

2019-2021

# DUN LAOGHAIRE RATHDOWN OUTREACH PROJECT STRATEGIC PLAN



**DROP**  
Acceptance • Support • Progression



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## Foreword

We are delighted to present to you the Dun Laoghaire Rathdown Outreach Project *Strategic Plan 2019–2021*, which outlines the strategic visions and actions we have identified to support the organisation in realising its full potential. Through its implementation we will better fulfill our mission to support people to recover in their own community from substance misuse.

The process of formulating a new *Strategic Plan* is a long and collaborative effort. There have been many sessions of exploration throughout the process where we looked back and reviewed the dramatic changes of recent years, the restructuring of the organisation, loss of key personnel and a significant reduction in funding. However, this process has also given us opportunity to take stock on previous successes and to determine our mission and future goals in the light of the challenges that lie ahead. It is a time to put forward strategies for our development in response to changing needs, to drive towards a centre of best practice that encourages and supports people to recover from addiction and socially reintegrate within in their community.

The strategic actions outlined within this plan attest to our commitment to achieve excellence through development of our service provision, policies and procedures across the organisation from services operations, human resources, service user participation and governance. We have highlighted that as a community based drug rehabilitation service provider we cannot work in isolation nor would it ever be in the best interest of our service users to do so. As a result we work towards enhancing those relationships that are already in existence and to continue to develop increased collaborative responses to the recovery needs within Dun Laoghaire Rathdown.

This *Strategic Plan* represents the concerted efforts of the service users, staff, board and stakeholders of the Dun Laoghaire Rathdown community and would not have been possible without their critical feedback and suggestions to which we are extremely appreciative. We would like extend our thanks to Philip Isard of Quality Matters and the Dun Laoghaire Rathdown Drug & Alcohol Task Force for the support they have given us to ensure that we had the resources and capacity to bring the plan to fruition.



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Cian Ó Lonargáin, Chairperson



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Anthea Carry, Manager

# Executive Summary

## Who We Are and What We Do

Dun Laoghaire – Rathdown Outreach Project CLG (DROP), a Company Limited by Guarantee, was established in 1998. Originally, DROP was established as a service offering a CE Drug Rehabilitation Scheme. Our aim was to help individuals to develop their workplace skills and access training in order to gain employment, while also providing key working and group supports to our clients while recovering from substance misuse. Since then, DROP has expanded its services in response to growing local needs and in-line with best practice.

Today, DROP is a community-based addiction service offering a range of supports for people experiencing difficulties with drug and alcohol addiction. The range of services include:

- One to one supports to assist people recovering from substance misuse through key working, care planning and case management,
- Our Continuum of Care (Pre-Entry Programme & CE Drug Rehabilitation scheme)
- Supported Community Detoxification service and
- Training and employment supports that assist people to reintegrate back into their communities.

## About This Plan

This strategic plan builds on our previous strategic plan, which ran from 2013 to 2016. Our new strategic plan offers a roadmap for what we hope to achieve over the coming three years, and how we plan to achieve it.

To ensure our plan is meaningful, we undertook consultations with a range of stakeholders, including our service users, staff, our Board of Management and partner organisations, to understand what goals are important and relevant for our stakeholders. More information about our services, our members, and our mission, vision and values can be found in Section One of this plan. Information about our local community and the policies that underpin our work can be found in Section Two. To learn more about our strategic planning and consultation process, a detailed explanation of this is provided in Section Three. Our strategic actions and our year-by-year plan to achieve these goals are contained in Sections Four and Five.

## Summary of Our Strategic Actions

We have agreed on five strategic actions to achieve in the coming three years. These goals, and our plan to achieve them, are explored in more detail in Section Five and Six.

### Strategic Action 1: Further develop our Continuum of Care Programme

For individuals that are recovering from an addiction to drugs or alcohol, it can be difficult to move away from drug use and long-term unemployment and reintegrate back into work or training opportunities. Our service offers a Community Employment (CE) Drug Rehabilitation scheme that helps service users to stabilise and achieve abstinence. While maintaining abstinence and discovering a new drug free lifestyle the programme also offers relapse prevention supports, workplace skills development and training to support with re-integration into the community. **Our plan is to trial a new, innovative approach to improve our Continuum of Care Programme, as well as to implement an outcome-focused approach that will help individuals to monitor their own progression.**

## Strategic Action 2: Enhance our case management approach with local services and agencies

In addition to our work supporting service users with their recovery from drug and alcohol addiction, our service users increasingly present with a range of other support needs, such as mental health, family and relationship issues, including accommodation issues. DROPP recognises that having formalised, structured protocols with other services and agencies will help ensure there is clear communication between organisations and that our service users are receiving appropriate support. **DROPP will work closely with partner organisations to enhance our case management and interagency protocol by developing a memorandum of understanding that agrees how both organisations will work together to effectively support shared service users.**

## Strategic Action 3: Further enhance our internal policies and procedures

We want to ensure our staff are working in-line with established good practice and changes within the Drug and Alcohol sector. **Our plan is to continually review our own internal practice, policies and guidebooks to ensure these are up-to-date and reflect best practice.** In addition to this, our Board will ensure that there is greater emphasis on governance and a commitment to good practice in all areas of our service. Over the next three years, we will continue to monitor how our policies and procedures are implemented within our service and reflect our current best practice.

## Strategic Action 4: Develop a communication and outreach strategy for DROPP

In our strategic planning process, we saw an opportunity to improve how DROPP communicates our work and engages with partner organisations and with the wider community. **We will develop a new communication and outreach strategy to improve our engagement with key target groups in our community as well as improve how DROPP communicates our services and the value of our work.** We see ourselves as an important part of the local community and want to ensure that people living in Dun Laoghaire – Rathdown know about our service and how we address problematic drugs and/or alcohol misuse.

## Strategic Action 5: Secure a new premises for DROPP

As we are implementing our strategic plan, we anticipate a need to secure a premises for DROPP. We want to make sure DROPP takes appropriate steps to plan for sustainability into the future for our organisation's growth and ongoing development. **Our plan is to undertake a feasibility study to help DROPP with securing a premises.** As we think about the future of the organisation, we will be speaking with our partner organisations and our service users to gather their input.

## Acknowledgement

We would like to acknowledge the individuals and services that offered their input on our strategic plan. We would like to thank our service users for taking the opportunity to share their input and honesty about our services. Also, we would like acknowledge the feedback received from our partner organisations, services and agencies.

Additionally, we would like to acknowledge the support received from the Dun Laoghaire-Rathdown Drug and Alcohol Task Force (DLR DATF), who helped us with undertaking this strategic plan. Lastly, DROPP would like acknowledge the hard work of our Staff and Board of Management in developing this strategic plan.

## Summary

Over the next three years, we plan to expand our service provision, to focus on our internal growth and to enhance our partnerships with local services and agencies. DROPP has always worked from a best practice approach and aspires to continually improve the quality of our

work. As we developed our strategic plan, we gathered input from various key stakeholders, including those who work closely with our organisation. This strategic plan represents the efforts of our Staff and Board of Management to respond to the changing needs of our service users and those in the wider community that are affected by drug and alcohol misuse.

## Section One: About DROp

### Introduction

Dun Laoghaire – Rathdown Outreach Project (DROp) works with people who experience difficulty with substance misuse and are working towards returning to education, employment and/or reintegration within their community. This strategic plan builds on our previous strategic plan, which ran from 2013 to 2016. Our new strategic plan offers a roadmap for what DROp endeavours to achieve over the coming three years, and how we plan to achieve it.

This strategic planning process presented a number of opportunities; to look at ways to improve how we meet the needs of our service users, to review our mission, vision and values to assess if they were still relevant for the individuals we are working with, and to come together to celebrate our achievements and consider how we will build on our success over the coming three years.

### Our Vision, Mission and Values

#### Our Vision

Our vision is that our service users are well-informed and understand the challenges of addiction and recovery. DROp will work to ensure that our service users receive the care and support needed to address their addiction without fear of discrimination or social stigma.

#### Our Mission

To support people to recover from substance misuse in their own community through the provision of services that are accessible, service-user focused, high-quality, non-judgemental and evidenced based.

