



# Strategic Plan 2018 – 2021









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Team (LtoR): Janet, Robbie, Reini, Nicola, Tara, Lar & Mandy

# FOREWORD

Stuart Fraser - Chairperson



It is with much pride and a hint of sadness, that I write this foreword for Community Responses Strategic Plan 2018-2021. The pride is that I have had the privilege to be involved with this organisation for the last six years and the sadness as this will be my final duty as Chair of Community Response.

I was approached by the outgoing chair six years ago to join the board. It was in the middle of the austerity years at a time when the project was at a crossroads on which direction to take. It was a decision that was to shape and develop the long-term sustainability of the organisation. The following years after the development of the previous strategic plan 2013-2016 have been transformative for the organisation.

It was a pleasure to give the Manager Nicola Perry and the staff team the support to re-strategize and support this strategic repositioning of the service under the areas of Alcohol, Hepatitis C and Liver Health. The team have worked incredibly hard to achieve this new service with fantastic results and outputs. It has been so important to develop much needed alcohol services in a very under resourced treatment area and to do it to such high standards.

The Hepatitis C initiatives go from strength to strength and our new alliance with the Hepatitis C Partnership will further our goals. With new treatments coming on line for Hepatitis C that have had great success with virus clearance rates and an ambitious target of eradicating Hepatitis C from Ireland by 2030. It is such

an exciting time; an incredible treatment story of a generation and it is great to be part of it.

From a board perspective, significant work has been done on improving best practice governance at planning, financial and operational levels. The development of that framework started last year with a robust review of our corporate governance to ensure funder confidence in our services.

We undertook several actions which included the establishment of a finance, risk and audit sub-committee, and a quality assurance sub-committee. I would personally like to thank the board of directors who committed the additional time to these committees, as they form an important function of our governance structure.

Like any report of this nature, it takes a commitment from many people to take time out of their normal busy schedules. I would like to take this opportunity to thank the board of directors, management and staff for all their input.

It is an ambitious and exciting plan and one which I am sure the team will achieve, so with that I wish Nicola, the staff team and the board the best of luck in their new journey.

“The Hepatitis C initiatives go from strength to strength and our new alliance with the Hepatitis C Partnership will further our goals.”



# FOREWORD

Nicola Perry - Project Manager



During the lifespan of the projects first Strategic Plan (2013-2016) the project, its staff, clients and management committee learnt and made necessary developments to provide a high-quality service with the client at the centre. We have produced a programme that offers services along a continuum of care, from those actively drinking to those who are abstinent. Psycho-educational models of group work are utilised, along with underlying approaches of Motivational Interviewing and CBT. The model of Harm Reduction underpins all groups in the programme. One to one key working is available as needed, as are stress management techniques, auricular acupuncture and mindfulness. Generalised anxiety and panic disorder are seen frequently within our client group and we endeavour to provide non-pharmaceutical responses to this on an individual and group level.

One clearly identified gap within the service is the absence of a multi-agency support for community alcohol detox programme. Many service users are not able to do in-patient detox, or there is no availability. For many people there is discrimination around alcohol dependency, which can lead to a secret or hidden life- it's not always possible or realistic to attend in-patient detox. This can be especially true for women facing childcare issues along with other societal and family pressures. We have built this in to this plan as a clear aim, and plan to work with our funders, other key agencies and G.P's to pilot and review this service in the area. Also, over the life of this plan we will add a second stabilisation group to the core programme, this is a ten-week weekly session, with a harm reduction ethos that incorporates contingency management. Increasing group size and demonstrated need has led to this decision. We have worked extensively with information, referral pathways and treatment access for Hepatitis C - we have been integral to the development and expansion of the Hepatitis C Partnership (HCP). The innovative work involving direct peer support, public awareness, outreach testing and group education has been key in over 2,000 people being cured from HCV in the last two years. During this plan we will create a formal working relationship between Community Response and the HCP, for strengthened working relations with all stakeholders. We continue to believe that nobody should have to die from Hepatitis C.

Over the duration of this new plan we will continue to provide quality, evidence-based programmes for our primary alcohol clients, with the addition of a pilot Community Based Alcohol Detox. We will expand on our Hepatitis C work, including clinical and academic research, assertive seek and treat of those infected and advocacy with our clients. We will work along with the National Hepatitis C Treatment Programme to ensure that Ireland will reach its goal of eliminating Hepatitis C by 2030.

We will take steps to move our active Family Support group to become peer led, allowing members to develop and provide the support that they need for themselves and others. We will provide training for interested group members in "the Five Step model" and ensure best practice guidelines are adhered to within the group.

I would like to thank the Management Committee of Community Response, especially the Chairperson, Stuart Fraser, for the work on this plan, in addition to general committee work. Without the extensive work carried out through the last plan, and into this one, executed by Stuart and the committee, the project would not be as thriving as it is today. I also wish to thank everyone who inputted into the plan, the staff team, service users, key agencies and our funders-HSE Addiction Services CHO 6&7, CCLDATF, SICLDATF.

Community Response is committed to the inclusion of service user views about how our service is run.

I believe one of the strengths of the project lies within its partnerships, we work closely with Dublin Simon, Castle Street OST Clinic, St. James Hepatology Unit, Mater Misericordiae Infectious Diseases Clinic and the National Hepatitis C Treatment Office (a full list of agencies worked with is on page 26). Any service user coming to Community Response opens not one door but many thanks to you all.

To our clients, we plan to continue to try to do our best, so that you can try to do yours.

# INTRODUCTION TO COMMUNITY RESPONSE

Community Response was established in 1990, to support people in the local community affected by alcohol and drugs. Community Response underwent a significant change in 2015 following a strategic review. As part of this review the organisation undertook research into the unmet needs of the local community. This review found that within one kilometre of the service there were over 400 homeless beds. A key issue facing people using homeless services was alcohol, an issue compounded by a lack of available services offering alcohol based rehabilitation and support services. The need for alcohol support services within the wider geographical community was also noted. The effects of alcohol abuse on individuals and families is frequently devastating. Based on the views of respondents and local stakeholders, as well as consultation with the South Inner City Drug & Alcohol Task Force, a clear need was identified for additional alcohol support services in the local area.

