare which was a barrier for parents with substance misuse issues to access treatment, rehabilitation and re-integration programmes. The fund retains its relevance at a local level and this was why the HSE and BLDATF agreed to retain the fund following on from the reconfiguration of the BLDATF throughout 2016.

The fund was administered by the Ballyfermot Advance Project from 2004 up until 2017 at which point its administration was put out to competitive tender and FamiliBase won this tender process in May 2017. A review of this fund has been embedded into the transfer of the fund; although the review was to occur within 12 months of the transfer, this review is now scheduled for 2019.

The fund administrators report on the fund to the BLDATF on a quarterly basis where alongside the quarterly I&E reports, a summary report on the childcare placements is submitted. During the reporting period, these quarterly reports have been amended in line with feedback and discussions between the administrators and the BLDATF.

On average throughout the reporting period there were 35 children in childcare placements each month. The fund saw some developments and some challenges as it moved from the previous administrators to a new system. FamiliBase also sought to make the fund more *child centred* throughout some policy and criteria changes as outlined in the original EOI submitted to the BLDATF. A Childcare Fund Working Group



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was established in early 2018 with a view to support the development of the fund, work on this was on-going throughout the reporting period. Communication between the

Section 4: Drug and alcohol use trends and actions taken to address issues

This section provides an overview of the activities of the Treatment and Rehabilitation Subgroup and the wider BLDATF in responding to problematic drug and alcohol use as well as exploring treatment options during the reporting period.

Issues raised	Action taken
Community Detox and access to tier 4 beds. Difficulty in standardizing support with GPs and lack of GP engagement. Also challenge of supporting people looking for detox from <i>Street Benzos</i> and GPs not in a position to take the risk.	In April 2017 a Community Detox information session and consultation was conducted with all T&R Project managers and keyworkers invited. Presentations from Cuan Dara as well as a community based drug and alcohol rehabilitation service in Inchicore attended providing information on their services.
SMART Recovery not running in Ballyfermot.	2 T&R services, Fusion CPL and Matt Talbot, collaborated to run an open SMART group for Ballyfermot.
Crack cocaine becoming more prevalent in the community, evidence of use seen both within services and within outreach supports.	Group agreed to not run with specialised crack cocaine training, but to keep crack cocaine discussions open with T&R Managers and keyworker network. Group agreed that raising awareness around Trauma Informed Service Provision.
Gambling issues being raised by service users.	Training was provided for keyworkers in brief intervention and assessment of Problem Gambling and gambling screening tool added to the common assessment form.
Street drinking and anti-social behaviour reported through the community policing forum.	BLDATF presented to the forum to advise of services available. Ballyfermot Advance Project attended also to provide information about the outreach support services provided by BAP. BLDATF began attending the community policing forum from July 2017, and BLDATF nominated the TF Coordinator onto the community policing forum management committee.
Need to strengthen the connection between BLDATF agencies and Statutory and community mental health services.	BLDATF representation at D10 Be Well a community based mental health forum secured in 2017. IN October 2017 BLDATF T&R Subgroup held a networking and information session with T&R services and the Mental Health team in primary care. Dtalk 2018 focused on the link between mental health issues and substance misuse.
Request for Naloxone Training	Naloxone training was provided by the HSE Addiction Services for project staff in 2017.



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<p>Reports of Nitrus Oxide canisters being used amongst target group, particularly young people. Evidence of same noted around the community.</p>	<p>Discussion re: issue at the keyworkers network and at T&R. Brought to BLDATF for discussion. Letter sent to local retailers re: concerns. Gardai were consulted on this issue and the legality of the sale and purchase of this item. Issue brought to Social Inclusion also, and SI circulated up-to-date information for dissemination. BLDATF agreed to not run with a publicity campaign due to potential risk of increasing the profile of the drug, particularly because of the younger age group it affects.</p>
<p>Lack of Tier 4 beds for under 18s.</p>	<p>T&R advised of the HSE treatment bed system and how to access beds for adults and under-18s. HSE clarified that under-18s will be prioritized should a bed be needed for a young person.</p>
<p>Women not accessing services for support around problematic substance misuse.</p>	<p>Projects agreed to run with International Women's Day series of events across the community.</p>
<p>Query from local service re: access for brupomorphine for women accessing Ballyfermot PCC Addiction Services</p>	<p>Query went to HSE. HSE advised that Brupomorphine was being trialed in the inner-city, but is not available across the whole addiction services.</p>
<p>Issue of problematic drug use and links with mental health services.</p>	<p>T&R agreed to run with some promotional events for Green Ribbon Month. Contact made with Pieta House and input into Dtalk 2018. Pieta House also engaged with CASC and SAOR over the reporting period.</p>
<p>On-going issue of problematic crack cocaine use across the community.</p>	<p>T&R agreed that MI training would help with this and also the on-going work about strengthening links with MH services in Green Ribbon Month and beyond.</p>



Section 6: New funded initiatives

6.1 Expressions of Interests

In December 2017, money was made available to the HSE funded projects aimed at direct frontline service provision. Each project could apply for a maximum of E12,500 each. The following is a breakdown of the different projects which were undertaken.

Organisation	Purpose of fund	Target Group	Amount funded
Ballyfermot Youth Service	Drug education and peer education workshops	Young people	12,500
Fusion CPL	Family support for prison links participants	Prisoners and people on TR	8,800
FamiliBase	Therapeutic Supports for young people and families	Children, young people and parents	6,600
Ballyfermot Star	Run a mental health and suicide awareness programme	Women aged 17+	12,000
Total			E39,900

The criteria for these projects was that they were to resource direct service provision, so could not be used for the purposes of strategic plans or external consultants. Each project was to be completed within 1 year of the award being given.

Some of the work which was begun with these funds in 2017/2018 is on-going, in particular the *Reach-Out Programme* in Fusion CPL, which has been developed throughout the reporting period.



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6.2 Targeted Intervention Funds

In 2018 BLDATF introduced a Targeted Intervention Fund, this fund was available to all funded agencies. The aim of the fund was to provide additional financial resources to projects to help with once off initiatives. In 2018 the BLDATF ran 2 rounds of the fund. This was a new and unique fund to the Ballyfermot LDATF, and as such the criteria changed between rounds 1 and 2. The maximum sum available to projects in round 2 was E15k. It was agreed that the fund had to be used for direct service provision and development and could not be used for strategic or operational plans, capital expenditure nor for the progression on individual care plans. Evidenced based and informed interventions were prioritized and projects were encouraged to partner up to deliver the work. Applications were accepted from non-funded agencies but needed to come with the support of at least one LDATF funded agency. A priority was placed on activities that could take place in the evenings, weekends, and during holiday periods and which responded to gaps in current service provision. Some of the priority areas identified in the reporting period were crack cocaine; youth and family interventions; older people in the community; alcohol use.

6.3 Targeted Intervention Fund Projects funded

Project(s)	Purpose of fund	Target Group	Amount awarded
Round 1			
Advance	Traveller specific outreach support	Travelling community	E2,520
Star	Run Parents Under Pressure Training for staff	Trainees will work with parents experiencing substance misuse issues	E10,000
FamiliBase	Weekend support for families and young people	Young people, children and families	E5,160
Round 2			
Advance	Assertive Outreach evening and weekend provision	Young people, crack users	E9,600
Star	Social Enterprise Training	CE (DRP) participants	E15,000
BYS	Parent Information Sessions	Parents of young people	E4,900
Fusion CPL	Prison programme for families	Prisoners and their families	E15,000
BYS in partnership with Candle Community Trust ¹⁴	Funding towards therapeutic space for young people accessing Candle Community Trust.	Service users of Candle.	E15,000
Total:			E77,180

¹⁴ Candle Community Trust is a project funded through Probation Services. As they are not funded through the HSE nor the BLDATF, for this initiative, they partnered up with BYS to run the programme.



Section 7: Community Events

7.1 Green Ribbon Month

Ballyfermot Local Drug and Alcohol Task Force joined up with its funded agencies, Dublin City Council, Ballyfermot Partnership, MABS, Citizens Information and the HSE to run a series of events for Green Ribbon Month. BLDATF wanted to highlight the link between substance misuse and mental health issues.

Almost everyone struggles with poor mental health at times but it can be difficult to talk about, so for the month of May we focused on reducing stigma and fear, and encouraged everyone to feel OK about the ups and downs of life. We provided links to services to make them easier to access and we offered practical advice on how to recognise when our mental health is poor and how to improve it.

We wanted to show that mental health supports and substance misuse services work hand in hand. The use of alcohol or drugs or alcohol as a way of dealing with difficult times and circumstances is very common. However, we wanted to highlight that if it becomes a habit it can create a huge additional dilemma in our lives, and then it becomes harder to understand the underlying problems and more difficult to get the right kind of help.



Figure 3: Ballyfermot Primary Care Mental Health Team helped man the stand in the Primary Care Centre.

Green Ribbon Month 2018 pop up data				
Date	Event type	Location	Approx attendees	Adult/Youth/M/F
Thurs. May 10 th	Pop-up	Civic Centre	10	Mainly adults
Friday May 11 th	Pop Up	Ballyfermot Main Street	70	Mainly adults
Thurs. May 17 th	Pop Up	Primary Care Centre	20	Mainly adults
Wed. May 23 rd	Pop Up	Primary Care Centre	40	Mainly adults
Thurs. May 24 th	Pop Up	Civic Centre	10	Mainly adults
Tues. May 29 th	Pop Up	Ballyfermot Main Street	70	Mainly adults
Wed. May 30 th	Pop Up	Ballyfermot Training Centre	10	All adults



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7.2 International Women's week

7.2.1 International Women's Week Context and Background

*"Women can experience barriers to engaging and sustaining involvement with treatment and rehabilitation services... services should be equipped to respond appropriately to this issue. There is a need for greater awareness of the implications of domestic violence, trauma and mental health for treatment and rehabilitation of women with addictions."*¹⁵

In 2016 BLDATF conducted some research on the barriers women face when seeking support for problematic substance misuse¹⁶.

The report gave a list of recommendations, one of which is to raise awareness around services and to help projects strengthen their capacity to respond to the needs of women.



Figure 1: Mural developed by women and children attending FamiliBase as part of International Women's Week 2017

Unfortunately, in 2017 Ballyfermot and surrounding areas witnessed a significant increase in female suicides¹⁷. While some of the women who died by suicide were known to services, it was too early to tell if substance misuse was a factor in these suicides. It was in response to this local issue that Ballyfermot Star developed the Women's Group for which they got funding through the EOIs in late 2017.

Suicide is complex, there is never a single cause; both individual and social factors have a role to play¹⁸. However, it is widely understood that women are far less likely

¹⁵ Reducing Harm Supporting Recovery (2017:p42)

¹⁶ The full report Supporting Women to Access Treatment (2016) is available at: [http://www.drugs.ie/resourcesfiles/ResearchDocs/Ireland/2017/complete_project\(002\).pdf](http://www.drugs.ie/resourcesfiles/ResearchDocs/Ireland/2017/complete_project(002).pdf)

¹⁷ Holland, Kitty (2018) 'Suicide on the rise among mothers in poorer Dublin areas' *The Irish Times* May 21

¹⁸ National Suicide Research Foundation (2018) *Demographic, Psychosocial and Psychiatric Factors Associated with Female Suicide* available at: <https://www.nsrff.ie/statistics/suicide/> [accessed 30-9-2018]



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to die by suicide than men and that children are largely a protective factor when it comes to suicide¹⁹. In consideration of the data which suggests that many households with children within Ballyfermot are headed by single women²⁰ it was surprise to see so many young women take their own lives. What occurred across Ballyfermot during this time, demonstrated a significant shift in suicide patterns. It was under these circumstances that the BLDATF liaised with the NOSP and Pieta House to link our own communication with the key messages about support services and suicide prevention.

One of the actions within the *Connecting for Life Strategy*²¹ where local drug and alcohol task forces play a key role is in the provision of information about the link between substance misuse and suicidal behaviour. Young mothers were highlighted in the *Connecting for Life local plan*²² as a particularly high risk group for suicide as well people experiencing problematic substance misuse. Using established links in the community and by developing new ones, the BLDATF supported a series of awareness raising events in the community targeting women.

