

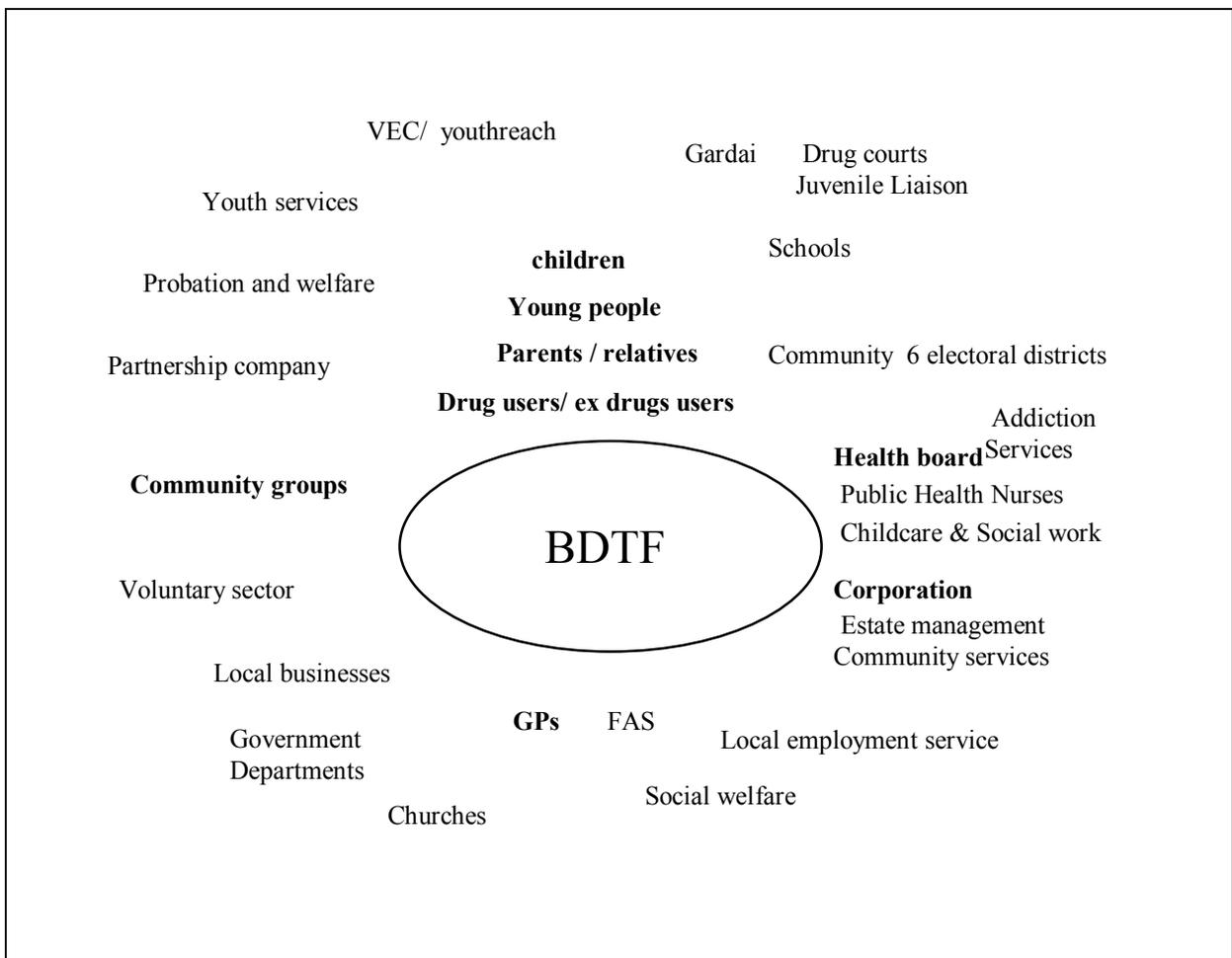
PART III

Stakeholder analysis
Environmental Scanning
SWOT
Strategy 2001 - 2002
Strategy Implementation

Strategic Issue Diagnosis

Despite the growth in services, it is fair to say from the research conducted that the situation is deteriorating. New projects are overwhelmed with demand and uptake of services. How can we create a firewall to manage and control the situation? The most significant issue to emerge for the BDTF that can negatively or positively impact on the strategy is joint working or collaboration. Where multiple agencies including community groups come together to deliver a more effective service to the shared client, conflicting organisational cultures, structures and processes frustrate the efforts of even the most determined workers. Greater co-ordination and evaluation of projects is needed.

The following is an outline of the stakeholder analysis both directly and indirectly important to the Task Force.



Environmental scanning / analysis

Political	Economic
<p>Consider :</p> <ul style="list-style-type: none"> • impact of the methadone protocol • changes in Government commitment • fluctuating political party commitment • policing strategies • changes in court structures/sentencing • involvement of government departments especially Education, SocialAffairs • is Ballyfermot getting fair share of funding • availability of residential places and involvement of GPs locally poor • links with the Partnership Company 	<p>Consider :</p> <ul style="list-style-type: none"> • the Celtic Tiger and current boom • financial gain from black economy associated with drug dealing (laundering) • the annual turnover from drug dealing to 1,000 Ballyfermot people using heroin estimated @ £18,200,000.00 • that teenagers earn about £4,000.00 p.w. • competition between drugs on sale & price according to supply and demand • that criminal records prevent ex-drug users from obtaining well paid jobs

Social	Technological
<p>Consider :</p> <ul style="list-style-type: none"> • poverty, drug misuse trends • different population profile impact on needs • segmenting Ballyfermot for purpose of planning comprehensively for varying needs • dignity of service users in planning • access to range of services locally good or bad, is it equitable • special needs of women or parent when accessing treatment or rehab • changing disease trends–increase in new cases hepatitis B,C but decrease HIV/AIDS • families under stress, not coping with life • social and psychological needs of children • absenteeism / early school leaving 	<p>Consider :</p> <ul style="list-style-type: none"> • new high tech treatments on trial • impact of computerisation on collaboration • electronic patient record could reduce need for repeat histories to different services • research into identifying gene linked to addiction other scientific research • new research on toxicity of methadone and effects on driving as well as other drugs • new methods of testing or monitoring drug use / abuse • new technologies that can detect illegal drugs at borders or customs points • new Garda pulse system which may enable greater prosecution of drug dealers

SWOT Analysis

Strengths (S)	Weaknesses (W)
<ol style="list-style-type: none"> 1. TF holds political influence, can effect change in service delivery 2. Community participation 3. Flexibility in tackling gaps in service provision 4. Local community needs focused 	<ol style="list-style-type: none"> 1. Criminal records of ex drug users can compromise treatment/rehab success 2. Interagency / community conflicts-clash of cultures 3. No patient electronic records so patient repeats history to every service 4. No real power over accountability of agencies
Opportunities (O)	Threats (T)
<ol style="list-style-type: none"> 1. New research emerging 2. New Garda IT system can tackle drug dealing 3. Celtic Tiger -additional public sector resources and labour shortage increases flexibility of employers 4. Freedom of information (FOI) key government departments must be represented (Social Family and Community Affairs) 	<ol style="list-style-type: none"> 1. Poverty and marginalisation 2. Economic gains of drug dealing are lucrative 3. Early school leaving, growing young population 4. Shift in political support

Future	Learning from the past
<ul style="list-style-type: none"> • O4+S3 Primary Schools become child centred not curriculum centred, holistic growth • O3+S4 Match business needs with rehabilitation • O2+S2 Criminal records of ex drug users should be laid dormant after 5 years of drug free living. • O1+S1 Develop evidence based approach in policy and services 	<ul style="list-style-type: none"> • O3+W1 Negotiate with businesses to accept employees with criminal record • O2+W2 Improved IT infrastructure would enable collaboration • O1+W3 Referral and follow up system should be standardised • O4+W4 Use FOI and NDST to get feedback from unhelpful agencies
Importance of External Influences	Essential for continuity
<ul style="list-style-type: none"> • T1+S1 – lobby to influence public policy and raise income levels • T2+S2 – better relations between Gardai and community will improve fears for safety • T3+S3 influence Education policy to fund after school activities • T4+S4 build two way channels of communication 	<ul style="list-style-type: none"> • T3+W2 – build co-operation so youth at risk are cared for • T4+W4 – Task Forces must seek accountability from agencies and politicians • T2+W1 Supply control actions needed and more appropriate sentencing for drug users • T1+W3 Clients are very disempowered so services must ensure customer focus and consent

Health Promotion, the framework for a comprehensive strategy

The Department of Health Strategy "Shaping a Healthier Future" ensures that both national and local decision-making on the planning and the delivery of services are directed towards:

1. Achieving the greatest possible health gain or social gain for the resources that are available
2. Ensuring that the treatment or care is provided in the most appropriate setting

In order to achieve the above, the Department of Health in attending the WHO conference on Health Promotion in Ottawa 1986 pledged:

1. To move into the arena of healthy public policy and to advocate a clear political commitment to health and equity in all sectors
2. To counteract any pressures....towards unhealthy living conditions and environments...to focus attention on public health issues such as... housing
3. To respond to the health gap within and between societies and to tackle the inequities in health produced by the rules and practices of these societies
4. To acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends health through financial and other means and to accept the community as the essential voice in matters of its health, living conditions and well-being
5. To reorient health services and their resources toward the promotion of health; to share power with other sectors, other disciplines and most importantly with people themselves
6. To recognise health and its maintenance as a major social investment and challenge

The Charter for Health Promotion was adopted and the following five principles make up the guiding framework for implementation:

- Build healthy public policy
- Create a supportive environment
- Strengthen community action
- Develop personal skills
- Reorient health services

Quality in healthcare

Evaluation in healthcare has historically developed along unilateral lines with little attention being paid to the interfaces between the disciplines. Adoption of modern management principles are bringing a sharper focus on quality and efficiency of the service. Indeed developments centre around a number of issues such as: patient centred care, service user involvement, emphasis on clinical audit, effectiveness, efficiency and value for money.

Donabedian proposed that quality of care has three components: the technical, interpersonal and organisational aspects of care:

	Dimensions of Quality	
Technical performance	Interpersonal care/professional attitudes	Organisational aspects
<ul style="list-style-type: none"> • Effectiveness • Expertise • Capability • Safety • Carefulness • Indicators of care & cure 	<ul style="list-style-type: none"> • Respect for persons • Confidentiality • Providing adequate information • Establishing relationships • Personal interest • Client autonomy • Equality 	<ul style="list-style-type: none"> • Aspects of the environment • Safety • Comfort • Equipment • Continuity • Efficiency

The quality of technical care relates to the ability to achieve the best possible outcome in healthcare. The interpersonal aspect is concerned with the privileged relationship between patient and practitioner, and the trusting private context within which this takes place. The organisational aspects of the quality of care refer to the amenities ie the resources and the setting where care takes place.