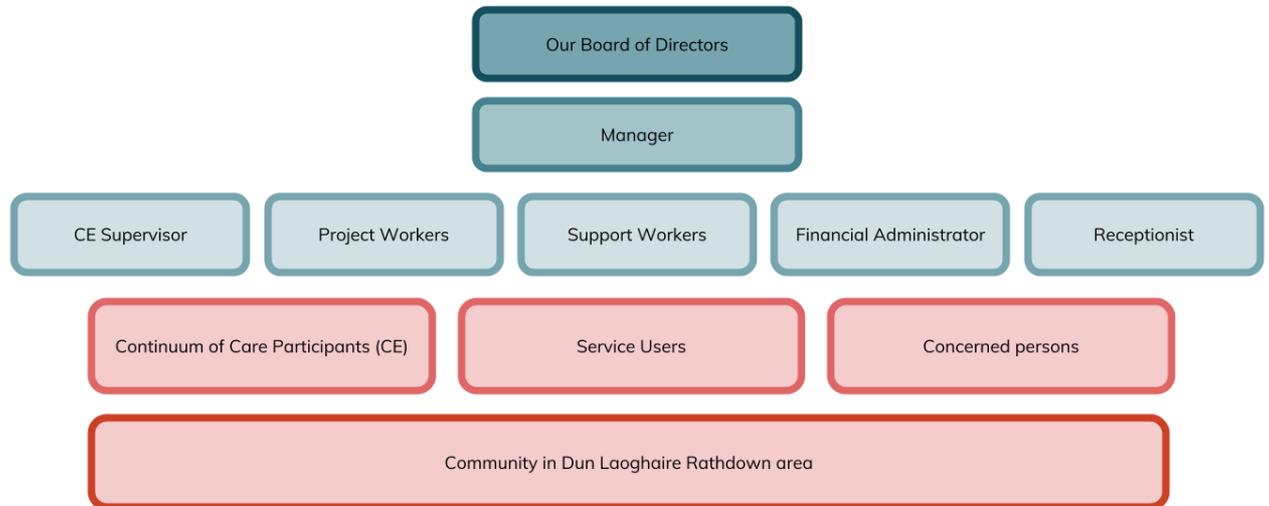
#### Our Values

As an Organisation, our shared values are to:

- ✓ Ensure that everyone is treated with respect, care and honesty
- ✓ Ensure our service is inclusive and accessible to people from different backgrounds and experiences
- ✓ Offer a high-quality and evidenced-based service to our service users
- ✓ Offer a safe and respectful environment for staff and service users
- ✓ Provide a confidential service
- ✓ Encourage and support service users to achieve their individual goals
- ✓ Promote healthy, well-balanced and positive life choices
- ✓ Support our service users to meet the day-to-day challenges of recovery from addiction

## Our Organisation

The structure of DROP is shown here:



## DROP Service Users

As a community-based addiction rehabilitation service that provides a range of recovery supports for individuals with experiences of problem drug and alcohol use, DROP works with a diverse range of people. The groups of individuals that engage in our service include:

### Service Users (Adults in Recovery)

We support individuals experiencing problem drug and alcohol use, and those in recovery from problematic use of drugs or alcohol. Core to our approach is recognising that there is no "one-size fits all" approach to recovery from addiction. Our staff are committed to developing honest, professional relationship between service users and their keyworker. Our overall goal is to support service users to reduce or stabilise their problem drug or alcohol use, as well as support individuals towards living a drug or alcohol-free lifestyle. In addition, we provide support to help individuals with other personal challenges that can be barriers to their recovery or reintegration into the community, such as unemployment, mental health, family and relationship issues.

### Continuum of Care Participants

DROP offers a Community Employment Drug Rehabilitation Scheme for Stabilisation, Rehabilitation, Education and Training which is funded by the Department of Employment Affairs and Social Protection (DEASP). The Continuum of Care Programme is designed to support participants with reducing their drug and alcohol use and work towards a life independent of problematic drug and alcohol use while progressing into employment or education opportunities. We also provide a range of employment and training supports to help our service users with sourcing job opportunities, placements and training opportunities in the community.

### Concerned Persons

Periodically, individuals will present to DROP with concerns about the consequences of a friend or family member's drug or alcohol use. DROP offers a confidential, one-to-one service for individuals that are seeking information or referral to a local family support programmes.

## Local Community

As a community-based addiction rehabilitation service, DROp provides the community with access to information on substance misuse as well as information on various health, employment and education supports available locally.

## DROp Services

We provide the following services:

### Individual One-to-One Support Service

Our One-to-one service is for individuals who wish to access key working and case management supports in order to reduce their problematic drug or alcohol use. Following an assessment to determine the needs and motivations, service users are appointed a key worker who will help with developing an individualised care plan to support their recovery and engagement in the service.

An individualised care plan details the various goals and objectives (see Fig. 1) that a service user is working towards in relation to their recovery and personal life. Throughout their engagement with the service the care plan will be regularly reviewed and updated to meet the current needs present for the service user.

Any individual can access our one-to-one service through either self-referral or referral from our partner services or agencies. Our one-to-one support options include:

- Access to specialised supports to engage in a community-based detoxification for street drugs or prescribed medication (in partnership with a GP);
- Support with dual diagnosis where the service user has a co-occurring mental health diagnosis and substance misuse difficulties and is also engaged with mental health services;

Figure 1 Diagram of DROp's care plan areas based on NDRIC Care Planning Protocols <sup>(1)</sup>



## Continuum of Care Programme

Our Continuum of Care Programme is based on a three-stage model designed to support our participants with reducing their drug and alcohol use and work towards a life independent of problematic drug and alcohol use while progressing into employment or education opportunities.

### Pre-Entry Programme

The point-of-contact for many service users interested in reducing their drug or alcohol use in a group setting is our Pre-Entry programme. People can access the programme through self-referral or referral by other local partner services and agencies. The Pre-Entry Programme is the first phase of our Continuum of Care Programme and only phase that is non-Community Employment. The programme offers a combination of two weekly 'Reduce the Use' groups, weekly key working sessions and thematic groups that aim to inform on particular issues i.e further treatment options and health concerns like Hepatitis C. The aim of the programme is to assist with progression around stabilisation and reduction of drug/alcohol misuse, physical & mental health and personal development needs in order to support them to make gradual changes in their personal lives. People who are interested in further reducing their drug or alcohol use can progress onto our Stabilisation Programme.

### Stabilisation Programme

For anyone working towards stabilisation or aiming to become drug/alcohol free, our Stabilisation Programme is a comprehensive CE Drug Rehabilitation scheme. People can access the service through self-referral, referral by other local partner services and agencies, or as a next step progression from the DROP Pre-Entry programme.

The Stabilisation programme is designed for anyone that has stabilised their drug or alcohol use and is the second phase of our Continuum of Care Programme lasting 12-months. Our Stabilisation Programme is a CE Drug Rehabilitation scheme, where participants attend a daily programme focusing on stabilising and achieving a drug-free lifestyle, experiencing training and education opportunities and working to improve their overall health, wellbeing and life skills. Participants work towards progressing into residential treatment options or DROP's Drug Free Programme. The programme is delivered through group work, weekly key working sessions, development of an individualised care plan and an individual learning plan (ILP) to track their progression goals.

### Drug Free Programme

The Drug Free Programme is designed for anyone who has recently become drug free from problematic drug/alcohol use. This could have been achieved either within a detox/residential treatment setting or within their community via another drug service or DROP's Stabilisation Programme. The Drug Free Programme is the third phase of our Continuum of Care Programme and involves a mixture of relapse prevention & recovery groups, employment and workplace training courses, health and wellbeing activities, as well as attending weekly one-to-one key working sessions and further development of their ILP. As participants work through the Drug Free Programme the focus shifts more towards ILP implementation and sourcing work placements to help our participants with reintegrating into the community upon completion.

### Aftercare Groups

Aftercare Groups are support groups for people who are working to sustain their goals in relation to their recovery. There are various aftercare groups that hold weekly meetings on our premises. These aftercare groups are available to any service users engaged in DROP as well as individuals from the community. Currently, the aftercare groups held locally include Narcotics Anonymous (NA) and Cocaine Anonymous (CA), with proposals for the addition of SMART Recovery meetings within the term of this strategic plan.

## Our Board of Management

The primary role of DROPS Board of Management is to ensure that the Manager has the support and resources required to effectively run the organisation, and that there are systems and structure in place in the organisation to ensure service users and staff are safe and supported in their roles. The Board provide strategic oversight, ensuring that the organisation is protected, solvent and can continue to provide our services into the future.