While we do not have the actual data on the drug or alcohol status of these women, we do know that alcohol is implicated in over half of all suicides²³. There is also evidence to suggest that there has been an increase in the availability of crack cocaine in Ballyfermot, and we know that crack cocaine can cause major depression and psychosis²⁴. While it cannot be assumed that cocaine or alcohol were implicated in any of these deaths by suicide, we do know that women's substance misuse is often hidden, and that women can face a number of barriers to entering services for support²⁵.

¹⁹ National Suicide Research Foundation (2018) *Demographic, Psychosocial and Psychiatric Factors Associated with Female Suicide* available at: <https://www.nsrp.ie/statistics/suicide/> [accessed 30-9-2018]

²⁰ Children and Young People's Services Committee (2017) *Evidence Baseline Report 2017* Dublin: AIRA

²¹ *Connecting for Life Dublin South: Suicide Prevention Action Plan 2018* available at: <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting-for-life-dublin-south.pdf>

²² <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting-for-life-dublin-south.pdf>

²³ Alcohol Forum (2018) <http://www.alcoholforum.org/alcohol-in-ireland/>

²⁴ http://www.drugs.ie/drugtypes/drug/crack_cocaine

²⁵ BLDATF (2016) *Supporting Women to Access Treatment*



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7.2.2 Outline of range of funded events for International Women's Week 2018

Day	Time	Project	Event type	Outcome
Monday 5th March	11am-1pm	Star	Open morning with women's' group, members to bring a friend. Discussion around what services are needed in the region to support women.	EVENT CANCELLED DUE TO ADVERSE WEATHER.
Tuesday 6th March	10am-2pm	Advance	Open day with holistic therapy, health screening information, healthy food and refreshments.	Event was well attended and a number of women signed up for health screening
	11am-1pm	FamiliBase	Arts workshop with artist. Designing and painting mural for community room	Well attended event. Added colour to community room in FamiliBase.
	6.30pm-8.30pm	Star	Family Support information session with holistic therapies and refreshments. Discussion around the needs of women in the family.	Family support members could bring a friend. Highlighted female specific issues.
Wednesday 7th March	11am-2.30pm	Star	Arts workshop day 2. Healthy Food Made Easy project ran a taster session for attendees.	Young women's group enjoyed food project and art work.
Thursday 8th March	9.30am-2.30pm	Fusion CPL	Women's wellness drop in with series of talks on sexual health, registering to vote, alcohol, holistic therapy taster sessions and refreshments provided.	Well attended event, increased awareness of supports offered in Fusion CPL.
	10am-12pm	Star	Coffee morning addressing women's support needs in the community.	Highlighted supports offered in Ballyfermot Star.
	5.30pm to 8pm	BYS	Celebrating women in Ballyfermot and Ireland public talk in Ballyfermot Library	Attended by over 300 local people. Launched an exhibition of photos of local women
Friday 9th March	11am-2pm	BLDATF	All About Women – conference in the Civic Centre.	100 attendees. Round table discussions highlighted unique needs of women in the community.



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7.2.3 International Women's Week BLDATF Conference Attendance

There were 100 people in total at the conference with a mixture of people who work and live locally, both young and old. One community member who works at a local school brought along a large delegation of pupils from the school. The young women engaged in the conference from beginning to end and made a valuable contribution to the table discussions. The funded agencies each sent significant numbers of people from their project both male and female, although the majority of attendees were female (90%).



7.2.4 International Women's Week Room decoration and refreshments

The room decoration was organised through the DCC. Each BLDATF Funded agency was offered the opportunity to send arts and crafts from their programme to display in the room. Family Support in Ballyfermot Star sent a commemoration quilt which was put together by the women in family support; FamiliBase sent some art work which was done by their youth group. The rest of the arts and crafts on display were supplied by the women in The Bungalow. Additionally Ballyfermot Travellers Action Project (BTAP) sent some traditional crafts done by women in their service. Morning refreshments were provided by The Bungalow women's group and the afternoon food was supplied by a local company.



Figure 6: Ballyfermot Star Family Support Service Commemoration Quilt



Figure 5: some of the art work on display at the event



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7.2.5 International Women's Week Promotional materials developed by the projects

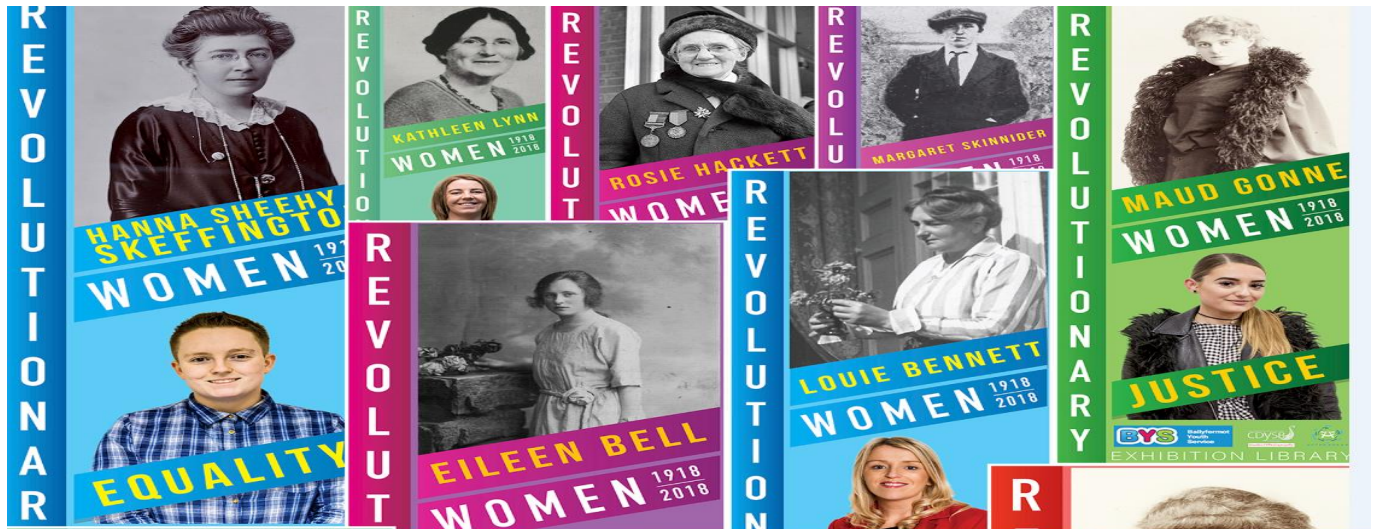


Figure 7: Ballyfermot Youth Service held a large community event in Ballyfermot Library attended by 400 people where they launched a report on local women, and an exhibition of women working and living in the Ballyfermot community. The report continues to be made available to subsequent international women's day events.

Monday 5th	A Story of HOPE: What if you were already perfect and your own best teacher? What if you could see this to be true? How would life be different? A talk / workshop on self worth and resilience by Bernie Gillespie. Refreshments Provided.	11am - 2pm	Ballyfermot Civic Centre.
	Women's Group - Discussion on what current services are available and what is needed going forward. Women's group will bring along a friend and open to women in the community. Refreshments Provided.	11:30am - 1pm	Ballyfermot Star, 7 Drumfin Park.
Tuesday 6th	Open Day with Holistic Therapies and healthy eating workshop.	10am - 2pm	Ballyfermot Advance, Le Fanu House, 3B Le Fanu Road.
	Arts Workshop.	11am - 1pm	Famillbase, Blackditch Road Ballyfermot.
	Family Support Information session, Round Table Discussion with refreshments and Holistic Therapies.	6:30pm - 8:30pm	Ballyfermot Star, 7 Drumfin Park.
Wednesday 7th	Arts workshop and healthy eating workshops.	11am - 2:30pm	Famillbase, Blackditch Road Ballyfermot.
	International Women's Day Walk Refreshments afterwards.	7pm	Meeting point: Assumption Church Ballyfermot.
Thursday 8th	Women's Wellness Drop In (Series of events and talks).	9:30am - 2:30pm	Fusion CPL, Cherry Orchard Health Centre, Cherry Orchard Grove.
	Talks by Liz Gillies - Celebrating Women in Ballyfermot & Ireland.	5:30pm	Ballyfermot Library.
	Coffee Morning - Discussion on Womens Support Needs. Open to women from the community.	10am - 12pm	Ballyfermot Star, 7 Drumfin Park.
Friday 9th	All About Women Conference For information and to book your place please visit http://bit.do/allaboutwomen or call 01 623 8088.	10:30am - 2:30pm	Ballyfermot Civic Centre.
#PressForProgress			#InternationalWomensDay2018
			#AllAboutWomen

Figure 8: Interagency leaflet, design and print courtesy of Ballyfermot Chapelized Partnership



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Calling all women of Ballyfermot and Cherry Orchard!
Please come celebrate **International Women's day** with us at FusionCPL, on Thursday March 8th.

Join us for talks on women's mental health, women's health, massages, copious amounts of tea & treats and an opportunity for all us amazing women to chat.

OPEN DOOR FROM 9.30AM. FUSIONCPL, CHERRY ORCHARD HEALTH CENTRE, CHERRY ORCHARD GROVE.

Photo credit—National Library of Ireland via facebook.com/dubindownmemorylane

International Womens Week

Ballyfermot
Monday 5th - Friday 9th March 2018

Now, more than ever, there's a strong call-to-action to press forward and progress gender equality. There's a strong call to **#PressforProgress** motivating and uniting friends, colleagues and whole communities to think, act and be gender inclusive. The women of Ballyfermot are invited to a range of events (see overleaf) to celebrate International Women's Week 2018.

Quotes to inspire you:

"Well behaved women rarely make history."
- Eleanor Roosevelt.

"Beauty is about being comfortable in your own skin. It's about knowing and accepting who you are."
- Ellen Degeneres.

"Women are leaders everywhere you look. Our country was built by strong women and we will continue to break down walls and defy stereotypes."
- Nancy Pelosi.

"Courage is like a muscle. We strengthen it by use"
- Ruth Gordon.

"One of the most courageous things you can do is identify yourself, know who you are, what you believe in and where you want to go."
- Sheila Murray Bethel.

#PressForProgress
Ballyfermot Chapeltized Partnership
Building an inclusive community

BALLYFERMOT LOCAL DRUG & ALCOHOL TASK FORCE
Working with you.

#AllAboutWomen
Dublin City Council
Sustainable Outreach Single Area Team



ALL ABOUT WOMEN

WHEN: 9TH MARCH 2018 AT 10.30AM TO 2.30PM
WHERE: BALLYFERMOT CIVIC CENTRE

Ballyfermot Local Drug and Alcohol Task Force invite you to their event "All About Women". This event is about celebrating women in line with the spirit of International Womens' Day. Arts and crafts by local women will be on display. But this event is also about looking at the specific needs of women in relation to accessing support services. This event is open to all service providers and community members.



For more information contact cgeaney@bcpartnership.ie or Veronica.halpin@dublincity.ie

LUNCH PROVIDED and SPOT PRIZES

This event is free to attend

CLIONA LOUGHLANE FROM THE NATIONAL WOMEN'S COUNCIL OF IRELAND WILL CHAIR THIS EVENT

THE BALLYFERMOT LOCAL DRUG AND ALCOHOL TASK FORCE WILL PRESENT THEIR RESEARCH FINDINGS

BTAP AND THE NATIONAL SCREENING SERVICE WILL BE PRESENTING

MORE GREAT SPEAKERS TO BE CONFIRMED

THERE WILL BE OPPORTUNITY TO DISCUSS THE NEEDS OF WOMEN



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7.2.5 International Women's Week BLDATF Promotional materials



Figure 9: One of the JobPlan team with the merchandise.

As an inter-agency initiative BLDATF partnered up with Jobplan, hosted in Ballyfermot Partnership to develop some promotional mugs and keyrings for the conference. Jobplan is based with the Local Employment Service. Part of its programme relates to engaging participants in community activities and work experience. Jobplan and the BLDATF agreed a design of some mugs and keyrings for distribution at the conference.