Maxwell (1984) defines quality care as having six elements or dimensions that require to be held in balance:

- **Effectiveness:** the service achieves the intended benefit for the individual and for the target population

- **Efficiency:** resources are not wasted on one service or patient to the detriment of another
- **Equity:** there is a fair share for all the target group and people are treated fairly in the service
- **Accessibility:** services are not compromised by the undue limits of the time or distance
- **Acceptability:** services are provided such as to satisfy the reasonable expectations of patients, providers and the community
- **Relevance to need:** the service or procedure is what the target population or individual actually needs

Quality embraces the individuals total experience of the health services provided. This includes the physical environment, the amenities provided, the appropriateness of support arrangements, the effectiveness of delivery of the care and treatment through to the final outcome expressed in terms of health gain.

The above principles provide a framework for the development of project plans and outlines of goals targets and measures thus contributing to setting standards from which all task force funded service projects can move forward towards continuous improvement and audit if necessary.

The New Strategy 2001 - 2002

Better living and working conditions

For people in Ballyfermot

Affected by substance misuse

Our Purpose

The Ballyfermot Drugs Task Force (BDTF) exists to address the Drugs problem in Ballyfermot by developing strategies that will:

- Enable change to occur at Individual, Family, Community and Organisational level
- Assist people to participate in that change at Individual, Family, Community and Organisational level
- Advocate for policy change at local and government level to support the above aspirations

Our Vision

We will lead the way towards achieving excellence in the provision of health and social care services to people affected by substance misuse living in Ballyfermot so that a Drugs Task Force is no longer necessary.

Our Values

Are based on values of respect, transparency, integrity, innovation and collaboration

We have big goals:

Short Term

1. Develop organisational excellence in the operations of the BDTF (policies, goals, procedures, decision-making, transparency etc)
2. To ensure that all interventions aimed at our target groups have clear, specific, measurable and achievable goals
3. Increase participation in school and after-school activities together with increased participation in recreational and physical activities in clubs and youth services

Medium Term

4. Increase the numbers of people attending both statutory treatment / rehabilitation services and those services supported by the BDTF
5. Increase the number of treatment / rehabilitation options/places available to people from Ballyfermot
6. Expand peer education to include drug users, young people involved in crime,
7. Expand peer education to include parents experiencing difficulties related to substance use, misuse or problem behaviour
8. Increase participation locally in the development, expansion and management of services

Long Term

9. To ensure the best quality care to people presenting with a drug problem to any BDTF or state supported service
10. Advocate for integration of drugs and alcohol services together with the development of primary health care services
11. Advocate for and provide additional services where a gap and need is identified or a bottleneck blocking the progression of those trying to change their drug use
12. Provide leadership in embracing innovation capable of addressing the changing environment, context of problem drug use, minimising risk and harm
13. Increase ownership of the problem by the resident community and their participation in solutions

Strategic Direction	Years 0 - 4	5 - 10	11 - 15	16 - 18	19 +
Build healthy public policy	Compulsory pre-school/Montessori	Charter of rights for children	Policies to support the establishment of social	Policies to support establishment of specialist	Continue developing new projects
	All parents to undergo training on how to support children in school	Provide appropriate level of funding for afterschool activities	Workers in school providing family support without mandate for child protection	services for treatment and rehabilitation in young people, catering for different	Address special needs
	Absenteeism - serious resources for follow up need to be available	Provide clinical psychological services	Team of specialist workers for schools in TF areas such as nurses, childcare workers	needs such as sheltered housing, step down facilities, integration and new networks	Policy of integration
Create a supportive environment	Awareness campaigns re importance of education, best days of life, school is good	Supply control actions support to siblings / offspring of drug users	Continue support to siblings provide support to early drug users / experimenters	Supply control campaigns anti-prejudice, reduce stigma target public/corporate sectors	Increase probation places, provide drug courts
	Parents learning with their children	Create hope and dreams	Encourage dreams, stimulate hope	Raise self esteem freedom to make dreams a reality	
	Media responsibility	Reduce media sensationalism	Involve media in seeing	real life impact of unjust	Reporting
Strengthen Community Action	Improve communication with schools and services	2 way feedback stimulate recreational,	Complaints process support to young people	Participation in actions involvement in delivery of	Representation on management
	Provide outreach support and parent to parent support	physical and after-school activities run by parents	through Peer Education, outreach, drug user peer ed.	youth initiatives, outreach constructive peer support	committees, feedback service improvements
Develop Personal skills	Adult education, Experiential learning, improve literacy.	Ongoing educational support	and learning continuation	Addiction, self esteem	Facilitate new skills learning
	How to cope with difficult behaviour, setting limits, nurturing self esteem	Coping with difficult behaviour, assertiveness for parents, nurturing self esteem	Coping with early drug use, problem behaviour, getting involved in dealing, crime	Mixing drugs how to manage safely, relationships and communication	Personal safety and wellbeing
Reorient Services Customer focus	Childcare considerations for those attending treatment and rehab services	Involve young people in developing clubs, activities	No waiting lists, improve access to services	Interagency collaboration cross sectoral service planning	Joint working across local projects
	Waiting lists must be reduced	Change environment expand youth services, facilities	Harm reduction, treatment Rehab client oriented services	Teamwork, case management and care planning	Care planning
					Availability of places

RELEVANCE OF PROPOSED PROJECTS TO CONSULTATION FEEDBACK

COMMUNITY OUTREACH DRUG TEAM	COMMUNITY & PRISON LINK SERVICE	FUSION	ADVANCE
<ul style="list-style-type: none"> • More Localised services needed 	<ul style="list-style-type: none"> • Gaps between leaving prison and going home too big 	<ul style="list-style-type: none"> • Awareness of experiences of drug users needed in all sectors. 	<ul style="list-style-type: none"> • Face of Task Force Needed.
<ul style="list-style-type: none"> • Greater understanding of drug use needed hence outreach 	<ul style="list-style-type: none"> • Need more follow up in the Community 	<ul style="list-style-type: none"> • Client based interventions needed; respect for individuals 	<ul style="list-style-type: none"> • Support office to Task Force needed
<ul style="list-style-type: none"> • Close the gap between services and Community 	<ul style="list-style-type: none"> • Need more access to Treatment 	<ul style="list-style-type: none"> • Prejudice is barrier to progression of people 	<ul style="list-style-type: none"> • Greater Communication of Task Force with all sectors
<ul style="list-style-type: none"> • Clients territorial about services - they want to be local so more places are needed 	<ul style="list-style-type: none"> • Better communication channels with other sectors to integrate 	<ul style="list-style-type: none"> • Social network needs to change when going into rehab or back to work 	<ul style="list-style-type: none"> • Supply/Control actions more communication and development
<ul style="list-style-type: none"> • Aisling should be local service Residents in Ballyfermot 	<ul style="list-style-type: none"> • Family support structures need development 	<ul style="list-style-type: none"> • Employment prospects hampered by ignorance of employers 	<ul style="list-style-type: none"> • Provide information to people on services, new projects etc
<ul style="list-style-type: none"> • Peer information/education needed • Harm Reduction 	<ul style="list-style-type: none"> • Multitude of personal issues more important to client than integration 	<ul style="list-style-type: none"> • Childcare needs • Support to families 	<ul style="list-style-type: none"> • Lack of awareness of Task Force • Grassroots gap too big • Need constant feedback structure
<ul style="list-style-type: none"> • Childcare needs for people wishing to access services 	<ul style="list-style-type: none"> • Families in extreme state of crisis in need of lots of support 	<ul style="list-style-type: none"> • Range of options needed 	<ul style="list-style-type: none"> • Need to improve relationships with Gardai
PSYCHOLOGICAL SERVICE	RESIDENTIAL OPTIONS	VULNERABLE YOUTH	VULNERABLE FAMILIES
<ul style="list-style-type: none"> • Children experiencing difficulties in school 	<ul style="list-style-type: none"> • Need for more treatment places 	<ul style="list-style-type: none"> • After-school activities needed 	<ul style="list-style-type: none"> • Childcare a problem when accessing support or services
<ul style="list-style-type: none"> • Behavioural problems of young people 	<ul style="list-style-type: none"> • Need for residential places 	<ul style="list-style-type: none"> • Young people experiencing boredom 	<ul style="list-style-type: none"> • Difficulty managing behaviour of children
<ul style="list-style-type: none"> • Families under stress 	<ul style="list-style-type: none"> • Need for more rehab places 	<ul style="list-style-type: none"> • Clubs not open in evenings • Domination of gangs 	<ul style="list-style-type: none"> • Poor family support structures • Families in crisis
<ul style="list-style-type: none"> • Increase in violence and aggression • Drinking at 10 years of age 	<ul style="list-style-type: none"> • People need a break from local Community 	<ul style="list-style-type: none"> • nobody cares situation getting worse 	<ul style="list-style-type: none"> • neighbours not helping each other, fear of being evicted, people not communicating well
<ul style="list-style-type: none"> • Influenced by peers 	<ul style="list-style-type: none"> • New social networks can be Developed in residential care 	<ul style="list-style-type: none"> • Relations with Gardai very poor 	<ul style="list-style-type: none"> • Increasing anti social behaviour
<ul style="list-style-type: none"> • Social network 		<ul style="list-style-type: none"> • Poor expectations of school 	<ul style="list-style-type: none"> • Lots of services involved
<ul style="list-style-type: none"> • Negative attitudes, feelings 		<ul style="list-style-type: none"> • Early school leaving 	<ul style="list-style-type: none"> • Poor attitudes and prejudice

Summary costs for the Ballyfermot Drug Task Force Plan

Type of project (salary costs on max of scales)	* Costs £	Running total £ **Task Force	Total in Euros @ 1.27
Community Drug Team			
Set up	114,000		
Further development	50,000	164,000	208,280
Community & Prison Link Service	<u>FAS 16,000</u>	or Partnership	
Costs of development	25,000 41,000	25,000	31,750
Fusion –	<u>FAS 16,000</u>		
costs of development and administration	TF 14,000 30,000		
Dependent projects (LIFE project)	14,000 74,000	58,000	73,660
Advance Project development in line with TF needs for plan			
Project development	90,000		
including supply/control and projects resource worker	110,000	200,000	254,000
Peer Education further development			
• peer training of drug users	10,000		
• peer training of parents and of more youth peer leaders	10,000		
• overheads	5,000		
		25,000	31,750
Psychological services for schools and non schools	<u>Part'ship 85,000</u>		
Joint funding with sources such as the Ballyfermot Partnership	TF 60,000 145,000	60,000	76,200
After schools initiative, non exclusive			
Co-funding possibilities with Partnership	140,000	140,000	152,000
Residential places			
8 centres providing up to 20 places per year	100,000	100,000	127,000
Anti social behaviour, families in communities BSII			
	80,000	80,000	101,600
Support for childcare to those accessing treatment or rehab again co-funding being sought with Partnership, other agencies	120,000	120,000	152,400
Communications	30,000	30,000	38,100
Budget for community projects			
Grants scheme	100,000	100,000	127,000
Total costs	1,219,000		
Total projected budget for Task Force Plan		1,102,000	1,373,740
		+	+
Factor in 10% wage agreements and inflationary protection	121,900	110,200	137,374
	1,340,900	1,212,200	1,511,114

* Costs including expected co-funding amounts

**Costs to Task Force excluding expected co-funding amounts

Bidding process of the Task Force new plan

Recommendations:

Each of the Task Force Strategies is clearly linked to the public consultation feedback and identified gaps in the service provision locally. The Project outlines are prepared in such a way so as to maximise the consistency of reaching our STRATEGIC objectives in a clear, measurable and transparent manner. Under each project outline, we will identify the organisations locally either voluntary, community or statutory best placed to achieve the objectives set out. We will invite these groups to then prepare a 'bid' to the Task Force demonstrating their ability and commitment to deliver the objectives set out.

