

DUN LAOGHAIRE RATHDOWN OUTREACH PROJECT

*Empowering positive change, through a person centred approach,
for individuals, families and communities affected by addiction*



| | |
|-----------------------------|----|
| Vision, Mission & Values | 3 |
| Chairperson's Report | 4 |
| Organisational Structure | 5 |
| Cocaine Services Report | 6 |
| Community Employment Report | 14 |
| Day Services Report | 18 |
| Manager's Report | 22 |
| Organisational Chart | |

VISION

Our Vision is of a society that is well informed about and understands issues of substance misuse. We are working towards a society in which individuals receive the care and support that they need to address their addiction without fear of discrimination or stigmatisation.

MISSION

Our Mission is to empower positive change, through a person centred approach for individuals, families and communities affected by addiction.

VALUES

We believe that every individual has the internal resources they need for growth.

We believe that providing a supportive, non-judgemental environment will encourage individuals to reach their full inclusion in society. We base our actions on what is important to a person from their own perspective and which contributes to their full inclusion in society.

We provide the core conditions of empathy, congruence and unconditional positive regard which help growth to occur.

DROP's VISION, MISSION & VALUES are the core, fundamental beliefs that underpin the work of the organisation.

CHAIRPERSON'S REPORT

The aim of an Annual Report is to reflect on and acknowledge the years' accomplishments of an organisation. As was expected 2010 was an extremely busy and challenging year with increased service provision despite reductions in funding allocations.

One of our main challenges was to identify and secure a more suitable and affordable premises in central Dun Laoghaire which was an ongoing piece of work through the latter part of 2010. I am pleased to report that due to a lot of hard work and negotiation by the Manager and Board of Management a lease has been secured on the ground floor premises of 46 Upper Georges Street next door to our existing premises. Moving forward, this will allow us remain in number 45 and with the additional space from number 46 we can extend our service provision while saving 23% on our overall rental costs. This will require an application for change of use and once granted the refurbishment can commence. We look forward to having a spacious building and a safer work place for everybody.

As part of our ongoing development, we will continue to focus on working through and achieving the objectives set out in our Strategic Plan 2010-2013. In 2010 we applied for and were accepted to take part in a pilot project with Progression Routes which will allow us the opportunity to review and update our organisational policies and procedures in line with the Quality Standards in Alcohol and Drug Services (QUADS).

We continue to support and work with other agencies in the community by actively participating in initiatives such as the Interagency Drop In Service and Interagency Care and Case Management Pilot Project.

I would like to express my personal appreciation of the work of all DROP's members and to thank those Employees, Volunteers, Service Users and Board Members who contributed to the organisation during the year.

There is no doubt that the environment that we are now working in brings its own demands – we are all trying to do more with less. It is the enthusiasm and energy of Service Users, Staff, Volunteers and members of the Management Committee and Board which makes this possible in DROP– and I have no doubt that going forward into 2011 and beyond, this energy and enthusiasm will remain and grow.

Elaine Forsyth
Chairperson

ORGANISATIONAL INFORMATION

| | |
|--|---|
| Chairperson | Elaine Forsyth (Director) |
| Treasurer | Margaret Kenny (Director) |
| Secretary | Sandra Kelly |
| Project Manager | Sandra Kelly |
| Manager's Assistant | Anthea Carry |
| Reception/Administrative Staff | Jennie Taaffe, Edwina Kane, Brenda Devlin |
| Rehabilitation Day Services Team Leader | Christy Rankin |
| Cocaine/Polydrug Services Team Leader | Clara Geaney |
| Community Employment Supervisor | Patrick Fitzpatrick |
| Financial Administrator | Geraldine Kane |
| Project Worker Day Services | Jennifer Glansford |
| Project Workers Day Services | John Hickey |
| Project Workers Day Services | Alan Boyne |
| Support Workers on the Day Services | Lauren O'Brien, Orla Harnett, Alan Hennessy |
| Link Worker | Laura Stephenson |
| Housekeeping | Patricia Perrie |
| Education & Prevention Officer | Eamonn Gillen |
| IT Support Person | Evert Beerda |

Management Committee

Elaine Forsyth (Director)
Margaret Kenny (Director)
Caroline Murphy (Director)
June Kane
Pat McGonigle
Mavis Needham
John Craven
Aoife Davey
Peter Dunn
Aisling Crowley
Eileen Ryder
Fiona Burke
Angela Murray

Rehab Services Sub-committee

Elaine Forsyth
Angela Murray
Caroline Murphy
June Kane
Pat McGonigle
Christy Rankin
Mavis Needham
John Craven
Aoife Davey
Clara Geaney
Sandra Kelly

Planning & Finance Sub-committee

Margaret Kenny
Aisling Crowley
Eileen Ryder
Sandra Kelly
Geraldine Kane

HR Sub-committee

Elaine Forsyth
Patrick Fitzpatrick
Sandra Kelly
Peter Dunn
Fiona Burke

Alan Hennessy, John Hickey and Laura Stephenson resigned their positions during 2010 and we would like to thank each of them for their personal and professional contribution to the organisation and wish them all the best for the future.

COCAINE SERVICE REPORT

Following on from the challenges experienced by the service in 2009, the Cocaine Service expanded in 2010. This was made possible through the recruitment of a new Team Leader who is employed for 25 hours per week (Mondays, Wednesdays and Thursdays). Paudy Fitzpatrick resigned his position as Cocaine Team Leader in April 2010 to move into the full-time position of Community Employment Supervisor with DROP and Clara Geaney took up the position of Team Leader of the Cocaine Service in May 2010. Increasing the service provision from 16 hours to 25 hours while maintaining the Thursday evening slot allowed for the service to increase afternoon and morning availability of appointments. The additional 9 hours per week increases the time that can be spent developing the service and service delivery.

One of the initial tasks for the newly appointed Team Leader in 2010 was to conduct agency visits to other cocaine specific services within the Dublin region. This helped to create positive links with other services, as well as providing a means of comparison of DROP's Cocaine Service with other similar services. One of the main conclusions to be drawn from these visits was that DROP's Cocaine Service is a comparatively well resourced service with a clear model of service delivery specific to the needs of cocaine users. The opportunity to exchange ideas and create links with other cocaine services has been a positive step for the service.

One of the main actions of the Cocaine Service in 2010 was to increase links with Tier 1 services, namely hospital A&E departments, where patients can present with serious conditions associated with excessive cocaine use. The Cocaine Service sought to increase awareness within local hospital services so as to provide the hospital with a source of community based support when discharging patients. Likewise, in 2010, links were made with Tier 4 services, namely residential treatment centres, in order to better understand how such centres could act as a source of referral for and to the Cocaine Service.

The Cocaine Service noticed a decrease in the number of self-referring Cocaine Service Service Users. Although the service recognises the value of self-referral in that it represents a very positive image on the service within the community and can also demonstrate the service user's willingness to change, the service also accepts that Service Users referred to the service through other means can equally have a positive experience and outcome. As a result, the Cocaine Service has undertaken to increase awareness of its existence within the Dun Laoghaire Rathdown community through contact with GPs, Probation Service and Legal Services, Clinics and Psychiatric Services. This culminated in the Cocaine Service Open Day in November 2010.

