

DUN LAOGHAIRE RATHDOWN OUTREACH PROJECT

Strategic Plan 2013-2016



Empowering positive change for those affected by substance misuse & addiction

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1. Introduction by Chairperson

DROP's first strategic plan 2010 -2012 came about following a review of our service which highlighted five areas where improvements were needed. They were:

- Service Delivery
- Service Users
- Communications
- Staffing
- Monitoring, Evaluation and Governance

I am pleased to report that progress has been achieved in those areas and that a new strategic plan for 2013-2016 has been put in place.

The new plan summarises our priorities in the areas of Rehabilitation and Support Services and Organisational Development and sets out a series of objectives that we as an organisation believe will make DROP a more professional productive environment which will enable our services users and staff to reach their full potential.

In developing the plan we realise that we cannot and do not work alone but have developed relationships with external agencies who share our dedication in making DROP and its services the organisation it is today.

I would like to thank all those who were involved in this process, including staff, service users statutory agencies, voluntary organisations, focus groups and individuals for their time and effort in putting forward their ideas and views on how best to address the gaps identified in the review of our previous plan and how to move forward in the future.

I also want to thank Colette Byrne and Sandra Kelly who worked tirelessly in developing proposals and making recommendations to the Board on the new Strategy.

Elaine Forsyth
Chairperson

2. Manager's Foreword

Five years ago, in 2008, Dun Laoghaire Rathdown Outreach Project (DROP) reached its 10th Anniversary and published our review report 'Valuing The Work We Do', following on from this review our first Strategic Plan was developed. Now as we enter into our 15th year of service delivery we have developed our 2nd strategic plan. This plan will help shape and guide the organisation moving forward, in responding to individuals and families affected by substance misuse and addiction issues.

The services which DROP 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 and the lives of their families and their communities.

The Staff and Board of Management have worked hard to ensure that our frontline services have been maintained against the current economic backdrop. We recognise however, that we will need to extend our sources of income and focus more on fundraising in the coming years in order for us to sustain service delivery.

Our initial strategic plan identified strategic objectives in the areas of service development, service users, communications, staffing and governance. We have achieved or succeeded in advancing most of the objectives and we are pleased with the progress made to date. The most significant achievements have been made in developing our Quality Standards and our Governance and Management structures. This 2nd strategic plan will focus more on service provision and as such will assist us to:

- Set priorities
- Focus energy and resources
- Strengthen operations and service provision
- Ensure that staff and other stakeholders are working toward common goals
- Establish agreement around intended outcomes
- Communicate our organisational goals and the actions needed to achieve those goals.

In order to accomplish our Mission Statement and ensure long term sustainability of service provision it is vital that the Board of Management and Staff continue to work together to:

- Develop and implement this Strategic Plan
- Continue to assess the needs of our service users and ensure all services provided are in line with those needs
- Continue to develop, maintain and support Staff performance, morale and motivation
- Continue to develop and maintain links and working relationships with Community, Voluntary and Statutory agencies
- Continue to develop and work within best practice guidelines
- Ensure all service budgets are managed in line with ours and our funders requirements

External Stakeholders, Service Users, Staff and the Board of Management all played a part in the development of this strategic plan. Their feedback and input is invaluable to us in determining what services we provide and how we provide those services. I would like to thank Colette Byrne who, on a voluntary basis, has facilitated the development of this Strategic Plan.

Sandra Kelly
Project Manager

2. Background

Dun Laoghaire Rathdown Outreach Project - DROP - was founded in 1998 from the local voluntary, community and statutory sector to provide a response to local drug-related issues. As such, the work of the Project has and will continue to evolve in line with changing issues and needs, but can be broadly summarized as "the provision of a range of rehabilitative, therapeutic, educational, employment and reintegration supports and opportunities for individuals, families and communities affected by addiction"

In December 1998 DROP was incorporated as a registered limited company and in March 1999 FAS approved the Project as a Community Employment Scheme Sponsor. This was agreed under the terms of the National Drug Strategy Team's recommendation to harness Community Employment as a vehicle to provide opportunities for drug users.