DROP will continue to strive for the highest standards of governance over the coming three years. The following Board sub-committees operate to make sure that DROP fulfils all their requirements, and that we continue to work efficiently:

- Governance & Human Resources Sub-committee
- Finance & Audit Sub-committee
- Quality Standards, Improvement & Risk Management Sub-committee

In recent years, our Board of Management have focussed on the implementation of recommendations contained in our Interim Manager's Evaluation report. An important focus of our work has been ensuring that DROP is well-managed and provides a high-quality service in the community, which is reflected throughout our strategic plan. A key focus of our work in the past years has been:

- **Leading the organisation** - Development of this Strategic Plan, establishment of subcommittees, supervision schedule for all staff in the organisation, strategic focus on engaging with key stakeholder and relationship building.
- **Exercise control over the organisation:** - Our board initiated a policy review for the organisation across all areas of Governance, Human Resources, Service Operation, Service User Involvement, Health & Safety, Review of our Financial Controls (in alignment with the National Financial Regulations), development of an Organisational Risk Register and review of GDPR compliance across the organisation. Furthermore, our organisation implemented an accounting system to enhance financial control. Moreover, DROP appointed a new company chairperson and company secretary.
- **Improved transparency and accountability** – Work began on the development of a new communications strategy for the organisation to coincide with DROP's celebration of its 20th year anniversary. In November 2018, we held an open day inviting all stakeholders to attend. Additionally, we made all of our past annual reports, annual financial statements and relevant policies available online at [www.drop.ie](http://www.drop.ie).
- **Working effectively** - Review and development of new governance handbook; development of board induction process; terms of reference reviewed and updated for Board of Management and all subcommittees; board skills audit undertaken and schedule of training developed, development of a training plan for the organisation; board term limits and succession planning included in annual review; commencement of the development of a fundraising strategy for the organisation
- **Complete organisational restructure as a result of loss of funding with staff and service provision losses** – In the past years, there has been a reduction in our annual funding. To review the sustainability of the organisation, the Board has focussed on restructuring the organisation. This is an on-going process that is being closely monitored by our Board.

## Our Funders

### Health Service Executive

Health Service Executive (HSE) Addiction Service is a part of the state department which oversees the provision of an integrated range of preventative, therapeutic and rehabilitation services nationally. DROPP is located within CHO Area 6, which covers Wicklow, Dun Laoghaire and Dublin South East. The HSE provides ongoing funding and support for DROPP's individual one-to-one key working support service.

### Department of Employment Affairs and Social Protection

The Department of Employment Affairs and Social Protection (DEASP) is the Government Department with responsibility for appropriate social protection and social inclusion. The department's mission is to promote active participation and inclusion in society through the provision of income supports, employment services and other services. Our CE Drug Rehabilitation Programme is funded by DEASP.

## Our Partners

Our partners work collaboratively with the organisation to provide in some instances grant aid for improvements to the organisation, its premises and/or service provision. Partner organisations working closely with DROPP include:

### Dun Laoghaire – Rathdown Local Drugs and Alcohol Task Force

The Dun Laoghaire-Rathdown Drugs and Alcohol Task Force (DLR DATF) is a partnership of people from local statutory, voluntary and community service providers and elected local representatives. DLR DATF is hosted by the Southside Partnership and funded by the Department of Health, Health Service Executive (HSE) and the Dublin and Dun Laoghaire Local Education and Training Board (DDLETB). The Task Force works closely with DROPP and the network of local service providers supporting those with problematic drug and alcohol use.

### Dublin and Dun Laoghaire Education & Training Board (DDLETB)

The Dublin and Dun Laoghaire Education & Training Board (DDLETB) is a stated-funded education and training provider, which operates a number of training centres in our local area. For our service users participating in the Continuum of Care programme, DDLETB is an important partner that works with DROPP to assist with progression into employment, mainstream education or training.

### Southside Partnership

The Southside Partnership is a local development company working in the Dun Laoghaire Rathdown area. The work of Southside Partnership is directed towards improving the life chances and opportunities of the people, who are negatively impacted by poverty and social exclusion. Over the years, DROPP has maintained a close working relationship with Southside Partnership, who have supported our Continuum of Care programme.

### Dún Laoghaire-Rathdown County Council

The Dún Laoghaire-Rathdown County Council is our local government. Over the years, DLR County Council has been extremely supportive of DROPP and our work. Along with DLR DATF, the County Council has been an important stakeholder in supporting DROPP with reducing the harm and consequences of substance misuse in our local area.

## Section Two: Context for Our Work

### Overview

This section briefly discusses the context for our work with people experiencing issues with drug and/or alcohol misuse. The two core policy areas that underpin our work include the national CE Drug Rehabilitation Scheme programmes, and the national strategy guiding the delivery of drug and alcohol services, *Reducing Harm, Supporting Recovery (2017)*. In addition, this section provides a brief demographic overview of our local community.

### What is a CE Drug Rehabilitation Scheme?

A Community Employment (CE) Drug Rehabilitation Scheme provides a rehabilitation training and development opportunity for individuals recovering from substance misuse and referred to a place on CE <sup>(2)</sup>. CE Drugs Rehabilitation Schemes are delivered by Department of Employment Affairs and Social Protection as part of the Government response to the National Drugs Strategy.

The CE Drug Rehabilitation Schemes are delivered within the remit of the national response with a specific focus on opportunities for training and development for participants working towards recovery and re-integration into active community and working life. To support individuals with their recovery, it will require interventions provided by local addiction services to help individuals maintain abstinence while progressing to employment or education.

### National Drug and Alcohol Strategy, 2017-2025

The National Drug and Alcohol Strategy, *Reducing Harm, Supporting Recovery* <sup>(3)</sup> was published in July 2017. The national strategy outlines key features of local service delivery. Particularly relevant to the work of DROPP is the strategic importance of CE programmes noted in the strategy and the emphasis on the creation of employment opportunities as a means to supporting progress to, and maintenance of recovery goals <sup>(4)</sup>.

The strategy emphasises the importance of understanding and working with internal barriers to progress to employment, such as low self-esteem, motivation or confidence as noted in Chapter Three of the National Drugs Strategy <sup>(4)</sup>, and indeed this is a core feature of our work, both on an individual level and through our group programmes.



Many goals identified in the national strategy are aligned with actions contained in this strategic plan, such as:

National Strategy Goal	DROP activities to promote this goal
<b>1.2.6: Ensure those who do not seem to thrive in a traditional academic setting complete their education.</b>	Our Continuum of Care programme is a CE Drug Rehabilitation Scheme designed to support individuals with attainment of QQI certifications, as well as support progression into employment, education or further training. In our strategic plan, we will be focusing on implementing a new approach to structuring our CE programme ( <a href="#">see Strategic Action 1</a> ).
<b>2.1.18: Help individuals affected by substance misuse to build their recovery capital, by supporting Community Employment (CE) Drug Rehabilitation Schemes.</b>	As before. Our Continuum of Care programme is core to our service provision.
<b>2.1.19: Increase the range of progression options for recovering drug users and develop a new programme of supported care and employment.</b>	As before. The aim of our Continuum of Care programme is to support individuals with reintegration back into the community. As our participants progress through the programme, we provide a range of training and support options that will help participants to develop the necessary workplace skills and education to achieve their goal of employment, education or training.
<b>2.1.27: Improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities including the traveller community; the lesbian, gay, bisexual, transgender and intersex community; new communities; sex workers and homeless people</b>	As part of our values, DROP is committed to providing an inclusive, accessible and non-judgemental environment for individuals from a range of backgrounds and with diverse life experiences ( <a href="#">see our Values</a> ).
<b>4.1.39: Support and promote community participation in all local, regional and national structures.</b>	As community-based addiction service, we believe our service should support all individuals within our community. In our strategic plan, this is reflected in our plan to improve our case management approach with local partner organisations and services ( <a href="#">see Strategic Action 2</a> ), as well as to explore new ways to improve our communication and outreach strategies ( <a href="#">see Strategic Action 4</a> ).
<b>4.2.44: Promote the participation of service users and their families, including those in recovery, in local, regional and national decision-making structures and networks in order to facilitate their involvement in the design, planning and development of services and policies.</b>	In all aspects of our work, DROP is committed to engaging our service users in planning and delivery of our core services. This is particularly reflected in our plan to implement a new Continuum of Care programme and to gather input from service users ( <a href="#">see Strategic Action 1</a> ).
<b>5.1.46: Support evidence-informed practice and service provision.</b>	Our Board of Management and staff are committed to ensuring that our services are informed by current best practice and taking appropriate steps to ensure this is reflected in our approach and practice. This goal is reflected in a number of our strategic actions, including our plan to implement a new Continuum of Care programme ( <a href="#">see Strategic Action 1</a> ) and our review of our internal policies and procedures ( <a href="#">see Strategic Action 3</a> ).
<b>5.1.49: Improve knowledge of rehabilitation outcomes.</b>	As part of our plan to implement a new Continuum of Care programme, DROP will gradually implement a new outcome-focused approach that will support our service users with monitoring our progress and help DROP to measure the impact of our work ( <a href="#">see Strategic Action 1</a> ).

# Demographic Profile of Dun Laoghaire- Rathdown Community

## Overview

Dun Laoghaire – Rathdown is a Local Authority area located in South County Dublin that borders the Dublin City, South Dublin County and Wicklow Local Authorities. A summary of key demographic information is presented in the following section. Findings have been drawn from the latest 2016 national Census, the Pobal HP Deprivation Index and the latest 2015 National Drug Treatment Reporting System (NDTRS) data.