On November 25th 2010, the Cocaine Service hosted an Open Day in Dun Laoghaire Rathdown Outreach Project. The purpose of the day was to promote the service within Dun Laoghaire Rathdown County and the wider community. The Open Day provided the opportunity to create and enhance links with other relevant services in the area. Professionals from a variety of fields were invited to meet with the Team Leader of the service, the Project Worker, the Counsellor and the Holistic Therapists. An ex-service user was also on hand to explain his story and how he found the service has helped him. Also helping out on the day was our student placement from IADT who as part of his Applied Psychology degree has been volunteering each week on the Cocaine Service. Representatives from local Psychiatric Services, local Hospitals, General Practitioners, the Gardai, Probation Service, Legal Aid, and Employment Assistance Programmes were in attendance. The purpose behind inviting professionals was to provide information

about what we do and to open referral routes both into and from DROP. This gave us an opportunity to highlight our ethos, practice and commitment to care to all those who attended. We provided the opportunity for people to ask questions and see for themselves what DROP's Cocaine Service is all about. Everyone who attended was provided with a service handout detailing the work and history of the Cocaine Service – this document is available to download from the website.

Emerging trends during 2010 and how the Cocaine Service responded

During 2010, there was an increase in the number of people referring to the Cocaine Service from legal services (Probation Service and Solicitors). It appeared that the main motivation for the service user in these cases was to reduce likelihood of a custodial sentence. Often the legal issues are enough to help the individual reduce/cease using cocaine and it can be hard to retain the service user following their court appearance. The Cocaine Service response to this has been an increased collaboration with the Probation Service in order to meet the needs of the service user through the recommendations or conditions of Probation Orders, while at the same time creating an environment for the service user which encouraged their attendance and ownership of the process.

The Cocaine Service also heard some anecdotal evidence from Service Users of an increase in the number of people using other stimulants, namely amphetamine. Service Users report that due to the recession, the lower cost of speed has meant it was a cheaper alternative to cocaine although its effects were markedly different (i.e. a much longer and intense "high" with heavier "comedowns" culminating in worsening health, both physical and mental). The Cocaine Service response has been to increase knowledge of speed, withdrawal symptoms and risks to physical and mental health as well as harm reduction messages.

The Cocaine Service has also noticed an increase in the number of people presenting with problems associated with the use of Headshop Substances, namely *methadone*. Some Service Users report cocaine being cut with *methadone* and some Service Users have reported taking the drug intravenously. Many Service Users have reported the increased risks associated with methadone, particularly in relation to their mental health and the damage caused by the drug when taking it intravenously. Service Users associate methadone with a very intense high accompanied with strong compulsion to continue using and behaviour that is out of character. The Cocaine Service response to this has been to ensure that Staff have the necessary knowledge in relation to the substances and their effects and therefore undertook training on Headshop Substances.

The Cocaine Service experienced an increase in the number of people presenting with a history of using crack cocaine. All these Service Users have a history of opiate addiction. Our experience has been that the presenting issues are more complex than for nasal cocaine users. People with a history of crack cocaine addiction appear to be at a greater risk of homelessness and to have more complex offending histories due to anti-social behaviour and crime associated with crack cocaine use. The Cocaine Service response to this has been:

- Prison clearance gained by Team Leader to facilitate visiting Service Users who may be incarcerated during their time with the service.
- Increase information on the treatment of crack addiction and the medical needs of this group upon cessation of use.
- Ensuring flexibility within the service in order to accommodate Service Users with sporadic attendance.

- Building on the cocaine service's confidence as a low threshold service as these Service Users can tend to present either under the influence of crack cocaine or experiencing withdrawals.
- Extra support to be provided with regard to housing/life skills/finances and appropriate referrals where necessary.

During 2010 many of our Service Users presented with psychiatric problems alongside their substance misuse. Psychiatric issues ranged from anxiety, paranoia and depression which subsided after they had stopped or reduced their cocaine consumption, to enduring psychiatric problems which were pre-existing and which were exacerbated by the drug use. The Cocaine Service responded to this through a number of actions:

- Increasing links/liaison with local psychiatric services.
- Ensuring service user is accessing appropriate support through providing assistance to them with their contact with psychiatric services if required.
- Offering counselling service in conjunction with one-to-one addiction work to ensure emotional problems are managed professionally which allows addiction work the space to progress.
- Continuing to provide a non-judgemental and supportive environment for Service Users.

The Cocaine Service also faced many challenges during the winter of 2010 – particularly late November and December. Bad weather and road conditions lead to many Service Users being unable to make it to appointments. There was a particular problem for our Thursday evening Service Users who were unable to attend due to conditions worsening as the day wore on. As a result of these problems, in the time leading up to Christmas, many Service Users had reduced their contact with the service considerably. The challenge for January 2011 was to regain momentum.

Service Developments throughout 2010

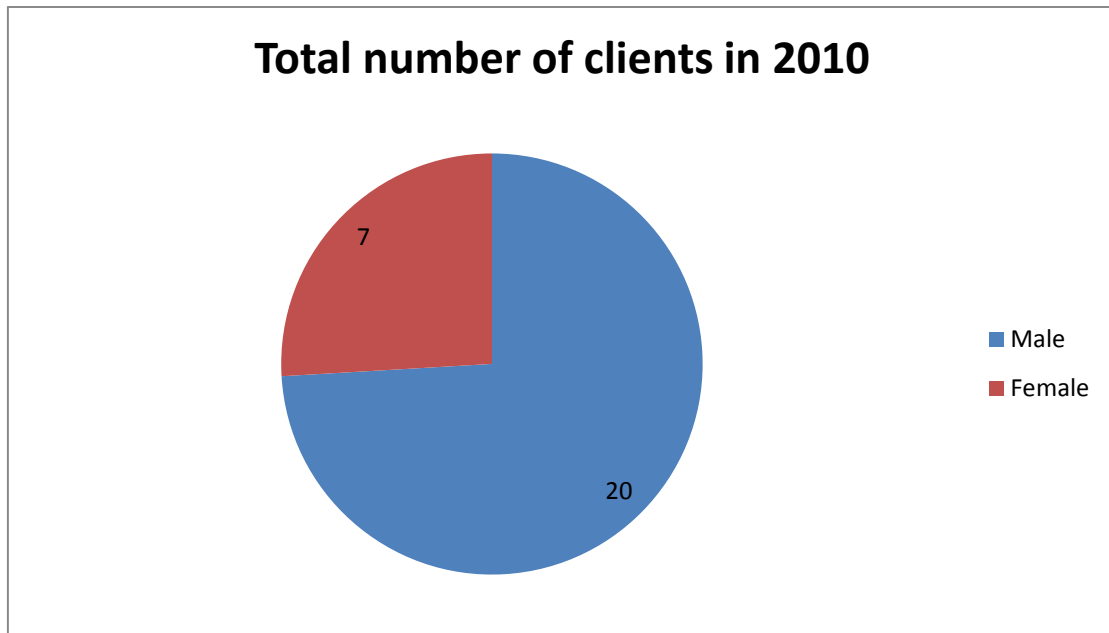
One of the holistic therapists developed a nutritional programme “Food for Change” as a package which highlighted the benefits of optimum nutrition and supplements for people who are recovering from drug addiction. This was initially piloted with one service user over a 6 week period and was then offered to 3 other Service Users. Feedback from both Staff and Service Users stated that while the programme was of benefit, there were difficulties in attending for an additional one hour session, particularly for those Service Users who were also accessing one-to-one support and holistic therapy. The outcome has been to integrate this programme within the holistic therapy session. The nutritional advice has proven to be popular and Service Users have themselves been requesting this. Further review of the programme will continue into 2011.