In January 2000 the local Pathfinders group, which provided educational and diversionary support for clients of the local Health Board Drugs and Aids Clinic, became integrated into Dun Laoghaire Rathdown Outreach Project and has grown and developed to become what is now called the Morning Programme.

In November 2000 DROP leased new premises, with financial support from the then National Drugs Strategy Team, at 45 Upper Georges Street where it is still based.

DROP's funding comes from a variety of sources:

- the Day Services are funded through the Health Services Executive (HSE);
- Community Employment is funded through Department of Social Protection;
- the Cocaine/Polydrug Use Service and the Manager's post are funded through the Local Drug Task Force;
- the Education Prevention Co-ordinator, who is based in DROP's

Offices, is funded through the Young Peoples Facilities and Services Fund (YPFSS)

In 2008 the Board of Management initiated a review of the organisation over the first ten years of its existence, 1998-2008. The ten-year review entitled "Valuing the work we do – DROP – a decade of Outreach" examined and assessed all of the issues surrounding the work of DROP, including the specific role and impact of DROP in the period 1998-2008 and operational issues such as governance and funding, as well as the operating environment at local, national and international level with regard to patterns of drug use and best practice policy responses to problem drug use. The review provided an extremely valuable resource and foundation for all future planning work by DROP.

Overall, the review was very positive, noting in particular the progressive development of the organisation as an invaluable provider of drug rehabilitation and family support services in the Dun Laoghaire Rathdown (DLR) area, with an impressive ability to respond flexibly to difficult situations and problems and with high levels of staff commitment, good financial management and strong reputation.

The main weaknesses were found to be a lack of strategic planning, uncertain funding structures and a need for more formalised governance procedures.

Following publication of the review, DROP embarked on the preparation of its first formal Strategic Plan which covered the three year period 2010-2012 inclusive. The Plan identified a series of strategic objectives across five key areas:

- 1) Service Development
- 2) Service Users
- 3) Communications
- 4) Staffing
- 5) Monitoring, Evaluation and Governance

3. Review of First Strategic Plan 2010-2012

As has been reported in DROF's annual reports for 2010 and 2011, progress has been achieved across all five strategic objectives above including:

Service Development: Increased promotion of DROF's services through improved information tools and distribution of leaflets and posters, agency visits, local media campaigns, improved website content and social media/facebook presence, roll out of Cocaine Awareness Campaign with the HSE and the Local Drugs Task Force (LDTF), hosting of an Open Day to promote DROF's cocaine service; Involvement of DROF in establishment of East Coast Area Family Support Network (ECAFSN) to facilitate greater inter-agency co-ordination in the area of family support in particular; Employment of two "link" workers to promote DROF's services, to maximize linkages with other addiction services and to facilitate progression routes for services users; Improved targeting of Community Employment (CE) Scheme towards those directly affected by addiction and strengthening of assessment procedures and supports for CE participants on DROF's morning programme, including through the implementation of individual learner plans and weekly key worker sessions; Additional sources of funding for DROF's services explored and several successful grant applications made; Charitable status obtained for DROF; Preparatory work towards a fundraising strategy commenced including the adoption by DROF of the ICTR's (Irish Charities Tax Research LTD) "Guiding Principles of Fundraising" and the establishment of a fundraising committee.

Service Users: Participation by DROF in an inter-agency care and case management pilot project since 2010, the aim of which is to improve supports to those affected by addiction by ensuring that appropriate care and case

management plans are put in place on a cross agency basis - care plans are now put in place with all new DROF service users; Training of DROF staff in the "Community Reinforcement Approach" (CRA), a core part of which is the implementation of individual care plans for service users.