Section 8: Community Development

8.1 Community Grants

Ballyfermot LDATF fund small community projects in the community as a means to strengthen the community capacity to minimize the impact of problematic substance misuse. In December 2017 Ballyfermot LDATF held an event in the Ballyfermot Sports Complex where the community groups who were successful in their application for community grants were given their award. This was a great event, giving everyone a chance to meet one another, share their ideas and work and also to get to know the Ballyfermot LDATF. Ballyfermot LDATF would like to congratulate all the successful applicants on their hard work on their projects over the year. In 2018 BLDATF partnered up with Ballyfermot Chapelizod Partnership (BCP) to run the grants scheme. The Community Development team in BCP helped to provide applicants with support in drafting applications and throughout the duration of their funded project. In 2018 BLDATF agreed to change the criteria for the grant so that only community groups with an annual income of less than 50k could apply. The BLDATF acknowledged that budgets were available through the Targeted Intervention Fund for bigger organisations, but also to recognise the valuable work at a local level of small community groups.



Figure 10: Participants from BYS Circus training.



Figure 11; BLDATF Company Secretary Henry Harding at the Community Grants Awards Ceremony held in Gurteen Youth Club in December 2017



Figure 12: Councillor Vincent Jackson with St Ultans After School Co-Op in 2017



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8.2 Successful Community Grant Applicants in 2017 and 2018

Organisation	Purpose of grant
Ballyfermot Chapelizod Access Group	Smashing Barriers workshop
Ballyfermot De La Salle GAA Club	Equipment and training
Ballyfermot Social Intervention Initiative	Gym passes and end of year group event
Ballyfermot Star Realt Na Clann	Respite family support weekend
Ballyfermot Traveller Action Project	Drug and alcohol awareness programme for young women
Ballyfermot Youth Service	Circus and Street Performance training
Basement Productions	Training and resources
Basement Productions	January Pantio set, lighting and advertisement.
Beyond 96 Youth Club	Outing and drug awareness training for young people
Cherry Orchard Integrated Youth Service	Training and resources
Cherry Orchard Running Club	Setting up running club
D10 Youth	Swimming classes and life-saving exams
D10 Youth Swim Club	Swimming lessons, life saving exams
De La Salle GAA Club	Hall Hire and equipment
FamiliBase	Materials and resources for families
Fusion CPL	Adventure therapy
Gurteen Youth Club	Sports equipment, sports hall hire, transport to venue. Doing Alcohol Awareness programme
Gurteen youth Club	Jan-April drug awareness programme – sports and recreational materials and food.
Into The Light Youth Theatre Company	Training and rehearsals
Matt Talbot Community Trust	Support for outdoor adventure programme
Men's Shed	New lighting for room and equipment.
Men's Shed Ballyfermot	Tools and training in use of tools
Middle Ballyfermot Summer Project	Activities for Christmas activities
St James's Camino Network	Trip to Bundoran for residents
St John's Ambulance	Training equipment (manikins, defibrillators and splints)
St Ultans Afterschool Co-Op	Deliver yoga classes to children, train 3 parents as yoga instructors to deliver in schools, community and the Bungalow.
St Ultans Parents Afterschool Co- OP	Play training for parents group
Together FM	Training in community radio production

“These are the famous generations of the future”

“Thank you for the opportunity to find myself in circus, clowning art and culture; life is wonderful if you are honest with yourself! So, remember to smile!”

Quotes from participants on the Circus Training workshops with Ballyfermot Youth Service.



Section 9: Training and Education

9.1 Continuing Professional Development Training funded or organised by the BLDATF

Date	Training Title	Target group
August 2017	Problem Gambling Assessment and Brief Intervention	Frontline workers
September 2017	Foetal Alcohol Spectrum Disorder	Frontline workers
September 2017	Planning as a CLG	Ballyfermot LDATF members
October 2017	SAOR	Frontline workers
December 2017-May 2018	Community Addiction Studies QQI 5 (with support of Ballyfermot Star project).	Community members, frontline workers
May 2018	GDPR regulation	Management, senior staff
June 2018	Motivational Interviewing (Basic)	Frontline workers
June 2018	Foetal Alcohol Spectrum Disorder	Frontline workers
July 2018	Charity Trustees and Board members	Board members from BLDATF and Ballyfermot Chapelizod Partnership

9.2 Community Addiction Studies

In 2017 Ballyfermot LDATF ran the Community Addiction Studies Course[®]. Addiction and substance misuse can be understood locally through an adult education model and the Community Addiction Studies is recognised regionally and nationally as an effective approach at delivering education in this sector.

This course is described by URRUS in Ballymun as: a course to enable people living or working in the community to become more effective when they encounter drug/alcohol misuse or addiction. This course will enable participants to: -

Areas covered include:

- Pharmaceutical information on drugs and their effects
- Process of addiction
- How addiction affects individuals, families, communities
- How individuals and communities can respond
- Field visits to drugs services / individual course work

In 2017 BLDATF did not have the staffing capacity to run the course, but as it was recognised as a core component of BLDATF work, Ballyfermot Star Project offered to undertake the running of this course on behalf of the BLDATF.

In December 2017 the course took on 22 participants from a broad range of local residents and workers in the Ballyfermot LDATF area. The total cost of running the course is E9000,



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however with course fees the programme takes on some income which is then used to cover the costs of the long weekend day, room hire, tea/coffee and refreshments and course promotion.

The BLDATF is thankful for the support of Ballyfermot Star in helping retain the course at a local level and delivered by services based within the catchment area – at the core of this course is the value of a local understanding and knowledge of the drug issue as it affects Ballyfermot.



Figure 12: Vincent Jackson awarding one of the CASC participants with their certificate.



Figure 13: Vincent Jackson with one of the CASC participants in June 2019.



Section 10: Service User Involvement

Ballyfermot Local Drug and Alcohol Task Force are committed to seeking service user feedback. Projects involve service users in their service plans and reviews consistently. Some project staff attended service user involvement training which was being run by our neighbouring TF Clondalkin in October of 2018, which was very positive and a good example of cross task force initiatives and support. Strategically BLDATF is committed to strengthening its engagement with service users.

Some examples of service user engagement in the reporting period are:

- 2 of the TF funded projects Advance and Star hosted service user consultations in relation to the Public Duty work being carried out by the HSE Addiction Services.
- Service user involvement was a core component of international women's week with projects running open days which were planned with existing service users designed to encourage more women into the services.
- The International Women's Day conference itself was supported and attended by all project representatives.
- The Promotional materials for international women's day were developed by one of the projects in the community.
- The BLDATF has provided funding towards training to develop the locally based social enterprise initiative with Ballyfermot Star.
- Matt Talbot continues to have a strong service user component, with service user consultation forming the back bone of their programme development (each programme is tailored to the needs of the individual participant).

In 2017 Minister Byrne visited the BLDATF and some feedback from service users was gathered from projects to demonstrate the very positive impact of the work of the local projects. Some quotes from service users across the various projects are:

"The staff member has also been a great support to my family, helping them with arranging visits, or even reiterating to them that I am doing well. Through this project worker I feel connected to my community and it's great to know that if I got out tomorrow I can come up and see the staff member for support"

"Key workers play a vital role in helping one to one as someone to go to for help and guidance in every aspect of the road to recovery"



Section 11: Dtalk magazine

The purpose of the dTalk magazine is to promote services and initiatives to the community, and to provide other relevant information to the community. This magazine seeks to tackle local issues, whilst providing an overview of services and highlighting community activities and local research. The magazine had information about local alcohol research which was undertaken using the Dormant Accounts Funding in 2016.



Figure 14: dTalk 2017 Alcohol - So What?

addressing mental health. The magazine also highlighted the issue of suicide. It is hoped that in the production of dTlak, that there will be a reduction in the time it takes for someone to access services, which will ultimately lessen the impact of

problematic substance misuse across the community.

In 2018 the magazine focused on positive mental health and raising awareness around the link between substance misuse and mental health issues. The magazine drew from a number of sources, each project had an opportunity to promote their services, but also there was an input from the mental health team in the Primary Care Centre. This input gave an overview of how to talk with your GP about mental health issues and the role of primary care support services in



Figure 15: Participants from the Psychological First Aid in June 2018.





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Section 12: Overview of funded initiatives'




This chapter provides a brief overview of each of the BLDATF funded agencies, taking information from the organisational publicity materials, and reporting documents. Each of the funded initiatives within the full allocation for the BLDATF area are listed.

12.1 Overview of funded organisations

<p>Ballyfermot Advance</p> 	<p>Ballyfermot Advance Project is a community based project helping people who are Drug and Alcohol Users and those affected by Drug and Alcohol Use. The organization provides open access low threshold services to people with drug/alcohol problems through daily access to drop in services (food, crisis intervention). The services offered are: one to one key working, care-planning and case management to people with drug/alcohol problems using evidence based approaches (MI, CRA) and in line with the Continuum of Care process developed by Ballyfermot LDATF Interagency care planning documents. Advance also offer out of hours outreach to deliver services to hard to reach drug/alcohol users in the Ballyfermot area.</p>
<p>Ballyfermot Chapelizod Partnership</p> 	<p>The Ballyfermot Chapelizod Partnership on request from the Ballyfermot Local Drug & Alcohol Task Force acted as the employer for the T&R Coordinator and the Interim BLDATF Coordinator in the reporting period. Planning in late 2018 for the Project Officer post are for this position to be held with BCP also. The overall aim of the Ballyfermot Chapelizod Partnership is to support the community to reach its full potential, to encourage participation, and to target its resources at those most in need in our community. The BC Partnership was set up in 1996 as a response to long term unemployment and poverty. The BC Partnership was an initiative of local community activists and Ballyfermot Area Action Co-operative who sought funding from Government to support a range of programmes and activists which would support the local community to tackle social exclusion and poverty caused by unemployment, and other social factors.</p>






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<p>Ballyfermot Social Intervention Initiative</p> 	<p>Ballyfermot Social Intervention Initiative s target groups are those who are hardest to reach and have a poor history of engaging with services. The project provides support to families (parents and siblings) where one or more members is engaged in drug related anti-social behaviour. The project offers one-to-one support with the aim of strengthening people’s coping mechanisms, often with the goal of helping people to maintain their tenancy. The service also offers outreach to the specialised drug and alcohol services, and also partner up with other agencies as part of the Detached Outreach.</p>
<p>Ballyfermot Star</p> 	<p>Ballyfermot Star provides non-judgemental support, guidance and education to drug users, their families and the community, enabling them to cope with and overcome the effects of drug use. Ballyfermot Star runs a range of groups and services. Realt Solas (Star Light) is a programme that supports individuals with problematic use of Cocaine, Cannabis/Weed, and Alcohol. Realt Na Clann offers family support using the CRAFT model to families affected by problematic substance misuse. The project also hosts a childcare service and a CE scheme.</p>
<p>Ballyfermot Youth Service</p> 	<p>The main objectives of BYS are to work with young people in the Ballyfermot area to empower them to make positive decisions around their life choices, to meet their needs by providing appropriate social, personal and development social programmes. These programmes use critical social and non formal education approaches. Peer Education rests on the view that young people learn a lot from one another as part of their everyday lives and that peer groups play an important part in defining and maintaining an individual’s identity. The method of Peer education has been very successful over the last number of years, as a particularly effective approach to drug prevention. The programme aims to draw on an approach which empowers young people to work with other young people and which draws on the positive strength of the peer group. By means of appropriate training and support the young people become active players in the educational process.</p>