## Population Growth

According to the 2016 census, Dun Laoghaire – Rathdown has a population of 218,018, a 5.7% increase in population since the previous census compared to 3.8% increase at State Level. This made Dun Laoghaire – Rathdown the sixth most populous and the fourth fastest growing Local Authority, in terms of population, of 31 local Authorities.

## Age Profile

Dun Laoghaire – Rathdown contains one of the older populations in the State, as seen in the table below. There are proportionally fewer younger individuals compared to the rest of the State, with a higher proportion of adults and older adults in our local community. We have seen this reflected in the breakdown of our service users.

Table 1: Proportion of Population by Age Group

Age	Dun Laoghaire - Rathdown	Ireland
<b>0 - 24</b>	32.0%	33.2%
<b>25 - 64</b>	52.1%	53.4%
<b>65+</b>	15.9%	13.4%

Additionally, Dun Laoghaire has the second lowest young age dependency ratio<sup>1</sup> and the seventh highest old age dependency in the State out of the 31 Local Authorities<sup>(5)</sup>.

## Education

The standard of education in Dun Laoghaire – Rathdown is one of the highest in the county. Dun Laoghaire – Rathdown contains less than half the national average (5.1%) of people who are educated to primary level or have no formal education compared to the State average of 10.3%.<sup>2</sup> Although there is proportionally a lower number of individuals with no formal education, this does not necessarily draw attention to the level of need experienced by this group. Many individuals that little to no formal education experience a number of barriers, such as literacy or numeracy issues, unemployment, lack of formal employment or education experience, and being at-risk for mental health or substance misuse difficulties.

Like other CE Drug Rehabilitation Scheme providers, DROP aims to support individuals with finding sustainable employment or access to education or further training. Our participants are supported to engage in education and training opportunities and attain QQI certification as they work towards reducing or stabilising their problem drug or alcohol use.

<sup>1</sup> Dependents are defined for statistical purposes as people outside the normal working age of 15-64. Dependency ratios are used to give a useful indication of the age structure of a population with young age dependency ratio (0-14) and an old age dependency ratio (65+) shown as a percentage of the population of working age (15-64).

<sup>2</sup> In addition, 20% of residents of Dun Laoghaire – Rathdown's population has finished the Junior or Leaving Certificate as their highest educational achievement compared to 27.3% at State level. The area also contains almost double the proportion of its population who hold an honours level degree or higher (32.4%) compared to the State level of 17.2% (6).

## Employment

At the Census 2016, Dun Laoghaire – Rathdown contained the lowest unemployment rate (7.4%) out of the 31 Local Authority areas and was almost 60% lower compared to State levels (12.9%). Dun Laoghaire contained no unemployment blackspots<sup>3</sup> at electoral division level at the last census despite reporting the smallest decrease in unemployment in the 31 Local Authority areas from 11.2 per cent in 2011 to 7.4 per cent in 2016 (7). This suggests that despite the economic downturn of the past ten years, residents of Dun Laoghaire – Rathdown were less affected by unemployment compared to the other Local Authorities in the State. The labour force participation rate in Dun Laoghaire – Rathdown (58.2%) is the fifth lowest rate in the State (61.4%). The lower labour force participation rate may be partly explained by the larger proportion of the local population that is retired (17%) compared to the national average of (14.5%).

## Nationality

The population of Dun Laoghaire – Rathdown is similar to the population of the State with regards to the breakdown of the nationalities living in the area. The Irish national population is approximately the same in Dun Laoghaire – Rathdown compared to the national average, as seen in the table below.

Table 2: Nationality of Population

Area	Irish	Other EU27	Rest of World	Not Stated
<b>Dun Laoghaire - Rathdown</b>	87.5%	7.3%	4.2%	1.0%
<b>Ireland</b>	87.0%	8.7%	2.7%	1.5%

While there is a marginally smaller proportion of the population in Dun Laoghaire - Rathdown from the other EU member states, there is almost double the proportion of Dun Laoghaire – Rathdown's population from other international countries compared to the State average, as illustrated in the table above <sup>(7)</sup>.

The rate of growth of the population in Dun Laoghaire – Rathdown from other countries draws attention to a number of practical challenges for drug and alcohol services. These challenges include the need for accessible literature in a variety of languages, ensuring staff are equipped to meet needs of a culturally diverse population, targeting communication and outreach strategies for groups that might not be aware or seeking support with addiction, or where drug or alcohol misuse might be particularly stigmatised or hidden.

## Single Parent Families & Lone Parent Ratio

The proportion of single parent families is lower in the Dun Laoghaire – Rathdown (28.9%) compared to State level (34%). However, there are differences in the lone parent ratio between electoral division in the Local Authority, ranging from a lone parent ratio of 3.2 in the Dalkey-Avondale electoral division to 36.2 in the Dun Laoghaire – South Sallynoggin electoral division. This illustrates differences in the concentration of single parent and lone parent families between the various electoral divisions within Dun Laoghaire – Rathdown.

For service providers, this highlights the need to ensure family diversity is considered in how services are provided. For lone parents, barriers to access including financial barriers and childcare must be considered in service planning and delivery.

<sup>3</sup> An unemployment blackspot at an electoral division level is characterized by an unemployment rate of over 27%

## Deprivation in Dun Laoghaire – Rathdown

The Pobal Deprivation Index measures the level of disadvantage and affluence in communities across Ireland. Having a better understanding of which communities are experiencing poverty and exclusion from wider society can help to ensure that these communities can be given the resources and supports so that they have equal opportunities in relation to education, work and community life <sup>(8)</sup>.

This shows that Dun Laoghaire – Rathdown contains a high concentration of affluent areas and a small number of disadvantaged areas, as illustrated in the table below.

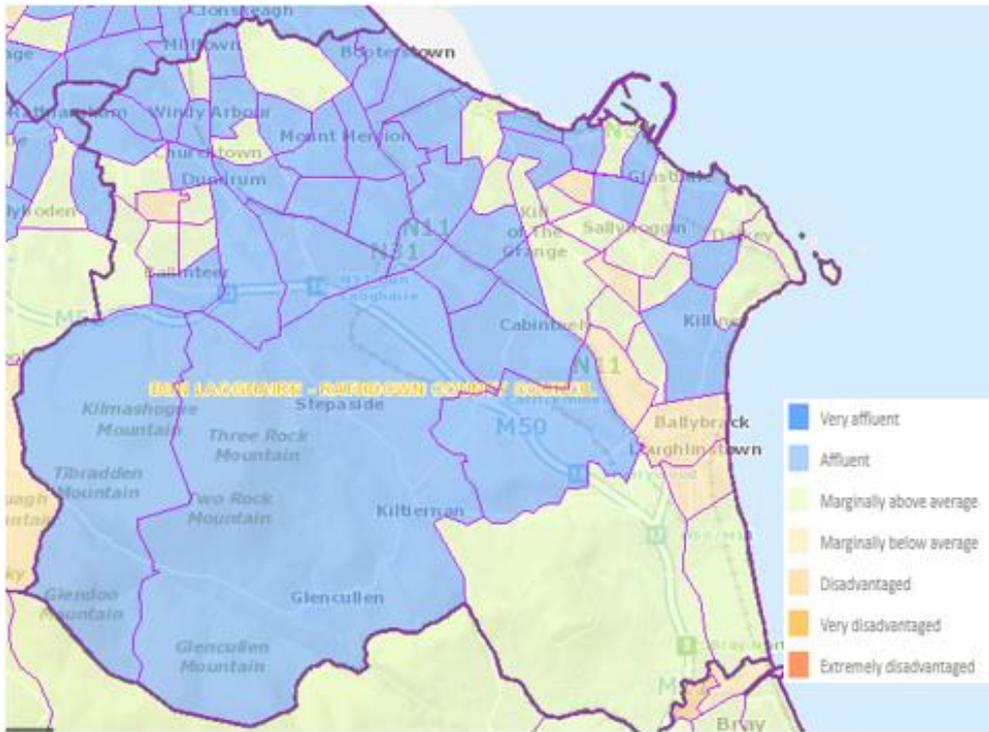
*Table 3: Categorisation of Electoral Division in Dun Laoghaire - Rathdown on the Pobal Deprivation Index*

Electoral Division Classification	No. of Electoral Divisions	% of Electoral Divisions
<b>Affluent</b>	38	55.1%
<b>Marginally above average</b>	25	36.2%
<b>Marginally below average</b>	6	8.7%
<b>Total</b>	69	100%

The table above shows that Dun Laoghaire – Rathdown is one of the most affluent local authority in the country. However, at a Local Authority level, there are differences in the level of affluence and disadvantage between the various electoral divisions and small areas that show pockets of disadvantages within the community. According to research published by the Southside Partnership, it was estimated that the most disadvantaged clusters of Dun Laoghaire – Rathdown are within the Ballybrack and Loughlinstown neighbourhoods <sup>(9)</sup>.