Communications: Development of communications' related policies consistent with QuADS (Quality Standards in Alcohol and Drug Services - see below) including a media policy, internet/social media/email usage policy and a data protection and confidentiality policy; Improved communication with service users through the development of a customer charter and a customer comment/feedback card; Improved organisational structures to facilitate internal communications including staff representation on each of three subcommittees of the Board of Management (BOM) as well as regular meetings between the project manager and service team leaders; Upgrading of internal IT infrastructure including the installation of a local area network (LAN) which facilitates better internal communications and information/best practice sharing.

Staffing: Development of a range of Human Resource policies consistent with QuADS including policies on recruitment and selection and bullying and harassment; Review of all job descriptions and elimination of "double jobbing" insofar as possible; Policy on line management supervision reviewed and updated; Provision of ongoing clinical supervision to all staff who work in a therapeutic capacity; Support for staff to undertake training linked to service provision e.g. training in CRA and Volunteer Management; Development of individual learner plans for all CE participants.

Monitoring, Evaluating & Governance:

Underpinning developments in the area of Monitoring, Evaluating & Governance has been DROPS participation since 2010 in QuADS - Quality Standards in Alcohol and Drug Services – pilot project which is a quality standards framework that was developed by Drug Scope and Alcohol Concern in the UK in 1999 and was selected as the guiding quality standard framework for HSE Addiction Services in Ireland.

The Progression Routes QuADS Support Project aims to provide the community and voluntary sector with the necessary supports in order for services to self assess as QuADS compliant. In addition to an ongoing programme within DROPS of developing and implementing a range of operating policies consistent with QuADS in the areas of Human Resources, Quality Assurance, Procurement, Financial Management and Fundraising, DROPS Board of Management also had a facilitated session with QuADS with a view to maximising the effectiveness of the Board. This resulted in a new and more streamlined management structure; a handbook for the BOM was developed outlining roles and responsibilities and DROPS Memorandum and Articles of Association were reviewed to ensure consistency with the BOM Handbook; terms of reference for the Board and Subcommittees were formalised.

A full time financial administrator was recruited as part of elimination of “double jobbing” and to ensure full and ongoing compliance with relevant statutory and best practice financial management and budgeting procedures.

4. National Drugs Strategy

The overall strategic objective for the National Drugs Strategy (interim) 2009-2016 is 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

The National Drugs Strategy is based on a partnership approach at national and local level.

At local level, the Drugs Task Forces support cross-agency partnership working. The overall role of the Drugs Task Forces is to prepare and implement action plans that identify existing and emerging gaps in services in relation to the five pillars of the National Drugs Strategy 2009-2016.

Fourteen Local Drugs Task Forces (LDTFs) have been established in areas experiencing the highest levels of drug misuse, particularly heroin. Thirteen of the fourteen were established in 1997 (12 in Dublin, 1 in Cork), with Bray being set up in 2000. Ten Regional Drugs Task Forces (RDTFs) have been established in the areas not covered by Local Drugs Task Forces.

Annual funding from the Government Drugs Initiative supports projects in the Task Force areas covering a wide variety of initiatives across the pillars of the Strategy, ranging from prevention, awareness, treatment, emerging needs, curbing local supply, cocaine use and rehabilitation.

Membership of the Task Forces include representatives of all the relevant agencies such as the Health Service Executive, the Gardaí, the Probation and Welfare Service, the VEC, the Local Authority, the Youth Service and

Department of Social Protection, as well as elected public representatives and Voluntary and Community sector representatives.

In December 2012, the Government announced the conclusions of a review of drugs task forces by the Department of Health. The review recommends a series of reforms to better equip the task forces to respond to the current pattern of substance misuse. The key changes include:

- Drugs task forces to be renamed 'Drug and Alcohol Task Forces';
- A national co-ordinating committee to be established to guide the work of the task forces and drive implementation of the National Drugs Strategy;
- Clearer terms of reference and corporate governance guidelines for the task forces;
- Measures to encourage more public representative involvement in the work of the task forces; and
- Review of the number and boundaries of drugs task forces, mainly in Dublin.

