



Strategic Plan 2013 - 2016



Community Response



TABLE OF CONTENTS

1. Chairperson's Foreword
2. Manager's Summary
3. Introduction to Community Response
4. Historical Development Community Response
5. Strategic Aims and Objectives for
Primary Alcohol Services
6. Acknowledgements

1. Chairperson's Foreward



It has been a challenging environment for the addiction sector over the last four to five years, which has been characterised by year on year cuts to budgets and funding streams for the majority of projects in the area. Community Response has not escaped the austerity measures and has also experienced funding cuts. This is at a time when there are more people requiring support around addiction issues and Hepatitis C treatment.

Community Response has shown resilient qualities throughout this process of uncertainty. The city centre location in the South Inner City Area provides an ideal location for the services provided. We have a history of providing excellent community development initiatives to individuals, families and local communities to develop their own response to problem drug and alcohol misuse and health issues related to HIV and Hepatitis C. In 2012 the Board of Management wanted to further utilise the skills, talents and expertise of the staff and management within the project, and research was commenced into the provision of a community based primary alcohol service.

A report published by the South Inner City Local Drugs Task Force into the prevalence of substance misuse in the South Inner City of Dublin (2011) cites key findings from a literature review which included HSE data, EU survey data and HRB reports into the numbers of clients in treatment from 2008 to 2010. During this period the South Inner City had the highest national average of clients in treatment in the HSE Mid-Leinster regions and it had the second highest percentage of all HSE regions.

"Of these, well over half were treated for opiate use, only 4% were treated for cocaine and cannabis. 32% were treated for alcohol".
(South Inner City Local Drugs Task Force, 2011).

We recognised the need for developing strategic and collaborative partnerships with both HSE and community organisations as these types of initiatives can enhance the service users experience of treatment. Part of the repositioning of the service was to move towards a primary alcohol service combined with existing service delivery of liver/hepatitis care and family support. Therefore research, analysis of stakeholders, service user programme development and staff training all were conducted throughout 2012. This resulted in the primary alcohol services being launched in January 2013. On Friday the 21st June 2013 Community Response conducted its 65th assessment with a newly presenting client. The statistics to date

demonstrate excellent attendance for all of the alcohol services on offer and a very favourable response from the wider public to the variety of services provided for individuals and families.

Change can be challenging for any organisation and it takes a lot of commitment, energy and support from staff and stakeholders alike to stay focused and motivated to achieve the agreed goals. Our manager, Nicola Perry, is to be highly commended for her on-going commitment and hard work to ensure a successful transformation of service delivery.

I would also like to thank the staff for all their hard work and professionalism in making this strategic plan a reality and being open to change. I would like to thank our funders, the Health Service Executive Addiction Services, the Canal Communities Local Drug Task Force and the South Inner City Local Drug Task Force for all their support in the new direction and their input in the process throughout. I would especially like to thank the outgoing Chairperson, Brendan Donohoe, for his hard work over the last ten years in which he has worked unselfishly to keep the project going through some demanding times. I would finally like to thank the existing board members who continue with the hard work and give of their time freely.

It is a challenging yet exciting time for the project as we see a change in our service provision and restructure of the organisation. However we believe that the change is a positive strategic move to complement our existing service provision and provide a much needed gap in community services.

The adoption of an old Irish proverb "Ní neart go cur le chéile", "Together we are strong" reflects the ethos of Community Response in its goal to provide an integrated response to problem alcohol use and hepatitis care.

Stuart Fraser
Chairperson,
Board of Management
Community Response

2. Manager's Summary



Community Response, based in the Liberties in the South Inner City of Dublin, provides a comprehensive facility for primary alcohol services. The research we conducted in 2012 demonstrated a clear need for a service that provided psychological support and interventions, education and peer support. The three top priorities for services users and stakeholders was a specified alcohol service that provided a timely and prompt response and emphasised harm reduction principals. Alcohol misuse within our local community has been well documented and our own research supports this. The effects of hazardous drinking on the individual, family, community and society as a whole cannot be underestimated. The devastating effects on physical and mental health, the impact on the family and the drain on the health services are on-going.