The map below illustrates the location of the electoral divisions in Dun Laoghaire – Rathdown and how they are categorised by affluence and disadvantage. The majority of electoral divisions in the local authority area are blue which categorises them as affluent. The six electoral areas categorised as marginally below average, three are located in the Loughlinstown/Ballybrack area, two are located in the Sallynoggin area and one is located in the Dundrum/Ballinteer area.

Figure 2: Map of Electoral Divisions by Affluence/Disadvantage



The Pobal Deprivation Index can be further broken down into 'small areas', highlighting particular pockets of affluence and disadvantage in the area. There are 55 'Small Areas' categorised as 'very affluent' which are located throughout the local authority area. There are two 'small areas' categorised as 'very disadvantaged', one is located in Dundrum and one is located between Loughlinstown and Ballybrack.

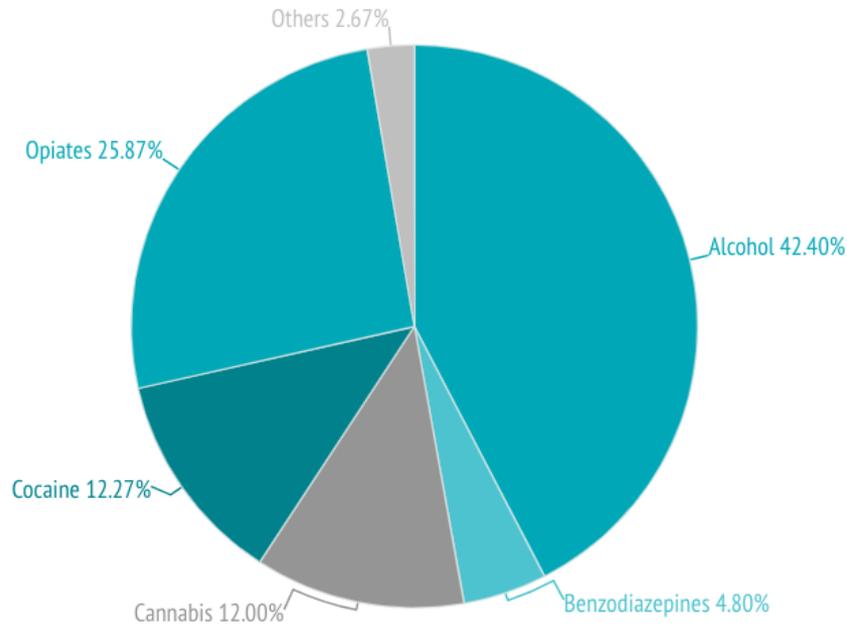
For service providers, there are a multiple challenges experienced by individuals and families, as well as a higher risk of substance use that can become problematic <sup>(10)</sup>. Individuals that are experiencing poverty and deprivation are at a higher risk for developing problematic substance misuse, such as increased exposure to substance misuse by others, lack of coping mechanisms for stress, or an increased exposure to trauma or adverse childhood experiences, which is also related to higher levels of problematic drug or alcohol use. DROPP recognises this has an effect on our planning and delivery of services. We have considered this within the context of our strategic plan and the wider needs of the community.

### Profile of Substance Misuse in Dun Laoghaire – Rathdown

The latest National Drug Treatment Reporting System (NDTRS) data offers the latest available treatment data for Dun Laoghaire – Rathdown. Findings show that approximately 378 individuals accessed drug or alcohol treatment in the local community. The highest reported primary substances in Dun Laoghaire – Rathdown in 2016 were alcohol (42%), opiates (26%) and cocaine (12%)<sup>4</sup>. Figure 3 provides a breakdown on the main problem substance reported by individuals accessing addiction services in Dun Laoghaire – Rathdown.

<sup>4</sup> Please note the Health Research Board does not report on any substance reported by less than five individuals<sup>4</sup>.

Figure 3 Breakdown on Primary Substance for Dun Laoghaire – Rathdown



For service providers, this draws attention to the higher number of individuals that present with problematic alcohol use in Dun Laoghaire – Rathdown, as well as the need for services to respond to both drug and alcohol misuse.

When compared with national findings, NDTRS data shows that Dun Laoghaire – Rathdown is consistent overall with the proportion of alcohol and opiate use nationally. A key difference, however, is the higher rate of individuals that have reported cocaine as their primary substance, as well as a lower rate of individuals using cannabis in Dun Laoghaire – Rathdown, as shown in the table below.

Figure 4 Comparison of treatment data with national findings

	Dun Laoghaire - Rathdown	National	Difference
<b>Alcohol</b>	159	7616	-1%
<b>Amphetamines</b>	~	63	0%
<b>Benzodiazepines</b>	18	873	0%
<b>Cannabis</b>	45	2786	-4%
<b>Cocaine</b>	46	1026	6%
<b>Ecstasy</b>	~	51	0%
<b>Opiates</b>	97	4732	-1%
<b>Others</b>	10	346	1%
<b>Volatile inhalants</b>	~	15	0%
<b>Totals</b>	<b>375</b>	<b>17508</b>	<b>-</b>

### Age Breakdown of Service Users in Dun Laoghaire – Rathdown

When NDTRS treatment data is further broken down by age, this highlights that the majority service users fall between the ages of 18 to 34 years old (46%) and 35 to 44 years old (28%), as illustrated in Figure 5.

Figure 5 Breakdown of age for individuals accessing treatment in Dun Laoghaire – Rathdown

Age	Alcohol	Ampheta mines	Benzodiaz epines	Cannabis	Cocaine	Ecstasy	Opiates	Others	Volatile inhalants	Total
< 18	~	0	~	10	0	~	0	~	0	<b>10</b>
18-34	40	~	9	28	30	0	54	5	0	<b>166</b>
35-44	46	0	5	~	13	0	36	~	~	<b>100</b>
45-64	68	0	~	5	~	0	7	0	0	<b>80</b>
> 65	~	0	0	0	~	0	0	0	0	<b>0</b>
Unknown	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>154</b>	<b>0</b>	<b>14</b>	<b>43</b>	<b>43</b>	<b>0</b>	<b>97</b>	<b>5</b>	<b>0</b>	<b>356</b>

For DROP, this draws attention to the number of adults (aged 45 to 64) that report alcohol as their primary substance compared to the number of adults (under 34 years old) that report opiates as their primary substance. In addition, this data shows that cocaine is predominant among young people (under 34 years old), reported as the third highest misused substance in Dun Laoghaire – Rathdown.

### Gender Breakdown of Service Users in Dun Laoghaire – Rathdown

NDTRS treatment data can also be further broken down by gender. When this data is further analysed, it shows a higher proportion of males (69%) compared to females (31%) that have accessed treatment in Dun Laoghaire – Rathdown, as illustrated in the table below.

Figure 6 Breakdown of gender for individuals accessing treatment in Dun Laoghaire – Rathdown

Gender	Alcohol	Ampheta mines	Benzodiaz epines	Cannabis	Cocaine	Ecstasy	Opiates	Others	Volatile inhalants	Total
<b>Male</b>	89	~	12	33	43	0	68	8	0	<b>253</b>
<b>Female</b>	70	0	6	11	~	~	29	~	~	<b>116</b>
<b>Unknown</b>	0	0	0	~	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>159</b>	<b>0</b>	<b>18</b>	<b>44</b>	<b>43</b>	<b>0</b>	<b>97</b>	<b>8</b>	<b>0</b>	<b>369</b>

When looking at the number of males, there is a high number of males (24%, n=89) where alcohol is their main substance, followed by 18% of males that reported opiate use (n=68). By comparison, there is a high proportion of females that also reported alcohol as their primary substance (19%, n=70), followed by 8% of females who reported opiates use (n=29).

Additionally, a key contrast is that no females reported cocaine use, as reported as the third highest misused substance in Dun Laoghaire – Rathdown. As a service provider, this draws attention to high number of males presenting with cocaine use, and the need for community detoxification protocols and engagement with local GPs to respond to this issue.

### Summary

Dun Laoghaire – Rathdown is a diverse community with differences in the level of affluence and disadvantage between its various electoral divisions and small areas. There are clear pockets of disadvantage within the community as a whole.