Community Response, in recognition of these key unaddressed needs, redeveloped its programme offerings to centre around several alcohol support programmes. The service also provides key working, holistic and relaxation supports. These programmes utilise the organisations experience, developed over the previous 15 years in relation to providing community based alcohol and drug services. The programmes are also firmly based in evidence as to what works and meet with national standards and requirements including the National Drug Rehabilitation Committee (NDRIC) and Quality in Drug and Alcohol Services (QuADS).

In addition to the provision of alcohol programmes, Community Response has a nationally recognised role in provision of Hepatitis C supports. This role has become further consolidated through the organisations support and development role for the National Hepatitis C Partnership. The Hepatitis C Partnership is a multiagency group who aim to provide services to support attainment of the goal of Irelands population being free from Hepatitis C in 2030 (making Hepatitis C a rare disease). The following section highlights some of the significant achievements over the period of the last strategic plan.

## OUR KEY ACHIEVEMENTS 2015 - 2017

### 2015

- Provided alcohol related interventions and family support for 170 unique clients who had 1,256 attendances over the year.
- Launched the Hepatitis C Partnership on World Hepatitis Day, with Marianne Faithful. Total media reach in Ireland of 1.7 million.
- Achieved HSE Addiction Services clinical governance approval for pilot alcohol stabilisation programme.

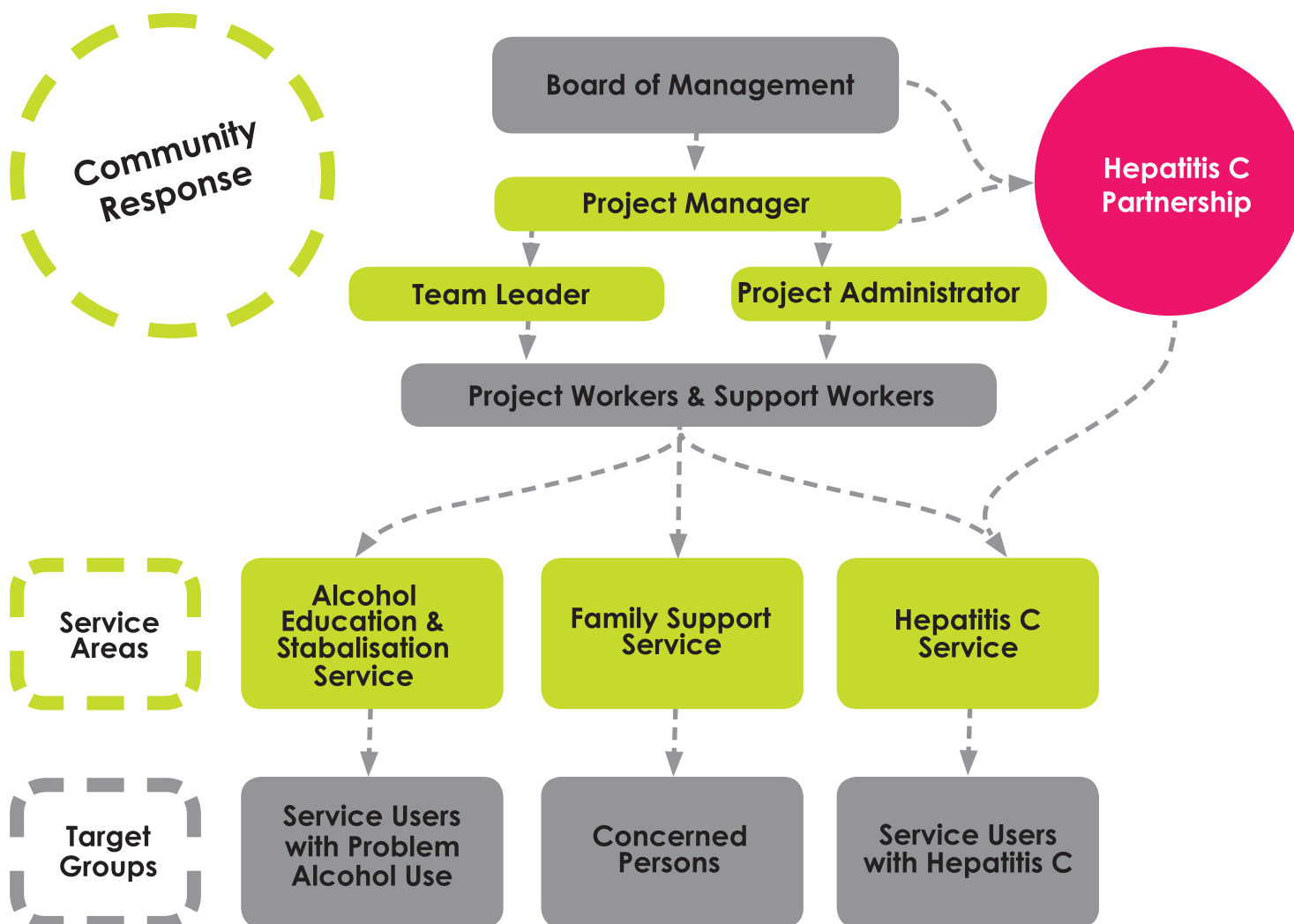
### 2016

- Provided alcohol related interventions and family support for 301 unique clients, who attended the services 1,507 times over the year.
- Provided Hepatitis C group education for 117 unique clients, who attended 327 times.
- Held outreach Liver Fibro scanning for World Hepatitis C Day in Castle St. OST Clinic, Merchants Quay Ireland and Coolmine Therapeutic Community, during the "What's the F-ing Story Campaign?". Media reach of 2.2 million.
- SMART (Self Management and Recovery Training) training undertaken, and pilot open group added to projects core programmes.