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<p>FamiliBase</p> 	<p>FamiliBase is a community based, not for profit organisation with charitable status that works with children, young people and families supported by a range of funders. FamiliBase consists of a multi-disciplinary team with staff recruited from the following range of disciplines; Early Years, Arts, Social Care, Youth Work, Youth & Community Work, Formal Education, Addiction Counselling, Business, Administration and Finance. FamiliBase has three programme delivery pillars i.e. Early Years Supports, Child and Parent Supports and Youth and Community Supports. FamiliBase operates an integrated model of practice with integration occurring within the programme pillars and also across them.</p>
<p>Fusion CPL</p> 	<p>Fusion CPL is based in the heart of the Cherry Orchard community. Fusion provide support to individuals who are coping with addiction issues either living in the community or incarcerated in prison. Support such as keyworking, counselling, holistic therapies and group work addressing both therapeutic and social skills are available. Supported Community Employment is also available. In addition we provide support to individuals incarcerated in prison under the Community Prison Link programme. Between 2015-2018 Fusion CPL developed a family support programme called the Reach Out programme. Through the BLDATF funding was approved to help develop the programme and work on this is on-going. This programme seeks to help restore the relationship between prisoners and their children.</p>
<p>Matt Talbot</p> 	<p>The Matt Talbot Community Trust, based in Ballyfermot, provides support for individuals in recovery from addiction and returning from prison. The Matt Talbot Community Trust works with both males and females between the ages of 18 and 65. The majority of our group on our day programme in 2017 were between the ages of 20 and 57 years of age. The organisation also works with family members of all ages. Most participants have a criminal history or involvement in the wider criminal justice system, and most are early school leavers with no</p>

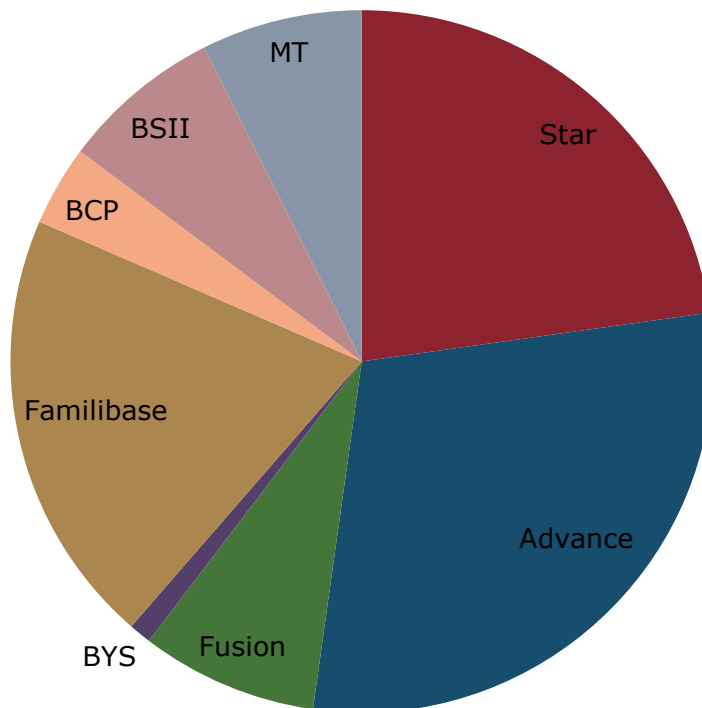


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formal qualifications/accreditation and minimal employment history. The project runs a Future Options Programme, the aim of which is to equip participants with the necessary skills and competencies for a successful move on to further education and/or employment.

12.2 Breakdown of funds across organizations

BLDATF Funding allocations





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12.3 List of funding streams within the BLDATF region

Project Code	COF ²⁶	Funding (E)	Project Promoter	Funding Purpose
BF3	HSE	130,319	Ballyfermot Local Drug and Alcohol Task Force	BLDATF Administration and programme costs, inclusive of grants for one off initiatives.
BF7	HSE	294,551	Ballyfermot STAR	Programme and salary budget for substance misuse treatment and rehabilitation support services. Including Family Support.
BF2-1	HSE	398,000	Ballyfermot Advance Project	Programme and salary budget for low threshold substance misuse treatment and rehabilitation support. Including brief intervention for family support.
BF2-2	HSE	110,829	Fusion Project CPL	Programme and salary budget for substance misuse treatment and rehabilitation supports. Project hosts CPL worker.
BF2-4	HSE	13,601	Ballyfermot Youth Service (BYS)	Programme budget for peer education model for young person's drugs and alcohol education.
BF2-9	HSE	68,385	FamiliBase	Programme and salary budget line for child welfare key workers addressing the impact of parental substance misuse.
PS1	HSE	13,601	Ballyfermot STAR	Peer support programme budget for across whole Star project.
BF2-9A	HSE	152,000	FamiliBase	Administrative budget and programme costs to cover childcare fees for individuals looking to access support for problematic substance misuse.
BF10	HSE	50,000	Ballyfermot Chapelizod Partnership (BCP)	Acts as the employer of the Project Officer for the BLDATF. The worker provides community based supports to the BLDATF.
BF2-10	CDY SB	97,742	Ballyfermot Social Intervention Initiative (BSII)	Programme and salary cost for service based in Cherry Orchard addressing tenancy sustainment.
BF2-14	CDY SB	106,503	Matt Talbot (MT)	Programme and salary cost for drug free day programme.
BF2B-3	CDY SB	51,201	FamiliBase	Salary cost for youth substance misuse worker providing one-to-one and group interventions as well as school based drugs education.
TOTAL BLDATF annual budget		1,486,732		

²⁶ Channel of Funding



Section 13: Overview of funded agencies' collective response to address the issue of problematic substance misuse

This chapter will outline some of the activities which were completed through T&R Subgroup which demonstrate the impact of the services – as a collective – to address the impact of problematic substance misuse across the Ballyfermot LDATF area. Each of the specialised substance misuse and family support services attend the T&R Subgroup, and utilise the common assessment/shared care protocols in place in Ballyfermot since 2010. Three of the projects are also connected to ECASS²⁷, and Ballyfermot Star, Ballyfermot Advance and Fusion CPL contribute to the NDTRS reporting system.

13.1 Continuum of care

In 2017 the T&R Subgroup reviewed its service provision table to accurately reflect the range of services offered across the Continuum of Care (see appendix 1, T&R Subgroup Workplan outcome). The Continuum of Care document likewise was reviewed by T&R. The agreement being that the document needed to reflect the family support element of the work being conducted at a local level. The *service user* being recognised as someone with a family and a community around them, not a person to be seen in isolation. This piece of work allowed the group to reflect on its practice and to see the shared understanding of the important role played by families in supporting people to move away from substance misuse and equally, the

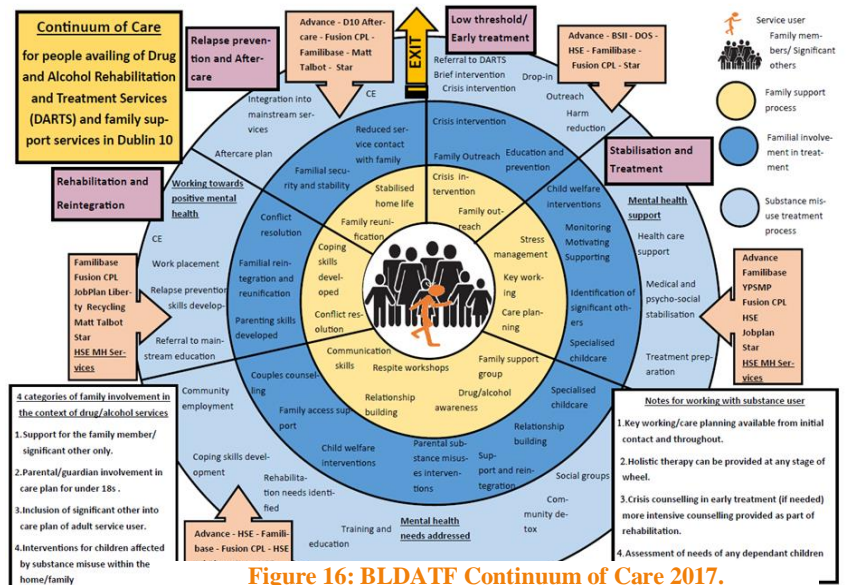


Figure 16: BLDATF Continuum of Care 2017.

²⁷ eCASS is a single addiction service solution for the services, which includes support for: Drop-in services, outreach, brief assessments. Key working, care planning and case management: NDTRS forms and reporting to HRB – this is embedded within assessment and tracking of clients (Enclude, 2020: <https://enclude.ie/ecass-helping-addiction-services-help-people-to-make-real-change/>)



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important role played by family support (whether that is for adult family members or children who are impacted by parental substance misuse). The Continuum document requires work as it was agreed that the template is complicated, however endorsing the role of family amongst all T&R members served as a valuable connector at T&R.

13.2 Common Assessment Form

In line with local research which highlighted the need for early intervention for women, and in particular the research about the impact of alcohol on pregnancy, the TWEAK screening tool was added to the Common Assessment Form. TWEAK is an alcohol use screening tool designed for pregnant women. This form is one of the range of resources available on the HSE Screening and Brief Intervention Portal²⁸. The principle behind the form is that the AUDIT is not relevant to pregnant women as the low risk guidelines do not apply to pregnant women. The TWEAK alcohol screening test is a short, five-question test which was designed to screen pregnant women for harmful drinking habits. The TWEAK has been validated for use with pregnant women but focuses on identifying heavy drinkers.

Secondly, the CRAFFT Screening Tool was added to the common assessment form. CRAFFT is an evidenced based model, again endorsed by the HSE Screening and Brief Intervention Project²⁹. The CRAFFT screening tool is validated for use with adolescents aged fourteen years and older and consists of six questions designed to identify adolescents for high-risk alcohol and other drug-use disorders simultaneously. The purpose behind this piece of work was firstly in recognition that the AUDIT and DUDIT are not applicable to people under the age of 18. However, secondly this piece of work was undertaken to ensure that the CAF could be applied in under-18 service settings. Another adjustment to the form was the inclusion of parental consent form for working with under-18s and also a brief risk assessment in relation to drug debt. This piece of work was done in consultation with the HSE Addiction Services alongside the specialised substance misuse support service within FamiliBase.

13.3 Shared care planning tools

The T&R Subgroup agreed to look at the shared care templates being utilized across the region. A new Shared Care Plan template was drawn up as well as agreement in relation to sharing of information. The Shared Care Plan template was based on the Meitheal system, whereby the care plan is actually completed at the meeting and

²⁸ <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-and-addiction/alcohol-and-substance-use-saor/tweak.pdf>

²⁹ <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-and-addiction/alcohol-and-substance-use-saor/crafft.pdf>



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signed off by the service user and any others present at the meeting. Information relating to the shared care documentation is available on appendix 4 and also within the 2018 T&R Workplan outcome report provided with this document. 2 issues came up as a result of this piece of work, firstly the challenge of capturing shared care happening in the community, and secondly the issue of the transfer of information from one project to another and how best to do this.

13.4 Alcohol Information leaflet

An alcohol information leaflet was launched in 2017 which was adapted from HSE Alcohol literature but included information about local services. This leaflet was printed and distributed in Ballyfermot throughout the reporting period. All T&R Services were included in the development of this document; however the main information remained based on "A Quick Question" and standard public information. While it was recognised that the leaflet pertained to adult drinker only, information for family support services and services for young people specifically were included in the leaflet. The impact of such public information is always hard to capture, however a good deal was found in relation to printing of this

Where can I go for help?

Ballyfermot Advance: Individual support and drop-in.	(01) 6238001
Ballyfermot Star: Individual and family support, childcare service, CE Scheme.	(01) 6238002
BSII: Individual and family support, information and drop-in.	(01) 6267041
Fusion CPL: Individual and group support, employment and education support.	(01) 6231499
Familibase: Child and family support, young persons substance misuse service and childcare support.	(01) 6546800
JobPlan: Individual and group support, employment guidance.	(01) 6235612
Matt Talbot: CE Scheme - Individual and group support, training and education.	(01) 6264899
Liberty: CE Scheme - Individual and group support, training and education.	(01) 4193999
HSE: Primary health care services, GP, Public Health Nurses.	07669 56000 Ballyfermot Primary Care Centre

Useful websites: www.askaboutalcohol.ie • www.alcoholicsanonymous.ie
www.services.drugs.ie • www.smartrecovery.ie

Do You Drink Alcohol?



leaflet and the initial design of it was covered as part of the Dormant Accounts Fund activities in 2016, therefore it was deemed a cost effective means of providing information to the community about alcohol use, how to self-assess your alcohol use and the range of services available should an individual feel they need help.