The Cocaine Service will be taking part in the Interagency Care and Case Management Pilot as and when it rolls out. In terms of current practice within the service, the Team Leader's role has been to act as back up to the project worker and the counsellor in order to further support Service Users wishing to access training, education, employment and/or experiencing problems with housing and welfare, making appropriate referrals as and when required.

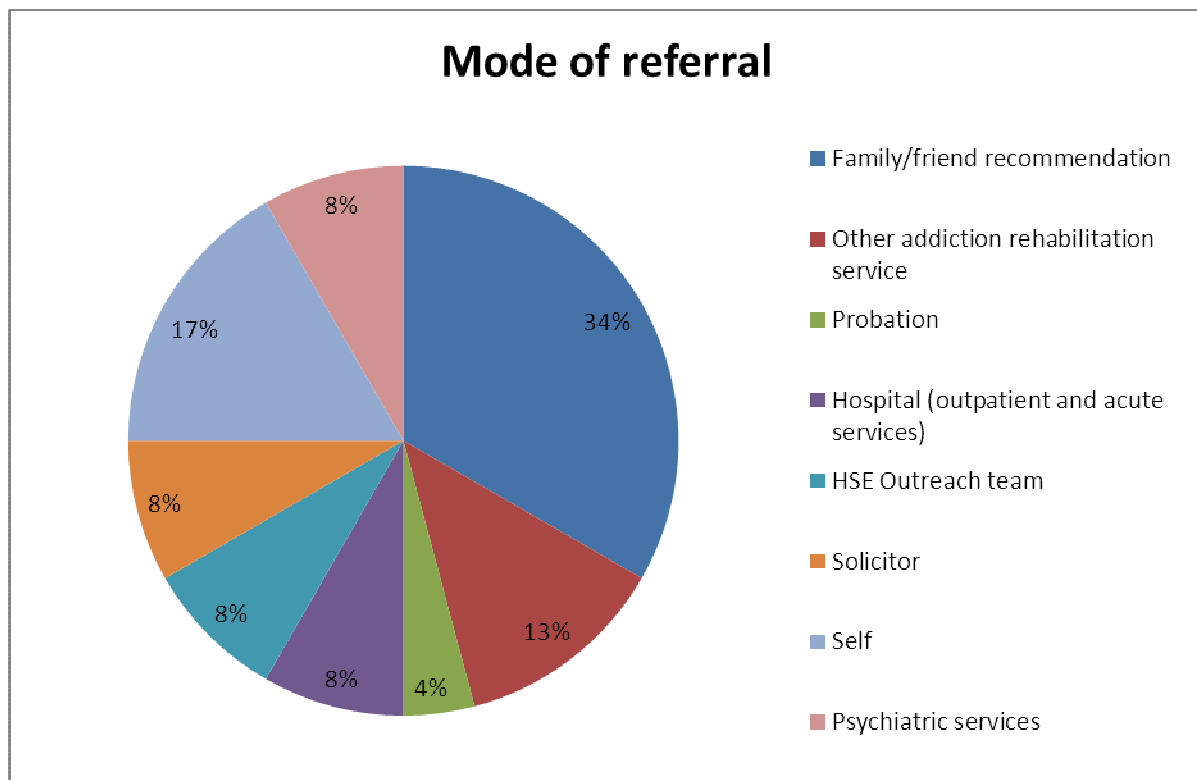
In consideration of the limited budget and difficulties with Thursday evening reception cover, in 2010 the service employed Volunteers to increase its manpower. Three Volunteers began with the service, one of whom finished up with the service after 4 months due to other commitments. However, the service now employs 2 Volunteers who alternate reception cover on Thursday evenings. This has helped no end with the management of reception when the rest of the cocaine team are with Service Users. One of the Volunteers is a 3rd year BA Applied Psychology student who wishes to work in the addiction field. As well as volunteering on reception, Evan provides administrative support to the service while learning about the

work of the Cocaine Service as part of his placement with us. The Cocaine Service Volunteers are a valuable asset to the team and their contribution has made a positive impact on service delivery.

Cocaine Service Statistics for 2010

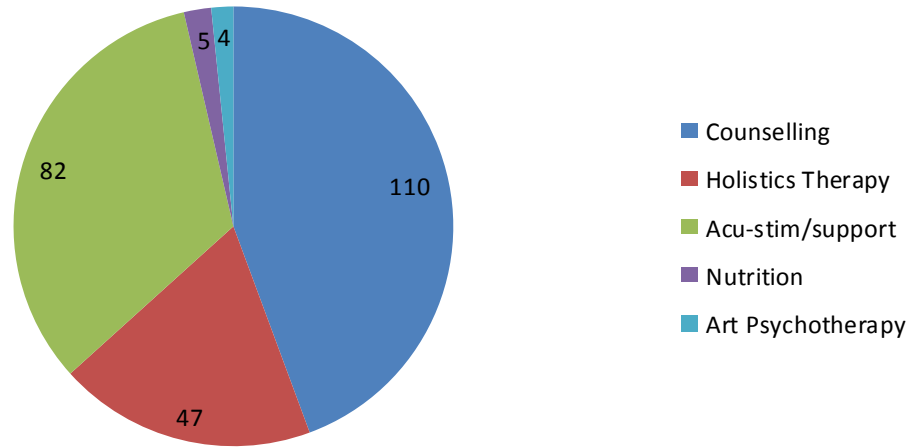


Note: This table refers to all Service Users who engaged with the Cocaine Service in 2010 and includes new referrals and existing Service Users from 2009.



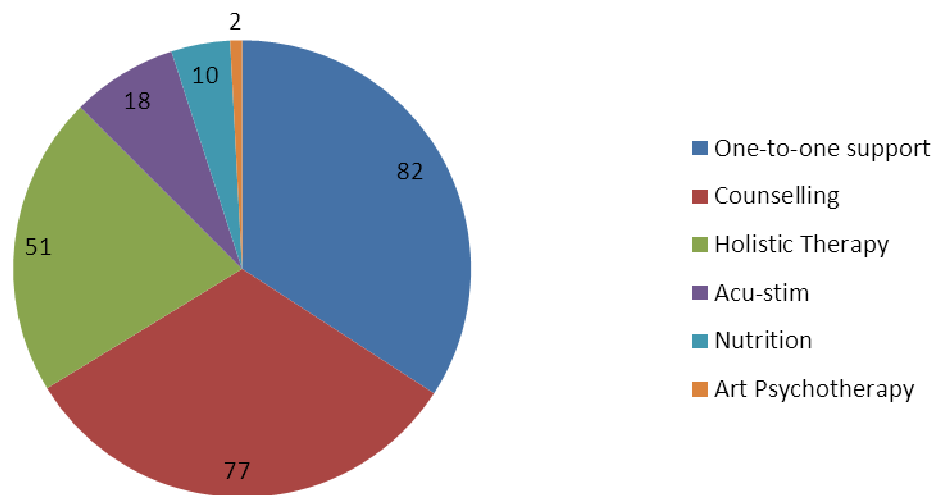
Note: Self-referral refers to people who have found the service through the internet, information leaflet or the media.