The Dún Laoghaire Rathdown Local Drugs Task Force (DLR LDTF) was set up in 1997 to enable the statutory and voluntary services of the local area to come together with the community to tackle the problems caused by drugs misuse.

In common with the other Local Drugs Task Forces (LDTFs), DLR LDTF works to ensure that the National Drugs Strategy becomes a reality in Dún Laoghaire Rathdown. The LDTF advocates for communities and for service users on important issues pertaining to drug misuse. The Task Force also looks at services to people in need under the five pillars of the Strategy.

DROP operates as a non-statutory community based organisation within the DLR LDTF area and it works within the broad policy parameters of the National Drugs Strategy and the annual work

plans of the DLR LDTF. In 2011, DROP was assessed by an independent evaluator on behalf of DLR LDTF with a particular focus on its cocaine service but also by reference to the management of DROP in general. The outcome of that evaluation was extremely positive with, amongst other things, DROP achieving maximum scores for its strategic fit and drugs focus.

5. Environmental Analysis

The National Drugs Strategy (interim) 2009-2016 notes that when the previous (2001-2008) National Drugs Strategy was drawn up the primary focus was on the opiate problem primarily in Dublin and that "while the prevalence of heroin has ameliorated to an extent in the Dublin area, this has been offset to a degree by its wider dispersal around the country. In addition, there is now widespread public concern regarding the misuse of cocaine, particularly when combined with other illegal substances and alcohol".

In its 2012 publication entitled "The Drugs Crisis in Ireland, a New Agenda for Action", CityWide Drugs Crisis Campaign (a national network of community activists and community organisations that are involved in responding to Ireland's drugs crisis) describes current community drug problems, based on consultation with people who work and live in communities most affected by drugs, and notes that the main challenge is that drug problems now are "more widespread, more embedded and more complex" with "polydrug use having replaced heroin as the key concern of communities". "Polydrug use involves the consumption of a number of substances at the same time, most commonly alcohol, cannabis and prescription drugs but also psychoactive substances, other tablets, cocaine, heroin and methadone. Its spread has been facilitated by the availability of a wider range of substances, their easier access, online, by mobile phones and, in the case of alcohol, over the counter at ever

decreasing prices”.

CityWide also notes that “other concerns are the extent to which substance use has become a part of everyday life, the fact that the content, quality of many substances are unknown and the potential damaging or lethal affects that combining them may have. This is a serious public health issue and the number of people who die from drug and alcohol related deaths each year is now more than twice that of deaths on our roads”.

The use of illicit drugs tends to be a secretive and covert activity and it is, therefore, difficult to estimate with certainty the extent of the use of all drugs. However, it is clear from the various national and international information sources (including reports from the National Documentation Centre on Drug Use, the National Advisory Committee on Drugs, the Health Research Board, the National Drug Treatment Reporting System and the European Monitoring Centre for Drugs and Drug Addiction) that drugs and substance misuse continues to be a huge problem in Ireland with very serious impacts on public health and on the quality of the lives of individuals and families and on communities and across society at large.

In conclusion, therefore, it is self-evident that the environment in Ireland is such that the availability of community-based addiction services, such as those provided by DROP, remains and will continue to remain a strategic imperative.

6. Development of Strategic Plan 2013-2016

In November 2012, the BOM/Strategic Planning Committee of DROP agreed that the process of preparing a new Strategic Plan for DROP should commence immediately, broadly following the process outlined in the QuADs Strategic Planning Tool. It was also agreed that the new Plan should be a four year Plan - 2013-2016 - to coincide with the expiry of the National Drugs Strategy (interim) 2009-2016.