As stated in the 2008 HSE Report, "Alcohol Harm in Ireland":

"Alcohol is the third highest risk factor for premature death and ill-health in the European Union. Alcohol consumption is linked to more than 60 diseases and conditions, affecting nearly every organ in the human body. Alcohol-related harm is not confined to the negative consequences experienced by the drinker but extends to harm experienced by people other than the drinker (harm to others). The harm from alcohol is linked to a range of health and social problems such as accidents, injuries, chronic ill-health, premature death, public safety, violence, child neglect, marital problems and lost productivity."

Alcohol abuse is also estimated to be a contributory factor in over 50% of all suicides in Ireland every year.

We conducted a skills audit with all staff members in 2012 to analyse the existing skills base and to identify further training needs. A training plan was put in place to refresh and support additional professional and developmental needs for all staff members. The training programme commenced in 2012, is on-going throughout 2013, and includes training in alcohol treatment approaches, observation at the HSE Primary Alcohol services in Glen Abbey in Tallaght, NDRIC assessment training, Applied Suicide Intervention Skills Training (ASIST) and Advanced Microskills of Counselling skills. Staff also attended external training courses and professional seminars in family dynamics, anger management, dual diagnoses and alcohol harm reduction. Starting in November 2012 the project also implemented QuadS (Quality Standards in

Alcohol and Drugs Services) a quality standards framework that was developed by Drug Scope and Alcohol Concern in the UK in 1999 and has been selected as the guiding quality standard framework for HSE and independent addiction services in Ireland.

A key range of services was developed in collaboration with staff, stakeholders and the board of management and promoted to all services in December 2012/ January 2013. Core services included the following range of supports:

Alcohol Stabilisation Group - for clients who may not currently wish to stop drinking but are concerned about either the frequency or amount of their consumption and need to develop skills to manage this.

Hepatitis C/Liver Health Group - for clients who have a Blood Borne Virus, or are concerned that they have alcohol related liver damage. These sessions provide physical, treatment & lifestyle information.

Alcohol Post-Detox Peer Support - for clients who have recently completed a medically supervised or individually managed alcohol cessation. The aim of this support group is to provide information and coping skills to maintain sobriety.

Alcohol Education Programme - for clients who want to understand more about alcohol and its effects on them, their physical and mental health and the people around them.

All of the staff team were involved in the design and development of these and other programmes allowing them to be fully involved in the overall service plan. It has been demanding and sometimes challenging to undergo such an extensive review and restructure of the organisation. However the team have approached this challenge with enthusiasm and commitment. They now provide a comprehensive service that they have ownership of which is delivered to the highest standards of service provision to our clients and I wish to thank them for this.

As a team we look forward to achieving the aims set out in this plan and improving the quality of our service users lives.

Nicola Perry
 Manager
 Community Response

3. Introduction to Community Response

The issues related to alcohol misuse, abuse and dependency in Ireland have been well documented over the last number of years. As stated in the forward, the Management Committee and key stakeholders of Community Response conducted research including a literature review from reports published by the HSE, the HRB and the Department of Health and Children. This review sought to examine the prevalence of the problems related to alcohol consumption at a local level and within the context to the extent of the issues nationally. Community Response wanted to appreciate the emerging needs related to service users within the South Inner City Area, particularly with regard to alcohol misuse. A recent report by the South Inner City Drugs Task Force was examined and a summary of some of the key points of review are included in the Chairperson's address. The project also examined key recommendations made by the Steering Group of the National Substance Misuse Strategy 2012, the Treatment and Intervention Pillar to learn about effective, evidenced based approaches that can be used within a community based day programme. They were particularly interested in research around harm reduction, education, health promotion, peer support and psychosocial supports.

Community Response consulted with other agencies within the task force areas including the South Inner City Drugs Task Force, Dublin 12 LDTF and the Canal

Communities Local Drugs Task Force. Interviews were held and recorded with professionals in the field to ascertain existing services for alcohol, best practice models and gaps within the field.