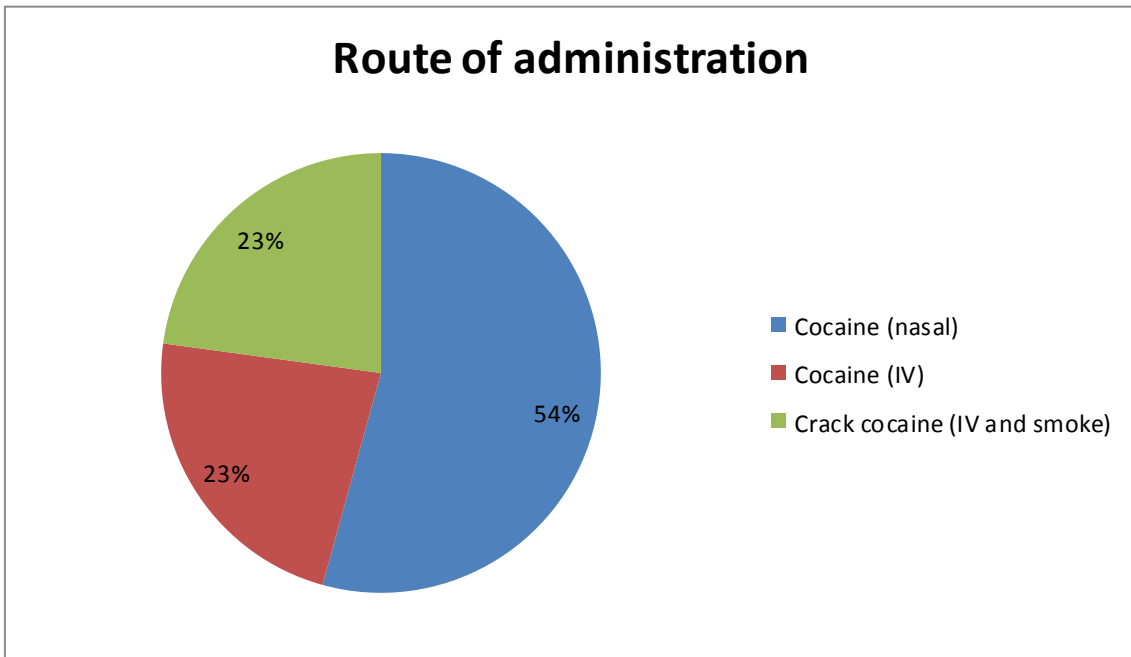
Services accessed January to May 2010



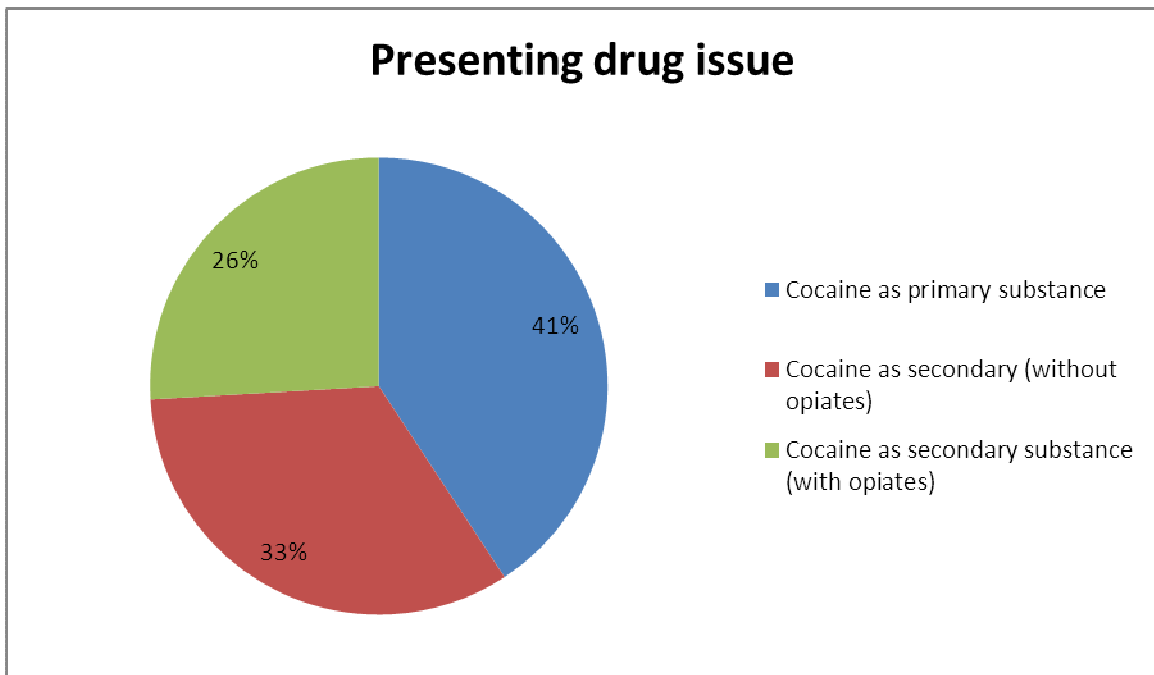
Note: Acu-stim and one-to-one support were recorded under one heading until May 2010. The above figures represent contact hours

Services accessed June to December 2010

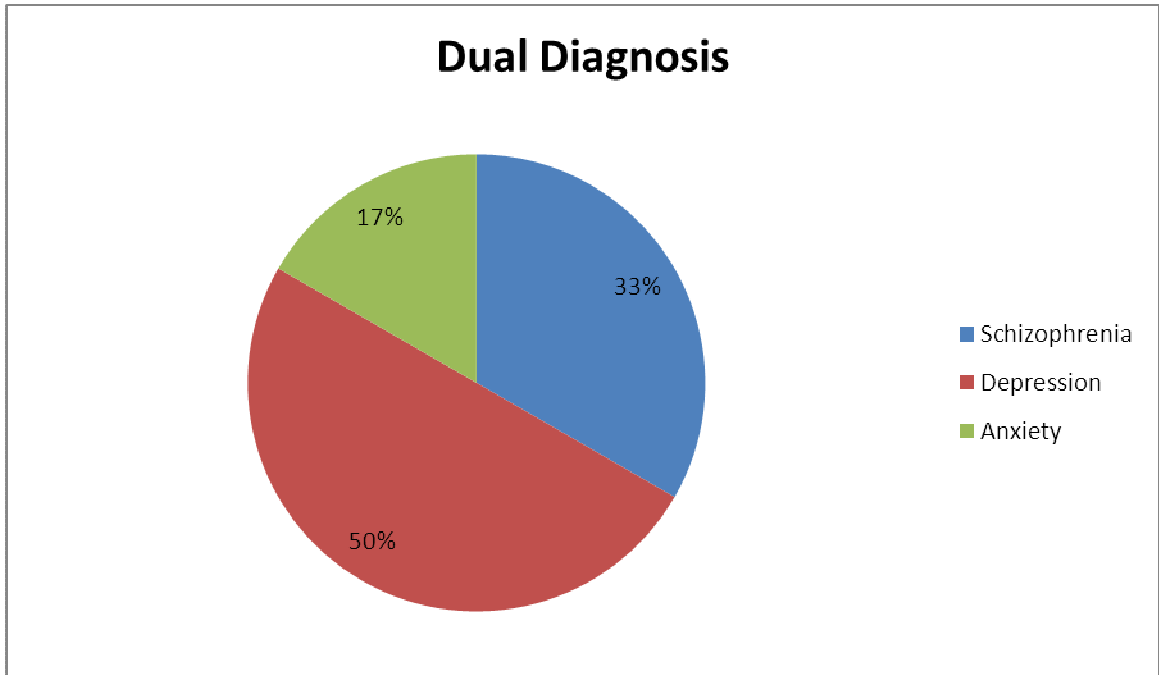




Note: All Service Users presenting with a history of crack cocaine would have used cocaine intravenously.