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13.5 T&R Contribution to the development of the Targeted Intervention Fund

The BLDATF requested the contribution of the T&R Subgroup in the development of the Targeted intervention Fund – a budget which became available to the BLDATF as a result of the reconfiguration of the BLDATF in March 2017.

In May 2017 a survey was conducted with all T&R members which was followed up with a meeting of the T&R Subgroup to discuss the development of the Targeted Intervention Fund.

The group agreed the following discussion document which was presented to the BLDATF who in turn used this as a framework for the fund moving forward. The next steps in terms of the financial management of the fund were developed through the Finance Subgroup of the BLDATF.

The final form was developed by the TF in line with all feedback and then in June 2018 brought to T&R Subgroup members for final comment before form went into circulation. The Draft Proposal for the Targeted Intervention Fund as agreed by T&R Subgroup of the Ballyfermot LDATF is available in appendix 5.

13.6 Assessing the needs of children within adult substance misuse service settings

All adult specialised substance misuse services in Ballyfermot recognise their role in terms of identifying the protection and welfare needs of children living with substance misuse in the home. The NDTRS form includes questions about the number of children a person may have and whether these children are living with them. Therefore all services completing this form will have gathered information about children who may be impacted by parental substance misuse, but also those not completing the forms, will be mindful of the needs of children. In 2017 the T&R subgroup produced the Managing child welfare and protection issues within adult substance misuse service settings. This piece of work was done in partnership with the Meitheal Coordinator at the time and all T&R services contributed to its development.

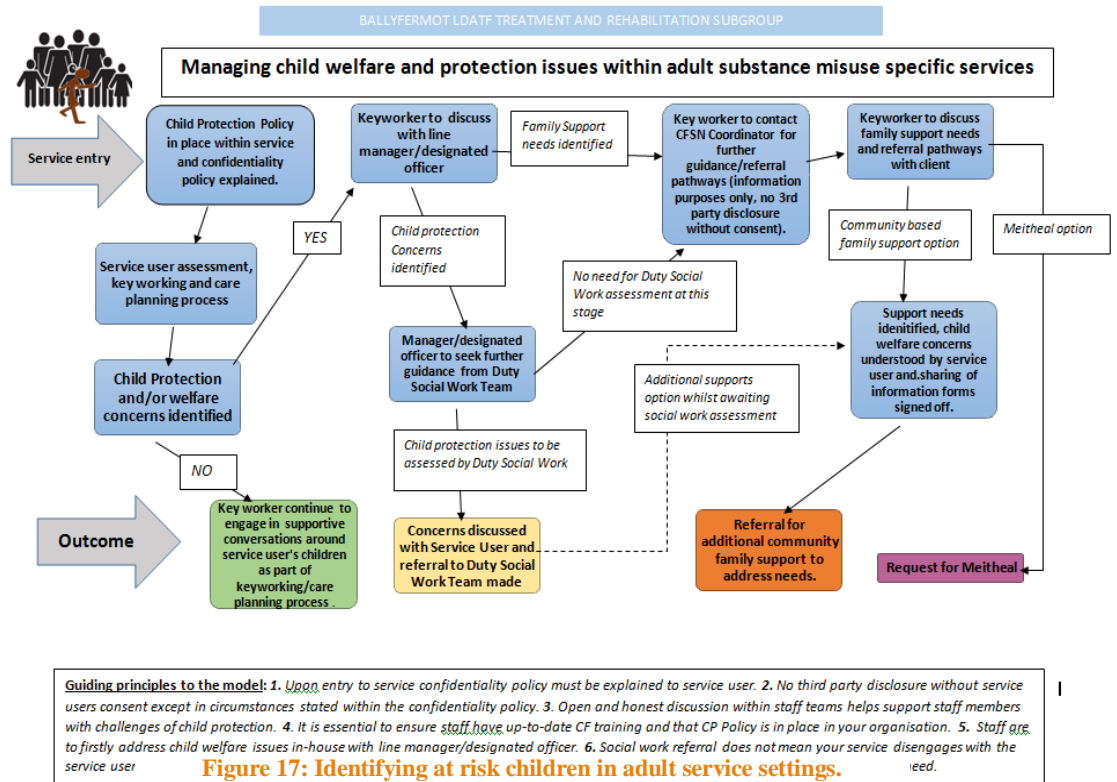
Supporting children in this way is referenced within the National Substance Misuse Strategy Reducing Harm Supporting Recovery action 1.3.9 (d) where it states:

"Ensur[e]adult substance use services identify clients who have dependent children and contribute actively to meeting their needs either directly or through referral to or liaison with other appropriate services, including those in the non-statutory sector."

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At the core of this piece of work was the recognition of the role everyone plays in relation to identifying children at risk. However, as part of this piece of work challenges were identified.

In particular was the challenge of the necessity but with delays within Tusla, it was often a significant time before cases were being seen by a social worker after a referral was made.



The link with Meitheal cannot be overstated here.

"Meitheal is a case co-ordination process for families with additional needs who require multi-agency intervention but who do not meet the threshold for referral to the Social Work Department under Children First (Tusla, 2020³⁰)."

As such in 2016 a Meitheal briefing was held for all T&R Services, Meitheal training was also rolled out across the community at this time and T&R services engaged in it. In early 2018 a Child Protection Input with the Meitheal Coordinator and ABC Family Matters Coordinator for project staff and managers was held. To keep the momentum for such pieces of work, the BLDATF works closely with the Child and Family Support Network (CFSN) and also with the CYPSC Safe and secure Subgroup, both of which are led through Tusla and which can help inform the work of the BLDATF and its stakeholders.

³⁰ <https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/meitheal-national-practice-model/>



Section 14: Ballyfermot Local Drug and Alcohol Task Force Meeting Activities

14.1 Meeting schedule and frequency

Meeting	Frequency	No. 2017 meetings	No. Of 2018 meetings
TF meeting	Monthly	9	9
Financial Monitoring and Audit Subgroup (FMA)	Monthly	7	9
Governance and membership subgroup (GMS)	Quarterly or as required	NA	3
Treatment and Rehabilitation Subgroup (T&R)	Bi-Monthly	6	6

14.2 Subgroup Updates:

14.2.1 Financial Monitoring and Audit Subgroup

Key activities of in reporting period

- Oversaw the financial aspect of the reconfiguration of the TF and separation from Ballyfermot Advance Project.
- Developed application form and assessment procedure for the Targeted Intervention Fund.
- Processed Targeted Intervention Fund applications.
- Processed a number of funding applications on behalf of the TF.
- Reviewed and amended its terms of reference.
- Changed its name in February 2018 to include Audit into its name.

14.2.2 Governance and Membership Subgroup

Key activities of in reporting period

- Set-up group in February 2018.
- Developed terms of reference.



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- Developed expression of interest form and process for assessing new members to the TF.
- Reviewed applications and made recommendations to the TF re: 2 new members to the TF.
- Made recommendation to the TF re: HR polices.
- Made recommendations to the TF re: TF membership and representation.

14.2.3 BLDATF Membership List

Name	Organisation/Sector	Other Subgroup membership
Vincent Jackson (Chairperson)	Community	Finance and Monitoring
Henry Harding (Secretary)	Community	Finance and Monitoring Governance Subgroup
Anne Fitzgerald	Ballyfermot Chapelizod Partnership	Finance and Monitoring T&R Subgroup
Bernard Morley	ETB	Finance and Monitoring
Denise O'Halloran	Community	
Derek McDonnell	Community	
Dolores O'Neill	Voluntary Rep	T&R Subgroup Governance Subgroup
Esther Wolfe	HSE Addiction Services	T&R Subgroup
John Cullen	HSE Primary Care	Governance Subgroup
Nuala Macken	Probation	
Damian Murphy	HSE Addiction Services	Finance and Monitoring
Shane Kelliher	Gardai	
Sunniva Finlay	Voluntary Rep	T&R Subgroup
Veronica Halpin	DCC	

14.2.4 Membership and Governance Objectives

The BLDATF recruited the help of a governance consultant in 2018, this consultant will undertake the work of developing a board handbook and reviewing the Terms of References for the subgroups as needed. During this process the BLDATF hopes to further streamline its decision making processes and to strengthen its board membership, hopefully with a strong community presence to inform the work going forward. In consideration of the complexities of the reconfiguration during 2016 and 2017, it is only fair to state that the BLDATF has emerged from this process in good condition, with a strong and committed membership heading into a bright future as part of an exciting and vibrant community.



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Section 15: Appendices



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Appendix 1: Treatment and Rehabilitation Subgroup Workplan 2017 outcome report

Task Objective	Action	By whom	Outcome	Final result
Aftercare	<ol style="list-style-type: none"> 1. Review aftercare options for SUs within community 2. Consult with SUs about any gaps in aftercare provision 3. Plan to provide aftercare services in line with available resources and SU feedback. 	T&R Sub Group T&R Coordinator	<ul style="list-style-type: none"> ➤ Clear map of Aftercare Services developed. ➤ Range of Aftercare supports provided. 	Not prioritised for 2017.
Alcohol Strategy	<ol style="list-style-type: none"> 1. Review activities from 2016 Dormant Accounts Funding, support process of making public the information and activities of 2016. 2. Review capacity of projects and training needs with regard to supporting service users experiencing problematic alcohol use 3. Support role out of SAOR Training to Tier 1-4 services 	T&R Subgroup	<ul style="list-style-type: none"> ➤ Training needs identified and training provided ➤ Public information provided about alcohol strategy. ➤ SAOR trainers within range of services across Tier1-4. ➤ SAOR training provided to primary care nursing and other non-specialised substance misuse services 	Alcohol and pregnancy training Sept.2017 Public alcohol talk in library March 2018 1x localised SAOR training October 2017 Dtalk focus on alcohol Alcohol research launch June 2017
Case management and shared care	<ol style="list-style-type: none"> 1. Continue to use T&R as a means to supporting services with case management process 2. Develop reporting mechanism for service users engaged in case management 	T&R Subgroup	<ul style="list-style-type: none"> ➤ Clear identification of number of individuals being case managed ➤ Support for those who are case managing 	Monitoring forms developed Pilot of new forms complete in Oct. 2017 Gaps and blocks forms redistributed



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planning	<p>process</p> <ol style="list-style-type: none"> 3. Review training needs of T&R project staff 4. Formalise existing shared care work being conducted 		<ul style="list-style-type: none"> ➤ Gaps and blocks process clearly supporting barriers for SUs ➤ Case management process is reconciled with Meitheal process 	No reconciliation with Meitheal
Community Detox	<ol style="list-style-type: none"> 1. Provide training/information session to key workers about community detox protocols as well as in-patient detox. 2. Provide information about alcohol detox (Community based and in-patient). 3. Provide information to key workers about the Treatment Fund through the Task Force. 4. Discussion around gaps and blocks in relation to detox – get feedback from project workers. 5. Get SU feedback about detox – establish what need is. 	T&R Coordinator	<ul style="list-style-type: none"> ➤ All key workers are clear on the CD protocols. ➤ All key workers have strong understanding of the referral criteria/process to in-patient detox facility. ➤ All key workers have strong understanding of the referral criteria/process to access LDATF Treatment Fund. ➤ Key workers are clear about availability of alcohol detox (including for pregnant women) ➤ Clear picture of gaps/blocks and needs in relation to detox. 	<p>Consultation with KW re: detox March 2017 CD training 24th April Review of other jurisdictions in first quarter Referral options mapped out for D10</p>
Community Employment	<ol style="list-style-type: none"> 1. T&R to support CE process to explore gaps and blocks within employment services for individuals with substance misuse issues 2. Exploration of the referral options after 		<ul style="list-style-type: none"> ➤ Project members have opportunity to discuss challenges and offer support to one another. 	Not prioritised for 2017.