In addition to internal consultation with staff (two formal facilitated sessions) and with the BOM/Strategic Planning Committee (three formal meetings), the following external consultation was undertaken:

- A newspaper advert inviting feedback about DROP (in Southside People and Dun Laoghaire Gazette) went out on 14 and 15 November 2012;
- 47 stakeholder letters were issued inviting feedback about DROP and a selection of those were invited to meet with DROP;
- Consultation with service users took place in December 2012. Specific questionnaires were drawn up and 67 questionnaires were distributed to clients across the various service areas viz, cocaine service, morning programme, family support service, afternoon service and community employment scheme.

The feedback from the consultation process is summarized in the following SWOT (Strengths, Weaknesses, Opportunities, Threats) table (note that strengths and weaknesses generally refer to the internal environment while opportunities and threats generally refer to the external environment):

<p>STRENGTHS</p> <p>Staff commitment, knowledge and skills</p> <p>Reputation, Management, Financial Procedures and Governance</p> <p>Ability to respond flexibly to changing service user needs</p> <p>Range of rehabilitation services and supports available</p> <p>Accessible Location</p>	<p>WEAKNESSES</p> <p>Need for more evidence-based and outcome reporting</p> <p>Lack of targeted and structured Marketing/Communication Strategy for all of DROP's services</p> <p>Need to explore additional funding streams including fundraising</p> <p>Need for more regular review of all services to address client feedback issues and changing service needs</p>
<p>OPPORTUNITIES</p> <p>Reputation of and goodwill towards DROP</p> <p>DROP as a "One Stop Shop" for rehabilitation services in DLR</p> <p>Unique nature of DROP's services in DLR area, cocaine service in particular</p>	<p>THREATS</p> <p>Wider economic situation Pressures on funding/staffing</p> <p>Changing criteria for CE Scheme, including phased abolition of dual payments</p> <p>Over dependence of DROP on CE Scheme participants to support delivery of DROP's own services</p> <p>Level of inter agency co-ordination and impact on referral pathways and on care and case management</p>

7. Vision, Mission and Values 2013-2016

The Vision, Mission and Values of DROP are as follows:

VISION

Our vision is of a society that is well informed about and understands issues of substance misuse and addiction. We are working towards a society in which individuals receive the care and support they need to address their substance misuse and 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 substance misuse and addiction

VALUES

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

We believe that providing a supportive, non-judgmental 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.

8. Strategic Objectives 2013-2016

DROP'S strategic objectives for 2013-2016 are primarily a response to the feedback received from the extensive consultation process referred to above. An internal business plan will be drawn up for each year of the Plan to facilitate structured implementation of objectives. Reports on progress achieved will be published in DROP'S annual reports with reference to the output/outcome indicators set out below and the BOM will formally review progress on the Plan twice a year. A formal mid-term review of the Plan will take place at the end of 2014.

It is always a challenge for small organisations like DROP, and even more

so in a climate of reducing and uncertain funding and staff resources, to continue to maintain existing levels of service with strong governance and accountability and, at the same time, to plan in a coherent way for the future needs of the organisation. While DROP management is very clear about the areas that need to be addressed over the next four years, the ability to do so and the level of progress that can be achieved are inevitably very much resource dependent.

Details of the objectives and related activities, time frames and the outputs/outcomes, which will indicate whether the objectives have been met, are as follows:

(1) REHABILITATION AND SUPPORT SERVICES

OBJECTIVE 1.1 To provide effective rehabilitation services to assist individuals caught up in the negative cycle of drug misuse to move away from their dependency on harmful substances.