Find below the projects we have under consideration to invite a bid from to deliver on our objectives.

BF 2.1 Community Outreach Drug Team -

Invite Ballyfermot Star to be project promoter and demonstrate how they can deliver on targets outlined and at what cost.

BF 2.2 Community and Prison Liaison Service

This project is already underway, with a management group but in need of expansion in order to achieve the objectives set out.

BF 2.3 Fusion

This project is already underway, with a management group but in need of expansion in order to achieve the objectives set out.

BF 2.4 Advance

This project is already underway, with a management group but in need of expansion in order to achieve the objectives set out.

BF 2.5 Peer Education, youth, parents, drug users

Invite the Ballyfermot youth Service to bid for delivery of further peer education and training to young people.

Invite Ballyfermot Star to bid for delivery of peer education to parents and to drug users.

BF 2.6 Psychological Services

Invite bids from Hesed House in Inchicore, Mater Dei in Clondalkin, Daughters of Charity, local voluntary sector such as Candle Community Trust to deliver the objectives of this project. The Ballyfermot Partnership will support the development of this service and facilitate contract arrangements with other service providers.

BF 2.7 After schools Initiatives 5-15 years

Invite bids from projects such as BOSS, ABLE, CODY, Gurteen Youth Service, Ballyfermot Youth Service, Cherry Orchard Youth Service, Cherry Orchard After Schools Project, Cherry Orchard Equine and Educational Training Centre. All projects may receive funding not necessarily an equal share but based on what they intend to do to meet our objectives.

BF 2.8 Residential Options

Provide subsidy on cost per day/week basis to centres such as Rutland, Athy, Bruree, Merchants Quay, Marist Rehab, Saol Nua, St James Resource Centre.

BF 2.9 Reducing Anti Social Behaviour, Families in Community

Invite the BSII to bid for funds based on reaching our objectives. Other local groups such as Candle Community Trust, Matt Talbot Community Trust may bid also.

BF 2.10 Childcare

Invite bid from the Ballyfermot Partnership or Advance if they have administrator.

BF 2.11 / 2.12 Communications, supply control and general Task Force issues

Invite bids from Advance if it becomes a limited company scheme or other local established structure such as Ballyfermot Star.

BF 2.13 Community grants

Invite bid from local projects such as Advance or Ballyfermot Star with plans a full time administrator.

Strategy Implementation

Project Outlines

Objectives, targets, measures, outcomes

With

Budget estimates

Community Drug Outreach Team

Read across

Purpose: To operate an outreach based service providing first point of contact, early intervention and appropriate referral
Engage with people who are difficult to reach, marginalised or feel excluded from accessing services

Vision: As a community driven, holistic and client focussed service we want to be the first and final contact for clients

Objectives	Targets	Measures	Outcomes
<ul style="list-style-type: none"> Provide easy access to drug services information 	<ul style="list-style-type: none"> Recruit staff, develop service, promote service in the community 	<ul style="list-style-type: none"> Staff in place, service promoted and people are accessing it 	<ul style="list-style-type: none"> Service is developed in the community and easily accessible
<ul style="list-style-type: none"> Provide early intervention using brief intervention model 	<ul style="list-style-type: none"> Make assessment, provide interventions and record action 	<ul style="list-style-type: none"> Appropriate documentation in place and actions recorded 	<ul style="list-style-type: none"> Contact made with clients and early intervention provided
<ul style="list-style-type: none"> Deal with all people holistically and fairly 	<ul style="list-style-type: none"> Identify key problems and key people or agencies who can help 	<ul style="list-style-type: none"> Records show holistic, case management approach 	<ul style="list-style-type: none"> Appropriate and equitable service provided
<ul style="list-style-type: none"> Provide relevant information and support interventions to clients 	<ul style="list-style-type: none"> Profile existing services locally, Citywide and beyond 	<ul style="list-style-type: none"> Comprehensive knowledge of services is available 	<ul style="list-style-type: none"> Services provided are relevant to the needs of the clients
<ul style="list-style-type: none"> Increase acceptability of drug users and their needs across all sectors 	<ul style="list-style-type: none"> Develop awareness strategies, give talks, hold workshops and network with broad range of groups 	<ul style="list-style-type: none"> Evaluations and feedback from Talks and workshops given, show improved levels of acceptance 	<ul style="list-style-type: none"> Greater acceptability of drug users and greater understanding of needs is more apparent
<ul style="list-style-type: none"> Advocate for increased availability of treatment and rehabilitation places locally 	<ul style="list-style-type: none"> Referrals into other services are not met with long waiting lists and 	<ul style="list-style-type: none"> Establish numbers on waiting lists across services and numbers in need of places 	<ul style="list-style-type: none"> Treatment and rehabilitation places meet the local demand and need

Resources needed

Team Leader	£34,000.00	Operational costs	£20,000.00	Budget for expansion of services	Additional funding needs SWAHB	
Outreach x 2	£60,000.00	Sub total	£114,000.00	Subtotal	£50,000.00	
					Total	£164,000.00

A medical intervention will still have to be developed whereby waiting lists can be reduced significantly over the next year.

FUNDING CHANNEL ERHA

BF 2.1

Community and Prison Liaison Service

Read across

Purpose: To provide a link between community and prison based services through the development of treatment and rehabilitation care plans for people whilst in detention thus supporting the transition back into the community

Engage with target group that is hard to reach Problem drug users Who Are In Contact With The Justice System and their families

Vision: To provide the highest quality of contact within the prisons and in follow up in the community

Objectives	Targets	Measures	Outcomes
<ul style="list-style-type: none"> Promote and encourage access to the service within and outside the Justice system 	<ul style="list-style-type: none"> Develop brochures, inform the community and local service providers 	<ul style="list-style-type: none"> There is high take up of the service both in the prisons and in the community 	<ul style="list-style-type: none"> The services is widely known and accessible to a range of clients at different stages in /out of prison
<ul style="list-style-type: none"> Increase effectiveness of action through use of range of models 	<ul style="list-style-type: none"> Identify the range of interventions needed within this context 	<ul style="list-style-type: none"> Care plans will be established and other records for best practice 	<ul style="list-style-type: none"> Appropriate model of intervention is used successfully with client
<ul style="list-style-type: none"> Deal with all people in holistic and fair manner 	<ul style="list-style-type: none"> Identify key issues with the client and appropriate intervention 	<ul style="list-style-type: none"> Records show issues are dealt with in case management approach 	<ul style="list-style-type: none"> Clients are satisfied they are treated fairly and holistically
<ul style="list-style-type: none"> Provide relevant interventions to clients and their families 	<ul style="list-style-type: none"> Assess needs, profile relevant services, develop services 	<ul style="list-style-type: none"> Needs of clients and families are identified and met 	<ul style="list-style-type: none"> Services relevant to the needs of clients is developed
<ul style="list-style-type: none"> Increase acceptability of special needs & rights of this client group 	<ul style="list-style-type: none"> Profile special needs, complexity of issues, develop charter of rights 	<ul style="list-style-type: none"> Evaluation and feedback channel will show changes 	<ul style="list-style-type: none"> Greater acceptance of rights and special needs this client group
<ul style="list-style-type: none"> Advocate for increased numbers of treatment and rehabilitation places locally for this client group 	<ul style="list-style-type: none"> Establish special access, interim service while on waiting list, intensify outreach service 	<ul style="list-style-type: none"> Increase in numbers of people taking up the services offered 	<ul style="list-style-type: none"> There is an increased number of places available locally and this client group have good access

Resources needed

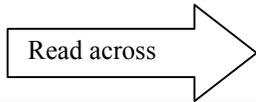
Admin part time	£ 6,000.00	Operating programme	£5,000.00	Office space needed for additional	TF contribution £25,000.00
Outreach worker	£30,000.00	Childcare needs from TF budget		Worker and confidential service	

BF 2.2

Funding channel shared with FAS and ERHA

FUSION

Purpose: Provide innovative rehabilitation response that will enhance personal, training and employment plans for people wishing to change their drug using lifestyle



Vision: Achieve excellent service provision that will maximise the potential of our clients

Objectives	Targets	Measures	Outcomes
<ul style="list-style-type: none"> Fusion is easily accessible and clients have progression options 	<ul style="list-style-type: none"> ➤ Recruit additional staff, develop service further 	<ul style="list-style-type: none"> ➤ Staff in place, service developed and people are progressing 	<ul style="list-style-type: none"> ➤ Service is known in community is accessible and clients progress
<ul style="list-style-type: none"> Provide service based on care planning model 	<ul style="list-style-type: none"> ➤ Assess client and develop care plan according to needs 	<ul style="list-style-type: none"> ➤ Appropriate documentation in place and actions recorded 	<ul style="list-style-type: none"> ➤ Clients show positive changes and improvements as per care plan
<ul style="list-style-type: none"> Deal with all people holistically and fairly 	<ul style="list-style-type: none"> ➤ Identify key issues with client and appropriate care or referral 	<ul style="list-style-type: none"> ➤ Records show holistic, case management approach 	<ul style="list-style-type: none"> ➤ Appropriate and fair service provides client satisfaction
<ul style="list-style-type: none"> Recruit community projects and other employers for placements 	<ul style="list-style-type: none"> ➤ Profile existing organisations locally who may be interested 	<ul style="list-style-type: none"> ➤ More community groups and companies accept placements 	<ul style="list-style-type: none"> ➤ Placements provided are relevant to the needs/interests of the clients
<ul style="list-style-type: none"> Increase acceptability of drug users, their needs, rights, and maintain dignity across all sectors 	<ul style="list-style-type: none"> ➤ Develop awareness strategies, give talks, hold workshops and network with broad range of groups 	<ul style="list-style-type: none"> ➤ Evaluations and feedback from talks and workshops given, show improved levels of acceptance 	<ul style="list-style-type: none"> ➤ Greater acceptability of drug users and greater recognition and respect for their rights
<ul style="list-style-type: none"> Advocate for greater collaboration across different service providers, maintain access to places/options 	<ul style="list-style-type: none"> ➤ Referrals into other services or re-entry are not met with long waiting lists, establish excellent networks 	<ul style="list-style-type: none"> ➤ Fusion clients are not on waiting lists across services, in need of places due to good collaboration 	<ul style="list-style-type: none"> ➤ Fusion clients benefit from excellent networks and good collaboration

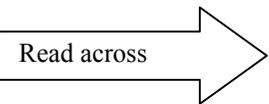
Resources needed

Administration	£ 6,000.00	Programmes costs	£24,000.00	Childcare costs will be met in TF plan	Task Force funds	£58,000.00
Progression worker	£30,000.00	Dependent Projects (Life)	£14,000.00	Fusion will be joint funded with FAS	Total	£74,000.00