### 2017

- Provided alcohol related interventions and family support for 279 unique clients, who attended the service 1,347 times over the year.
- Provided Hepatitis C group education for 132 unique clients, who attended 358 times.
- Engaged with the Mater Hospital & UCD School of Medicine of EU funded "Hepfriend" peer support research programme which runs until December 2018. Early data shown in a poster presentation for the INSHU International Harm Reduction Conference, New York in September 2017.
- Started unique wrap around support service in conjunction with HSE Addiction Services Castle St OST Clinic, offering on site group and one to one education and support.

## OUR ORGANISATION



## OUR VISION

To empower people to make and maintain healthy lifestyle changes relating to alcohol and poly-drug misuse.

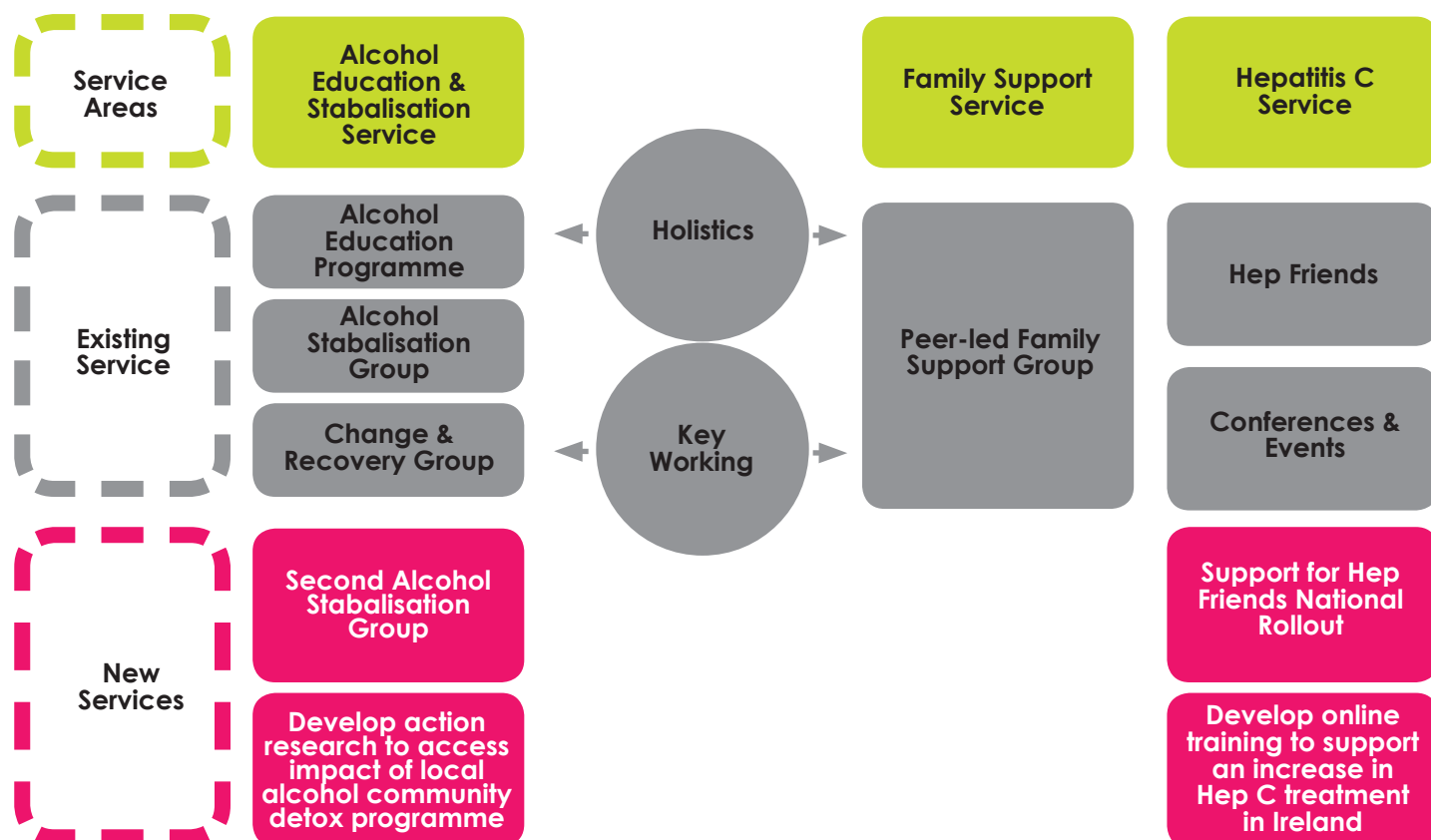
## OUR MISSION

Community Response offers a local response to the difficulties faced by individuals, their families and the wider community in relation to alcohol and poly-drug misuse. We aim to provide a wide range of client centred services for those infected and affected by Hepatitis C . Our team provides health information, education and support to encourage people to make positive changes for their health and wellbeing.

## OUR VALUES

As Community Response is a service that exists to support our service users, our values are written from this perspective.

<b>HONESTY</b>	We want to be honest with you, and about you. This starts from the first time we start working with you, when we ask: "is this the right service for you?". We also want you to be honest with us, and will ask you to give us feedback on the supports and programmes we provide you.
<b>RESPECT</b>	We will respect you as the individual that you are, we won't put you in a box.
<b>SAFETY</b>	This is a confidential, safe place where you can be who you are.
<b>DIGNITY</b>	Everyone working in or using the service has the right to be treated with dignity.
<b>CONSISTENCY</b>	We'll be here for you, for the short or the long haul, working through problems together.
<b>ADVOCACY</b>	Not being listened to? We will support you. Together we can work to shape how services are supporting you.





# COMMUNITY RESPONSE SERVICES

## ALCOHOL EDUCATION PROGRAMME:

### Who is it for?

This programme is for anyone who wants information about alcohol and alcohol use for themselves or their family members. After completing the course people will understand what alcohol is and how it affects people's bodies, minds and lifestyles.