When NDTRS treatment data was analysed, it shows high level alcohol use, opiate use and cocaine use, which correspond with national findings, with the exception of cocaine (which is slightly higher). Overall, alcohol was the most frequently reported substance among individuals (42%) accessing drug or alcohol treatment in Dun Laoghaire – Rathdown. It also shows that 19% of the individuals accessing drug or alcohol treatment were adults between the ages of 45 to

64 years old. In addition, the number of individuals that report opiates as their primary substance was 26%. Compared to alcohol as a primary substance, individuals with opiate use were generally younger (25% of individuals were under 35 years old).

A key difference is the high number of males that access drug or alcohol treatment compared to females. In Dun Laoghaire – Rathdown the ratio of males to females is generally 2:1, with the exception of alcohol use where there is also a high proportion of misuse across females. Another key difference was that cocaine use was predominant only among males (no females were reported as using cocaine), which is the third highest misused substance in the local area.

## Section Three: Developing our Strategic Plan

### Gathering ideas

In order to plan for the next three years, it was important to hear from those most impacted by the work of DROP. We wanted to understand what people thought about our services, and find ways we could make sure that our work is designed to best meet the needs of our service users. Views were gathered through an online survey with our wider network of stakeholders, including interagency partner organisations, board and staff members, referral organisations, statutory agencies and other local service providers.

### Exploring Ideas

Once the survey closed we gathered all information received and the Board and staff came together to look at the feedback and see what suggestions people had offered. We quickly identified areas that could be improved and considered how DROP is going to respond to these needs. In our sessions, we found many ideas were recommending similar ways that our services could be enhanced for service users as well as new ways for us to work collaboratively with our partner organisations. Some of these ideas became the goals included in our strategic plan for the coming three years.

### Reviewing Our Vision, Mission and Values

It was an important part of our journey towards completing this plan that our Board and staff revised and update our 'vision, mission and values'. Our vision is a statement that describes what DROP believes an ideal world looks like for our service users. Our mission statement describes the work that our team does, to help make that vision a reality. Our values describe how we approach our work and the values that underpin our interactions with service users.

### Finalising the Plan

Our strategic plan was finished when the Board and staff came together to think, realistically, how we were going to achieve these goals year by year over the coming three years. After this was agreed, the Board of Management were asked to review the final document and give a final approval on the strategic plan.

### Implementation and Review

Over the next three years, DROP will undertake an annual review of our strategic plan and our work plan toward achieving each of our actions. This will be a process involving both our Board of Management and staff. This will be an opportunity to review our progress and ensure that we are on track to achieving our goals.

### Getting Support to Make Our Plan

With financial support from the Dun Laoghaire Rathdown Drug & Alcohol Task Force we contracted, Quality Matters, to facilitate the development of our strategic plan and support us through this process.

## Section Four: Our Strategic Goals

### Overview

In this section, we have provided a description of our strategic goals for the next three years. Each strategic goal contains an explanation of the steps or actions that we'll be undertaking in order to achieve this goal.

In our 2019 - 2021 strategic plan, our goal is to focus on ensuring that DROP is doing the best we can to support our service users, as well as to explore new ways to be innovative and responsive in our work. This means, DROP has reviewed our core services as well as exploring ways we can further improve to support the changing needs and issues of our service users. In the next three years our Board of Management and staff will annually review each of our strategic actions.

This strategic plan focuses on key areas of internal development and growth for our organisation. These actions continue the direction established in our previous 2013 to 2016 strategic plan.

#### Approach to developing our strategic actions

Throughout our strategic planning process, our Board of Directors and staff aspired to develop strategic actions that were ambitious and were in response to the changing needs of our service users. Also, we anticipate challenges our service will face in the next three years.

The values that were considered in this process were:

- **Value-based** – Our Board of Management and staff agreed that each of the strategic actions should reflect the values of our organisations (which is contained earlier in this strategy);
- **Efficiency and sustainability** – Each of the strategic actions considered the current resources of the organisations, and were principled in ensuring that our service continues to remain sustainable in the coming years;
- **Agreed** – Important to this process was that strategic actions were collectively agreed by our Board of Management and staff;
- **Achievable** – We felt that a good strategic action must be achievable for our service.
- **Fully considered** – For each strategic action we developed a plan of the key steps in this process, and the person responsible within our organisation that will be responsible for this step.

# Strategic Action 1: Further develop our Continuum of Care Programme

## Overview

For individuals that are trying to reduce or stabilise their problem drug or alcohol use, it can be difficult to find employment or attend education. People also experience other barriers, such as a lack of confidence and motivation, limited workplace experience, and limited job preparation skills needed to find employment.

Our service offers a Continuum of Care programme, a CE Drug Rehabilitation scheme, that helps service users to reduce their problem substance misuse, while working towards being drug or alcohol free, and also provides group education to help with their progression into either employment, education or further training. We also provide workplace training and support that helps people as they gradually progress towards their goal. **Our plan is a new, innovative approach using evidenced-informed modules to improve our Continuum of Care programme in order to further support individuals stabilise and reduce their drug use while progressing into either employment, education or further training.** Also, we have identified a series of outcome measurement tools that will help our service users to indicate and self-monitor their achievements as they progress through the programme.

## Objective

- To implement a new Pre-Entry programme (non-CE) to prepare service users who have expressed motivation and interest in stabilising/reducing their problem drug or alcohol use, as well as to help prepare them for working in a group setting
- To develop a clearer pathway for progressing through the Continuum of Care programme with well-defined criteria for progression between stages
- To improve our partnerships with local GPs in order to effectively support service users through their recovery as well as help with maintaining a drug or alcohol-free lifestyle
- To develop partnerships with local organisations that deliver accredited training programmes in order to provide service users with a range of education options
- To undertake consultation with our participants to identify education options that are suited to their interests and to ensure they are involved in the planning and delivery of the programme
- To define clear indicators for measuring outcomes as we gradually implement a new outcome-focussed approach that will support service users with the monitoring of their progress

## Rationale

Core to our service is our CE Drug Rehabilitation scheme that aims to support individuals to access their motivation to change and use this as a force to make sustainable changes in reducing or stabilising their problem drug or alcohol use. Overall, our aim is to build a clearer pathway for our service users to progress into employment, education or further training, as well as support our service users to maintain a drug/alcohol-free lifestyle.

Throughout our strategic planning process, our Board and staff highlighted new and emerging challenges for our Continuum of Care, particularly ways to increase our number of participants, better prepare service users for working in a group setting and ways to expand our selection of training and education. We also want to explore new ways of introducing evidence-informed group education modules (such as Reduce the Use, Community Reinforcement Approach, SMART Recovery and Stages of Change) as well as tools to support service users with monitoring their progress on the programme in order to build increased engagement around their recovery journey.

## Structure of Continuum of Care programme

Programme	Description
<b>Pre-Entry Programme (Non-CE)</b>	A 12-week non-CE programme to support service users with preparing to work in a group setting and to help prepare for the Stabilisation/Reduction programme. Over the course of this programme, service users will participate in a 12 module Reduce the Use programme. Each service user will be assigned a keyworker and attend weekly 1-2-1 sessions.
<b>Stabilisation/Reduction Programme</b>	A 12-month programme to support service users to stabilise and reduce their problem drug or alcohol use. In this programme, service users will participate in QOI accredited and non-QOI courses with a focus on harm reduction, personal development and education. A care plan will be developed and reviewed every 3 months. Each service user will attend weekly key working sessions with their assigned key worker.
<b>Drug Free Rehabilitation Programme</b>	A 12 to 18-month programme to support service users to maintain their drug/alcohol-free lifestyle. In this programme, there will be a focus on relapse prevention, social and personal development, and a higher emphasis on education and work experience. A care plan will be reviewed with service users every 3 months. Each service user will attend fortnightly key working sessions with their assigned keyworkers.

### Key Steps

#### **Step One: Develop a strategy for implementing a new Continuum of Care Programme**

DROP will undertake research and service visits with other CE programmes as well as holding a focus group with CE participants to understand their employment and education interests. We hope to use these findings to expand our selection of education options and find new ways to build our service users' motivations, skills and recovery capital as they progress through the programme. Within year one of this Strategic Plan, we will focus on the development of a new strategy for our Continuum of Care programme and discuss how DROP will resource these changes.

As part of this step, DROP will develop a manual outlining the approach and structure of our Continuum of Care programme. We will also undertake research to identify outcome measurement tools and indicators that will be used to evaluate the pilot.

#### **Step Two: Establish a new Pre-Entry group**

For some service users, a barrier to attending our Continuum of Care programme is participating in a structured programme and not familiar with working in a group setting.

DROP will introduce a new Pre-Entry group as the starting point for all service users that are interested in progressing through our Continuum of Care programme. In our pilot, participants will be offered weekly one-to-one key working session and attendance at a 12 module "Reduce the Use" programme. Our aim is to focus on building service user's motivation and awareness of drug and alcohol-related harm. We will also be developing a care plan to identify our service user's needs and goals, as they begin to explore their problem drug/ alcohol use.