Funding channel FAS

BF 2.3

Advance Project supporting the local drug strategy

	Purpose: Support the Ballyfermot Drug Task Force Strategies through creating and monitoring specific roles complementary to the delivery of the Plan		
	Vision: Seek visible improvement in living and working conditions of those affected by substance misuse in Ballyfermot		
Objectives	Targets	Measures	Outcomes
<ul style="list-style-type: none"> • Provide access to drug task force and drug services information 	<ul style="list-style-type: none"> ➤ Open office to public, stock posters, leaflets, reports, research resources 	<ul style="list-style-type: none"> ➤ Useful information is stocked, maintained and uptake is growing 	<ul style="list-style-type: none"> ➤ Up to date relevant information is accessible and availed of
<ul style="list-style-type: none"> • Assist jobs initiative workers fulfil their career goals 	<ul style="list-style-type: none"> ➤ Develop career plans and targets, link to key support agencies 	<ul style="list-style-type: none"> ➤ Plans are developed, people linked and supported in training 	<ul style="list-style-type: none"> ➤ Workers achieve their stated career goals
<ul style="list-style-type: none"> • Deal with all people and projects fairly 	<ul style="list-style-type: none"> ➤ Develop policies on how office should operate and disseminate info 	<ul style="list-style-type: none"> ➤ Brochures are produced on how to avail of services of Advance 	<ul style="list-style-type: none"> ➤ Services are perceived to be fair and people are satisfied
<ul style="list-style-type: none"> • ** Provide relevant monitoring, support and communication 	<ul style="list-style-type: none"> ➤ Establish feedback channels with TF agreed groups & projects 	<ul style="list-style-type: none"> ➤ Communication takes place 	<ul style="list-style-type: none"> ➤ Monitoring, communication and support is provided for TF
<ul style="list-style-type: none"> • Increase acceptability multi agency collaboration and benefits of social economy approach 	<ul style="list-style-type: none"> ➤ Host one seminar , one conference one exhibition of work and activities of local services & groups to inform local debate and educate 	<ul style="list-style-type: none"> ➤ High attendance at forums held, evaluations show positive views and increased level of co-operation and joint working 	<ul style="list-style-type: none"> ➤ Visible improvement in multi agency working and collaboration, knowledge of benefits of social economy greater
<ul style="list-style-type: none"> • Advocate for improved efficiency in delivery of services 	<ul style="list-style-type: none"> ➤ Profile services complaints processes, TF to mediate 	<ul style="list-style-type: none"> ➤ Advance and the TF become aware of complaints 	<ul style="list-style-type: none"> ➤ Mediation assists increased efficiency

Resources needed

Projects Resource Worker	£25,000.00	Receptionist/secretary	£15,000.00	Extra operations budget	£ 20,000.00	Total	£200,000.00
Administrator	£25,000.00	Supply/communications worker	£25,000.00	BJI support budget	£ 90,000.00		

** Actual details of communication and support structures to be put in place with Task Force at a later stage.

Funding Channel FAS and Dublin Corporation

BF 2.4

Cont/...

Advance Project Services Development Outline

Position	Costs	Job spec summary	Targets/outcomes
Project Support Worker		Develop project to provide office support services on behalf of BDTF Assist BJI placements	Expansion, new services, new positions created, projects received structural support
Administrator	£25,000	Book keeping, budget planning, project allocations and financial monitoring	Project stays within budget, allocations to projects are spent appropriately, financial reports quarterly
Receptionist	£15,000	Front office and general secretarial duties	Keep visitors log and records of calls in post in /out
Information/communication officer (Supply control issues and feedback)	£25,000	Profile services, gather information such as reports, relevant research, plan dissemination to community and target audiences	Appropriate resources are gathered and available, dissemination takes place, regular communication with audiences takes place
Operations	£20,000	Running of exhibitions, seminars, conferences	Events will be have been run
Projects resource worker	£25,000	Support the development of local BDTF projects	

	£90,000	Development budget	
BJI workers	£30,000	to assist business planning so positions can be mainstreamed either through the social economy developments or through negotiation with funding channels such as state agencies or the partnership	Positions will be fully funded and mainstreamed due to the value to the local drug strategy
Project Resources	£30,000	additional training/resource needs for individuals and projects	Assist local projects in organisational development such as securing long term funds, ensuring capacity to provide services with skilled staff.
Communications including publications	£30,000	Communication / advertising by the Task Force For Adshells (Bus stops) and publications	Consultation and other research will be published and disseminated together with advertising.

Peer Education, youth, parents, drug users

Read across

Purpose: To inform, educate and train fellow peers in drug misuse prevention, communication and harm reduction

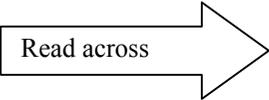
Vision: A creative environment will be created where Peers will have information, knowledge and skills to help each other

Objectives	Targets	Measures	Outcomes
<ul style="list-style-type: none"> • Provide access to drug services information, addiction training 	<ul style="list-style-type: none"> ➤ Gather appropriate information disseminate to target groups 	<ul style="list-style-type: none"> ➤ Evaluations note information is disseminated 	<ul style="list-style-type: none"> ➤ Improved knowledge of services and training amongst target groups
<ul style="list-style-type: none"> • Provide skills training to trainers using appropriate models 	<ul style="list-style-type: none"> ➤ Develop training programmes for different target groups 	<ul style="list-style-type: none"> ➤ Range of methods used for delivery, positive evaluations 	<ul style="list-style-type: none"> ➤ Trainers acquire appropriate skills to deliver peer education
<ul style="list-style-type: none"> • Deal with all people fairly as part of family/community systems 	<ul style="list-style-type: none"> ➤ Assessment forms, policies and feedback reports developed 	<ul style="list-style-type: none"> ➤ Policies in place, objectives match workshop evaluations 	<ul style="list-style-type: none"> ➤ Peer education demonstrates fairness in its approaches
<ul style="list-style-type: none"> • Provide relevant peer education to selected target groups 	<ul style="list-style-type: none"> ➤ Training programmes will include necessary elements 	<ul style="list-style-type: none"> ➤ Evaluations demonstrate range of issues covered and learning 	<ul style="list-style-type: none"> ➤ Training is specific, relevant and effective to key target groups
<ul style="list-style-type: none"> • Increase ownership of drug use problems whilst promoting peer education and its benefits 	<ul style="list-style-type: none"> ➤ Develop literature on peer education, promote widely in the community 	<ul style="list-style-type: none"> ➤ Notices sent to wide range of groups, growing demand for training and high uptake 	<ul style="list-style-type: none"> ➤ Ownership of drug problem improves as benefits of peer education are seen
<ul style="list-style-type: none"> • Advocate for maintenance of dignity and rights of individuals to respect, response and results 	<ul style="list-style-type: none"> ➤ Anti prejudice workshops are a feature of all training and interaction with target groups 	<ul style="list-style-type: none"> ➤ Workshops are given which include these issues 	<ul style="list-style-type: none"> ➤ Visible improvement in attitudes of target groups towards others affected by drug use
Resources needed			
Peer Education Youth £12,500.00 to the Ballyfermot Youth Service and £12,500.00 to Ballyfermot Star for the			Total budget £25,000.00
			Peer Education Parents / Drug users

Funding channel ERHA

BF 2.5

Psychological Services


Purpose: To provide early interventions to families under stress directly or indirectly affected by substance misuse in the school and non school environments
Vision: To create hope raise the expectations of young people and the community for a better life

Objectives	Targets	Measures	Outcomes
• Provide easy access to care/ support services	➤ Establish specialist service, inform sectors, promote service	➤ Number of enquiries, referrals, cases, client satisfaction survey	➤ Service is widely known across sectors and is easily accessible
• Provide interventions using appropriate models	➤ Identify key models for client work, recruit staff with key skills	➤ Intervention models identified, staff are in place & getting results	➤ Appropriate models of intervention achieve results with clients
• Maintain dignity of all clients, be fair and treat holistically	➤ Conduct needs assessment, develop clear policies	➤ Policies on confidentiality, consent best practice are in place	➤ Clear policies help maintain dignity and equity of clients
• Provide access to relevant services through multi-agency working	➤ Establish good relationships with agencies, create referral process	➤ Records show good referral process to relevant services	➤ Access to relevant services is achieved through co-operation
• Increase acceptability of the need for this specialist service	➤ Give talks to schools, non schools sector, agency and community	➤ High take up of services	➤ Service is acceptable to people who need to refer into or access it
• Advocate for the availability of specialist services dealing with substance misuse and families	➤ Gather/report information to the Task Force on the needs of these families, how many are affected	➤ Excellent data collection, client and agency feedback	➤ Improved availability of specialist services to this target group

Resources needed

Clinical Psychologist	£40,000.00	2 client support workers	£ 50,000.00	Administration	£15,000.00	Jointly funded with Partnership
Family Therapist	£20,000.00	Operational running costs	£ 20,000.00	Task Force contribution	£ 60,000.00	Total for project £145,000.00

Further negotiation as to how this can be implemented will need to take place with the Ballyfermot Partnership and the Drug Task Force

Funding channel ADM or ERHA



After schools Initiatives from 5 to 15 (non exclusive)

Read across

Purpose: To make school a more enjoyable place to be through the provision of activities for constructive use of energy and personal development of children at risk due to substance misuse in the immediate environment

Vision: Lead young people to achieving their potential

Objectives	Targets	Measures	Outcomes
<ul style="list-style-type: none"> Provide easy access to after school activities for range of age groups 	<ul style="list-style-type: none"> Engage schools and youth services develop diverse range of activities 	<ul style="list-style-type: none"> Increase in range of activities and services and numbers involved 	<ul style="list-style-type: none"> There is easy access to range of afterschool activities
<ul style="list-style-type: none"> Use evidence based practice and employ appropriate models 	<ul style="list-style-type: none"> Access research and evaluations, identify appropriate models 	<ul style="list-style-type: none"> Interventions are achieving expected results 	<ul style="list-style-type: none"> Appropriate interventions are in use based on evidence
<ul style="list-style-type: none"> Deal with all people in holistic manner and fairly 	<ul style="list-style-type: none"> Set clear policies re confidentiality consent, respect, access, complaint 	<ul style="list-style-type: none"> Satisfaction survey, policies are set and clear, very few complaints 	<ul style="list-style-type: none"> People are treated fairly and equity is maintained
<ul style="list-style-type: none"> Provide relevant activities for the needs of children participating 	<ul style="list-style-type: none"> Needs assessment process is developed 	<ul style="list-style-type: none"> Records and documentation is in place 	<ul style="list-style-type: none"> Activities are relevant and showing results
<ul style="list-style-type: none"> Increase acceptability of the need for and benefit of afterschool activities amongst community 	<ul style="list-style-type: none"> Develop posters, leaflets, give talks, attend network meetings, contact key agencies/groups 	<ul style="list-style-type: none"> Participation by young people is growing, dissemination achieved, demand is increasing 	<ul style="list-style-type: none"> Acceptance of afterschool activities for children at risk is evident
<ul style="list-style-type: none"> Advocate for the availability of facilities and services needed to support children staying in school 	<ul style="list-style-type: none"> Gather and report information on service gaps and needs of young people to the Task Force 	<ul style="list-style-type: none"> Data collection is established, feedback reports are sent to the Task Force 	<ul style="list-style-type: none"> Improvement in the availability of range of activities for this target group, advocacy is ongoing