### How long and how often?

5 weeks - 1 day a week for 1 hour (5 hours in total).

### What is expected of participants?

- That people don't drink or take drugs before coming to the course.
- An open mind.

### What happens in the group?

We present interesting facts through talks and videos. This is followed by a group discussion of the topic. Everyone is asked to listen and nobody is required to speak.

### What do participants gain?

- A whole new way of thinking about alcohol and health.
- Skills to make decisions and changes that benefit you or your family.
- Being part of an understanding, fun and non-judgemental group.

### How does it relate to other programmes?

For many people this group is enough to make some positive changes in their life. For people that wish to make bigger changes they can start one of several other programmes, such as the stabilisation or the change and recovery groups or family support group, or we will support you to find another programme or project that suits you.

### What past participants say:

"I didn't know where my liver was before the group – I learnt so much about what alcohol does to my body AND mind."

## ALCOHOL STABILISATION PROGRAMME:

### Who is it for?

People who are still drinking and thinking about making positive changes or are very new to being sober and need peer support.

### How long and how often?

- 10 weeks - 2 hours once a week (20 hours in total).

### What is expected of participants?

- Even if you have had a drink before the group you need to be able to listen and join in.
- We want you to commit to attending all 10 sessions, you get a voucher to acknowledge commitment after every 5 sessions you attend.

### What do participants gain?

- Peer support, in a safe space, where you are not judged.
- An increased sense of hope and power to make change.
- Knowledge and skills to reduce or stop alcohol use, depending on what you want to achieve.

### What happens in the group?

The group starts with an informal cup of tea and chat. Then we catch up on how everyone's week went. This is followed by workshops on new skills or information like developing coping skills, avoiding a relapse or managing challenging situations. The group often ends with people discussing their own goals as well as ensuring that everyone feels good and has the support they need for the next week. The group is confidential and is a safe and non-judgemental space. People are also offered one-to-one time with a staff member to help them. Anyone without a key worker (see description below) will also be offered one. If it helps we will ring you the day before to remind you its on!

If people attend five sessions in a row, then they receive a €20 Dunnes voucher. These are presented during the group session to acknowledge their achievement.

### How does it relate to other programmes?

Some people want to repeat the programme and you can do this up to three times before we help you find a follow-on programme. Participants who stop alcohol use in this programme can progress to Pathways to Change and Recovery or another rehabilitation programme. People will also be offered ongoing one-to-one supports with a staff member if they need these.

### What past participants say:

"I drink more when I'm not coming here. I came back to reduce again, there's good company."

## CHANGE AND RECOVERY:

### Who is it for?

People who are not drinking and are committed to being sober and want a safe space to develop skills and get peer support.

### How long is it?

12 weeks - one and a half hours once a week (18 hours in total).

### What is expected of participants?

- Commitment to attend every session.
- Joining discussions and sharing experiences.

### What do participants gain?

- Knowledge on relapse prevention and coping skills.
- A safe and structured peer support environment with others with similar goals.
- Personal development and how to enjoy life without alcohol.

### How does it work?

The group starts with a short relaxation exercise, we then cover a topic such as relapse prevention or enjoying life without alcohol. Group discussion is followed by support circles to check how everyone is doing. For those that require additional support key working is also available.

### How does it relate to other programmes?

After the programme you can get one-to-one aftercare or be referred to another programme.

### What past participants say:

"It's helped me think about why and when I drink. Now I can hear the `smoke alarms` going off. It's in my language."

## KEY WORKING:

### Who is it for?

- Individuals who need high levels of support who don't have other one-to-one supports in place. You don't have to attend one of our groups.
- Aftercare for people who move on and those who may have difficulties in groups.

### Who is it not for?

- People who have keyworkers in other agencies

### How long is it?

- Ongoing and reviewed every three months where you decide whether you want to continue.

### What is expected of participants?

- Attend all sessions and let us know in advance when you can't.
- Attend without being under the influence of drugs or alcohol.
- Be open and honest.
- Be willing to work towards achieving your goals with a key worker.

### What do participants gain?

- A quite supportive time to reflect on your goals that relate to your drug or alcohol use, your work or education, your family or other important issues.
- Help planning to reach those goals.
- Help finding services and supports, if you need them, to support you to meet your goals.

### How does it relate to other programmes?

Doing key working can help you identify if there are supports you need in relation to your drug or alcohol use and other areas. If you identify a need for other supports we provide, or programmes that we run, we can help you access them. Anyone doing any of our programmes can have a keyworker, if you do not have one in another service. If you do, we will work alongside them to support you.

## HOLISTIC:

### Who is it for?

All clients already attending another programme in Community Response.

### Who is it not for?

People who have recently taken drugs or alcohol.

### What do participants gain?

- Better ability to focus and relax (mindfulness).
- Feeling more relaxed (all).
- Reduced cravings (acupuncture).

### What does it involve?

Attending a one-to-one session to get Head Massage, Mindfulness session (e.g. relaxation) or Auricular Acupuncture (e.g. small needles / stress balls in your ears to help with cravings and support relaxation).

### How does it relate to other programmes?

Reduces possible anxiety, helping you to relax and engage in other aspects of the programme.

## FAMILY SUPPORT GROUP:

### Who is it for?

Parents and grandparents / guardians affected by their family members alcohol and drug use.

### How does it work and how often?

Our peer led family support group meets every week on a Thursday evening for two hours. This group welcomes new members.

### What is expected of participants?

- Attendance.
- Peer support and working within the programme guidelines in relation to confidentiality.
- Respect.

### What do participants gain?

Support, information and development.

## HEPATITIS C ONE-TO-ONE SERVICES:

### What are they?

We run one-to-one and group supports for the 3 – 6 months Hepatitis C treatment pathway.

### Who is it for?

People who are affected by Hepatitis C.

### How long is it?

3 – 6 months with aftercare, assessed on an individual basis.