ACTIVITY	TIME FRAME	OUTPUTS/ OUTCOMES	RESPONSIBILITY TO DELIVER
Carry out a review of DROP'S services to improve the range, quality, availability and relevance of services in consultation with service users and taking account of best practice.	Mid 2014	Review and research completed.	Team Leaders Project Manager Rehabilitation Subcommittee
Develop a policy in relation to (i) following up with clients who have disengaged from the service in an unplanned manner and (ii) the exit procedure for planned disengagement of service users, to include consent to follow up on their progress within a specific period of time (e.g six months).	End 2013	Changes to services agreed and implemented Number of people using DROP'S services broken down by gender. Modes of referral. Services accessed. Number of contact hours with service users. Presenting drug issues.	
Research the possibility of developing an Under 18s service in conjunction with DLR Task Force as part of DROP'S longer term service development	Mid 2014	Progression of clients after they leave DROP'S services including case studies/ clients' testimonials ("journey of change") – sample from each service area and CE Scheme.	Team Leaders Project Manager Rehabilitation Subcommittee
Review outcomes from other pilot community detox programmes with a view to possible implementation by DROP of a similar service as part of DROP'S longer term service development	End 2014	Long term service objectives achieved.	Team Leaders Project Manager Rehabilitation Subcommittee

OBJECTIVE 1.2 To provide a career path and training opportunities for recovering drug users.

ACTIVITY	TIME FRAME	OUTPUTS/ OUTCOMES	RESPONSIBILITY TO DELIVER
<p>Promote the range of benefits of CE participation, including the value of work experience gained and training opportunities as part of a wider organisational marketing/communications Strategy.</p>	<p>Ongoing</p>	<p>Number and range of CE placements in DROP and other host agencies</p> <p>Amount, range and quality/standard of training undertaken</p>	<p>CE Supervisor Project Manager Human Resources Subcommittee</p>
<p>Ensure individual learner and work plans are developed with each participant with input from the host agency as appropriate and that CE participants have access to all relevant information about their rights and entitlements while on the Scheme.</p>	<p>Ongoing</p>	<p>Progression of service users after they complete CE placement viz. in permanent employment, pursuing further education etc. Feedback from CE participants</p>	
<p>Review progress of CE participants with regard to individual learner and work plans and maintain contact with CE participants in host agencies, at minimum on a quarterly basis, to identify any additional supports required or potential difficulties arising with regard to placements.</p>	<p>Quarterly</p>	<p>Communication/interaction with relevant agencies with regard to the status of DROP's CE project</p>	
<p>Protect and promote the status of DROP's CE project as an addiction related project in order to maximize employment and training opportunities for those affected by addiction and also to ensure that DROP continues to be able to draw on the CE Scheme to staff DROP's core addiction services.</p>	<p>Ongoing</p>		<p>Board of Management</p>

Objective 1.3 To work with the community, voluntary and statutory agencies to assist in developing a range of appropriate interventions to combat the harmful effects of drug misuse and related issues.

Activity	Timeframe	Output/outcome	Responsibility to Deliver
Ensure full compliance with care and case management protocols in line with pilot project to maximize inter-agency supports to service users and to improve referral pathways	Ongoing	Number of referrals (other than self-referrals) and modes of referral. Shared care plans in place.	Team Leaders Project Manager Rehab Services Subcommittee
Strengthen links with local mental health services and continue to work with the Inter-agency Dual Diagnosis Committee with a view to participating in a future programme for Dual Diagnosis service users	Ongoing	Interagency contacts, formal and informal. Participation in programme for Dual Diagnosis service users	
Ensure adequate training for staff in the area of Dual Diagnosis - co-existence of substance misuse and mental health issues	Ongoing	Needs of Dual Diagnosis service users met Staff trained	

Objective 1.4 To offer support to individuals, their families, friends and the wider community of Dun Laoghaire Rathdown who are adversely affected by drug misuse and related issues.