Community Response now provides alcohol services which include harm reduction/alcohol stabilisation sessions, post detox peer support, an alcohol education programme, Hepatitis C and Liver Health Promotion groups, Family Support group, relaxation group, holistic treatments and one to one client support sessions and interventions. These services are provided on a weekly timetable, which will be reviewed every 12 weeks during the first year of operation by a monitoring committee comprising of internal management and external members with relevant expertise. As part of Community Response's considerable restructuring process we have revisited and updated the vision and mission to reflect the ethos and aim of the primary alcohol service.

This document aims to give an overview of the strategic plan of Community Response for the provision of primary alcohol services. The background, historical context and key achievements of Community Response will be outlined. The section on our strategic aims will explain the key targets for Community Response from 2013 – 2016. The strategic aims, objectives and key performance indicators are laid out in Section Five.



VISION

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



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. The team provides health information, education and support to encourage people to make positive changes for their health and wellbeing.

4. Historical Development and Key Achievements

1990 to 2012

Community Response was first formally established in 1990 to provide community based services that emphasised community development principles in working with individuals, families and local communities to develop their own response to problem drug and alcohol misuse, HIV and Hepatitis C. The local contribution to devising lasting solutions to drug and alcohol problems are central and the most valuable part of the primary based services. Community Response have had an excellent track record in the areas of drug and alcohol awareness, training for drug project workers, family support work, Hepatitis C health initiatives and community development through education, person-centred principals and empowerment.

1990 to 1993

- Community Response helped to establish the "Basin Back in Action" group. The aim of this group was to provide local drug services in the James' Street, Dublin 8 area.
- Community Response supports the development of the play 'Taking Liberties.' This play focused on the impact of addiction on the community and was toured around the city.

1994 to 1995

- Community Response was actively involved in setting up and working with the South Inner City Treatment Services Group. The group included a network of 17 community organisations whose priority was to promote appropriate treatment services in the community. This group successfully negotiated with the Eastern Health Board in drawing up plans for three additional community drug teams in the South Inner City area.
- Community Response received EU Social Exclusion Funding to develop family support initiatives.

1996 to 1997

- Community Response was represented on the newly formed Local Drug Task Forces for both the South Inner City and Canal Communities area.
- Funding agreed by both Drugs Task Forces for "Training for Trainers" programme for local people in the Dublin 8, and Dublin 12 areas.
- Research launched by Pat Rabbitte T.D. of "Dealing with the Nightmare", a document looking at the impact of heroin use on the South Inner City area. Referred to in this Irish Times quote:

"...Finally, if I could say a few words about Community Response. The concept of partnership between statutory, voluntary and community interests is of course not new to Community Response. However it is on such principles that the organisation was established. It has set about and pursued its task in an admirable manner and has contributed greatly to the communities in its embrace a strong voice and considerable hope for the future."

1998 to 2000

- An accredited training programme, delivered in collaboration with University College Dublin for local people, entitled "Community Drug Work" begins.
- Community Response received EU Integra funding, the second phase of the Family Project begins. The Family Project works with families affected by heroin use, H.I.V/ Hepatitis and related health problems, against a background of continuing social exclusion

Family Project Outcomes

Over two years four separate groups produced the following materials:

- Taking Liberties/Taking Action an educational video and handbook designed for facilitators of family support groups.
- The comic "Ring-a-Ring-a-Rosie" is educational material which focuses on drug use and the impact on the family.
- The "Ups and Downs of Molly Phy", a user-friendly pamphlet developed to provide drug users with information on methadone and other relevant stories.
- "You Must Ask Questions" is information tapes about Hepatitis A, B & C.
- Another highlight of the year was the Family Conference hosted by Community Response and the Dublin Citywide Drugs Crisis Campaign entitled "Families and the Heroin Crisis - 20 Years of Neglect".
- Hepatitis C/HIV awareness programme begins. The aim of this programme is to engage with individuals, families, communities affected by HEP C/HIV in a health education process which seeks to provide current and accurate information.

2001 to 2002

- A joint application from Community Response and The Shanty Project, Tallaght to UCD for a Diploma award in "Community Drugs Work" was submitted and the formal accreditation secured. The aim of the course was to train local people as Community Drug Workers so that they were in a position to take an

informed active role with recognised authority in the development and delivery of local drug services .