Note: Service Users presenting with cocaine as a secondary substance without opiates would be experiencing problems with alcohol and cannabis and would have a history of stimulant drug use such as amphetamine and ecstasy.



Note: This chart refers to Service Users who present with a diagnosis of mental illness from psychiatric services but does not include Service Users who are presenting with psychiatric problems without a formal diagnosis.

My Experience as a Student/Volunteer by Evan Forsyth

I was in third year in IADT doing a degree in Psychology and part of the module was to get work experience. I was in contact with Eamonn Gillen as I was going to do the placement somewhere else and then I heard about DROP and the Cocaine Service and I was interested in doing my thesis on drug addiction, so I emailed Sandra and she put me in contact with Clara.

I got an interview here in September 2010 and Clara said that I would be working on the reception for the time being until I became used to the organisation. I felt ok with this as I was a little worried about coming into work with active drug users. I helped out with the Cocaine Service open day and met people from the community who were interested in the work of the Cocaine Service. After a couple of months I was then shown how to do admin work helping with reports for the service and the HRB Data Collection forms.

I've loved it, it's been brilliant. I really only come here on a Thursday evening but working with Paul and Clara is great as they know how to have fun and work at the same time. This I feel is important in this line of work. I have learned about counselling from Tom, the sessional counsellor. I have a greater understanding of what they do in one to one work. I have visited other agencies with Clara to get a better understanding of the work of the other agencies. I have learned much more about cocaine than I previously knew like the methods for taking cocaine, the effects that it has on people and the cycle of change.

As part of my course work I had to develop and submit a portfolio, presentation and a poster. Clara and Paul helped me with this and my lecturer was impressed with the end result. Being here in DROP and learning about drug addiction has given me more focus and made me realise that I really do want to learn more about drug addiction.

Coming to DROP was relatively easy and everyone made me feel welcome. The downside is that there is so many people working here at different times that I didn't know who was who since I only worked here on a Thursday evening. I like that Clara has made my position more varied by alternating my time between reception and administration for the service.

Since finishing my placement I have decided to stay on in a voluntary capacity because I liked my time here and am learning as I go along. I would recommend to others to come to DROP on either a placement or as a volunteer as you have fun and you learn.

COMMUNITY EMPLOYMENT REPORT

In 1997 FAS earmarked 1000 Special Community Employment places to support projects whose aim is to assist drug users to engage in training programmes that assist in their rehabilitation while also providing them with training for employment.

The overall strategic objective of the National Drugs Strategy 2009 – 2016 is:

“To continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research”

Within this context, the Dun Laoghaire Rathdown Outreach Project Community Employment programme, which is a FAS funded initiative is a vital element of DROP’s overall work. This programme provides training, meaningful work experience, personal development, and funding towards further education and training options, for long-term unemployed people who have been affected by drug misuse and drug-related issues.

For 2010 the allocation of Community Employment places from FAS was **28** placements. This increased to **30** placements when two people transferred from another project in September 2010.

During the period Jan 2010 to Dec 2010 a total of **43** individuals engaged in our Community Employment Programme.

The following is a breakdown of the **16 participants** who exited the scheme During 2010.

| | |
|--------------------------------|---|
| Found Full Time Employment | 5 |
| Return to Full Time Education | 3 |
| Left due to Ill Health | 2 |
| Transferred to another project | 1 |
| Went on Maternity Leave | 2 |
| Fixed Term Contract Expired | 5 |

The scheme is operated in a two-fold way.

Firstly, there is an **internal Rehabilitative Morning Programme**, which runs for five mornings a week supporting people who are in recovery from opiate addiction.

Secondly, there is the **external CE scheme** for people who have been personally affected by drug and drug-related issues. These placements are within various Local Community-based Host Agencies and in DROP’s administration and support services.

Priority is given to both individuals and host agencies who are concerned with addiction issues. The CE Supervisor in conjunction with a representative of the host agency undertakes recruitment of these places.

In order for people to access Community Employment they must meet certain eligibility criteria which is determined and governed by the Department of Social Protection and FAS. There is a time limit for engagement on Community Employment which is dependent on FAS guidelines and individual situations.

Activities & Developments during the year

In April 2010 Patrick Fitzpatrick successfully secured the position of Community Employment Supervisor within DROP having previously been employed as the Assistant Community Employment Supervisor. Ger Kane took up the position of Assistant Community Employment Supervisor in September 2010.

Two Youth Worker posts based in the Oasis Project in Mounttown were transferred to our project in September 2010 therefore increasing our allocation from 28 to 30.

Discussions with management of Crosscares, Bentley House resulted in DROP further extending its' support within the community by providing Bentley House with two Community Employment placements in November 2010.

During 2010 some participants who are in receipt of Disability/Illness Benefit experienced delays in getting exemptions from the Dept. of Social Protection. In one particular case the applicant was offered a position on Community Employment, applied for an exemption in order to take up the position, and despite numerous communications and persistence with the Department the individual had to wait 3 months before being granted the exemption. These delays which hamper the on-going work of Host Agencies may also act as a deterrent to potential applicants who are keen to engage in Community Employment.

Due to the complex bio/psycho/social needs of the participants of DROP who engage in Community Employment more flexibility around the duration of programme would allow more time to support the participants in their recovery.

One issue that participants highlight is the additional costs that they incur as a result of taking up Community Employment such as childcare, travel, and lunch expenses which can become a financial burden for them.

During the year participants were supported through a series of meetings with the CE Supervisor to explore their training and development, and progression options, during their work placements. Participants gain the necessary skills and experience in order for them to move into mainstream employment or further education after their time on C.E. which fulfills the purpose of Community Employment.

Training and Development

Training and Development and Courses (many of them FETAC Accredited) undertaken by Participants during the year included among others:

- | | |
|---|-------------------------------|
| → PC Maintenance and Repair | → Communication Skills |
| → Facilitation Skills Foundation and Advanced | → Suicide Prevention |
| → Addiction Counselling Skills | → Motivational Interviewing |
| → Personal Health Care and Stress Management | → Photography |
| → Computer Skills Beginners through to ECDL | → Computer Applications |
| → Information Technology | → Microsoft Office Specialist |
| → Childcare | → Childcare Supervision |

Host Agencies / Placements

The **Dun Laoghaire Rathdown Outreach Project** as the sponsoring group is the employer of Community Employment Participants. Application is made on an annual basis to FAS for approval of funding and allocation of Community Employment Placements. The scheme also builds capacity within the host agencies, as Community Employees contribute a great deal to the agencies' abilities to carry out their work remits enabling host agencies to fulfill aims and objectives. Participants were employed in the following areas:

INTERNAL PLACEMENTS with DROP

- Rehabilitation Morning Programme Participants
- Support Staff
- Housekeeper
- Reception Support /Administration
- Information Technology Support and Development

EXTERNAL PLACEMENTS

- Barnardos Family Support Centre – *Childcare Assistant*
- Moreen/Blackthorn Network – *Project Support Staff*
- WASP Project - *Project Support Staff*
- Dun Laoghaire Community Training Centre – *Cleaning / Maintenance*
- Bray Community Addiction Team – *Drop In Staff and Admin Support*
- Dun Laoghaire Rathdown Community Addiction Team – *Support Workers*
- Bentley House / Crosscare Homeless Service – *Reception /Admin support*
- Park House Resource Centre – *Caretaker / Maintenance Person*

My Experience on Community Employment by Paul Cunningham

Back in 2006, I had no job, didn't know what to do or where I was going in relation to a career. I knew I wanted to do something but wasn't sure of what exactly. So I went to the LES and went for mediation, career guidance and counselling. I did a personality test up there which indicated that I would be suited to working with people with disadvantages so we researched courses and an addiction studies course became available which I was sent on.