### What is expected of participants?

- Attendance and participation.
- Willingness to learn.

### What do participants gain?

Support to start and complete the Hepatitis C treatment and become Hepatitis C free.

### How does it relate to other programmes?

For those that need it there are pathways to holistic, stabilisation, alcohol education programmes and key working. We also work externally with the Mater Misericordiae, St. James and St. Vincents Hepatology and Infectious Diseases clinics.



# AN OVERVIEW OF THE PROCESS TO DEVELOP THIS STRATEGIC PLAN

This strategic plan has been developed by the team and board of Community Response with significant input by clients and stakeholders such as Partners and Funders.

## STEP ONE Situational Analysis

1. Interviews with board and key stakeholders
2. Consultation with board and staff
3. Surveys with staff team
4. Cost per unit analysis
5. Service visits with five agencies

6. Workshops with board and staff
7. Consultation with service users

## STEP TWO Developing the Plan

## STEP THREE Finalising the Plan

8. Workshops with board and staff to review resources
9. Ratification of strategic actions with key stakeholders
10. Approval of strategic plan by board

# KEY OBJECTIVES AND ACTIONS 2018 – 2021

## STRATEGIC OBJECTIVE 1 –

Increase the impact of alcohol services

To further develop the range of alcohol and family support programmes to optimise impact at the local community level.

**Action 1** - Develop an action research project to assess the efficacy of a local community detox programme.

**Action 2** - Develop a second alcohol stabilisation programme.

**Action 3** - Support the transition of the family support group to a peer run model.

**Action 4** - Establish and implement an awareness and promotion strategy to maximise attendance in all programmes with a focus on community engagement.

**Action 5** - Commission an external evaluation to assess client outcomes from the alcohol programme.

## STRATEGIC OBJECTIVE 2 –

Support access to Hepatitis C treatment across Ireland

To consolidate our work with the Hepatitis C Partnership to extend good practice responses for Hepatitis C treatment across Ireland.

**Action 6** - Integrate the work plan of the Hepatitis C Partnership into the Governance Structures of Community Response.

**Action 7** - Develop a good practice informed ethics policy to guide all fundraising and research projects.

**Action 8** - Develop an online module and training for trainer programme to support an increase in access to HCV treatment across Ireland.

**Action 9** - Support the extension of the Hep Friends Programme nationally and roll this out regionally.

## STRATEGIC OBJECTIVE 3 –

Ensure best use of our resources

To further develop internal capacity and governance to ensure best use of resources.

**Action 10** - Continue to develop our internal communications processes.

**Action 11** - Develop a plan to adapt the physical workspace to facilitate better use of premises.

**Action 12** - The board to extend its commitment to good practice by attaining triple lock status.

# STRATEGIC OBJECTIVE 1 – INCREASE THE IMPACT OF ALCOHOL SERVICES

## ACTION 1 - DEVELOP AN ACTION RESEARCH PROJECT TO ASSESS THE EFFICACY OF LOCAL COMMUNITY DETOX PROGRAMME

### Overview

Community Response has very positive working relationships with local HSE clinics. This action will build on these relationships by piloting a local community detoxification programme. To assess efficacy and efficiency of the model the pilot will be evaluated and if this shows benefits mainstreaming of the pilot will be negotiated with the HSE.

STEP	WHEN	OUTCOME
Undertake desktop research with other relevant programmes and protocols across Ireland and internationally to ascertain good practice and standards.	Q4, 2018	Draft local community detox protocols drawn from good practice.
Develop a clinical governance structure for the community detox programme and a programme guidebook which outlines how partners will work together to support people wishing to detox outside of residential environments.	Q1, 2019	Section of the protocols which outlines governance arrangements completed.
Agree the research steering group and the outcome framework which will provide data on success and cost benefits of the process.	Q1, 2019	Outcome framework and steering group agreed.
Undertake the pilot and review frequently throughout pilot period.	Q2, 2019 – Q2, 2020	Pilot operational and reviewed regularly.
Evaluate programme success to answer the following questions: <ul style="list-style-type: none"> <li>- How does the models' success rates compare to other community detox programmes and residential programmes at programme exit and three months post programme?</li> <li>- What are the benefits to clients (wellbeing, health, family engagement)?</li> <li>- How does the cost of the programme compare to existing comparable options?</li> </ul>	Q4, 2020	Evaluation completed.
Disseminate project findings at regional and national conferences.	Q4, 2020	Seminar and presentations on findings.
If the pilot reveals beneficial and cost effective outcomes then to engage partners, namely HSE Addiction Services, in mainstreaming the programme.	Q1, 2021	Mainstreaming of community detox.

### What does success look like (KPI's)?

- Steering group and protocol developed.
- The evaluation is completed showing that the programme supports client detoxification through a cost effective model with comparable rates to in-patient detox.



## ACTION 2 - DEVELOP A SECOND ALCOHOL STABILISATION PROGRAMME

### Overview

The current alcohol stabilisation programme receives excellent feedback from clients. Significant numbers of programme participants, excluding Stabilisation, are referred by Dublin Simon Alcohol Detox. While this relationship is a significant strength of the programme, it also highlights the need to diversify referral routes to ensure programme sustainability. To ensure that Community Response is maximising its impact in the local community a second programme will be established and will be promoted within the local community and with other service providers.

This action is connected to Action 4 which is focused on promotion of all programmes.

STEP	WHEN	OUTCOME
Revise the weekly and annual schedule to allow for an additional stabilisation programme.	Q3, 2018	Community Response has staff availability to deliver another stabilisation programme.
Develop a brochure that outlines the programme and appeals to the general community. Engage site visits with key referral agencies (i.e. St. James Hepatology Unit, Probation, GP's, local NGO services).	Q3/4, 2018	Referrals increase to new programme and existing programmes.
Review the programme internally to ensure that the programme is effective for a diverse client group. Reflect on minority group needs.	Q1, 2019	The new programme should be reviewed regularly to ensure it is beneficial and appropriate to new clients from diverse backgrounds.