Following a three-month trial, our staff will undertake a review of the Pre-Entry group with our participants. This review will be used to explore ways to improve the Pre-Entry group for participants and to further support progression into the Continuum of Care programme.

### **Step Three: Implement a new Continuum of Care programme**

Once we have developed our strategy, we will start work on implementing our new Continuum of Care programme. At the start of each quarter, we will be developing a quarterly schedule for our group education modules with input from our participants. We will also be speaking with our participants regularly throughout the year to hear how we're doing and if the programme is meeting their needs.

Also, we will be working on developing closer ties with local partner organisations and services with service users to recruit individuals that are suitable for our CE programme. We recognise there are many barriers that prevent people from participating in a daily, structured programme, and we will be liaising with our partners to gain a greater understanding of how we can help prepare people for the Continuum of Care programme.

As part of this step, we will be introducing new criteria to clarify progression from stage-to-stage. We will be working with our service users to ensure these criteria are well-defined and understood. Additionally, we will introduce new indicators and outcome measurement tools that will help participants to measure their progress. Our staff will regularly review this information to monitor their individual progress and identify new ways for DROP to adapt the programme to their needs.

### **Step Four: Establish partnerships with local GPs, Community Employment providers and local businesses**

As we proceed with implementing changes to our Continuum of Care programme, we will explore new opportunities to work closely with local GPs and other CE services. Our aim is to provide a range of education options for people attending our service, and this means exploring ways to partner with other CE providers that offer innovative, exciting courses.

DROP will also offer available spaces on our accredited programme to service users that are attending another CE programme. Our hope is to develop a close relationship with CE providers with values that match our own, and continue to find innovative ways to support people with progressing into employment, education or further training.

As people near the completion of the programme, we will also work to establish partnerships with local businesses and employers in Dun Laoghaire – Rathdown to offer workplace experience opportunities. We recognise that an important step in this process is building an individual's confidence and experience in workplace settings.

### **Step Five: Evaluate our Continuum of Care Programme and review findings**

Over the next three years, DROP will undertake an evaluation of the Continuum of Care programme. We will need to consider whether the time and resources that it takes to deliver the programme are balanced by the outcomes of the programme for participants. As part of this step, we will make sure that our participants are closely involved and have the opportunity to share their feedback. Findings will be used by DROP to explore how we can improve outcomes for our participants and to improve their progression into employment, education or further training.

### **How we measure success**

- Partnerships with other CE programmes providing accredited training
- Accredited CE training programme is redeveloped
- Internal reviews show that new process is working well for service users
- Outcome data shows service users are stable and workplace readiness has increased at programme completion
- Evaluation of the Continuum of Care programme is undertaken

## Strategic Action 2: Enhance our case management approach with local services and agencies

### Overview

Aside from addiction issues, our service users increasingly present with a range of other difficulties, such as mental and physical health problems, family and relationship concerns and in some instances accommodation issues. Speaking with our service users, we recognise that having formalised, structured protocols with other services and agencies will help to ensure there is clear communication between organisations and that our service users are receiving appropriate wrap around support. **DROP will work with up to three partner organisations to enhance our case management and interagency protocol by developing a memorandum of understanding that agrees how both organisations will work together to effectively support shared service users.**

### Objective

To further develop our approach to case management and referral by identifying key partner organisations. Our aim is to agree a memorandum of understanding (MOU) with our partner organisations, which will be reviewed every three years to assess how both organisations are collaboratively working or ways that we might improve our partnership.

### Rationale

Our staff regularly communicate with local services and organisations, but we can encounter a range of difficulties when a service user has higher support needs. DROP would like to develop a structured approach to working with our partner organisations that will help ensure that shared service users are receiving the support relevant to their needs.

### Key Steps

#### **Step One: Review our approach to interagency communication**

Many individuals involved in our Continuum of Care programme have complex needs and are working with other local services and agencies for support, such as GPs, residential treatment centres, mental health services, housing services and social workers. To start, we will be undertaking a review of our interagency protocols and speaking with our service users about the challenges they encounter.

#### **Step Two: Identify key partner organisations to agree case management protocols**

Our staff will be meeting with local services and organisations to review the current needs of service users and identify how our services can work together to respond to their complex needs. Through this process, our staff will identify a number of potential services and organisations that are already working with our service users. As part of this step, we will be working with our Board of Management to develop new communication, posters and materials about our services. Our aim is to make sure that local services and organisations have the sufficient information about our work.

#### **Step Three: Developed Memorandums of Understanding with up to three organisations**

Once we have identified a key partner organisation, we will start work develop an MOU to outline how interagency working can be further developed. As part of this step, we will explore ways to improve our referral process, case management, and discuss how we will continue to support this relationship. We also will continue to develop agreements with new organisations and will review each MOU every three years with partners to ensure all parties are satisfied with the partnership and service users are being effectively supported by both organisations.

#### **Step Four: Agree and review Memorandum of Understanding with partners annually**

Once both organisations have agreed to the MOU, our next step will be to implement this change in our case management protocols. Once agreed, we will review our MOU annually with our partners to ensure all parties are satisfied with the partnership.

## How We Measure Success

- Undertake service visits and meetings with key partner organisations
- Review shows better outcomes for service users
- Up to three MOUs are agreed with key partner organisations

## Strategic Action 3: Further improve our governance and review of internal good practice

### Overview

DROP will ensure our Board of Management and staff are working in-line with good practice and changes within the Drug and Alcohol sector. **Our plan is to continually review our own internal practice, policies and guidebooks to ensure each are up-to-date and reflect good practice.** Over the next three years, we will continue to monitor how our internal policies and procedures are being implemented and how our work is informed with good practice.

### Objective

Our aim is to develop a new internal process that involves both our Board of Management and staff to identify key areas in our policies and procedures that must be addressed. Our goal is to ensure that this is a collaborative process, where all members of our organisations are informed about changes in our practices and the issues are well-understood by our Board, our staff and our service users. We will also be taking steps to make sure we are upholding the values of our services, and that these values are reflected in each of our policies.

### Rationale

Our Board of Management and staff will ensure that our policies and procedures are in-line with current good practice and reflect the work happening on the ground. We will ensure that our service users are involved in this process, and will be exploring new ways to gather input from our participants.

### Key Steps

#### **Step One: Undertake a review of all internal policies and procedures**

Our Manager will work with the staff team to develop new internal procedures for reviewing our internal policies and procedures, which will be submitted and reviewed by our Board of Management. A schedule of all policies will be developed and the Board will assign priority. All current policies will be reviewed and updated throughout the duration of this strategic plan. As part of this step, our staff will be regularly communicating about emerging issues in our work and we will discuss how these are reflected in our current policies.

#### **Step Two: Establish a rotating working group to review internal policies and procedures**

Our staff will identify three internal policies or procedures each year that will be reviewed by our Board and staff team. These policies and procedures will be identified by staff at start of the year. We will be establishing a rotating working group comprised of members of Board and staff, who will be responsible for reviewing each policy or procedure. As part of this step, we will also be undertaking research into current good practice or meeting with other addiction services.

#### **Step Three: Implement new internal procedure and review key policies on an annual basis**

On an annual basis, both the Manager and staff will hold a team planning day to review the internal policies and procedures that have been reviewed. This will be an opportunity to further discuss how these policies will affect our service and to review any emerging gaps or issues that have not yet been fully addressed.

#### **Step Four: Continuous review and evaluation of internal policies and procedures**

Finally, our Board will review any potential gaps and consider good practice, before making a decision. Once approved, these changes will be mainstreamed in our service.

#### How We Measure Success

- Working group is established
- Key policies are updated on an annual basis
- Gaps in policy are identified and addressed jointly by Board and staff

## Strategic Action 4: Develop a communication strategy for DROPP

### Overview

In our strategic planning process, we saw an opportunity to improve how DROPP communicates our work and engages with partner organisations and with the wider community. **We will be developing a new communication and outreach strategy to improve our engagement with key target groups in our community and improve how DROPP communicates about our services and the value of our work.** We see ourselves as an important part of the local community and want to make sure that people living in Dun Laoghaire - Rathdown know about our services and how we can help to address problems with drugs/alcohol misuse.

### Objectives

- To develop a communication and outreach strategy that outlines the messages and measures that we will use to engage specific target groups
- To make sure that our website is up-to-date with information about our Continuum of Care and full of images showing the range of services available
- To improve referral pathways to our Continuum of Care programme and to extend our number of referrer organisations
- To engage with local services, schools and health professionals through a variety of ways that will ensure target groups are aware of our service.