It was a six month course and during the six months I was still linked in with the LES and they advised me about Community Employment. Coming towards the end of my course I went around to some projects, DROP was one and told them that I qualified for CE and made myself known in the hope that when a position became available I would be a candidate. Within 3 months I had an interview in DROP and to my delight I got the position of Community Employment Day Services Support Worker.

My first 6 months in drop I was allocated light duties, mainly in the kitchen area. Cooking lunch and general housekeeping duties, in order to become familiar with the building and the Service Users. Within that time I was sent on a Project Workers Training Course, in Tallaght which I found very helpful.

I then got integrated into Group work as co-facilitator on some light groups such as personal health care and physical fitness, acupuncture and yoga and arts & crafts. I was offered an opportunity to go on an auricular acupuncture course in 2008 which gave me an opportunity to work even closer with the Service Users. I also did an Acustim practitioners course which gave me the skills to use a holistic approach with the Service Users. One of my most beneficial pieces of training was a certificate in advanced group work and facilitation, also in 2008. This gave me an opportunity then to take on bigger pieces of facilitation and get more involved in the day to day operations of the Day Services by facilitating groups such as personal development, communications, relapse prevention and process.

I also did a course in Advanced Motivational Interviewing and Cognitive Behavioural Therapy and Addiction Counselling, this gave me an opportunity to work on a one to one basis with Day Service Users. An opportunity came about when the Cocaine Evening Service was established in 2007/2008. I applied for the position as a sessional holistics practitioner to which I was successful. Also in 2008 I did a course in Crack Cocaine and Group work which complimented the one to one work I was doing on the Day Services and my role as holistics practitioner evolved into the role of Project Worker on the Cocaine Service, to which I am still employed today.

My experience on Community Employment was life changing. The support and the training I got during my time on Community Employment was exceptional and invaluable. It has given me the opportunity to grow personally, spiritually and professionally. I am now at a stage where I am one hundred per cent sure of where I want to go and what I want to do. Community Employment has changed my life and the people around me. I now have purpose, goals and aspirations which I never thought I would ever have. The only downside to Community Employment is when it's over.

During 2010 a total of 216 individuals availed of supports offered through the Morning Programme, Afternoon Service and Family support services. Statistics for each service are as follows:

Morning Programme – 12 individuals

Afternoon Service – 157 individuals

Family Support – 47 individuals

These amounted to a total of 1,927 contact hours for this period. Contact hours include initial contacts, assessments, keyworks, counselling, holistic therapies and art psychotherapy.

Morning Programme

During 2010 the participants on the Morning Programme created a booklet called 'Hugs not Drugs' as part of the Creative Writing Module. The booklet is a display of various poems, short stories and testimonials which each person created as part of the module. This was a great achievement and has been sent out to other relevant agencies. There was such a positive response to the booklet that we ran out of copies and had to print more.

As part of their Communications module the participants on the Morning Programme worked together as a group to design and produce a poster. The aim of the poster was to raise awareness of the dangers of drug use. Part of this project involved the participants having to communicate both verbally and in writing with external agencies in order to have them agree to display the poster in their centres. This was a hugely successful project for the participants as it allowed them to practice and develop their negotiation and communication skills and resulted in their poster being displayed in community groups and youth centres in Mounttown, Blackrock, Ballybrack and Shankill.

Also as part of the Communications module the participants on the morning programme were offered and accepted the opportunity to be involved in a radio programme with Dublin FM. The participants each spoke individually of their experience of drug use and the impact this had on all aspects of their lives. They then spoke of their individual journeys through rehabilitation and recovery and the positive changes which they have made to their lives. All of the Staff involved with the radio show, were very impressed with the engagement and communication they experienced with the participants throughout the entire process. The show was a great success and the interviews may be used again in the future.

An identified challenge for the on-going development of the Morning Programme and the progression of the participants was to create a recognised educational component that provided for long-term outcomes. During 2010 an educational component was implemented on the Morning Programme. V.E.C. funded tutors provided FETAC modules based on participant and programme needs on a short-term basis.

Following numerous discussions with the VEC a plan was developed to provide a range of FETAC Modules, both core and elective, that resulted in a Level 4 major award.

The four core components are:

- Maths
- Communications
- Personal and Interpersonal Skills
- Information Technology Skills

Elective Components chosen by the participants are:

- Art & Design

- Drama
- Drawing
- Interior Design
- Understanding Inter-culturalism

Other modules undertaken by participants during 2010 were:

- Creative Writing
- Mosaics
- Drumming
- Drama

Afternoon Service

The service provision of the Dun Laoghaire Rathdown Outreach Project has always evolved from an identified need that is presenting itself within the community and organisation. During 2010 the Day Services faced new challenges due to a huge increase in the number of people presenting to the Afternoon Service with issues related directly to Cannabis use. As a response to this challenge a cannabis support group was established for people looking for support in relation to Cannabis addiction. The group was facilitated and managed by Day Service Staff who researched evidence based material in working with people with Cannabis misuse issues.

During 2010 one of the emerging trends identified within the Day Service was the arrival and impact of the Head Shops and the synthetic drugs that were available openly and legally. The service experienced an increase in young people seeking support in relation to the use of these products. DROP were not the most suitable service provider to meet the needs of this group so therefore referred them onto other youth services such as Teen Counselling. Service Users with a more long term history of substance misuse became very unstable with the potency and again availability of these drugs 24 hours a day 7 days a week.

It became clear to the Day Service that relevant training and education were necessary for the Team to equip them in dealing with the issues presenting. The Team Leader of the Day Service attended a Legal Highs Conference organised by the West Coast Regional Drugs Task Force. This information was brought back to the Day Service to assist in planning for future work. The full Staff team also attended 'Beyond Mephedrone' Training organised by the Dun Laoghaire Rathdown Local Drugs Task Force.

Other training undertaken by Day service Staff during 2010 included Therapeutic Crisis Intervention, Foundation Facilitation Skills and Advanced Facilitation Skills.

Family Support

As part of the on-going development and progression of the Family Support Group, which was established in 2007, a training plan was developed in conjunction with the family support members highlighting specific areas which they both individually and as a group needed to develop in order to move closer to becoming a peer led support group. This training needs analysis highlighted facilitation skills as being the core component needed to begin this process. Meitheal were identified as being the training provider best suited to meet the needs of the group. Our family support group worked together with the Wicklow family support group in undertaking and completing the Foundation Level Facilitation Skills course.

Following the training the group implemented a rotational facilitation system whereby each member took on the role of facilitator for a period of six weeks. Space was set aside with the Team Leader to allow the facilitating group member access support in relation to the preparation and evaluation of each group.

Additional training undertaken by the family support group during 2010 were:

- FETAC Level 5 Addiction Studies
- Advanced Facilitation Skills
- Foundation Counselling Skills
- Boundaries

East Coast Area Family Support Network

The East Coast Area Family Support Network is a regional network that incorporates Family Support Members and Family Support Service Providers. The network is an interagency group that links the family support services from the HSE East Coast area to each other. Through this approach the services share resources and ideas on how to engage and help support families living with addiction.