2003

- ❖ Community Response Project moves from Meath Street to Carman's Hall, off of Francis Street, into a purpose built community centre, with onsite training facilities.
- ❖ Three health promotion DVDs were produced, each focusing on differing core aspects on Hepatitis C - Routes of Transmission, Testing & Treatment & Pregnancy. Dr. Shay Keating of The Drug Treatment Centre Board acted as medical advisor. These DVDs are used widely for training and information purposes both locally and nationally.

This trilogy was shortlisted in 2010 for Best Patient Information (Non-Pharmaceutical) Award by the Irish Healthcare Awards.

- ❖ In collaboration with The Fathers of Addicts Support Group, and the National Family Support Network, the DVD of the play "Men at Work" was produced. This drama shows the affect upon fathers who have adult children in active addiction. The play toured nationally, and over 2000 DVDs were produced.

2007- 2008

- ❖ Website launched www.hepinfo.ie a guide for professionals and clients around Hepatitis, Liver Health, Family Support and other available services.

2009

- ❖ "Leg it for your Liver" a five mile annual fun run in the Phoenix Park. Initially it was started to promote awareness of World Hepatitis Day and today is also used as a general Hepatitis & Liver health promotion activity.

2010

- ❖ Community Response and a member of the advisory committee established to draft the first National Hepatitis C Strategy which was launched in September 2012.

2011

- ❖ Community Response is a member of the expert group overseeing the UCD School of Medicine longitudinal research paper "Barriers to Accessing Treatment for Hepatitis C for IVDUs", published nationally and internationally in 2012. Produces two comics and animations for online use covering information on "The Liver " and "The Immune System", an initiative sponsored by Roche Pharmaceuticals.

2012

- ❖ Member of development group for UCD School of Medicine led research into "Problem Alcohol Use among drug users in Ireland: A guide to management in primary care."
- ❖ Board decision to undertake strategic review and plan for 2013-2016.



5. Strategic Aims & Objectives for Primary Alcohol Services

Key Aims

1. To restructure Community Response, realign service delivery and ensure good governance.
2. Support organizational development, create organizational sustainability and celebrate achievements.

Key Aim 1 - To restructure Community Response, realign service delivery and ensure good governance. This objective has four priority programmes of action as follows:

Key Objectives

- A. Restructure addiction service into a primary alcohol service.
- B. Maintain and enhance Hepatitis C programme.
- C. Develop peer led family support.
- D. Ensure good project governance.

A. Restructure Addiction Service

- A1. Inform partners and provide sector awareness of strategic realignment of Community Response's service delivery to a primary alcohol service.
- A2. Commence alcohol support groups and programmes A3. Provide Case Management, key working and care planning for clients with quality assured procedures and protocols.
- A4. Provide a counselling service within Community Response.
- A5. Use of Community Response for Self-Management and Recovery Training and AA meetings.
- A6. Assess project delivery and audit outcome.

B. Maintain and Enhance Hepatitis C Programme

- B1. Provide current evidence based Hepatitis C / Liver health programmes.
- B2. Develop Nurse led Hepatitis C clinic within Community Response in partnership with HSE.
- B3. Develop referral into treatment pathways for Hepatitis C in conjunction with HSE.
- B4. Develop Hepatitis C screening onsite with marginalized hard to reach group in response to recent National Hepatitis C Strategy 2011-2014.

C. Develop Peer Led Family Support

- C1. For Community Response to develop and provide space for family support groups.
- C2. For peers to commence running of family support groups.
- C3. Provide one to one support where required.

D. Ensure good project governance

- D1. Adoption of QUADS at Board and operational level.
- D2. Develop Clinical Audit tools for service evaluation.
- D3. Introduce client data base and IT support systems.
- D4. Annual AGM for financial controls and strategic plan evaluation