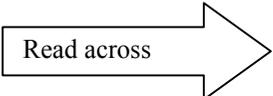
Resources needed

Several projects across three districts	Full time workers 3 to 4	£25,000.00	Administration	£40,000.00	Total	£140,000.00
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Funding channel Dept. of Education

BF 2.7

Residential options

	Purpose: To provide a means by which those people wishing to avail of residential detox or rehab can access places		
	Vision: Clients can exercise choice when money is not a barrier		
Objectives	Targets	Measures	Outcomes
<ul style="list-style-type: none"> • Provide easy access to residential detox/rehab places 	<ul style="list-style-type: none"> ➤ Establish budget, identify places, costs, referral and follow up 	<ul style="list-style-type: none"> ➤ Residential places are accessible, referral and follow up in place 	<ul style="list-style-type: none"> ➤ Increased uptake of residential options, cost barrier removed
<ul style="list-style-type: none"> • Ensure equity 	<ul style="list-style-type: none"> ➤ Establish clear policies on access 	<ul style="list-style-type: none"> ➤ No complaints received 	<ul style="list-style-type: none"> ➤ Process is fair and equitable
<ul style="list-style-type: none"> • Monitor efficient use of resources 	<ul style="list-style-type: none"> ➤ Profile costs, benchmark facilities and interventions, length of stay 	<ul style="list-style-type: none"> ➤ monitor throughput of people to residential facility & length of stay 	<ul style="list-style-type: none"> ➤ Efficient use of resources is established
<ul style="list-style-type: none"> • Monitor effectiveness of interventions through feedback 	<ul style="list-style-type: none"> ➤ Establish reporting structures 	<ul style="list-style-type: none"> ➤ Regular feedback reports show progress of individuals 	<ul style="list-style-type: none"> ➤ Task Force is satisfied that resources are used efficiently

Resources needed

10 - 20 places needed for one year, uptake very variable	
Should be co-funded with SWAHB	Budget available £100,000.00

Cross task force issue should be dealt with centrally by the NDST.

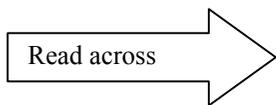
Costs should be met automatically by the State.

Process by which this will happen will need to be carefully negotiated and it is expected that individuals will make some contribution toward their care together with the Health Board who has substantial resources for this area of activity.

Budget will be used to part purchase a place per person per day of completion of residential commitment in an LDTF approved under funded rehab or detox facility.

Funding channel ERHA

Reducing anti-social behaviour, families in communities related to substance misuse



Purpose: To formulate a strategy to assist young people and their families to refrain from anti-social behaviour and also to encourage them into activities which will enrich their lives and the lives of their community

Target Group Young people in Trouble, their parents and siblings

Vision: Young people smiling with confidence, achieving with purpose, improving their lives

Objectives	Targets	Measures	Outcomes
<ul style="list-style-type: none"> Prevent deterioration in lives of some marginalised youth 	<ul style="list-style-type: none"> Identify youth most at risk, bring the whole family into project 	<ul style="list-style-type: none"> Target group is not getting into trouble and family life is stabilised 	<ul style="list-style-type: none"> Youth at risk and their families are more involved in community life
<ul style="list-style-type: none"> Increase effectiveness of actions using cognitive behavioural model 	<ul style="list-style-type: none"> Employ specialist staff, develop model of intervention and apply 	<ul style="list-style-type: none"> Staff employed, model designed, documentation is in place 	<ul style="list-style-type: none"> Progress of youth and their families is evident from records
<ul style="list-style-type: none"> Deal with all people fairly and in holistic manner, maintain dignity 	<ul style="list-style-type: none"> Assess and identify key issues for individuals, their family and their community, 	<ul style="list-style-type: none"> Clear confidentiality, consent and good practice policies are written and guide interventions 	<ul style="list-style-type: none"> Clients are satisfied that they are treated with respect and confidentially
<ul style="list-style-type: none"> Provide access to relevant services through multi-agency collaboration 	<ul style="list-style-type: none"> Employ a co-ordinator, develop key network relationships 	<ul style="list-style-type: none"> Agencies are working jointly on client cases through networks 	<ul style="list-style-type: none"> Access to range of services is possible due to multi-agency work
<ul style="list-style-type: none"> Increase acceptance of families with problems their rights / needs 	<ul style="list-style-type: none"> Communicate goals of the project widely, develop charter of rights 	<ul style="list-style-type: none"> Service charter in place and client complaints process established 	<ul style="list-style-type: none"> Rights and needs of families with problems respected
<ul style="list-style-type: none"> Advocate for increased availability of specialist interventions such as rehabilitation places 	<ul style="list-style-type: none"> Establish needs of this group, identify specialist care or service needed and for how many 	<ul style="list-style-type: none"> Services directory, uptake of places increasing, numbers on waiting lists reduced 	<ul style="list-style-type: none"> Range of services and increased number of places available to meet needs of this group

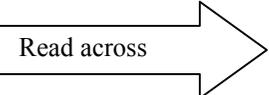
Resources needed

Co-ordination	£ 30,000.00	Sessional facilitators	£20,000.00	Operational costs, for rent, programme costs and running office	£40,000.00	Total costs	£126,000.00
Secretarial support	£ 16,000.00	Programmes costs	£20,000.00			Task Force funds	£ 80,000.00

BF 2.9

Funding Channel Dublin Corporation

Support for Childcare

	Purpose	To subsidise childcare costs in order for those wishing to access treatment, rehabilitation or aftercare programmes		
	Vision	People will not see childcare as a barrier to achieving wellbeing		
Objectives	Targets	Measures	Outcomes	
• Provide easy access to childcare	➤ Establish budget, identify places	➤ Budget and places available	➤ Clients are receiving childcare	
• Ensure equity	➤ Establish clear policies on access	➤ No complaints received	➤ Process is fair and equitable	
• Increase acceptability of drug users and their needs	➤ Provide training to childcare providers of substance misuse	➤ Training is provided	➤ Places are not refused clients of Task Force funded projects	
• Advocate for increased range of childcare options to be available	➤ Profile range of current and planned childcare places	➤ Profile is established of actual numbers, places & costs	➤ Task Force advocates for special childcare needs of our target group	

Resources needed

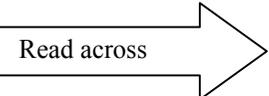
30 full time places based on costs of £80 per week for 1 year subsidy of £50-	totalling £72,000.00	
40 part time places based on costs of £40 per week for 1 year subsidy of £25-	totalling £48,000.00	Total costs £120,000.00

For use by Task Force funded projects providing treatment, rehabilitation and aftercare including training to those trying to change their drug using behaviour. The means by which this will operate will need to be developed further once the Ballyfermot Partnership Plan is approved and discussions can get underway. It is possible with a full time administrator employed for the Task Force in the Advance Project that this person will be able to administer the budget in a voucher or invoice payment method directly to the childcare provider. Joint funding and operating is possible with the Ballyfermot Partnership.

Funding channel ERHA or Ballyfermot Partnership

BF 2.10

Communications

	Purpose: To communicate all aspects of BDTF activity		
	Vision: Good or bad, the Task Force will be open to feedback		
Objectives	Targets	Measures	Outcomes
<ul style="list-style-type: none"> • Create access to information on services and BDTF activities 	<ul style="list-style-type: none"> ➤ Recruit worker, compile directory of services, gather information 	<ul style="list-style-type: none"> ➤ Worker in place, directory, reports compiled other literature gathered 	<ul style="list-style-type: none"> ➤ There is access to range of BDTF information and services
<ul style="list-style-type: none"> • Use range of methods of communicating to be effective 	<ul style="list-style-type: none"> ➤ Literature, posters, host talks, seminars, conferences, exhibitions 	<ul style="list-style-type: none"> ➤ Demand for literature, monitor profile of attendance at events 	<ul style="list-style-type: none"> ➤ Range of methods used and feedback very positive
<ul style="list-style-type: none"> • People should be able to access information across sectors equally 	<ul style="list-style-type: none"> ➤ Contact agencies/groups and negotiate equal access to information 	<ul style="list-style-type: none"> ➤ Contacts, response rate to requests availability of information 	<ul style="list-style-type: none"> ➤ Equity is developed and maintained in access to information
<ul style="list-style-type: none"> • Balance impact with the best use of resources 	<ul style="list-style-type: none"> ➤ Define target groups, method/range of communication needed 	<ul style="list-style-type: none"> ➤ Assess impact of events, literature and other communications 	<ul style="list-style-type: none"> ➤ Broad group of people are getting good information
<ul style="list-style-type: none"> • Foster relationships across sectors to support joint working 	<ul style="list-style-type: none"> ➤ Joint planning of events, build networks, person to person contact 	<ul style="list-style-type: none"> ➤ Increasing participation in joint planning and client working 	<ul style="list-style-type: none"> ➤ Improving relationships across the sectors is evident
<ul style="list-style-type: none"> • Information exchange across agencies/sectors to build integration of policies & strategies 	<ul style="list-style-type: none"> ➤ Shared information exchange process developed, communication of service planning, FOI, DPA 	<ul style="list-style-type: none"> ➤ Service plans, policies are made available across agencies/groups who come together for joint plans 	<ul style="list-style-type: none"> ➤ Improved integration of policies and strategies

Resources needed already outlined in BF 2.4

Project worker identified in Advance Project together with budget outlined under supply control measures

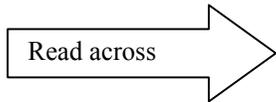
In addition to the above a further budget for other events, promotions and awareness activities is available through Advance Project

Budget	£30,000.00
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Funding channel outlined in BF 2.4

BF 2.11

Supply/control linked to Communication Strategy



Purpose: To open and maintain communication channels between community people and relevant agencies or authorities

Vision: To make Ballyfermot a safer place to live

Objectives	Targets	Measures	Outcomes
<ul style="list-style-type: none"> Provide access to services information and feedback 	<ul style="list-style-type: none"> Recruit worker, profile service delivery of key agencies 	<ul style="list-style-type: none"> Worker in place, information available, demand for service 	<ul style="list-style-type: none"> People are more familiar with operations of key services
<ul style="list-style-type: none"> Create communication channels and dialogue groups 	<ul style="list-style-type: none"> Organise series of focus group meetings regularly 	<ul style="list-style-type: none"> Participation good, feedback given and received on problems in area 	<ul style="list-style-type: none"> Communication channels established
<ul style="list-style-type: none"> Deal with all people fairly and in equitable manner 	<ul style="list-style-type: none"> Prepare policies on confidentiality, consent, basic rights, complaints 	<ul style="list-style-type: none"> Complaints and feedback is received more frequently 	<ul style="list-style-type: none"> People are dealt with in fair and equitable manner
<ul style="list-style-type: none"> Provide relevant information and feedback to target groups 	<ul style="list-style-type: none"> Prepare policies on what info can be received and fed back 	<ul style="list-style-type: none"> Agencies are very co-operative with clear processing of feedback 	<ul style="list-style-type: none"> Information and feedback is relevant and appropriate
<ul style="list-style-type: none"> Increase acceptability of drug users and their needs across all sectors 	<ul style="list-style-type: none"> Develop awareness and communication strategies re needs of drug users and their families 	<ul style="list-style-type: none"> Workshops, seminars, conferences exhibitions, network meetings are held 	<ul style="list-style-type: none"> Increasing acceptance emerging through evaluations and feedback
<ul style="list-style-type: none"> Advocate for improved relationships between agencies and the community 	<ul style="list-style-type: none"> Facilitate information exchange, networking, person to person contact and new relationships 	<ul style="list-style-type: none"> Increased frequency of contact with and between agencies and community groups/individuals 	<ul style="list-style-type: none"> Improved relationships between agencies, community and BDTF

Resources needed already outlined in BF 2.4 these funds are not additional

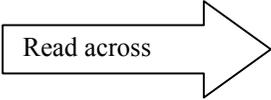
Project worker	£25,000.00	Operations	£ 5,000.00	Events budget	£15,000.00	Total budget	£45,000.00
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Linked to the communications strategy BF 2.11 and linked to the Advance Project BF 2.4 for implementation.