Group members from Bray Family Support Group, Wicklow/Arklow Family Support Group, Sandyford Family Support Group and the DROP Family Support Group created and performed a Drama Piece for the East Coast Family Support Network Conference on June 18th. The Conference and the Play were a great success with all members giving back positive feedback as a result.

Other developments for the Day Service in 2010

In line with Action 1.2, Action 1.4 and Action 1.5 of the Strategic plan 2010-2013 the Day Services along with the various others services in DROP was tasked with strengthening existing and establishing new links with other relevant Services and Agencies within the Dun Laoghaire Rathdown area. This is to assist us in creating stronger networks thus enabling us to provide a more comprehensive and holistic approach to the care of our Service Users.

During 2010 the position of Links Worker was created and successfully recruited for. The task for the link worker was to make contact with all relevant local agencies to identify progressive pathways for both agencies Service Users. Communication began and continued with other agencies and Service Users throughout the year. The link worker became involved in interagency projects like the local Drop In Service and the development of a football tournament for the Social Inclusion week. The football tournament stands out as a major achievement in 2010 with the involvement of both Staff and Service Users of teams from various agencies in the homeless and addiction services, the Probation Services and An Garda Siochana. The tournament was a huge success with all services committing and looking forward to another similar event in 2011.

My Experience as a Family Support Group Member

I heard about DROP through Dave and he also gave us the flyer for the Rochestown Lodge information night. It was very interesting and came down and had a chat. Steven Rowan and John Hickey were running it and we wanted to see what we could do with our daughter. We found out later on that it was mainly for ourselves and to help us with the problems that we were facing.

With Steven Rowan we found it very beneficial and while in the beginning it was for our daughter it turned out for ourselves, we then started giving hints to our daughter and leaving leaflets around the table and they finally worked because she got in touch with DROP then.

I don't think we would be where we are without DROP and the family support group. Myself and my wife who is also in the family support group discussed the input of everyone in our daughter's recovery, we came to the conclusion that she herself was 50% DROP 30% and ourselves 20%

The group that we are involved with are a great support with comments and opinions. We definitely gel as a group and our facilitator was asking a while ago 'why do you still come down to family support' I reckon we still need it because we have learned that we still need it and we can also pass on our learning to others. The facilitating training that we done I didn't think was beneficial in the beginning and we have learned as a group that some kind of mediation or facilitation works well.

The main highlight was when our daughter finished the programme here successfully drug free and off methadone. The positives are the facilitators being excellent, every one of them and without them the group would have ground to a halt, it's actually a great setting for us as a couple as it is a different setting and we find we need to listen more and take on board more our own opinions, thoughts and feelings. Another is the service is in the evening so everyone can attend after work, also mid week which fits much better. No negatives and I would recommend you to anyone.

I did the facilitating training and found that very interesting, it is the first time I learned stuff since leaving school and my mind has been working much better and putting my brain to the test. We also did the addiction studies training which I have found of great benefit.

Coming down here we thought we were the only ones with the problem and it is only by coming down that we realise that we are not alone. I found the family support weekends a great eye opener, listening to other people's experiences and how they cope with them. They are such strong people. My own strength has been multiplied by the support of the people down here. I think I am able to read the situations a lot clearer, when I started I had no idea about addiction but I am an awful lot stronger in the situations and hope I can also help others as a result and I think I am a better person for it.

Dun Laoghaire Rathdown Outreach Project provides several services to varying target groups in the Dun Laoghaire Rathdown area. These services provide supportive and progressive pathways for each of the individuals who engage with the organisation. This is done through the provision of rehabilitative and training opportunities for our morning programme participants. We provide employment for long term unemployed persons who have been affected by addiction related issues. We raise awareness within the community through education on drug related harm and addiction related issues and we provide a family support service for those who are adversely affected by the addiction of a family member or loved one.

The impact of all of the above is:

- More people accessing support around their own or a loved ones drug use
- More people engaging in a rehabilitative community based service with training and education opportunities for personal and professional development
- Increased understanding and awareness within the wider community of drug and addiction specific issues.
- The opportunity for individuals, often having experienced long periods of unemployment and addiction related issues, to access employment within their immediate communities with agencies which themselves are responding to the needs of disadvantaged groups.

The services which we provide bring about change in knowledge, attitude, behaviour, skills and motivation, they support, educate and empower our Service Users and the wider community in making better life choices that will impact in a positive way on their own lives, the lives of their families and their communities.

In order to accomplish our mission statement the Staff, Management and Volunteers have been and will continue to work together on strategic objectives in the following areas as identified in our Strategic Plan 2010 – 2013.

1. Service Development

To continue to develop on the delivery of effective, holistic and integrated person centred services to provide rehabilitation support, family support and individual support. We aim to achieve this through continuously working on increasing the uptake of services, identifying new referral and progression routes for our Service Users, ensuring that our services align themselves with our mission statement and identifying all possible means of securing additional financial supports.

Action 1.1

To identify and implement the most efficient and cost effective methods of advertising the service and reaching the appropriate target recipients.

Action 1.2

To raise DROP's profile through face to face promotion, networking and agency visits.

During 2010 we focused on the most cost effective methods of advertising our services with a review of existing practices. The website was updated and its management was brought in-house as this was both more cost effective and allowed us update the site more regularly to ensure that the content was relevant, informative and interactive.

Development of a video for the 'Better Together' competition allowed us the opportunity to highlight the work of the organisation across the Community and Voluntary sector for the duration of the competition; afterwards we uploaded the video onto our website as an on-going piece of advertising. We did not incur any costs as all work was carried out in-house.

The Morning Programme developed a booklet called 'Hugs not Drugs', which is a collection of short stories and poetry which they compiled as part of their creative writing module. This booklet was distributed to relevant agencies which gave us the opportunity to showcase some of the work undertaken within the Morning Programme.

Throughout the year we identified and targeted relevant agencies who work with potential Service Users and who may act as a source of referral to our services. We ensured that they held and received adequate and up to date advertising materials for each of our services.

The Team Leaders and CE Supervisor made regular visits to other agencies which allowed us to build on and strengthen working relationships and form vital links for inward and outward referrals.

We hosted information stands in the County Council Hall during Social Inclusion week and Community Awards week. We also attended and hosted information stands at community coffee mornings in collaboration with the Local Drug Task Force and a host of other community groups.

Action 1.5

Recruit link worker responsible for progression and referrals.

During 2010 a link worker was recruited through our Community Employment Programme. Part of this Staff member's role was to work in the Interagency Drop In Service which was established in the latter part of 2009 and to create stronger links with other agencies within the community so as to raise our profile with possible referral agencies. As part of Social Inclusion Week the same Staff member organised a Football Tournament with Staff and Service Users of other addiction specific agencies, homeless services, Probation Services and An Garda Siochana. The event was a massive success and it is planned to organise a similar event in 2011.

Action 1.9

All appropriate funding opportunities to be applied for when available.

Apart from our core funding which we receive from FÁS, Local Drug Task Force, HSE, Dun Laoghaire VEC and Oasis, during 2010 we made an application to the County Council Community Grant Scheme and were successful in securing a grant of €2,000 to purchase a server and software packages and licenses in order to allow us move from a Peer to Peer network to a Local Area Network. This development of our IT system will enable us to improve on how we securely store and share information. It will also allow us to implement a Client Relationship Management System which will assist us to monitor progress and evaluate our services.

Action 1.10

Establish a fundraising task force.