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	<p>finishing CE</p> <ol style="list-style-type: none"> 3. Maximise support to SUs whilst waiting for CE 4. Discussion around challenges of running CE programmes 		<ul style="list-style-type: none"> ➤ Range of onward referral/employment options for individuals identified ➤ Consultation with SUs on CE programmes. 	
Family Support/Meitheal	<ol style="list-style-type: none"> 1. Meitheal to remain on T&R agenda in terms of updates/developments. 2. Meitheal training to be promoted/supported through T&R. 3. Support projects to assess needs of children 4. Support provision of Children's First training as needed. 	T&R Sub Group T&R Coordinator	<ul style="list-style-type: none"> ➤ Strengthened relationship between T&R and family support services. ➤ Meitheal and NDRF reconciled. ➤ Assessing the needs of children and referral pathways are clear for staff and SUs. 	<p>Assessing the needs of children training 26th June 2017</p> <p>Algorithm developed for distribution to all T&R services</p>
Gaps and Blocks	<ol style="list-style-type: none"> 1. Send reminder to projects about Gaps and Blocks process and re-issue forms. 2. T&R Coordinator to feed gaps and blocks issues directly back to NDRIC via FIT meetings. 3. T&R Coordinator can be seen as source of support for projects. 4. Use Gaps and Blocks process to encourage projects/case managers to explore local resolution of issues. 5. Supports Service Users by highlighting issues which may be preventing their progress/care plan. 	T&R Coordinator and T&R Subgroup	<ul style="list-style-type: none"> ➤ Clear understanding of role of T&R Coordinator with regard to feeding policy/systemic issues back to NDRIC for review. ➤ Gaps and blocks issues fed into NDRIC via FIT Meetings. ➤ Local response/resolution initially through T&R Subgroup. 	<p>No formal gaps and blocks issues processed through T&R.</p>



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			<ul style="list-style-type: none"> ➤ Strengthens problem solving and dialogue between projects. 	
Key worker meetings	<ol style="list-style-type: none"> 1. Sharing of information across projects. 2. Through consultation ensure meeting schedule does not unnecessarily take away from front-line work 3. Provide training/information opportunities for staff and managers 4. Promote attendance at key worker meetings to substance misuse key workers from other regions. 5. Consult with key workers about training needs/information they wish to have. 6. Widen membership of key worker group to include nursing staff from HSE Addiction Services. 7. Widen invitation to meeting to include Youth Services due to prevention/education aspect of their work. 	T&R Coordinator	<ul style="list-style-type: none"> ➤ Strengthen relationships across services. ➤ Strengthen understanding of range of services/supports in the region. ➤ Key worker meetings to be utilised as a consultation opportunity with key workers to feed into Workplan activities and plan for future actions. ➤ Expand membership to include HSE addiction services ➤ Increase attendance across projects within D10 	<p>4 key worker meetings 2x T&R KW consultations 2x T&R KW training</p>
Managers meetings	<p>Use of manager's meetings to support</p> <ol style="list-style-type: none"> 1. NDTRS 2. Shared care planning 3. Monitoring template 4. Mental health/substance misuse 	Project managers	<ul style="list-style-type: none"> ➤ Clear shared understanding of case management protocols ➤ Uniformity in NDTRS for those completing forms ➤ Agreed monitoring 	<p>2x managers meetings SC monitoring template agreed CAF partially complete</p>



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			<ul style="list-style-type: none"> template ➤ Shared care plan template agreed ➤ Feedback re: mental health/substance misuse 	
Mental Health	<ol style="list-style-type: none"> 1. Fully explore gaps and blocks in relation to mental health services for people experiencing problematic substance misuse 2. Review best practice in other regions 3. Review training needs of T&R project staff 		<ul style="list-style-type: none"> ➤ Consultation with staff and managers ➤ Projects to gather feedback form service users 	<p>1x KW meeting with MH services T&R Coordinator attended MH services WRAP training and MFA training dates distributed</p>
NDTRS	<ol style="list-style-type: none"> 1. Raise HRB returns at T&R Meeting to see if projects currently completing forms would like to coordinate training in relation to form completion. 2. Support training for projects who wish to initiate HRB returns. 	T&R Coordinator T&R Subgroup	<ul style="list-style-type: none"> ➤ Projects currently completing forms have uniformed approach to form completion. ➤ Availability of standardised treatment data across all projects. ➤ Data used for localised planning and research 	No further developments in this area
Service provision table and Continuum of care	<ol style="list-style-type: none"> 1. Review table to maximise resources. 2. Development of publicity materials 3. Identify clear pathway into T&R services 4. Review T&R services to ensure Continuum document is accurate 5. Strengthen relationship with MH Services and their role within 	T&R Subgroup	<ul style="list-style-type: none"> ➤ Clear publicity information available to community and other projects about T&R services ➤ Resources within T&R projects are shared 	Alcohol leaflet re-print TF began work on website December 2017



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	Continuum.		<ul style="list-style-type: none"> ➤ Pathways into T&R services are clear 	
Service user consultation	<ol style="list-style-type: none"> 1. Integrate SU feedback/consultation across the range of T&R Activities. 2. Maintain dialogue about SU involvement across T&R and get feedback form projects about current SU involvement strategies. 	Manager's T&R Sub Group T&R Coordinator	<ul style="list-style-type: none"> ➤ All modes of service user feedback/consultation in place at present have been identified. ➤ SU consultation to support Workplan actions. 	SU consultation with Dtalk Community engagement at Alcohol, Research Launch
SAOR	<ol style="list-style-type: none"> 1. Support roll out of SAOR Training across region 2. Use SAOR model as a means to gain non-specialised services interest in T&R and recognition of their role. 	T&R Sub Group T&R Coordinator	<ul style="list-style-type: none"> ➤ SAOR training schedule developed locally ➤ Range of services to be targeted for SAOR training 	Services targeted and on the waiting list Delay due to SAOR administrator not being in place
SMART	<ol style="list-style-type: none"> 1. Support roll out of SMART Recovery with D10 through keeping SMART on T&R Agenda and coordinating publicity meetings in line with National Coordinator. 	T&R Coordinator T&R Subgroup	<ul style="list-style-type: none"> ➤ SMART meeting established within the community ➤ SMART well publicised as an available option within D10. 	SMART subgroup set up Inter-agency work between MT and Fusion CPL No meeting set up
Working with members of the Travelling Community	<ol style="list-style-type: none"> 1. T&R Coordinator to contribute to Traveller men's working group and feedback to T&R 2. BTAP Family Development worker to attend KW meetings 	T&R Coordinator	<ul style="list-style-type: none"> ➤ Clear understanding by projects of how to support members of the travelling community with substance misuse problems 	T&R engagement with traveller men's health initiative 27 th June drop in October labre Park health day
Working with	<ol style="list-style-type: none"> 1. Evaluate training needs of project staff 	T&R Coordinator	<ul style="list-style-type: none"> ➤ Increase in women accessing T&R services 	Alcohol and Pregnancy Training complete



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women	<ol style="list-style-type: none"> 2. Research and coordinate training 3. Women's health Conference 4. Build on relationship with Primary Care 5. Build on relationship with NSS 	tor T&R Subgroup	<ul style="list-style-type: none"> ➤ Greater communication across T&R and primary care team ➤ Integration of health promotion across all T&R services and related organisations 	KW contributed to content of training SWAT project Presentation to PCIT in June TWEAK added to CAF
Young Persons' Substance Misuse Services.	<ol style="list-style-type: none"> 1. Develop common assessment procedures across HSE Adolescent Addiction Services and YPSMP. 2. Clarify referral pathways and build on relationship across services 3. Develop sharing of ideas and reporting on gaps and blocks in services for young people. 	T&R Coordinator Task Force Coordinator FamiliBase YPSMP HSE Addiction Services		April 2017 agreed CAF form to include needs of young people

On-going work from previous Workplan

New strands of activity

Activities not prioritised for this 2017



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Activities which need to move to 2018 Workplan.

Women's Health Strategy

1. Use recommendations of SWAT project to develop a response to women's health and substance misuse services within D10
- 2. Build on relationship with primary care services**
3. Increase participation of women in T&R treatment services
4. Develop and inter-agency, multi-disciplinary committee from which to progress recommendations from report and develop new strands of activity

Mental Health

5. Forge greater cohesion between T&R and D10 Be Well programme

6. Seek support from Mental Health Services re: referral pathways, support for project staff. Expand T&R membership to include representation from mental health services
7. Develop an inter-agency, multi-disciplinary forum from which to progress cohesion.

Publicity information

8. Develop clear publicity information leaflet for distribution around the community to include information on all substance misuse, build on existing alcohol leaflet.



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T&R Meeting, training and consultation schedule 2017

- Treatment and Rehabilitation Subgroup meeting
 Key worker meeting/training
 Managers' meeting
 Key worker consultation/information

Date	Topic/theme	Comments/update
9 th February	Treatment and Rehabilitation Subgroup	Complete
27 th February	Key worker meeting: Introductions, planning and review	Complete
13 th March	Managers meeting shared care planning	Complete
March 27 th	Consultation with key workers about detox	Complete
5 th April	Treatment and Rehabilitation Subgroup	Complete
24 th April	Key worker Training/information Community/In-patient Detox	Complete
17 th May	Treatment and Rehabilitation Subgroup	Complete
May 22 nd	Key worker meeting Introduction of shared care plan	Complete
7 th June	Treatment and Rehabilitation Subgroup	Complete
26 th June	Key worker Training/information Assessing the needs of children	Complete
3 rd July	Managers meeting – Case management/shared care planning support	Complete
28 th August	Problem Gambling Assessment and Brief Intervention	Complete
4 th September	Treatment and Rehabilitation Subgroup	Complete
11 th Sept	Key worker Training Alcohol and Pregnancy (full day)	Complete
4 th October	Treatment and Rehabilitation Subgroup	Complete
9 th October	Managers Meeting - Common Assessment Form	Cancelled
23 rd October	Key worker consultation re: mental health and substance misuse	Complete
Nov/Dec	Key worker meeting- Cocaine Training or common assessment form	Cancelled
5 th December	Treatment and Rehabilitation Subgroup	Confirmed



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Appendix 2 T&R Workplan 2018 outcome report

Task	Action	By whom	Outcome
Alcohol	<ol style="list-style-type: none"> 1. Plan for alcohol and pregnancy training for region 2. Alcohol and pregnancy screening tool in CAF 3. Support JPC with information about community based services for alcohol 4. Highlight outreach supports within the community to address public alcohol use 5. Support SAOR training across region 	T&R Coordinator (TRC)	<ol style="list-style-type: none"> 1. FASD Training took place in June 2018. 2. TWEAK added to CAF. 3. TF representative at JPC Management committee. 4. Public alcohol talk March 2018. 5. No SAOR training in 2018 6. Advance outreach services represented at Policing Forum public meetings. 7. Begun community based restorative process for addressing anti-social behaviour and alcohol use in public areas in October 2018 which will be on-going into 2019.
Case management/shared care planning	<ol style="list-style-type: none"> 1. Finalise new common assessment form (CAF) 2. Support new projects adopting forms 3. Develop ways to strengthen inter-agency working in line with TF direction and support 	TRC BLDATF and T&R Subgroup	<ol style="list-style-type: none"> 1. CAF signed off in April 2018. 2. JobPlan adopted forms and support provided as needed. 3. Inter-agency working standing agenda item at T&R.
Community Detox and Tier 4 referrals	<ol style="list-style-type: none"> 1. Support all Tier 4 referrals through HSE Funded bed scheme using CAF 2. Bring Gaps and Blocks issues to T&R Subgroup 	HSE and TRC T&R Subgroup	<ol style="list-style-type: none"> 1. Tier 4 information distributed amongst projects. 2. Feedback re: availability of beds provided to projects as requested. 3. No formal gaps and blocks issues raised.
Emerging needs	<ol style="list-style-type: none"> 1. Identify emerging needs within the community 2. Identify ways of working to manage emerging needs 3. Collaborate to respond to emerging needs 	T&R Subgroup	<ol style="list-style-type: none"> 1. T&R Projects supported a range of Targeted Intervention Funds designed to address emerging needs. 2. Motivational Interviewing Training provided by TF in response to needs presented at keyworker network.