A. Restructure Addiction Service

Action	KPI	Target Date
A1. Inform partners and provide sector awareness of strategic realignment of Community Responses service delivery to a primary alcohol service	Design and distribution of new service promotion literature and referral forms. Offer open days for service promotion twice a year.	3rd Quarter 2013 2nd & 4th Quarter 2014, 2015
A2. Commence alcohol support groups and programme	Provide structured 10 week programme for alcohol stabilization and also aftercare group for alcohol free clients	2nd & 3rd Quarter 2013
A3. Provide case management, key working and care planning for clients with quality assured procedures and protocols.	Implementation of new quality assured client documentation with associated procedures and protocols	2nd & 3rd Quarter 2013
A4. Provide a counselling service within Community Response for service users	Implement counselling service to increase service capacity and quality for service users.	2nd & 3rd Quarter 2014
A5. Use of Community Response for Self-Management and Recovery Training and AA meetings	AA meetings for the local community. Train staff and service users in Self-Management and Recovery Training and implement group.	1st & 2nd Quarter 2014
A6. Assess project delivery and audit outcomes	Annual service review with programme evaluation and	4th Quarter 2013, 2014, 2015

B. Maintain and Enhance Hepatitis C Programme

Action	KPI	Target Date
B1. Provide current evidence based Hepatitis C / Liver Health programmes	Update and review current Hepatitis C / Liver Health programmes annually.	1st Quarter 2013, 2014, 2015
B2. Develop Nurse led Hepatitis C clinic within Community Response in partnership with HSE Develop joint working agreement with the HSE with implementation of Hepatitis C clinic.	Offer service to other sector stakeholders	4th Quarter 2013
B3. Develop referral into treatment pathways for Hepatitis C in conjunction with HSE	Develop and implement treatment pathway with HSE treatment options with regard to Hepatitis C treatment.	1st Quarter 2014
B4. Develop Hepatitis C screening onsite with marginalized, hard to reach group in response to recent National Hepatitis C Strategy.	In conjunction with the appropriate partnership implement onsite Hepatitis C screening with HSE.	2nd Quarter 2014
B5 Develop and host International Hepatitis C Conference on evidence based practice.	Develop partnerships and funding supports from relevant stakeholders	1st Quarter 2014

C. Develop Peer Led Family Support

Action	KPI	Target Date
C1. For Community Response to develop and provide space for family support groups	Implementation of evening family support groups with facilitation.	2nd Quarter 2013
C2. For peers to commence running of family support groups	Training and support for peers and for peers to run and develop new groups. Membership of the local family support network.	1st Quarter 2014
C3. Develop one to one support	Implement one to one support for families in crisis.	2nd Quarter 2013

D. Ensure Good Project Governance

Action	KPI	Target Date
D1. Adoption of QUADS at Board and Operational level.	Formation and implementation of staff handbook with operating procedures and protocols. Build in review date	3rd Quarter 2013 Review 3rd Quarter 2014, 2015
D2. Develop Clinical Audit tools for service evaluation	Implement Christo Assessment for treatment outcomes and service user evaluation forms.	3rd Quarter 2013
D3. Introduce client data base and IT support systems.	Implement sector group purchased IT software system, and develop in house database system.	3rd Quarter 2013
D4. Annual AGM for financial controls and strategic plan evaluation	Yearly presentation and review of audited accounts and strategic plan review and evaluation	2nd Quarter 2013, 2014, 2015



Key Aim 2 - Support organisational development, develop organisational sustainability and celebrate achievements

Key Objectives

This objective has three priority programmes of action;

- E. Organisational development
- F. Develop organisational sustainability
- G. Recognise Community Responses achievements

E. Organisational development

- E1. Introduce a robust HR Strategy and re allocate role with quality assured policy and procedures
- E2. Develop a volunteer support team for the organisation
- E3. Introduce personal development training programmes for staff and Volunteers
- E4. Develop existing premises for more fit for purpose building and maintain Upkeep

F. Develop organisational sustainability

- F1. Adhere to existing funding via grant aid agreement and other SLA adherence
- F2. Develop links with Pharmaceutical Company for support and sponsorship
- F3. Maintain the annual fun run for fundraising
- F4. Look to develop other funding streams

G. Recognise Community Responses achievements

- G1. Devise and launch the three year Strategic Plan for Community Response
- G2. Redesign of the web site to highlight success and activity levels
- G3. Commence writing a history of Community Response