### Rationale

Dun Laoghaire – Rathdown is one of the fastest growing communities in Ireland. We want to ensure that people are aware of our services and that our communication is reaching groups that might not be aware or are seeking support with addiction, particularly in communities where drug or alcohol might be stigmatised or hidden.

### Key Steps

#### **Step One: Develop a communication and outreach strategy in relation to DROPP services and programmes**

The Board of Management and staff will develop a communication and outreach strategy that includes a description of our programmes and services, and a new approach for engaging with key target groups. This strategy will consider how we want to communicate about work and how we will take steps to build awareness of the impact of our work.

#### **Step Two: Identify key target groups in the wider community**

Once we have developed our key messages, we will develop a list of relevant agencies and stakeholders in the local community that DROPP is working with, as well as target organisations that do not have close ties with our services. Once our target groups are identified, our staff will prioritise key stakeholders and agree on the best method for communicating with them. This might include information leaflets/posters, service visits, networking, community events, open days, social media posts or advertisements.

### **Step Three: Review our communication and outreach strategy**

Once we have implemented our communication and outreach strategy, we will review the impact of our communication. We anticipate that this work will have an impact on the range of service providers that are referring to our service, as well as the level of awareness of DROP in the local community. As part of this step, we will explore new ways to continue promoting our services and reputation, or new audiences to engage with.

#### How We Measure Success

- Our website is redesigned with an increase in online traffic
- Extend the number of referrers to our Continuum of Care programme
- Number of community events undertaken by DROP

## Strategic Action 5: Securing premises for DROP

### Overview

As we move forward our strategic plan, DROP will continue to secure premise to carry out our work. We want to make sure DROP takes appropriate steps to plan for every contingency. **Our plan is to undertake a feasibility study to help DROP with securing premises or explore ways of sharing space with other organisations.** As we think about the future of the organisation, we will be speaking with our partner organisations and our service users to gather their input.

### Objective

- To develop a strategy to help DROP with securing premises for our service or explore ways for our service to share premises with another local service or agency
- To consult with our service users through this process to understand how DROP continues to respond to their needs and consider how we make our service accessible to the community
- To establish agreement with a partner organisation or services to share premises, if necessary

### Rationale

In the coming years, we see the potential that DROP will secure premises and will take appropriate steps to plan for all possibilities. Recognising that securing premises is challenging and expensive for any organisation, we plan to explore ways of partnering with another local service or agency that is interested in sharing premises and working collaboratively with DROP.

### Key Steps

#### **Step One: Undertake a feasibility study and strategy to support DROP with reviewing our current needs**

We will be developing a feasibility study and strategy that will review the current needs of our service. The aim of this study is to investigate potential locations and buildings for DROP, as well as to determine what potential there is to share premises with another local service or agency. As part of this step, we will also be consulting with our service users to ensure that we continue to support their needs, and consider how DROP makes sure our service continues to be accessible to the wider community.

At the end of this process, our Board of Management will have the information needed to decide on the best direction for DROP and the resources needed to secure DROP's future.

#### **Step Two: Explore sharing premises with another local service or agency**

We also recognise that sharing space with a local service or agency may be our best option. We will speak with other local services and agencies in Dun Laoghaire - Rathdown to explore how we might share premises. We hope to find a service that matches our values and shares

our commitment to providing high-quality service provision. Also, we would like to find an organisation that is already working closely with DROP and where sharing premises might improve how we provide support to shared service users.

#### How We Measure Success

- Secure premises for DROP
- Acquire expression of interest from other local services or organisations to share premises

## Section Five: Strategic Plan Year by Year

Goals	Steps	Year by Year		
		2019	2020	2021
<b>Strategic Action 1: Further develop our Continuum of Care Programme</b>	Step One: Develop a strategy for implementing a new Continuum of Care Programme	Q1 – Q2 Lead: Manager Support: Staff		
	Step Two: Establish a new Pre-Entry group	Q1 – Q2 Lead: Manager Support: Staff		
	Step Three: Implement a new Continuum of Care programme	2019 Q2 – 2020 Q3 Lead: CE Supervisor Support: Staff		
	Step Four: Establish partnerships with local GPs, Community Employment providers and local businesses	2019 Q3 – 2020 Q4 Lead: CE Supervisor Support: Staff		
	Step Five: Evaluate our Continuum of Care Programme and review findings			Q1 –Q4 Lead: Manager Support: CE Supervisor & staff
<b>Strategic Action 2: Improve our case management approach with local services and agencies</b>	Step One: Review our approach to interagency communication	Q3 – Q4 Lead Manager/CE Supervisor Support Staff		
	Step Two: Identify key partner organisations to agree case management protocols	Q3-Q4 Lead Manager Support Staff		
	Step Three: Develop Memorandums of Understanding with up to three organisations		2020 Q1- 2021Q2 Lead: Manager Support Staff	

<b>Strategic Action 3: Further improve our internal policies and procedures</b>	Step One: Undertake a review of up to three internal policies and procedures each year	Q1 2019 – Q3 2021 Lead: Board of Management Support: Sub-committees & Staff		
	Step Two: Establish a rotating working group to review internal policies and procedures	Q1 – Q2 Board of Management Support: Subcommittees		
	Step Three: Implement new internal procedure and review key policies on an annual basis	Q1 2019 – Q3 2021 Lead: Board of Management Support: Sub-committees & Staff		
<b>Strategic Action 4: Develop a communication strategy for DROP</b>	Step One: Develop a communication and outreach strategy in relation to DROP services and programmes	2019 Q3 – 2020 Q2 Lead: Board of Management Support: Manager, Staff & External Expert		
	Step Two: Identify key target groups in the wider community	Q3 – Q4 Lead: Board of Management Support: Manager, Staff & External Expert		
	Step Three: Review our communication and outreach strategy			Q1 –Q4 Lead: Manager Support: Board of Management & Staff
<b>Strategic Action 5: Finding a new premises for DROP</b>	Step One: Undertake a feasibility study and strategy to support DROP with reviewing our current needs	Q3 – Q4 Lead: Manager Support: Board of Management & Staff		
	Step Two: Explore sharing premises with another local service or agency	2019 Q3 – 2020 Q4 Lead: Manager Support: Board of Management & Staff		

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## Appendix 1: Our Board of Management and Funders

### Board of Management

Company Director Name	Role	Organisation / Sector represented
Cian Ó'Lonargáin	Chairperson	DLR County Council Representative
Ciaran Walsh	Treasurer	Private
Seamus Brennan	Company Secretary	Private
Eileen Ryder	Board Member with C&V Sector expertise	Community
Elaine Forsyth	Board Member with C&V Sector and Human Resource Management Expertise	Community
Tony Duggan	Board Member with Human Resource Management Expertise	Private
Donal Geoghegan	Board Member with Sales & Marketing Expertise	Private
Rosemarie Keenan	Board Member with Clinical Expertise	Community

### Our Funders



## Appendix 2: DROP Stakeholder

This appendix shows the key stakeholder groups and organisations presently working with DROP. Over the coming years, we hope to develop our communication, outreach and interagency work with these groups.

Stakeholder Groups	Target Groups
<b>Our primary beneficiaries</b>	Individuals with problem drug or alcohol use Concerned Persons (e.g. individuals with a family members with problem drug or alcohol use)
<b>Our secondary beneficiaries</b>	Families (of individuals with problem drug and alcohol use) Children (of individuals with problem drug and alcohol use) Local residents in Dun Laoghaire-Rathdown
<b>Our partner organisations</b>	<p><b>Drug and Alcohol Services</b> Bray Community Addiction Team Dun Laoghaire-Rathdown Community Addiction Team Aiseiri Coolmine HSE Rehabilitation Integration Service St. John of Gods</p> <p><b>Homelessness / Accommodations</b> Crosscare Bentley House Dublin Simon Community Peter Mc Verry Trust</p> <p><b>Justice / Prison Services</b> Irish Court Services Probation &amp; Welfare Tivoli Training Centre Irish Prison Service</p> <p><b>Education / Training</b> Local primary and secondary schools Local colleges and training centres Local Employment Service Dublin and Dún Laoghaire Education and Training Board</p> <p><b>Physical Health / Mental Health</b> St Michael's Ward Beaumont Hospital Local GPs Chemists Patrick Street Clinic</p> <p><b>Family / Young People</b> Tusla SICAP</p>
<b>Our funders &amp; grant supports</b>	Health Service Executive Department of Employment Affairs & Social Protection Dun Laoghaire Rathdown Drug & Alcohol Task Force Dun Laoghaire Rathdown County Council Southside Partnership Court Services
<b>Other key local agencies and organisations</b>	Dún Laoghaire-Rathdown County Council Dún Laoghaire-Rathdown Chamber of Commerce Southside Partnership