Activity	Timeframe	Outputs/Outcomes	Responsibility to Deliver
Assess need for sibling or partner support group and other family support groups e.g. "bereaved through addiction" within the DLR.	End 2014	Support services expanded to address any additional needs identified	Team Leaders Project Manager Rehab Services Subcommittee

(2) ORGANISATIONAL DEVELOPMENT

Objective 2.1 To develop the capacity of DROP at all levels to enable delivery of the Strategy			
Activity	Timeframe	Outputs/Outcomes	Responsibility to Deliver
Develop a Learning and Development Strategy, including a Staff Performance Management and Development System, that supports the development of staff and best practice in service delivery.	End 2013 Ongoing thereafter	Learning and Development Strategy agreed and implemented	Project Manager Team Leaders
Review roles, responsibilities and reporting structures to ensure that DROP is operating with maximum efficiency and effectiveness	End 2013	Review completed and any necessary changes implemented	Project Manager Team Leaders Board of Management
Assess new staff resourcing options including volunteering, CE Scheme, internships/Job-bridge and placement opportunities.	Ongoing	Level of additional staff resources secured	Project Manager CE Supervisor HR Subcommittee
Prepare a fundraising plan to include the identification of possible new sources of funding and a 12 month programme of fundraising events, taking account of the development of the communications/ marketing strategy (see below)	End 2013	Amount of income from new sources Number of Fundraising events	Fundraising Committee Project Manager Strategic Planning & Finance Subcommittee
Develop and fully implement a Client Relationship Management System (CRM - data base) that will compliment service provision and facilitate comprehensive and standardised reporting and ongoing service evaluation and planning.	Mid 2014	CRM Database operational Staff trained in use and maintenance of database Timely and relevant reporting to funders/ stakeholders and DROP Management	Project Manager Team Leaders
Research other relevant output/outcome measurement tools to support service evaluation and planning (in addition to the output/ outcome indicators set out in this strategy) taking account of the QuADS Resource Book "Telling Your Story – How an Outcomes Driven Strategy	Mid 2014	Quality and quantity of outputs/outcomes data	Project Manager Team Leaders

Improves Service Delivery” – and input any additional data needs (if identified as necessary) into the CRM database as appropriate			
Continue to demonstrate organisational commitment to quality standards through compliance with QuADS in all relevant policy areas	Ongoing	Number of policies prepared and adopted Implementation and compliance with policies	Project Manager HR Subcommittee Board of Management
Review DROP’s Health and Safety Policy/Statement	Mid 2013	Revised Health and Safety Policy in place	Project Manager Volunteer Health and Safety support person

Objective 2.2 To communicate the vision, mission, values and services of DROP to reach out to all those affected by addiction in the community

Activity	Timeframe	Outputs/Outcomes	Responsibility to Deliver
Recruit a PR/promotions person to draft and oversee implementation of communications/marketing strategy.	Mid 2013	PR person recruited Strategy agreed and implemented.	Project Manager HR Subcommittee
Develop a communications/marketing strategy, including a social media/media plan, in consultation with staff that enables DROP to further its strategic objectives and addresses all stakeholder groups.	End 2013	Level of awareness of DROP and its services in target groups and within the wider community	PR Person Project Manager Board of Management
Implement communications/marketing strategy and actions within agreed timeframes	Ongoing		

APPENDICES

SERVICES PROVIDED BY DROP

Consistent with DROP's mission, aims and objectives, DROP offers the following services, all of which are free of charge:

Morning Programme

The Morning Programme provides a structured rehabilitation and reintegration programme for individuals stable on Methadone. The programme supports participants to understand and overcome their addiction, to develop personally and socially and to progress into employment, education and training. Addiction may be the central controlling force in the lives of participants at the time of their presenting to DROP for support but they are also likely to have a range of needs that are interconnected with their substance misuse. These needs are a complex mixture of biological, psychological and social, and are unique for each individual. The first step in addressing these needs is supporting the individual to explore what their needs might be. This is done initially through a thorough assessment procedure and then throughout the Morning Programme's three year process of rehabilitation the Project Workers seek to facilitate participants to clarify their needs and how to meet them in constructive ways. The participants attend group work, one to one work and counselling. In the third year they are supported to identify and source places to meet their training and employment needs so that by the end of the third year the participants are combining a mixture of therapeutic support and work experience, enabling them to move into mainstream employment or further education after they graduate from the Morning Programme.