### What does success look like (KPI's)?

- A second programme is established and the review shows that this is appropriate and beneficial to a diverse client group.

## ACTION 3 – SUPPORT THE TRANSITION OF THE FAMILY SUPPORT GROUP TO A PEER RUN MODEL

### Overview

Transitioning the peer support group to a peer model involves supporting the development of peer leadership within the group as well as providing staff assistance when required to ensure the group maintains high standards in relation to accessibility, openness, confidentiality and support.

STEP	WHEN	OUTCOME
Work in partnership with members of the existing family support group to transition to a peer lead model through provision of training and mentoring. Encourage participation in "Peer Leadership" training programme.	Q3/Q4, 2018	The programme is peer led and peer facilitators have the skills to operate the group to a high standard.
In conjunction with peer leaders, and with reference to national good practice standards, devise internal review measures to support achievement of high standards.	Q1, 2019	Community Response is assured that peer workers are leading a professional family support group.

### What does success look like (KPI's)?

- Community leaders transition to full facilitation of the existing family support group.

## ACTION 4 - ESTABLISH AND IMPLEMENT AN AWARENESS AND PROMOTION STRATEGY TO MAXIMISE ATTENDANCE IN ALL PROGRAMMES WITH A FOCUS ON COMMUNITY ENGAGEMENT

### Overview

The Community Response alcohol programmes are well regarded and have significant referrals from local organisations. There is potential to increase the engagement across programmes from members of the local community. Reaching community members who are not currently linked into other services is a key goal of this next strategic period. This action involves several steps that aim to strengthen and diversify referral routes and to reach out to community members who may not be aware of the programmes.

STEP	WHEN	OUTCOME
Develop information brochures (paper and online) that clearly outlines the programmes, their content, the benefits to participants, as well as proving testimonials to the experience of participating in programmes.	Q3/4, 2018	Clear and accessible, user friendly information on programmes.
Engage with Google to establish a strategy for the use of free google add words to target members of the local community.	Q3/4, 2018	Utilisation of free ad words to increase community awareness.
Create simple, short informational videos which showcase what Community Response can do to support people with concerns about alcohol use. Disseminated through social media and made available on the website.	Q1/2, 2019	Development of videos which clarify services and reach out to those with lower literacy.
Service visits are held every other month with key potential referral agencies (health and social services), wherever possible a simple referral protocol is developed which identifies how referral and follow-up is undertaken.	Ongoing	Referrals increase from local services.
To engage with ICGP to promote the service with local GP's.	Q4, 2018 Ongoing	Referrals increase from GP's.

### What does success look like (KPI's)?

- A 100% increase in enquires from local community members.
- A 50% increase in local community ember participation in programmes (i.e. not from existing service referral routes).



## ACTION 5 - COMMISSION AN EXTERNAL EVALUATION TO ASSESS CLIENT OUTCOMES FROM THE ALCOHOL PROGRAMME

### Overview

Feedback on the Community Response Community Alcohol Programme is positive particularly in relation to programme outcomes and the programmes ability to reach and engage high-risk populations. To assess whether the programme is having a longer term impact, Community Response will commission an evaluation to assess change over the course of the programme and 6 months post programme.

STEP	WHEN	OUTCOME
A funding source or partnership is identified to support undertaking of an evaluation of the programme.	Q4, 2018	Sufficient funding for a robust evaluation.
A small research steering group is developed to scope this research project and to oversee all aspects of the evaluation including research ethics, a framework for outcome measurement and data collection, and a dissemination and publication plan.	Q1, 2019	Steering group developed.
The evaluation is undertaken measuring change at leaving and 3 to 6 months post programme.	Q2-4, 2019	Evaluation undertaken.
Evaluation results are disseminated and recommendations for development of the programme are implemented.	Q1, 2020	Recommendations implemented, and stakeholders are made aware of findings.

### What does success look like (KPI's)?

- An evaluation is undertaken under the guidance of a research steering group and recommendations are implemented.

# STRATEGIC OBJECTIVE 2 - INCREASE ACCESS TO HEPATITIS C TREATMENT ACROSS IRELAND

## ACTION 6 - INTEGRATE THE WORK OF THE HEPATITIS C PARTNERSHIP INTO THE GOVERNANCE STRUCTURES OF COMMUNITY RESPONSE



### Overview

The Hepatitis C Partnership is a national collaborative network of stakeholders working in Hepatitis C prevention and treatment. Those involved represent statutory as well as community and voluntary sectors. The network values service user involvement as a core principle. Community Response is one of several members of the national committee of the partnership. Due to the relevance of the Hepatitis C Partnership's work to the objectives of Community Response, over the last few years Community Response has seconded staff to project manage several specific actions for the partnership. A review of organisational risks, undertaken as part of the strategic plan, identified that the Hepatitis C Partnership would be better under the governance oversight of a CLG, and that Community Response is best placed to take on this role. This transition is more prudent for members of the board of Community Response as well as members of the Hepatitis C Partnership.

STEP	WHEN	OUTCOME
To establish a Memorandum of Understanding (MOU) with Hepatitis C Partnership that outlines how Community Response and Hepatitis C Partnership will work together to develop and implement a common work plan. The MOU should outline all operational oversight structures, financial agreements and communications between the Hepatitis C Partnership and Community Response.	Q3, 2018	MOU agreed by all parties.
To adapt the Governance Documents of Community Response to include the work of the Hepatitis C Partnership.	Q4, 2018 Q1, 2019 Ongoing	Resubmitted and approved constitution and charities regulator docs.
To agree strategic priorities for the work of the Hepatitis C Partnership and ensure a clear annual plan for this work.		Agreed work plan.
To manage and report on this work in line with the MOU.		Reporting structure implemented.

### What does success look like (KPI's)?

- The MOU is developed to outline all elements of the working relationship between Hepatitis C Partnership and Community Response.
- Annual Work plans are developed and delivered in line with the MOU.