Funding channel Dublin Corporation

BF 2.12

Community Grants

	Purpose: Provide broad based community small grants scheme for drug related activities		
	Vision: Enhance skills and self confidence of people experiencing exclusion due to substance misuse		
Objectives	Targets	Measures	Outcomes
<ul style="list-style-type: none"> • Award grants under the following criteria: 	<ul style="list-style-type: none"> ➤ Profile target group 	<ul style="list-style-type: none"> ➤ Range for all activities 	<ul style="list-style-type: none"> ➤
<ul style="list-style-type: none"> • Drug awareness 	<ul style="list-style-type: none"> ➤ Community based activities 	<ul style="list-style-type: none"> ➤ Numbers reached by activities 	<ul style="list-style-type: none"> ➤ Greater awareness by target group
<ul style="list-style-type: none"> • Drug prevention primary 	<ul style="list-style-type: none"> ➤ Preventive activities age 8-15 yrs 	<ul style="list-style-type: none"> ➤ Participation high / low / fair 	<ul style="list-style-type: none"> ➤ Less inclined to experiment
<ul style="list-style-type: none"> • Secondary prevention 	<ul style="list-style-type: none"> ➤ Preventive activities age 16-20yrs 	<ul style="list-style-type: none"> ➤ Improvements in behaviour 	<ul style="list-style-type: none"> ➤ Less inclined to regular drug use
<ul style="list-style-type: none"> • Relapse prevention (drug free) 	<ul style="list-style-type: none"> ➤ People who have detoxed 	<ul style="list-style-type: none"> ➤ Improvement in assertiveness 	<ul style="list-style-type: none"> ➤ Fewer slips coping better
<ul style="list-style-type: none"> • Relapse prevention (methadone) 	<ul style="list-style-type: none"> ➤ People stabilised on methadone 	<ul style="list-style-type: none"> ➤ knowledge of drugs gained 	<ul style="list-style-type: none"> ➤ fewer slips coping better
<ul style="list-style-type: none"> • Education in Addiction 	<ul style="list-style-type: none"> ➤ Parents, businesses, community 	<ul style="list-style-type: none"> ➤ knowledge of drug effects gained 	<ul style="list-style-type: none"> ➤ Greater support for drug users
<ul style="list-style-type: none"> • Physical activities 	<ul style="list-style-type: none"> ➤ Young people, families under stress 	<ul style="list-style-type: none"> ➤ knowledge of health issues 	<ul style="list-style-type: none"> ➤ healthier use of energy
<ul style="list-style-type: none"> • Recreational activities 	<ul style="list-style-type: none"> ➤ Young people families under stress 	<ul style="list-style-type: none"> ➤ Skills to manage peer pressure improved 	<ul style="list-style-type: none"> ➤ Helps cope with everyday stressors

Resources needed

Grant budget of £100,000.00

Funding channel ERHA or Ballyfermot Partnership

Part IV

Monitoring of Implementation

Performance Indicators

Timeframe

Appendix

Monitoring of Implementation

Quality:

Maxwell quality in Health and Social Services framework underpins the Project plans. Tangible goals and outcomes are identified which can be measured.

Through the establishment of 6 monthly reviews the above process can be examined and amended. Client satisfaction surveys through focus group discussions with an independent facilitator will ensure performance feedback.

Outcomes:

Project outcomes are defined at funding and implementation stage. It will be necessary for each funded project to elaborate this further and identify steps to achieving target outcomes. Good record keeping and feedback process will enable unexpected outcomes to be documented. These outcomes may provide new insights to the delivery of services thus providing for continuous improvement.

Standards:

All projects will be expected to initiate the development of service standards starting with organisational policies on for example confidentiality, disciplinary procedure, complaints process and so forth. Assistance will be provided by the Ballyfermot Drugs Task Force.

Influencing public policy – Key result areas

- National Educational Policies that negatively impact on the delivery of Education in Ballyfermot or are not consistent with the particular needs of the local population
- Equal access to employment and training opportunities
- Greater efficiency in delivery of public services with emphasis on need not demand
- Justice issues such as drug courts, consistency in sentencing, policing
- Special needs for Childcare, flexibility in provision
- Improved access to treatment places and options
- Access to sheltered and affordable housing
- Increasing the social responsibility of employers

Strengthen Community Action – Key result areas

- Development of the residents and tenants associations
- Building of a Community Council with nominees from the electoral districts through the residents and tenants associations
- Build capacity of the BAC to act as this council
- Support two way communication with local people through the council
- Organise local campaigns in conjunction with local people/groups
- Boost the organisational development of local groups from clubs to voluntary bodies
- Improve image of Ballyfermot

Develop Personal Skills – Key result areas

- Training budget that can address further education and professional training needs of local people to participate in health and social services or in the business community
- Improved training allowance for those engaging in full time third level studies; full support of fees for courses not considered by the government grants scheme; full support of fees for courses being undertaken in private institutions that lead to professional accreditation or qualification
- Support budget for those who on completing training have costs in set up such as trade tools, specialist clothing that cannot be met through new enterprise budgets
- Organise professional seminars and conferences locally that contribute to sharing knowledge and information

Create Supportive Environment – Key result areas

- Positive media campaign
- Generate support of business community for local strategies
- Foster greater collaboration between the state agencies and the community / voluntary sector

Reorient Health and Social Services to primary care – Key result areas

- Involve GPs more in local strategies, providing incentives for them to collaborate
- Provide community drug team to support GP's in their work

- Encourage and support the establishment of Quality programmes in the voluntary and statutory sector for continuous improvement in service delivery

Performance Indicators

Using information contained in the *Review of the Social Impact of Locally based Community and Family Support Groups* the following relevant indicators can be used by projects to assist them in monitoring their performance.

Inputs to Projects:

Each project will outline the resources of the project in terms of finance, staffing, premises, volunteers and Management Structure.

Outputs of Projects:

Each project will outline the interventions or activities it has undertaken with the inputs above. Inputs and outputs can be broken down.

Impact of Projects:

The positive influences of the project on individuals families and the Community all affected by substance misuse or problem drug use.

Generic project indicators:

- Number's involved – new/old
- Gender breakdown of those involved.
- Quality of interventions
- Noted improvements in well being of individuals, families.
- Extent to which progress can be tracked and there is movement towards independent living.
- Contribution of project and participants to community learning development on drug problem, levels of participation.
- Extent to which group or project have become integral part of local development.

Process Indicators:

- Management, communications, relationships
- Decision making, policy development, participation

Impact Indicators:

(Individual)

- Numbers of target group benefiting from the intervention.
- Satisfaction of participants with project
- Increase in self confidence and self esteem
- Improvement in health.
- Skills and knowledge acquired
- Progression to further education
- Qualifications gained
- Increase in participation in social networks
- Progression to full-time or part-time employment
- Progression to better paid employment.

(Family)

- Changes in behaviour in relation to child/children
- Changes in children's behaviour
- Changes in family diet, well being
- Changes in children's performance at school
- Changes in number of visits to the doctor
- Changes in health patterns of children
- Greater capacity to cope with stress in family

(Community)

- Contribution of individuals to other organisations as a direct result of project involvement

- Links established with other community based drug projects, groups, services and organisations.
- Groups or initiatives established by projects.
- Change in cultural attitudes within the broader community towards target groups (i.e. problem drug user or ex drug user) and issues relating to the target group.

Other indicators

Personal and social development

- Improvement in self esteem
- Improvement in self confidence
- Improvement in relationships with peers, family, authority figures and adults

Behavioural change

- Increase in assertiveness
- Increased ability to cope with everyday stressors such as peer pressure, intimidation
- Improved school attendance
- Less absenteeism from school or from the work place
- Increased participation in recreational and physical activities
- Improved control over personal actions
- Communicating feelings and emotions
- Reduced involvement in anti social behaviour

Family

- Understanding of limits and boundaries
- Ability to assert authority or influence positively
- Improved parenting skills and practice
- Reduced level of aggression, abuse or neglect
- Positive and improved communication between family members
- Improved ability to assume responsibility for children's behaviour

- Improved ability to communicate with external authorities such as schools, health board, local authority and Gardaí

Community

- Reduction in prejudice resulting in victimisation of families
- Improved support to vulnerable families
- Improved support to drug users or other target group
- Improved access for socially isolated people to community services and facilities
- Increased participation in decision making and involvement in local projects
- Improved relationships between agencies, voluntary and community groups

At a more basic level with individuals and or families it may be necessary to look for changes and improvements in the carrying out of activities of daily living:

- Maintaining a safe environment
- Communicating
- Breathing
- Eating & Drinking
- Eliminating
- Personal cleansing and dressing
- Controlling body temperature
- Mobilising
- Working and playing
- Expressing sexuality
- Sleeping
- Dying

Further details can be given on how to use the above method in workshops to specific projects for whom it is more appropriate.