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			3. In March 2018 T&R Projects ran series of events and open days across the community to mark International Women's week.
Keyworker network	<ol style="list-style-type: none"> 1. Coordinate KW Network 2. Identify training and support needs through network 3. Strengthen Inter-agency care planning through network 4. Strengthen membership and attendance 5. Review TORs 	TRC	<ol style="list-style-type: none"> 1. 4 keyworker meetings held in 2018. 2. MI Training provided through feedback from network. Discussion re: responses to managing crack cocaine use across the community. Evidence shows increase in use across the community and the impact this is having on young people and families. 3. Membership strengthened through new staff recruited in projects around the community. But attendance continues to struggle. 4. TORs not reviewed, postponed until 2019.
Mental health	<ol style="list-style-type: none"> 1. Strengthen relationship with T&R and MHS 2. Take part in Green Ribbon Month 	TRC T&R Subgroup	<ol style="list-style-type: none"> 1. MH services supported pop-ups in the community in partnership with LDATF and T&R services as part of Green Ribbon Month. 2. Green Ribbon month ran a series of awareness raising pop-ups in the community.
Public communication	<ol style="list-style-type: none"> 1. T&R contribution to Dtalk Summer 2018 	T&R Subgroup	<ol style="list-style-type: none"> 1. All projects contributed to Dtalk.
Service information	<ol style="list-style-type: none"> 1. Review service provision table and amend in light of changes within services 2. Publish service information on BLDATF website 	T&R Subgroup BLDATF	<ol style="list-style-type: none"> 1. Service provision table sent out for review in 2019. 2. BLDATF developed in May 2018, service information is live on site.
Service user feedback/input	<ol style="list-style-type: none"> 1. Support service user feedback and input on any aspect of Workplan. 2. Share ideas on service user involvement and feedback within projects 	T&R Subgroup	<ol style="list-style-type: none"> 1. Some projects availed of SU involvement training in Clondalkin LDATF. 2. Service user input for International Women's Week. 3. Service user input as TF Project visits in summer 2019.



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	<ol style="list-style-type: none"> Seeks service user feedback on: community detox accessing tier 4 beds 		<ol style="list-style-type: none"> Service user consultation in projects in relation to Public Sector duty. Service user consultation as key aspect of all service development in projects, evidenced through feedback at both T&R and KW network.
Training	<ol style="list-style-type: none"> Identify, coordinate and promote training across region Promote relevant training from other regions Partner up with other TF regions for training purposes where possible 	TRC	<ol style="list-style-type: none"> FASD Training June 2018 MI Training October 2018 SU Involvement training in Clondalkin. 1 and 2 both cross task force opportunities.
Women	<ol style="list-style-type: none"> Develop ways to strengthen women's engagement in support services Celebrate International Women's Days 	T&R Subgroup	<ol style="list-style-type: none"> International Women's Week series of events and open days went ahead March 2018 with funding for projects supported through TF.
Youth/young people	<ol style="list-style-type: none"> Map out young person's substance misuse and related supports Publish supports on BLDATF website Strengthen use of CAF for young people 		<ol style="list-style-type: none"> Mapping postponed until 2019. Youth services promoted as part of International Women's week and also in Dtalk 2018.

Comments:

T&R Coordinator resigned post in July 2018.
 Recruitment for replacement T&R Coordinator took place in December 2018, which was unsuccessful. Post re-advertised in early 2019.

Date	Topic/theme	Status
7th February	Treatment and Rehabilitation Subgroup	Complete
26th February	Key worker meeting - Introductions, planning and review	Cancelled
5-9th March	International Women's week	Complete
11th April	Treatment and Rehabilitation Subgroup	Confirmed
30 th April	Key worker meeting Introduction of new Common Assessment form	Complete
1 st - 31 st May	Green Ribbon Month	Complete
14 th -18 th May	Psychological First Aid	Complete
6 th June	Treatment and Rehabilitation Subgroup	Complete
20 th and 28 th June	Basic MI Training	Complete
25 th June	Key worker Meeting	Complete
25 th June	FASD Training	Complete
1 st August	Treatment and Rehabilitation Subgroup	Cancelled
27 th August	Key worker meeting	Cancelled
3 rd September	Treatment and Rehabilitation Subgroup	Complete
22 nd November	Key worker meeting	Complete
5 th December	Treatment and Rehabilitation Subgroup	Complete



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Appendix 3 Interagency Shared Care Plan

BALLYFERMOT DRUG AND ALCOHOL REHABILITATION AND TREATMENT SERVICES

Inter-Agency Shared Care Plan

Notes for completion

Process

- An inter-agency care plan meeting should always take place with the service user present, if for some reason the service user cannot be present, the circumstances around this must be agreed with the service user beforehand.
- Please ensure a full service user assessment is conducted prior to interagency care plan meeting, or if meeting is being held before full assessment is possible, please ensure that service user is prepared for meeting and is clear on the care plan support areas which are to be addressed. Additional meetings can be called as needed, as assessment is not appropriate within the care plan meeting itself.
- Initial Interagency care plan meeting is to set tasks and identify additional supports, subsequent meetings must provide update on previous care plan and to set new tasks (as needed).
- Service user and all attendees to be provided with a copy of the Interagency Care Plan at the end of the meeting.
- Ensure date is set for next Interagency Care Plan Meeting is set and agreed.

Interagency care plan meeting

- Please ensure that Interagency Shared Care Plan is completed at Interagency Care Plan meeting and that it is signed off by Service User and Case Manager.
- To support maintaining the link between assessment and care planning, please ensure that care plan support area is specified.
- This shared care plan document is to be used when conducting a shared care plan meeting with any service, not just those represented at T&R Subgroup.

Care plan monitoring

- Interagency care plan is to be monitored by service user with support of case manager.
- If services/support agencies are required but cannot be accessed, please refer issue to case manager and onwards to gaps and blocks process¹ if resolution cannot be found.

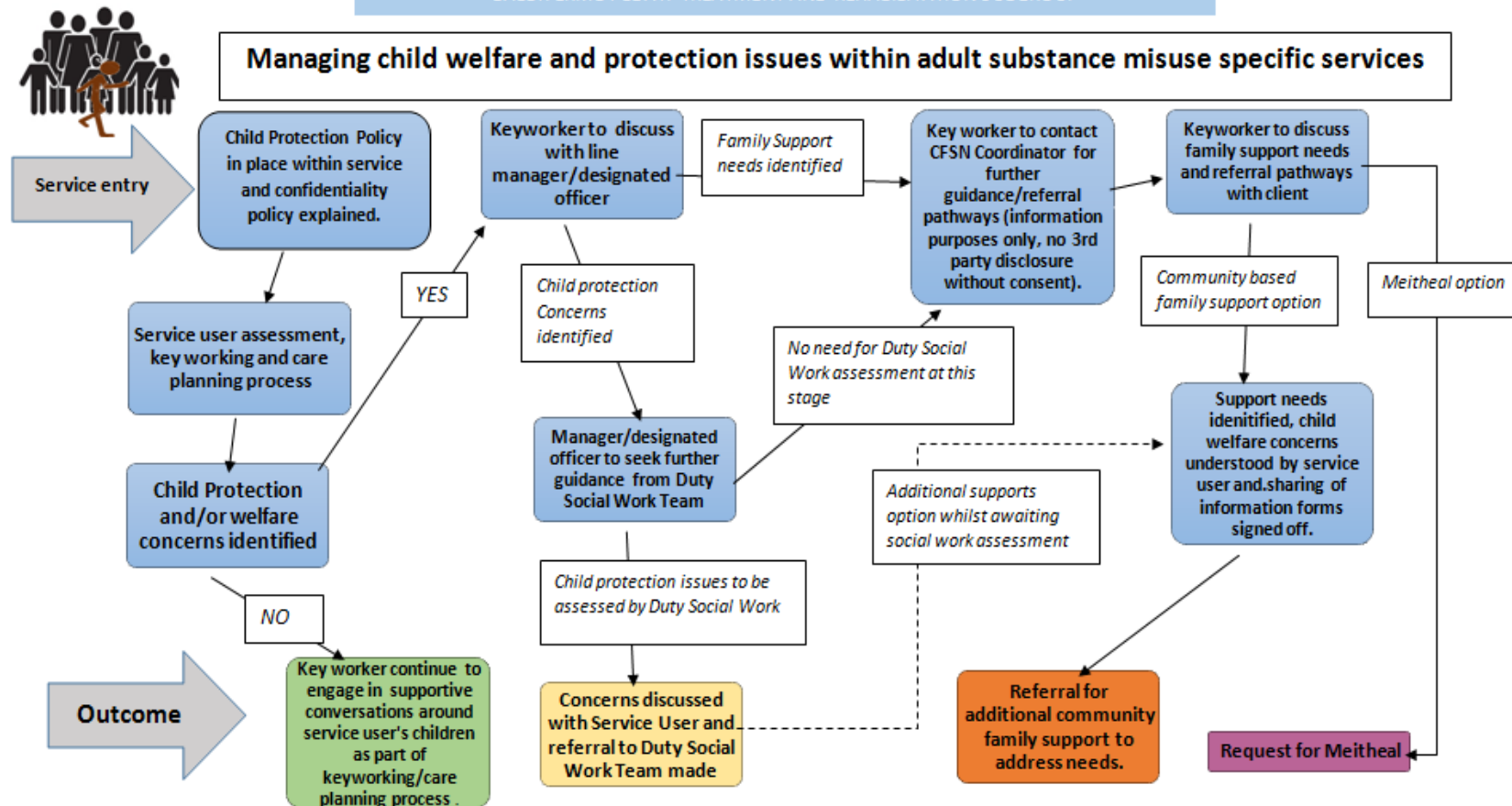
Onward referral

- If onward referral is required, please use interagency referral form (attached) and keep record of referral on file.
- If an agency requires that their own referral form is used, please still ensure record of referral is kept on service user's file.
- If further documentation is being attached to the referral form, please identify what documentation that is, and ensure this is signed off by service user.
- Documentation can be faxed, posted or brought in person (by service user for whom referral is being made or staff member from organisation making referral).
- If communication between agencies on behalf of service user is required, please use Consent to Share Information Form (attached).

¹ Please refer to your Service Manager or Treatment and Rehabilitation Coordinator for details.

Appendix 4 Child protection and Welfare Flowchart

BALLYFERMOT LDATF TREATMENT AND REHABILITATION SUBGROUP



Guiding principles to the model: 1. Upon entry to service confidentiality policy must be explained to service user. 2. No third party disclosure without service users consent except in circumstances stated within the confidentiality policy. 3. Open and honest discussion within staff teams helps support staff members with challenges of child protection. 4. It is essential to ensure staff have up-to-date CF training and that CP Policy is in place in your organisation. 5. Staff are to firstly address child welfare issues in-house with line manager/designated officer. 6. Social work referral does not mean your service disengages with the service user. 7. Maintaining a trusting and open relationship with service users is central to engaging families with the support they may need.

Appendix 5 Draft proposal for Targeted Intervention Fund as agreed by T&R Subgroup of the Ballyfermot LDATF

General comments

T&R managers and keyworkers are providing a service directly to service users within the Continuum, there was agreement from the group that they are in a strong position to put forward proposals for the use of the intended funding stream. Those in direct contact with service users are in a strong position to identify patterns and emerging trends within the cohort.

Although the group agreed on principle that access to a discretionary fund of this type was a positive development, there was a general feeling amongst the group that the process of deciding on funds could have a negative impact on the workings of the group.

Decision making

There was a general feeling that decision making in relation to distribution of funds for service users/groups may negatively impact on the dynamics of the group.

The question was raised whether the nature of group which is based on joint working and collaboration is compatible with fund distribution.

Declarations of conflict of interest and other considerations

A question was raised over the capping of funding to service users of a single project and whether this would become a disadvantage for service users if they happened to be engaged in a service with a large service user population.

Manager/representative of service from where service users is making application for fund would need to declare conflict, but who submits proposal for fund?

Possible Fund objectives

There was broad agreement from the group that the fund should be used for the support of individuals accessing services in the community.