The Managers Assistant undertook 'Introduction to Fundraising' and 'Guiding Principles of Fundraising' training during the year. This training is in line with the pending charities act and provided us with the skills and knowledge required to draft an organisational fundraising strategy which outlines our policy and procedures in relation to fundraising. The Strategic Planning and Finance Sub Committee agreed to oversee

any fundraising activities but not to become involved in the day to day management of same. 2010 saw the development of comprehensive policies in relation to fundraising which will provide the foundation for the establishment of a fundraising task force in the future. We have the option of employing a dedicated fund raising member of Staff through our Community Employment Programme therefore extending our Staff roles without additional salary costs.

Action 1.1

To apply for Charitable Status.

DROP has applied for and successfully secured Charitable Status. This allows us the opportunity to fundraise as a charity, benefit from certain tax exemptions, qualify for reductions with certain service providers and suppliers and allow us the opportunity to apply to specific funding sources. With anticipated further cuts in funding our charitable status will allow us identify and source other means of funding and fundraising activities.

2. Service Users

We initiate a care plan with each service user and continuously improve on interagency co-operation in relation to service user's care plans.

Action 2.2

Initiate a care plan with each service user.

One major gap identified in service provision nationally has been the lack of any interagency co-ordinated approach in relation to the delivery of a continuum of care for Service Users. Often Service Users who present to our project have diverse and multiple needs, all of which our service may not be able to address. If this is the case then we can refer the service user to the most appropriate agency, if the service user has multiple needs then they may find themselves working with many different agencies who may not be communicating with each other in relation to the Service Users care plan and continuum of care. This can result in the failure of the service user to receive the support and assistance they require through no fault of their own.

In line with the Local Drug Task Force's work plan and the work of the National Drug Rehabilitation Implementation Committee Dun Laoghaire Rathdown Outreach Project will play a lead role in the development and implementation of an Interagency Care and Case Management Pilot Project to be rolled out in 2011. This Interagency Care and Case Management Project will address the gaps in service delivery and provision which have been identified. It will mean that if a service user has a range of needs that cannot be met by one service alone, a number of key workers from different services will need to work together to provide a more holistic package of support for the service user.

Through the Interagency Care & Case Management Pilot we hope that every individual who accesses our services in order to engage in supports around their addiction or recovery will experience a more holistic, integrated and co-ordinated response to their needs.

3. Communications

As part of our 3 year strategic plan we will continue to work on building effective communication strategies both internally and externally. This will be achieved through the development and implementation of organisational communications policies in relation to both internal and external communications and drafting our organisational structure to include lines of communication and reporting systems.

During 2010 we developed an organisational chart showing job titles and lines of communication. With Staff changes, the elimination of dual roles within the organisation and the re-structuring of the Board of Management, Management Committee and Sub Committee some further changes will need to be made. As the policies are developed and implemented the organisational chart will need to be reviewed to take into account new developments in the area of communications.

4. Staffing

We continue to value our Staff contribution and strive to maintain a shared vision, mission and value system.

Action 4.2

Draft and Implement Staff supervision system both clinical and non clinical

In order to support leadership, performance management, Staff needs and effectiveness of services all of our Staff engage in Line Management Supervision.

- Project workers engage in Line Management Supervision with the Team Leader of the service they work within.
- Team Leaders engage in Line Management Supervision with the Manager.
- Other Staff, namely the Financial Administrator and the Manager's Assistant engage in Line Management Supervision with the Project Manager.
- The Project Manager engages in Line Management Supervision with the Chairperson.
- The Community Employment Participants engage in Line Management Supervision with the Community Employment Supervisor.

Additional to Line Management Supervision, Clinical Supervision, where funding allows, is provided to all Staff who are working on a one to one basis with Service Users and to Staff who have responsibility to people manage as part of their role. Clinical Supervision is provided to ensure that our services are maintained to a high standard and that Staff are supported and enabled to fulfill their role accordingly.

- Project workers attend group Clinical Supervision twice per month.
- The Project Manager, Community Employment Supervisor and Service Team Leaders attend Clinical Supervision once per month.

Organisational Line Management Supervision and Clinical Supervision Policies were developed and implemented during 2010.

Action 4.4

Full review of Staffing roles and functions.

Prior to 2010 some Staff members held dual roles within the organisation. This was addressed during the year and additional Staff were recruited to fill the Cocaine Service Team Leader and Financial Administrator posts.

5. Monitoring, Evaluating and Governance

Dun Laoghaire Rathdown Outreach Project continuously monitors, reviews and evaluates its services and service provision through:

- Regular line management Staff supervision.
- The provision of clinical supervision for all Staff undertaking one to one work with Service Users.
- Bi-monthly sub-committee meetings in the areas of Human Resources, Rehab Services and Strategic Planning and Finance, all sub committees are made up of representatives from Staff and management.
- Bi-monthly Management Committee meetings.
- Full Staff team meetings.

We continue to ensure that the organisation works in line with best practice in relation to Governance, Human Resources, Service Provision and Service User Involvement. During 2010 a review of the Governance structure was undertaken and the Board of Directors agreed to extend the governing body to include membership and representation from services and agencies involved in rehabilitation, reintegration and social inclusion in the Dun Laoghaire Rathdown catchment area.

This provided us with the opportunity to form a multi-disciplinary and multi-agency Management Committee comprising of statutory and voluntary sector professionals and community representatives. This provides the organisation with a strong knowledge and support base which can draw on a diverse range of skills and experiences.

As an organisation, we are currently reviewing all of our operating practices with a view to increasing our standards of governance. We will achieve this through defining reporting structures, processes and the paper trail. We will implement an active service user database which will require a Staff training programme around the monitoring, evaluation and data base operation system.

We will also continue to increase our standards of governance through ensuring an effective and functional Board of Management structure is in place. We will develop policies for Board of Management practices while continuing to operate and function within all legal requirements in an open and transparent manner.

As part of our quest to increase quality in the delivery and operation of the project, in 2010 we requested and were accepted to take part in a QuADS pilot project. QuADS (Quality Standards in Alcohol and Drug Services) is a quality standards framework which was developed by addiction services in the UK and has been selected as the guiding quality standard framework for HSE Addiction Services in Ireland.

This pilot project will support us in ensuring we are progressive and providing the highest quality service. We will have supports offered to us in the following three areas:

- 1) A comprehensive policy library which has been developed containing more than 75 template policies and which are tailored to Irish Drug Services. These policies will need to be adapted to suit the needs of our own organisation through a consultation process. All of the policies have had editorial input from industry leaders within the health and commercial sectors and have been extensively researched.
- 2) Service specific facilitation and policy development which is an effective way of engaging management and Staff in the development of policies.
- 3) Through taking part in the QuADS pilot project we will acquire the necessary skills and understanding needed to develop our organisation specific policies.

We are in the process of carrying out an audit on our current policies, determining which ones need to be amended and identify any area's where there is currently no policy or procedure in place. We will identify and update relevant policies in the areas of Management and Governance, Human Relations, Service Provision and Operations, Service User related policies and Case Management and Care Planning.

Since our engagement with Progression Routes and the QuADS Pilot Project the organisation has become more transparent and more aware of best practice. This process has not only highlighted the areas in which we do really well but also areas where we need to develop. We hope that towards the end of this process we will nominate ourselves for the peer review where representatives from other projects and services will come and evaluate our policies and procedures to ensure that we are QuADS compliant.

We hope the project will continue to evolve in a way that not only ensures sustainability for the organisation but also ensures full participation in service development and progression within the

organisation and we wish to ensure that our services are in line with our existing Service Users needs and the emerging needs of our community.

Sandra Kelly
Project Manager