**Project Milestones
2001**

		January			February			March			April			May			June				
BF 2.1	Community Outreach - bid process										Bidding process				Agree targets, roles						
	Recruitment and start up																			Recruitment	
BF 2.2	Community & Prison Liaison - targets										Agree targets				structures						
	Recruitment and start up of new worker																			Recruitment	
BF 2.3	Fusion targets										Agree targets				structures						
	Recruitment and start up of new worker																			Recruitment	
BF 2.4	Advance limited company set up										Setting up solid structures										Merger with other local groups
	Agree targets, roles, communications																			Targets / roles	
	Recruitment and start up																			Job Ad	
BF 2.5	Peer Education																			Agree target	
																				Start up	
BF 2.6	Psychological services																			Negotiations with Partnership agree process	
BF 2.7	After schools initiatives													Start bid process				Agree targets			roles
BF 2.8	Residential options													Cross task force issue				planning			
BF 2.9	Anti social behaviour bidding process																			Receive bids	
																				Agree targets	
BF 2.10	Childcare support										Plan administration							Process payments			
BF 2.11	Communications													Launch plan							dissemination
BF 2.12	Supply /control communications													Agree process, roles							Community meetings
BF 2.13	Community grants scheme																			Inform local groups	

**Project Milestones
2001**

		July			August			September			October			November			December		
BF 2.1	Community Outreach - bid process	Letters																First report	
	Recruitment and start up							Start up											
BF 2.2	Community & Prison Liaison - targets																		
	Recruitment and start up of new worker							Start up										First report	
BF 2.3	Fusion targets																		
	Recruitment and start up of new worker							Start up										First report	
BF 2.4	Advance limited company set up																		
	Agree targets, roles, communications																		
	Recruitment and start up	recruitment							Start up									First report	
BF 2.5	Peer Education		Summer camps					Schools/youth service planning						Delivery of workshops and training					
BF 2.6	Psychological services		Service delivery contracts					Structure set up						Implementation of service and first report					
BF 2.7	After schools initiatives		Agree funds					Issue funds						Implementation of service and first report					
BF 2.8	Residential options			Decide structures														Client update	
BF 2.9	Anti social behaviour bidding process				Agree funds														
BF 2.10	Childcare support					Implementation												First report	
BF 2.11	Communications		Planning							Exhibition							seminar		
BF 2.12	Supply /control communications				Community meetings					Set up supply control sub group								First report	
BF 2.13	Community grants scheme				Set up administrative structures									Implementation					

Public Policy Recommendations

Influencing public policy is one of our key strategic areas. The following gives an outline of some of the suggestions we have for public policy which will influence both directly and indirectly the implementation of a local drug strategy in Ballyfermot.

Key Public Policy Areas

Social Welfare:

- Trying to put people with long history of drug using or being on methadone onto disability payments. This would reduce live register numbers and remove a difficult target of reaching out to and assisting those people long term unemployed.
- People are penalised too quickly if not showing applications for work. There is no consideration for the confidence levels or self esteem level of individuals in receipt of benefits. Assumptions are made strongly influenced by prejudicial attitudes.
- Payments are linked to people having to register with the LES and look for work. This should be voluntary but encouraged.

FAS:

Additional 60 CE places are needed. Task Force areas need exceptional consideration by Government. Policy to reduce the numbers on CE is counter productive to getting people back to work in Task Force areas. Unemployment is linked to complex social issues including alcohol and drug addiction. Priority should be given to Task Force areas to allow additional CE places to be used for people trying to recover from drug/alcohol addiction, or for projects trying to support this particular group.

This particular group will not be able to reintegrate into their families communities and society if they are not given the time and support to do so.

Education:

- All schools should have full time administrators if they are to look for and manage financial resources in order to constantly meet the needs of their children and teachers in delivering education.
- Pre-school should be encouraged and supported for all children. An allowance should be made available as a supplement to the Children's allowance.
- All parents with children starting each year of school should be required to attend training on how to support your child in school. An exceptional allowance can be paid to those who attend through the children's allowance.
- Physical and recreational activity should be compulsory in primary and secondary education.
- Schools should be adequately resourced to finance afterschool activities such as homework clubs, study groups, leisure activities, sport etc., this includes paying coaches, group supervisors.
- Schools in Task Force areas need classroom assistants paid on an hourly rate. These should ideally be local parents trained through recognised courses.
- All schools should have a school Nurse/Counsellor especially in Task Force areas.
- Attendance can be monitored but action is needed for those who are absent.
- Family Therapist should be available to schools in Task Force areas.
- Clinical Psychologist with Cognitive behavioural training should be available to schools in Task Force areas.
- Community Link Officer to the Dept of Education should be available in each Task Force area could be joint funded initiative with Health Boards and Task Force's.
- Breaking the cycle should apply to classes above 1st or 2nd as the problem behaviour continues and difficulty concentrating or participating continues.
- Schools in Task Force areas should not lose teachers because the quota is below recommended numbers. Teaching in areas of disadvantage with drug problems requires more teachers than usually found in schools in other areas.
- Part time attendance officers to visit homes in the evening are needed.

Gardaí:

- Greater street profile needed on the beat by community garda.
- Increased social interaction with young people needed through implementation of the schools programme.
- Interventions to improve relationships and rebuild trust are needed such as localisation of services in community centres.
- Feedback on complaints made through, for example, the supply sub committee communication channel.
- Higher response rate to calls made to 999.
- Higher response rate to calls made to local station. Whilst each call is logged, date and time a feedback mechanism should operate.
- Establish an independent ombudsman/investigative process to receive feedback/complaints from citizens who are dissatisfied with the way they have been treated.
- More Gardaí are needed in Task Force areas. The commitment of such resources should be commensurate with the degree of threat. Therefore in areas like Ballyfermot requests for additional resources should be viewed in this light. Whilst crime statistics for the area are low, they under state the level of fear that exists amongst the population due to the amount of drug dealing that takes place very openly.

Residential issues for consideration in allocating funds:

- Cost varies hugely
- Monitoring is difficult
- What do you do with paid up place £8,000.00 for 10 weeks when person drops out and leaves after 2 weeks, a replacement may or may not be found?
- Approximately 40% of people attending residential will drop out in the first 3 weeks less than 50% will complete the programme.
- How much of a return on investment is expected?

Health

- The local treatment services should be directed at Ballyfermot people only. At the moment Ballyfermot people are under represented in the numbers attending local services.
- The waiting lists are too long in this area and should be reduced to one month as an ideal target in the medium term.
- Outreach services have been very poor in the past. There should be at least two health board outreach workers in Ballyfermot. Their work should include at least 3 evenings of street work and joint work with other outreach workers in the area.
- There should be a direct link between the outreach and schools as young people not attending school over a lengthy period of time are not reachable by the school and are at risk of getting involved in drugs.
- Qualitative and longitudinal studies should be conducted and made available to the key services operating in the locality.

Childcare:

- Implications are significant, finite budget is limiting and purchasing of places raises similar issues to that of locally financing residential drug services.
- Families need to be able to access good quality childcare whilst taking up a drug treatment or rehabilitation service.

Appendix

NDST Code	Strategy A	Increasing Awareness	Outcomes
BF 1	<p>Home School Liaison</p> <p>Two home school liaison initiatives aimed at reaching families most vulnerable in the form of a breakfast club received funding. 11 Schools participated and over 600 vulnerable students. Feedback highlights improved concentration at school, improved social and communication skills, improved stimulation of creativity, increased parental involvement and improved performance at school.</p>		
BF24	<p>Schools Programme</p> <p>11 Schools have received funding to support drug prevention activities. The funding was used on resource packs, trainers, guest speakers, workshops on drug issues and personal development of students. Funding was also used to help set up extra curricular activities such as cultural, physical and recreational activities.</p> <p>8 teachers have been trained in the Substance Abuse Prevention Programme, "On My Own Two Feet" together with 2 community theatre workers, 2 community project workers and 2 youth leaders.</p> <p>Schools have become very proactive in developing new approaches to drug prevention and school drug policies. Secondary schools are very conscientious.</p>		
BF 16	<p>Information programme for parents</p> <p>23 community people, mostly parents, received certificates in the Crosscare Programme: Training for Leadership in Drug Prevention. This group began to facilitate further training for other parents and to run prevention initiatives. Workshops were held with over 60 people. However, the group did not sustain its initial enthusiasm, no longer meeting for the above purpose, although some members of the group have become involved in other Drug Task Force activities.</p>		
BF 2	<p>Youth and Peer leadership</p> <p>10 young people completed the Crosscare Peer Education and Leadership Programme. They have delivered several workshops to young people in the area and have attended Peer Education Seminars in Northern Ireland and Wales. Two peer educators were subsequently recruited to research the feasibility of developing peer education in Ballyfermot. Through interim funding the two workers also developed and successfully implemented a 6 week programme on self awareness and drugs, delivered to 5 schools and up to 600 pupils. As a result of their workshops 60 new members to the Beyond 96 Club were recruited.</p>		
BF 4	<p>Raising Awareness in the Community</p> <p>Students in the Ballyfermot Senior College produced a video on the drug issues and services in Ballyfermot.</p>		
BF 3	<p>The Task Force Action Plan was launched with an exhibition of local projects in February 1998, over 200 attended. 15,000 leaflets on the work of the Task Force were produced and circulated to every household in March 1998 via An Post.</p>		

<p>BF 3</p>	<p>10,000 summary reports of the actions planned were produced and circulated to every household in Ballyfermot in May 1998 via a delivery company.</p> <p>500 posters were produced and are circulated on an ongoing basis.</p> <p>15,000 stickers were produced and have now been distributed mainly in schools and events in the community via the Ballyfermot Theatre Workshop.</p>
<p>BF 32</p>	<p>10,000 leaflets summarising our progress to November 1999 were produced and hand delivered to every household in December 1999.</p> <p>1,000 Biannual Reports were produced and circulated to groups and agencies in the community.</p> <p>An exhibition of new projects and activities funded by the Task Force was held with over 200 in attendance.</p>
<p>BF 3</p>	<p>Soccer kits were sponsored as a pilot for the u-10 and u-12 teams including u-12 girls with Ballyfermot United and C.A.R.C. The Liffey Gaels u-12 team was also sponsored for their GAA kits. All clubs and coaches have agreed to participate in drug prevention training when provided.</p>
<p>BF 32</p>	<p>Following the success of this strategy it was extended to sponsor kits to all teams in soccer and GAA, tee shirts to summer projects, tracksuits to the Peer Educators and some kits to other clubs.</p>
<p>BF 15</p>	<p>A small grant was given to the Ballyfermot Theatre Workshop to develop an all schools choir. Almost 200 children were recruited and have started training with a musical director. Some concerts have been given in the community.</p>
<p>BF 3</p>	<p>A small grant was given to CEOL towards the purchase of instruments to encourage participation in music by those children leaving school early.</p>
<p>BF 3</p>	<p>A small grant was given to a youth initiative to develop craft skills with young people.</p>
<p>BF 3</p>	<p>WHAD, a local project was assisted with repairs to their minibus.</p>
<p>BF 15</p>	<p>Ballyfermot Theatre Workshop put on two productions, one in the Lower Cherry Orchard Community Centre and the other in BCA centre. The production was a series of one act plays on drug issues; early school leaving, literacy, drug dealing, peer pressure, AIDS, say no to drugs, friendships. Attendance estimates are at 300 in total.</p>
<p>BF 15</p>	<p>The Ballyfermot Theatre Workshop has also brought their drug awareness production to 10 schools in Ballyfermot. Over 1,000 secondary school students have attended the play and have completed evaluations giving their views on its impact. These evaluations consistently highlight lack of knowledge on service</p>

provision in the area. Up to 1000 secondary school students attended the drug awareness production in 2000.

The production was also shown in seven primary schools to the fifth and sixth classes. The teachers then held workshops following the production with the students to open discussion on drugs and on their feelings. Approximately 500 evaluations were sent back to us. Some classes prepared their own poster and thank you cards. Again in 2000, the production was shown to 300 students.