The group were advised that there will be a funding stream within the LDATF to support staff training in relation to emerging needs, so the TIF would not be used for staff training.

- The objective of this fund is to provide resources for additional supports which are identified as needed within a service users' care plan but which are not available through existing services.
- The fund is not to be used to cover service shortfalls on a yearly basis. Should a need arise for regular additional funding, the projects' funding source should be approached first.
- If the fund is used for a regular service which is not available through other means, clear rationale need to be provided for that and reviewed annually.
- An educational programme that would not be funded by ETB DSP etc.
- Fund to be used for emerging needs linked to trends on substance misuse and other relevant issues for service users.

T&R's comments on funding procedures

There was consensus from the group that the fund needs processes which are transparent, fair and accessible to all services and service users within the continuum. The group were made aware of the need for the funding procedures to be auditable. There was some lack of certainty about whether T&R would be actually managing funds, so it was understood that this issue will be clarified at the next LDATF meeting and the input on the procedures relating to this fund would be given by the F&M Subgroup of the LDATF.



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There was broad agreement that there needs to be clear direction in relation to: application process, decision making process and the administrative considerations such as storing of client information.

- Referral criteria – clear evidence needs to be provided highlighting the need of the fund and its place within the overall care plan.
- Expected outcome of the intervention is to be named within the application.
- There was brief comment on decision making and whether this could be a weighted mechanism or if we could prioritise groups (pregnant women; young people; risk of suicide/self-harm; people leaving treatment centres; people leaving prison) – again, it was agreed this would require further discussion.

Possible inclusions in terms of funding allocation.

Group agreed to have some guiding principles but not to be too prescriptive with regard to inclusions to allow for some flexibility. This is a discretionary fund after all.

- Recommendations from members to use TIF to support developments of recommendations which may come from the upcoming NDS (for example family support, service user forums).
- This budget is for one off additional services as required through an individual care plan
- For one off supports for a group of service users for whom a one-off need has been identified
- The development of employment/further training programmes for service user's progression out of CE programmes
- Educational follow on for CE participants

Possible Exclusions

There was general agreement that the fund should not be used to support ongoing administration costs.

Childcare funds already provided for with the Childcare Fund.

There was some discussion in relation to using fund for services such as counselling. Some members felt that fund could support additional counselling hours for service users, however others felt there was sufficient funding for counselling within the system already.

Also discussion had around use of fund for residential rehabilitation beds. While some members felt there was benefit to using fund for residential beds others questioned the overall impact of residential rehabilitation and whether the outcomes warranted the use of the money for this intervention.

- Further discussion in relation to exclusions needs to be had.
- Broadly speaking, the group agreed that evidence for the benefit of the intervention needs to be clear.

Appendix 6 BLDATF Service Provision Table

Ballyfermot Drug and Alcohol Rehabilitation and Treatment Services (D10 -DARTS) 2017

Service		Aftercare	CE Rehabilitation scheme	CE Work based	Childcare	Counselling	Drop-in ¹	Family involvement in treatment	Family Support	Holistic therapy	Key working	Men's group	Methadone	Needle exchange	Non CE Training	Parental Substance Misuse Interventions	Prison In-reach	Prison Links Service (CPL)	SMART Recovery	Social group	Stabilisation	Substance misuse education and prevention	Residential treatment fund	Under 18s t&r	Urinalysis	Women's group
Agency																										
Ballyfermot Star		✓	✓		✓ ²	✓		✓	✓	✓	✓				✓	✓	✓			✓	✓	✓		✓		✓
Ballyfermot Advance		✓			✓ ³	✓	✓			✓	✓				✓					✓	✓	✓	✓			
BSII							✓	✓	✓		✓									✓	✓	✓				
Famillbase	YPSMS ⁴	✓			✓	✓	✓	✓	✓	✓	✓				✓	✓				✓	✓	✓		✓		
	CWP ⁵				✓			✓	✓		✓					✓						✓				
Fusion CPL		✓		✓		✓				✓	✓	✓			✓			✓	✓	✓	✓	✓				✓
HSE		✓			✓	✓		✓ ⁶			✓		✓	✓					✓		✓			✓	✓	
JobPlan						✓					✓				✓					✓	✓	✓				
Liberty			✓								✓				✓		✓					✓			✓	
Matt Talbot		✓	✓			✓		✓		✓							✓		✓	✓		✓			✓	

¹ Refers to a formalised *drop-in* facility whereby service users can access project staff, refreshments and support services on specific days/times. This is distinct from a *walk-in* whereby people can walk into a service to make enquiries, arrange an appointment and/or speak with an available staff member which all other projects will provide as far as where possible.

² Offer mainstream and specialised childcare services for children of parents experiencing problematic substance misuse.

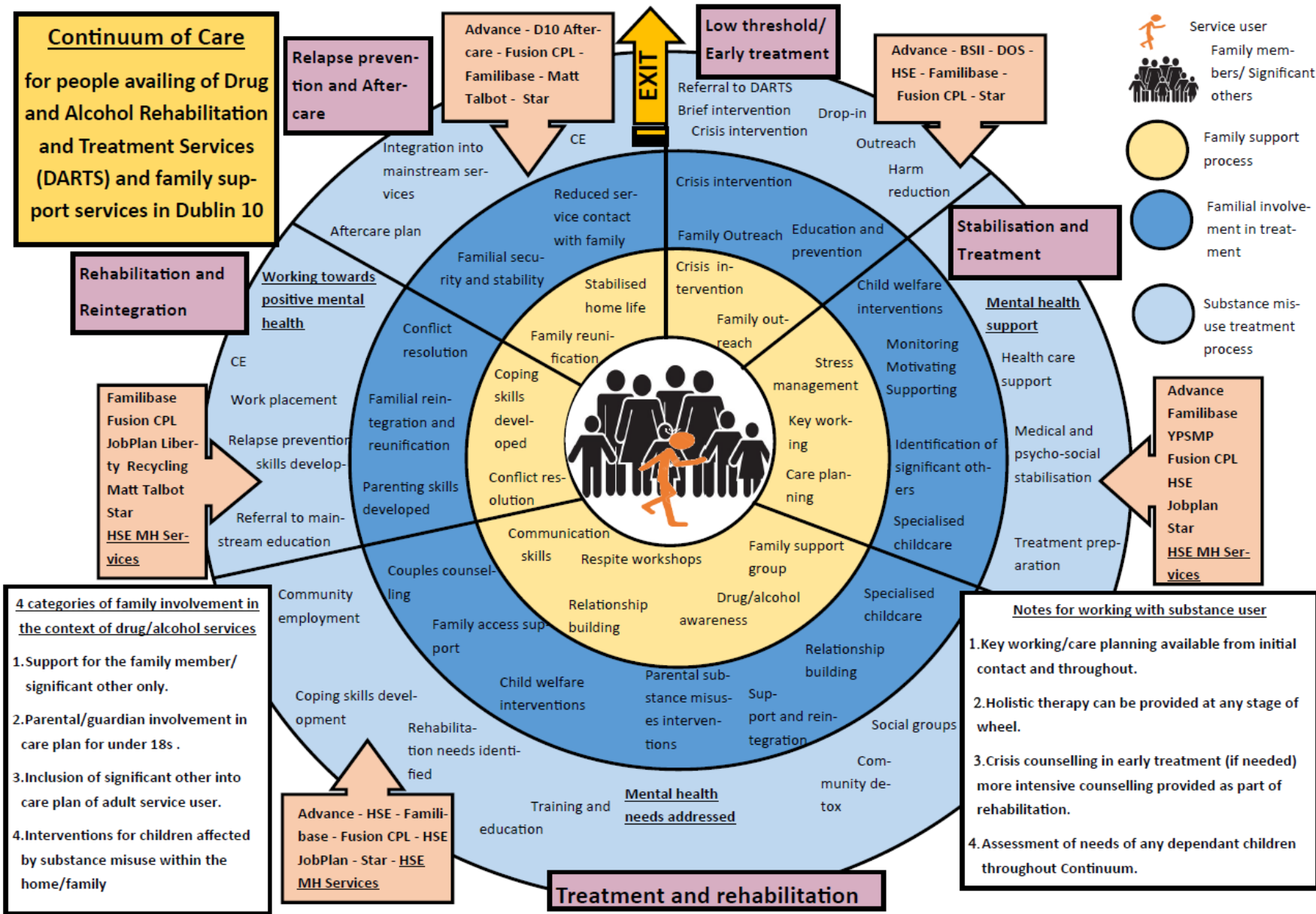
³ Childcare fund available for mainstream childcare services.

⁴ Young persons' substance misuse service (10-25 years).

⁵ Child Welfare Programme for children of parents who are affected by substance misuse.

⁶ This refers specifically to the HSE Adolescent addiction services.

Appendix 7 BLDATF Continuum of Care



Appendix 8 BLDATF Alcohol Information Leaflet

Where can I go for help?

Ballyfermot Advance: Individual support and drop-in.	(01) 6238001
Ballyfermot Star: Individual and family support, childcare service, CE Scheme.	(01) 6238002
BSII: Individual and family support, information and drop-in.	(01) 6267041
Fusion CPL: Individual and group support, employment and education support.	(01) 6231499
Familibase: Child and family support, young persons substance misuse service and childcare support.	(01) 6546800
JobPlan: Individual and group support, employment guidance.	(01) 6235612
Matt Talbot: CE Scheme - Individual and group support, training and education.	(01) 6264899
Liberty: CE Scheme - Individual and group support, training and education.	(01) 4193999
HSE: Primary health care services, GP, Public Health Nurses.	07669 56000 Ballyfermot Primary Care Centre

Useful websites: www.askaboutalcohol.ie • www.alcoholicsanonymous.ie
www.services.drugs.ie • www.smartrecovery.ie

Do You Drink Alcohol?



Low Risk Alcohol Guidelines

Weekly low risk guidelines should not be consumed in one sitting. Consuming more than 6 standard drinks in one sitting is defined as binge drinking which can greatly increase your risk of injury, depression, stress and memory loss. These limits do not apply to teenagers or to people who are ill, or taking Medication.
THERE ARE NO SAFE ALCOHOL LIMITS DURING PREGNANCY.

Did you know? 1 standard drink contains 10g of pure alcohol

1 SD = Half Pint Lager or Pub Measure Spirit or Small Glass Wine

...and some drinks are more than 1 standard drink

2 SD: Pint Lager/Stout, 2-3 SD: Pint Cider, 2 SD: Quarter Bottle Wine, 8 SD: Bottle Wine, 1.2 SD: Alcopop, 1.1 SD: Pub Measure Spirit, 1 SD: Half Pint Lager

ARE YOU AT RISK FROM ALCOHOL?			
Risk	Men	Women	Common Effects
LOW RISK	17 standard drinks or fewer per week with two alcohol free days.	11 standard drinks or fewer per week with two alcohol free days.	<ul style="list-style-type: none"> Increased relaxation Sociability
INCREASED RISK	18 to 40 standard drinks per week.	12 to 28 standard drinks per week.	<ul style="list-style-type: none"> Less energy Depression/stress Insomnia Impotence Risk of injury High blood pressure
HIGH RISK	41 or more standard drinks per week.	29 or more standard drinks per week.	All of the above and... <ul style="list-style-type: none"> Memory loss Risk of liver disease Risk of cancer Risk of alcohol dependence

Be Informed

Alcohol can have a negative impact on your mental and physical health. The risks are greater the more you consume.

Stay safe

- Stay within the safe drinking guidelines.
- Be aware of the risks of getting drunk: hangover, injury, embarrassment and un-safe sex.
- Try not to drink when you are angry, sad or confused as it's likely to make matters worse.
- Never drink and drive.

Ask yourself

- Am I drinking more than the safe guidelines?
- What effect has my drinking had on me over the past year? (be honest).
- How is my alcohol use affecting the people around me?

If you need to talk to someone

- Speak with your GP, Practice Nurse or Public Health Nurse.
- Contact one of the services listed in this brochure.

Information provided with thanks
Ruth Armstrong, HSE Project Manager for National Screening and Brief Intervention Project