E. Organisational Development

Action	KPI	Target Date
E1. Introduce a robust HR Strategy and re allocate role with quality assured policy and procedures	Through re-structure administration role will include HR role.	1st Quarter 2013
	HR policies implementation with staff sign off	2nd Quarter 2013
E2. Develop a volunteer support team for the organisation	Recruit and start volunteer staff to support project.	2nd & 3rd Quarter 2014
E3. Introduce professional & personal development training programmes for staff and volunteers	Implement volunteer training programme around working with substance misuse	3rd & 4th Quarter 2013, 2014, 2015
E4. Develop existing premises for more fit for purpose building and maintain upkeep	Partition wall with sound proofing built plus interior paint and decorating with furnishings for project, additional CCTV and security fitted.	1st Quarter 2013

F. Develop Organisational Sustainability

Action	KPI	Target Date
F1. Adhere to existing funding via HSE Grant Aid Agreement and Task Force LDTF1 adherence	Operate within agreed service delivery and remain within spending budget. Complete LDTF1 forms as requested	Annual Grant Aid Agreement Bi annual LDTF1 Forms 2nd & 4th Quarter 2013, 2014, 2015
F2. Develop links with Pharmaceutical Company for support and sponsorship	Maintain relationship with Roche with continued sponsorship of fun run.	2nd Quarter 2013, 2014, 2015
F3. Maintain the annual fun run for fundraising	Host sponsored fun run in Phoenix Park "Leg it for your Liver"	2nd Quarter 2013, 2014, 2015
F4. Look to develop other funding streams	Actively seek funding opportunities via national & EU grants.	Ongoing
F5. Explore possible social enterprise Options	Set up board subcommittee to look at possible social enterprise options	1st Quarter 2014 ongoing

G. Recognise Community Responses achievements

Action	KPI	Target Date
G1. Design and launch the 3yr Strategic Plan for Community Response	Hold Strategic Plan Launch with invited stakeholders and Minister to launch service	3rd Quarter 2013
G2. Redesign of the web site to highlight success and activity	Launch new website with access to referral forms and contact information.	3rd Quarter 2013
G3. Diary of open days, service user events and service user recognition	Bi Annual service user run events to celebrate their achievements	2nd & 4th Quarter 2013,2014,2015
G4. Produce Annual Report	Produce annual report for stakeholders and board	Fourth Quarter 2013,2014,2015
G5. Commence writing a history of Community Response	To maintain a written history of the project, and build for 25 year anniversary event.	Ongoing & 2nd Quarter 2015

6. Acknowledgements

Funding Agencies

Health Service Executive - Addiction Services
Canal Communities Local Drug Task Force
South Inner City Local Drug Task Force

Sponsorship

Roche Pharmaceuticals
Janssen

Building Restructuring for Primary Alcohol Service

Diageo
Penneys Ltd
Carroll Bathrooms Ltd
Dunnes Stores
Thomas Synott
Wayne McNevin
Robert Jennings
Derek Jennings Jr.
Anthony Dardis
Tony Byrne

Logo Design

Vita Dobson

Board of Management

Stuart Fraser (Chairperson)
Brendan Donohoe (former Chairperson)
Linda Evans (Secretary)
Aodan Bourke (Treasurer)
Michael King
Deirdre Farrell
Michael Butler

Research Consultation Process

Addiction Response Crumlin
Merchant's Quay Ireland
Rialto Community Drug Team
Dublin Simon Community
Dublin Simon Community Clients
Island House
Hosford Homeless Project
Baggot Street Alcohol Treatment Unit
Backlane Hostel
HSE Glen Abbey Alcohol Services
Orchid House Hostel
Thomas Court Primary Care Centre
Community Addiction Project CAP
Clients of Casadh

Monitoring Committee

Noreen Geoghegan - Assistant Director of Nursing,
HSE Addiction Services
Stuart Fraser - Manager Rehabilitation & Training,
Liberties Recycling
Norah Byrne - Polydrug and Alcohol Worker,
Canal Communities LDTF
Nicola Perry - Manager, Community Response

Additional Support

PACE
TURAS







Community Response Ltd | 14 Carmans Court | Carmans Hall | Dublin 8.
T: 003531 4549772 | W: www.communityresponse.ie