BF 15

St Dominic's Secondary School put on a production of Grease as a means of engaging with those students 'at risk'. Attendance at school improved as a result of involvement during and after the production.

BF 15

Publication of a research into Youth Needs in Ballyfermot 'Dochas', was partially funded by the Ballyfermot Drug Task Force.

NDST Code	Strategy B	Reducing Supply	Outcomes
BF 17	Facilitating the role of the Gardai		
	A unique programme was developed and submitted for use as induction training on community/drugs issues for the Gardai. The first training day took place in May 1999. Task Force Community Representatives and Youth Peer Educators facilitated the training. Evaluations completed by all 16 participants on the day demonstrated great benefit to the participants.		
BF 18	A review of intensive community policing as experienced by the community is completed. A report is currently in draft and will be published soon.		
BF 19	10,000 Drug Info Cards (credit card size) with essential numbers for drug services in the area were produced. They were distributed by Gardai, Probation & Welfare Officers, Youth and Community Workers and widely distributed in the community (schools, health & community centres).		
BF 5+6	Controlling the supply of Methadone		
	Contact was made with the GP co-ordinator and all GPs in the area. Negotiations are in progress to increase the number of GPs participating in the methadone protocol.		
BF 22	Responding locally to the scale of the problem		
	Community representatives from the Task Force have been very involved with Dublin City Wide Drugs Crisis Campaign.		

Role of the South Western Area Health Board

- A **Family Support Centre** run by the Daughters of Charity has now opened in Cherry Orchard.
- A **Rehabilitation Co-ordinator** was appointed to develop and manage rehabilitation services in the SWAHB of ERHA.
- The **Rehabilitation Centre** in Cherry Orchard is completed. An Integration Manager has been recruited, programmes are being developed and it will open soon. All 12 places are dedicated to clients from Ballyfermot.
- The **Aisling Centre** is providing mostly methadone maintenance programmes, Hepatitis and HIV services, emergency assessment, addiction counselling and some ancillary programmes. 60% of the **282** attending the Centre are from Ballyfermot. Due to the implementation of the methadone protocol, numbers on the waiting time is 3 months and waiting lists have increased to **60** and the list closes for unspecified periods from time to time.
- **Fortune House**, provides a non-residential detoxification programme for young persons under and over 18 who are smoking / injecting heroin, emergency assessment and other ancillary services. About 100 attend services and some waiting is necessary (2 - 12 weeks). **Family Therapist** is in place.
- **Cuan Dara**, the residential detoxification centre in Cherry Orchard Hospital, has increased its beds from 12 to 17.
- **GP** and pharmacist co-ordinators have facilitated the recruitment / training of local GPs and pharmacists as part of the drug treatment plan and methadone protocol. There is a very slow uptake in Ballyfermot.
- An **Education Officer** is in place and operates a comprehensive programme of work including addiction studies and development of school drug policy.
- An **Outreach worker** is in place dedicated to Ballyfermot. The **Helpline** has expanded its services to 7 days per week.
- A **Senior Psychologist** has been appointed to enrich and develop psychology services for the health board.

BF 7

Providing locally based centres

A local committee was formed to establish a local community support centre. They have met on almost 40 occasions since January 1998. In January 1999, Ballyfermot Star initiated process of becoming a limited company. They received their certificate of incorporation in July 1999 becoming fully operational in June 1999 with the recruitment of two workers, a Community Development Education Worker and a Community Development Family Support Worker.

A **Training Plan** was established to develop counselling skills for a wide range of local people involved directly or indirectly with the drug issue.

17 people completed the Merchants' Quay Drug Working Skills Foundation Level.

21 people completed the Merchants' Quay Drug Working Skills Advanced Level.

12 people completed the NUI Maynooth Certificate in Addiction Studies.

7 people completed the EHB NUI Certificate in Addiction Studies.

14 people completed the NUI Certificate Foundation Level in Counselling Skills.

2 people completed the UCD/Merchant's Quay Addiction Studies Course

1 person in recovery completed a Degree in Psychoanalytic Studies

8 people completed personal training for siblings

10 people completed project training through site visits

Committee Training

14 people completed committee training over one weekend in 1998.

Developing residential type treatment

Research is completed. An draft report has been produced. Key issues emerging are consistent with long held views of local people. This research will finally give weight to their collective voice. Over 15 drug users, some families and several institutions were interviewed. Focus groups were also held. Patterns of a specific drug culture in Ballyfermot are described. Full publication is expected in November 2000.

Providing drug free approaches - became an unrealistic goal in the first plan as we had difficulty finding people who were drug free. Instead we decided to work with drug users where they are at and consequently, we established "**Fusion**".

Fusion is a new exciting project created in partnership with FÁS and the Ballyfermot Drugs Task Force to enable Community Employment(CE) Sponsors and other FAS Sponsors to recruit participants with a drug using history onto their FAS funded initiatives. A Liaison Support Worker (LSW) was recruited to work closely with participants, support CE supervisors, sponsors and link with drug service providers. The role of the LSW is primarily rehabilitative.

The Candle Community Trust agreed to be the employer and a Steering Group with Community and Task Force representation was established to oversee the development of the project. We also have agreement with FAS as a matter of policy, that a supervisor to participant ratio will be 1:5, where, 5 or more participants on methadone or in recovery are on a project.

Participants must be stabilised on methadone maintenance or have completed a drug detoxification programme. Referrals come primarily from the EHB but

BF 25

this is not exclusive. Individual personal and professional training is identified with the participants to facilitate their ongoing development.

In year one, 39 people in drug treatment have contacted Fusion, 24 were in active community employment or training, 8 were in preparation for employment or training and 7 opted not to accept a place. **Outcomes:**

- 2 people now in full time employment
- 10 participants have NCVA level 2 in Media and Radio Production
- 7 participants have completed pre enterprise training
- 3 Detoxified
- 10 are referred and using other services in Ballyfermot

Of the 7 who did not accept a place, 1 has gone to England; 2 are in fulltime employment; 1 is drug free and attending NA; 1 is in touch with Fusion and 1 has gone back using drugs.

BF 33

Further support was given to **CEOL** to provide music lessons to drug users stabilised or in recovery with the support of a part time worker.

NDST Code	Strategy D Filling Gaps Voluntary/Statutory provision	Outcomes
BF 28/29/ 10	Investing in facilities	<p>We have spent the last 2 years looking for suitable premises. We expressed an interest in three premises. Two refused to consider us, the third was ideal. We conducted an independent assessment of the viability of our investment and we were advised against. The final costs would be much higher than our budget (£300,000) exceeding £600,000. We then investigated two other possibilities and finally managed to secure a purchase.</p> <p>The building purchased will operate a Community Support Centre. The Centre will provide information and support services to families of drug users and to drug users themselves. Ballyfermot Star Limited will run the support centre. Refurbishment will take place from September to December 2000 and the Centre will open officially in January 2001.</p>
BF 7	<p>Star will link people with the EHB addiction treatment services locally and to other treatment / rehabilitation programmes according to the needs of the individual. Holistic therapies will be provided with a number of volunteers already trained. Individual and group therapies together with self help and family support groups will be available. Personalised rehabilitation programmes will also be developed.</p> <p>Ballyfermot Star currently employs a community development family support worker and a community development drug education worker.</p>	
BF 30	Create specialised approaches- Prison and Community Links	<p>An exciting new project "The Community and Prison Liaison Service" to link Wheatfield Prison and Community based services. A Community and Prison Liaison Worker has been employed to work with people in Wheatfield, build a treatment and rehabilitation care plan, build their support system in the community and facilitate the transition from prison to community.</p> <p>The Worker is located in both Sarsfield House Hostel and Wheatfield Prison. Sarsfield House Hostel has agreed to act as employer. A Steering Group with community and Task Force representation was established to oversee the operations of the project. In Year One, over 30 people have accessed the service spending between 1.5 hours and 30 hours with the Link Worker. 6 people are in contact in the community and 12 families have accessed the service. 2 Family Support meetings have been held in association with Ballyfermot Star.</p> <p>The Matt Talbot Community Trust was supported to build an extension to the premises in Ballinascorney as a training workshop for those who have been in a place of detention and also have a drug problem. A variety of craftwork, artwork and other skills training will be available. The premises will also be used during the summer months to give families a 24-hour break.</p> <p>?x?x numbers of clients and others attending services.</p>

NDST
Code

BF 14

Tailoring training to the needs of recovering drug users

The Ballyfermot Local Employment Service is being supported to up-skill all its staff on drug related issues, to develop policies and plan initiatives for those with a history of drug use who come in contact with their services.

A policy document has been produced. A pilot bridging programme has been run and 12 people in non drug free recovery started the programme only 5 completed it. The programme has been reviewed and changes made to increase the possibility of a higher completion rate.

BF (a)

Strategy E Support for Drug Users, Families & Communities Outcomes

Setting up and developing new infrastructures

We have a small budget that is used to support administrative costs, site visits, Task Force training, travel and babysitting expenses, costs of attending seminars or meetings for members of the Drug Task Force.

BF (b)

Development Funding

The Development Fund has been used for the following:

Support training of 40 Adults in Youth Leadership in the Cavan Centre.

Resource support to Saol Nua a drug free rehabilitation centre in Portarlington.

Preparation of a leaflet for women - not completed yet.

Provision of Interview Training for 12 members of interview panels.

BF 27

Need for family support

The Childcare and Social Work Drug Service is now in place since May 1998. The Drugs Task Force has funded 2 social work positions and the EHB has provided one childcare worker. A total of 12 families are being supported so far. Issues, such as drug treatment, housing, child welfare and income support, are being managed. Interventions with the children have created more stability in their lives.

Only 5 children of 47 have been taken into care with non-family members. Every effort is made to keep the family together whilst the parent/s try to come off drugs. A full evaluation has taken place and the report will be published soon. All the indicators point to this project being very successful. The service users have expressed great satisfaction with the manner in which their case is handled.

BF 31

**Identifying & developing job opportunities for drug strategy support
The Advance Project**

25 positions that complement the Drugs Task Force plan were drawn up. People interested were asked to register with the Local Employment Service (LES). 23 people are employed under Task Force places. All are working in projects to support the local drug strategy. Positions range from information officers, drug awareness through drama and theatre production, outreach to those with disability related to drug use, general maintenance, support worker, media and communication.

NDST
Code

BF 31

A Liaison Support Worker provides employment support to these workers. An additional £1,000 per person is available for training / personal development needs above the £200.00 per year allocated by FAS. Some of the new workers have had a drug using history and are now in recovery, some are stabilised on methadone maintenance and some have had family members drug dependent. These are a vulnerable group that we have been able to bring back into the workforce. In building their own self-esteem they are now making a huge contribution to implementing the local drug strategy.

Outcomes:

- 7 have completed an NUI Certificate Addiction Studies Course.
- 8 have completed City & Guilds Sound Engineering Course
- 1 is doing a BA in Humanities
- 1 is doing NUI Certificate Youth and Community Studies
- 8 have completed the ECDL computer course