Afternoon Programme

The Afternoon Programme provides a low threshold appointment based support service for anyone at any stage of any

substance misuse with the option of accessing counselling and/or holistic therapies. The only entry criteria is an ability to engage. The needs of this target group are as similar and as varied as the needs of the Morning Programme participants. Afternoon Programme service users may apply to access the Morning Programme if they so wish; however individuals may decide to access the Afternoon Programme as opposed to the Morning Programme for a number of reasons:

- they may be accessing this service as a stepping stone to assist them to access a detoxification or residential rehabilitation programme
- they may have issues not with opiate use but with other substances such as alcohol, cannabis or benzodiazepines
- they may be experiencing emotional distress, addiction issues or dual diagnosis issues such that it is not possible for them to commit to a 19.5 hour week under the morning programme.

Drug Free Programme

The Drug Free Programme offers one to one support, holistic therapies and counselling to those who have moved away from substance misuse and are looking for support in relation to maintaining their recovery and experiencing life without harmful substances.

Family Support

The Family Support service offers one to one support, counselling, holistic therapies and the option of joining a support group to anyone affected by a loved one or by a family member's substance misuse. These families have not only had to cope with the devastation of what is happening to their loved ones through their substance misuse, but very often have experienced loneliness, isolation, stigmatisation and despair in

trying to deal with the issues. We work with family members and loved ones using a combination of educational and one to one or group supports, raising awareness of drugs and of the addictive processes, as well as supporting the individual to enhance their own coping skills and recognise and reduce their enabling behaviours.

Cocaine & Poly Drug Use Service

The Cocaine/Poly Drug Use service assists individuals experiencing difficulties in relation to their cocaine or crack cocaine use and other stimulants. The aim of the service is to provide an accessible and confidential service whereby individuals can avail of education around substance misuse, information and support, one to one key working, holistic therapies and counselling. The risks associated with use and the physical and mental health problems that arise from cocaine/poly-drug use are high. Many service users present to DROP's service experiencing social and economic difficulties as a result of their substance misuse.

Community Employment

Community Employment's target group is long term unemployed and other disadvantaged persons. The objective of Community Employment is to assist long term unemployed and disadvantaged people to re-enter the active workforce by breaking their experience of unemployment through a return to work routine and to assist them to enhance and develop both their technical and personal skills. DROP's Community Employment Project is Drug Specific so therefore incorporates rehabilitation as one core element and, in this sense, DROP differs from mainstream Community Employment projects that operate as a labour market mechanism. DROP utilises Community Employment to provide a holistic and progressive rehabilitation programme, which supports in the development of personal, educational and life skills, to assist individuals who are caught up in the negative cycle of drug misuse to

move away from their dependency on harmful substances and to provide a career path for recovering drug users who have demonstrated a readiness to move into further training, education or employment opportunities.

Drug Prevention & Education Officer (DLR Drugs Task Force)

DROP has hosted, supported and developed the above position for over 10 years now. The Drug Prevention & Education Officer is involved in a variety of initiatives and programmes focusing on prevention and on education about substance misuse and related issues.

Areas of Work:

- Supporting the development and implementation of DLR Drugs Task Force yearly work plan
- Providing an Education Bursary for those in recovery for part payment of course fees
- Organising and facilitating Addiction Studies Courses in the community (6 week drug awareness course + FETAC level 5 Certificate)
- Providing training to community, voluntary and statutory organisations regarding substance misuse issues
- Organising and facilitating drug prevention & education courses for 'at risk' youth
- Promoting local and national drug awareness campaigns
- Organising and facilitating the Infant Matters Programme, aimed at young first time parents and babies (0-6mts) to support secure attachment and positive relationships
- Developing a service for under 18 substance users
- Supporting the development and implementation of Substance Misuse Policies in schools and community organisations
- Networking with a host of agencies and organisations in DLR regarding substance misuse issues

ORGANISATIONAL CHART