## ACTION 7: DEVELOP A GOOD PRACTICE INFORMED ETHICS POLICY FOR RESEARCH AND PHARMACEUTICAL FUNDED PROJECTS



### Overview

Utilising relevant experts in medical and research ethics, Community Response to develop an Ethics policy which will have a focus on research and ethical project management as well as working effectively with pharmaceutical companies. This policy will outline how Community Response can maintain and communicate its high ethical standards in an efficient and meaningful manner.

STEP	WHEN	OUTCOME
A small time limited working group is developed to oversee the development of an ethics policy for the organisation.	Q3, 2018	Time limited working group developed.
Example policies and good practice are collected from other community and voluntary and health organisations engaged in action based projects and health research and who are engaging with pharmaceutical companies.	Q3, 2018	Source documents identified.
A draft policy is developed and is expert reviewed by a minimum of two qualified professionals.	Q4, 2018	Draft policy developed.
The policy is adopted by the board and implemented.	Q1, 2019	Policy adopted by the board.

### What does success look like (KPI's)?

- The ethics policy is developed and implemented.



## ACTION 8: DEVELOP AN ONLINE MODULE AND TRAINING FOR TRAINER PROGRAMME TO SUPPORT AN INCREASE IN ACCESS TO HEPATITIS C TREATMENT ACROSS IRELAND

### Overview

Medical advancements mean that it is now possible to treat Hepatitis C at an individual level and to fully eliminate Hepatitis C at population level. For people to avail of and benefit from this treatment the first step is that they are aware of their Hepatitis C status. If they are positive then they are informed and supported to access treatment. To achieve the goal of the Hepatitis C Partnership, in line with the World Health Organisation position that Hepatitis C will be eliminated in Ireland by 2030<sup>1</sup>, there is a need to ensure that people in higher risk groups are supported to test and then access treatment. This action outlines how Community Response can use their expertise and that of the Hepatitis C Partnership to grow the capacity of services across Ireland to assist clients to test and access support.

STEP	WHEN	OUTCOME
Develop a proposal for a project which seeks to develop a national network of paid Hepatitis C champions. The proposal will include funding for national supports and regional partners.	Q1, 2019	Costed proposal.
Develop a T4T online model for service champions.	Q1/2, 2019	Course developed and hosted.
Establish a streamlined national monitoring system for all champions to show progress on programme goals.	Q1/2, 2019	National outcome framework agreed.
Deliver the programme and review after 18 months.	Q4, 2020	Review completed.
Community Response to operate as the local champion for the greater Dublin and commuter belt area.	Q1, 2019	Delivery of services through Community Response.
Assertive outreach testing programme for Hepatitis C in conjunction with T4T programme.	Q2, 2019	On site testing provision in addiction rehabilitation NGOs in greater Dublin.

### What does success look like (KPI's)?

- There is a national network of trained Hepatitis C champions.
- Any high risk client in Ireland has support to be tested and to seek treatment.

<sup>1</sup>[www.who.int/hepatitis/publications/hep-elimination-by-2030-brief/en/](http://www.who.int/hepatitis/publications/hep-elimination-by-2030-brief/en/)

## ACTION 9: SUPPORT THE EXTENSION OF THE HEP FRIENDS PROGRAMME NATIONALLY

### Overview

Engagement with the Hepatitis C treatment regime requires patient commitment. This can be challenging to people who are experiencing instability in their lives. However, there is a growing body of evidence which shows that, with peer and professional supports, people in unstable living situations such as homelessness or active addiction can successfully complete such treatment.

Hep Friends is a peer-led programme to promote engagement with Hepatitis C treatment. Hep Friends has been piloted in Ireland involving Coolmine, Chrysalis, Community Response and the Hepatitis C Partnership as well as University College Dublin School of Medicine and the Mater Misericordiae Hospital Infectious Diseases Clinic. Training has also been provided in the prison setting, in conjunction with the Irish Red Cross. There are plans to roll this out in all 14 prisons. The programme is considered successful and has potential for further rollout. Community Response is well placed to drive this roll out over the next three years. The programme will seek funding through the National Hepatitis C Treatment Programme.

STEP	WHEN	OUTCOME
Develop and fund a proposal for roll out of the programme in a way that ensures equal access for people with Hepatitis C no matter where they live in Ireland.	Q1, 2019	Agreed and funded project plan.
Adapt the training to an online blended model and pilot in Dublin.	Q3/4, 2019	Online training programme.
Develop a T4T programme and a Network of T4T support organisations in each region to ensure local supports for peer workers.	Q4, 2019	Contract regional T4T/ support organisations.
Develop a national network of Peer Support Workers through the provision of a blended training programme certified by UCD or equivalent.	Q4, 2019	National network of peer workers developed.
Roll out on a staggered basis over 2018 - 2022.	Ongoing	Full national coverage by 2022.
Hold quarterly partner meetings to develop and manage the project and ensure monitoring of outcomes. Provide guidelines.	Q1, 2019	Quarterly meetings and reports.

### What does success look like (KPI's)?

- National coverage of Hep Friends.
- No. of people engaged in the Hep Friend programme.

# STRATEGIC OBJECTIVE 3: ENSURE BEST USE OF OUR RESOURCES

## ACTION 10: CONTINUE TO DEVELOP OUR INTERNAL COMMUNICATIONS

### Overview

We recognise the importance of having good communications between the board and staff team, as well as the pivotal role of communications between the Chair and Project Manager. We also seek to be an organisation which includes the service users voice in planning and service development. To ensure these are optimised we will develop mechanisms to support knowledge transfer and relationship building between board and staff levels within the organisation, as well as providing formal opportunities for service users to influence organisation planning.

STEP	WHEN	OUTCOME
Develop some terms of reference for communications between staff and board to include a staff representative on the board of Community Response as well as quarterly presentations between staff and board on key strategic actions and operations.	Q3, 2018	Terms of reference agreed and new systems trialled.
In partnership with service users to develop a term of reference for a service user forum. To involve peer trainees fully in the process.	Q4, 2018	Terms of reference developed with service users.
Over a 12 month period to trial a service user forum and adapt the terms of reference to reflect learning. Include SICLDATF initiatives in peer inclusion.	Q1-Q4, 2019	Clarify what is working, what could work better and adapt accordingly.

### What does success look like (KPI's)?

- Better engagement of staff and service users in the strategic direction and development of Community Response.
- Increased awareness and information at board level as to strategic operations, client satisfaction, employee positions and emerging issues.

## ACTION 11: DEVELOP A PLAN TO ADAPT THE PHYSICAL WORKSPACE TO FACILITATE BETTER USE OF THIS

### Overview

Based on the success of Community Response's programmes, the staff team has grown as have the number of programmes and the levels of service user engagement. This positive trend has however, put a strain on the capacity of the building. To ensure that the development of the service is not hampered by space limitations Community Response needs to undertake several steps to ensure a sustainable housing plan.

STEP	WHEN	OUTCOME
To engage with HSE and other relevant state agencies, to ascertain whether there are alternative building locations in the wider Liberties area for housing Community Response. Once options have been assessed, and if a long term option can be identified, then a plan to be developed to secure this space for the organisation. This mapping to also include a review of commercial properties, and potential space shares with other community development services.	Q3, 2018	Mapping exercise for the organisation to assess any other housing options for Community Response and likely costs.
If other appropriate spaces cannot be identified to develop a plan for renovating the existing building. The first step in this process is articulating a list of needs with staff and clients, as well as getting initial approval from HSE for a small increase in costs to pay off the renovations over a 5 year period.	Q4, 2018	List of requirements for the building refurbishment.
To reduce the costs of this process to engage corporate social responsibility architecture / interior design services to outline plans for the renovation of the community response space to further maximise.	Q4, 2018	Plans completed for the renovation.
Quotations attained for renovations from several providers, to ensure value for money and maintain procurement best practice.	Q1, 2019	Costs ascertained.
Borrow for the costs through Clann Credo with an assurance from a key funder for payment of the loan over 5-10 years.	Q1, 2019	Loan accessed with funder approval.

### What does success look like (KPI's)?

- The space is sound proofed and adapted to better fit additional staff as well as larger training spaces.



## ACTION 12 – THE BOARD TO EXTEND ITS COMMITMENT TO GOOD PRACTICE BY ATTAINING TRIPLE LOCK STATUS

### Overview

The board of Community Response is dedicated to excellence in governance. As part of this process the board has been working towards Governance Code compliance and has almost attained this. Community Response has also been recognised for its implementation of QuADS standards. To maintain this standard, the board will seek to attain Triple Lock status<sup>2</sup>, by ensuring continued compliance with the Governance Code, SORP reporting requirements and compliance with Fundraising Standards. In addition, Community Response to review its core operational policies over the next 2 years to ensure compliance with Better Safer Healthcare.

STEP	WHEN	OUTCOME
To work with our accountancy services to ensure that all accounts are undertaken to SORP standards <sup>3</sup> .	Q2, 2018	Accounting is to SORP standards.
Undertake a review, every 2 years, of board operations to ensure continued compliance with Governance Code, and to implement the recommendations from such a review.	Q4, 2018	Recommendations from review implemented.
As part of the development of the ethics policy to integrate the guidance from Fundraising Standards <sup>4</sup> .	Q4, 2018	Ethical policy developed and in compliance with governance standards.
The ongoing policy review <sup>5</sup> , which is a core part of the Community Response approach to continued quality improvement, is adapted to ensure that policies reflect the Better Safer Healthcare standards. Service user input is integral.	Q4, 2018 – Q4, 2021	All policies are adapted to reflect Better Safer Healthcare Standards.

### What does success look like (KPI's)?

- The board attains triple lock status.
- All policies are in compliance with the guidelines of Better Safer Healthcare.

<sup>2</sup> [www.charitiesinstituteireland.ie/triplelock/](http://www.charitiesinstituteireland.ie/triplelock/)

<sup>3</sup> [www.charitysor.org](http://www.charitysor.org)

<sup>4</sup> [www.charitiesregulatoryauthority.ie/en/CRA/Guidance%20for%20Fundraising%20\(English\).pdf/Files/Guidance%20for%20Fundraising%20\(English\).pdf](http://www.charitiesregulatoryauthority.ie/en/CRA/Guidance%20for%20Fundraising%20(English).pdf/Files/Guidance%20for%20Fundraising%20(English).pdf)

<sup>5</sup> i.e. all policies are reviewed every two years on a rotating basis

# OUR PARTNERS

## REFERRERS TO US

G.P's  
 Primary Care Centres  
 Coolmine T.C  
 Dublin Simon  
 Dublin Simon Respite  
 IBCAT  
 Turas  
 Rialto CDT  
 Castle Street OST Clinic  
 St.Vincent's Hospital Hepatology Unit  
 St.James Hospital Hepatology Unit  
 St.James Hospital Medical Social Work Team  
 Mater Misericordiae Infectious Diseases Clinic  
 Probation Services  
 Casadh  
 Inchicore Mental Health Team  
 Trinity Court  
 Crosscare  
 Drug Treatment Court  
 Self Referral  
 Thomas Court Primary Care Centre

## WE REFER TO

We Refer To  
 Coolmine T.C  
 Dublin Simon  
 Castle Street OST Clinic  
 St.Vincent's Hospital Hepatology Unit  
 St.James Hospital Hepatology Unit  
 St.James Hospital Medical Social Work Team  
 Mater Misericordiae Infectious Diseases Clinic  
 Casadh  
 Castle Street OST Clinic  
 Bru Ri  
 Cuan Mhuire  
 Inchicore Mental Health Team  
 SAOL  
 HSE Addiction Services Hepatology CNS  
 RADE  
 LES Inchicore  
 Merchants Quay Ireland - Residential









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