



FINGLAS ADDICTION SUPPORT TEAM LTD

THREE YEAR STRATEGIC PLAN (2014-2016)



With Your Support, Together We Can

Vision

Our vision is to work in partnership with participants; their families and communities to create a more inclusive community in Finglas where our participants are treated as emerging active citizens, with strengths and contributions to make, to their own and their community's wellbeing.

Mission

Our mission is to continue to provide the highest standard of Addiction Support to the people of Finglas.

Values

The value of **caring** is at the heart of this process, albeit with an emphasis on the need to purposefully shift our focus away from problems and deficits and towards solutions and strengths. It also points to the need to recognise that as well as professional support, that the caring participants often seek is at family, friendship and community level. This presents real challenges, given how many of our participants have problematic family relations.

The second value is **fairness**, a value that recognises that participants of FAST are often marginalised from their families and communities. All too often participants find themselves segregated and labelled, with few genuine opportunities to connect with others in a productive way, and into meaningful activities within their communities of place.

The third value is **respect** for participants' opinions and change making contributions in relation to our policy and practice, particularly but not exclusively regarding decisions/actions taken by us and other external agencies that impact on them and their recovery.

Traditionally we think of participants as needing us. We all too often see them solely as needy, and view ourselves in a protective role, providing the care they require. The fourth value, **understanding**, states that we should also see participants as potentially reliable, resilient, active citizens and powerful problem solvers in their own right, with a proven track record in overcoming significant adversity; and potentially capable of producing their own and their community's wellbeing if given the right support.

Hence the four values when incorporated into our practice will see confident, well connected participants, with a strong sense of belonging and awareness of their own strengths; who in turn take their rightful place as productive members of their community, working to co-produce better places to live, learn and prosper.

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1.0 Introduction

Finglas Addiction Support Team (FAST) was originally set up by a group of volunteers from the Finglas community who realised that there were limited services for drug users and family members in the area. The service began in late 2004, and this year we celebrate our 10th anniversary.

The service specifically targets drug and alcohol users at various stages of drug use and recovery - stabilised, drug free and family members affected by drug and alcohol misuse.

In November 2009 the Board of Management of FAST commissioned Nurture Development to facilitate them, their management team, staff, participants, families and relevant stakeholders, in developing a three year strategic plan with due regard to the prevailing economic downturn and its likely operational impacts.

A substantial plan followed for 2010-2013. Building on the 2010 three year plan, we set about developing the next plan, 2014-2016, which is a road map for the service going forward. The FAST manager facilitated a number of sessions with the staff followed by a review and forward planning sessions with an external consultant. The consultant met with staff and Board members and separately with participants including members of family support groups, and those engaged with the garden project. The Coordinator of the Finglas/Cabra Local Drug Task Force was also consulted.

It is envisaged that this plan will direct FAST on the road going forward and also encourage support for what is essentially a critical service for the community of Finglas.

“We can’t do well serving communities...if we believe that we, the givers, are the only ones that are half-full, and that everybody we’re serving is half-empty... there are assets and gifts out there in communities, and our job as good servants and as good leaders... [Is] having the ability to recognise those gifts in others, and help them put those gifts into action.”

First Lady Michelle Obama www.abcdinstitute.org/faculty/obama

2.0 Strengths and Assets Based Approach

A strengths based approach to drug treatment work by contrast to a deficit approach operates on the assumption that participants, their families and their communities have worthwhile resources for their own empowerment. Also an important role for drug treatment practitioners and other relevant professionals, as well as the provision of direct services, is to support participants to connect and mobilise those resources (Kretzmann and McKnight, 1993) as they journey towards whatever stage of recovery they can.

Closely aligned to the strengths based approach is the asset based community development (ABCD) approach. It distinguishes itself from the strengths based approach in that as well as arguing for a shift from a deficit focus to a strengths based focus, it also considers how professionals and community leaders can mobilise communities to become more engaged in co-creating an appropriate environment for recovery.

It is important to emphasise that the asset/strengths based approach does not replace investment in existing services, rather it complements it. The aim is to achieve a better balance between service delivery and community empowerment.

In the last few years we have worked hard to adopt and develop a strengths and assets based approach in FAST. This is clearly evident in our Recovery Coach Programme where participants have become empowered and also empower others on their recovery journey. This plan aims to further mobilise the community to utilise the wonderful resources that lie deep within it. **Our new three year strategy therefore aims to continue to sustain our existing services and deepen their quality, while also continuing to build on a strengths based approach with our participants, their families and the wider community of Finglas to promote a more inclusive community.**

3.0 Current Strategic Context

The strategic objectives and subsequent key actions of this strategic plan are underpinned by various local and national strategies and frameworks. The plan is positioned within the National Drug Strategy (Interim) Report 2009-2016, the Report of the Working Group on Drug Rehabilitation 2007, the National Drugs Rehabilitation Framework Document (2010), the Steering Group Report on a National Substance Misuse Strategy (2012), the review of the Dublin North City and County Addiction Service (2013) and the Finglas/Cabra Local Drug Task Force Alcohol Strategy (2014).

4.0 Key Objectives, Outcomes and Actions

1. Consolidate existing services and structures
2. Promote a community of acceptance in Finglas for substance users, through effective networking and ally building, vis a vis more openness
3. Promote genuine person centred progression routes with (rather than for) participants
4. Balance the service/programme elements of FAST with the community development/volunteerism side of the organisation
5. Increase use of current premises to allow for enhancement of community relationships
6. Prove the business case for FAST (measuring impact/outcome) and secure additional funding to mitigate budgetary cuts on existing service

4.1 Key Outcomes

Objectives	Potential Outcomes
1. Consolidate existing services and structures	<ul style="list-style-type: none"> • Quality Audits (incl. of all policies and procedures in HR, Financial Control and Corporate Governance) in line with QuADS • Designed, developed and implemented a number of localised research projects that evidence the work and impact of FAST • Volunteer programme established which complements and enhances services provided • On-going successful fundraising strategy • Integration of the campus and its programme(s)
2. Promote a community of acceptance in Finglas	<ul style="list-style-type: none"> • Measurable decrease in the level of labelling/stigmatisation of those affected by addiction • Greater number of volunteers engaged as allies in addiction support • Increase in numbers accessing mainstream supports • Enhanced community relationships
3. Promote genuine person centred progression routes	<ul style="list-style-type: none"> • Training/Education & Employment/Enterprise progression routes are actively and appropriately pursued as part of the recovery process
4. Balance the service/programme elements of FAST with the Community Development/Volunteerism	<ul style="list-style-type: none"> • Develop volunteer programme • FAST Recovery Coach Programme expanded with on-going capacity building for 'mentor programme ready' past participants and family members to provide outreach, act as ambassadors, and provide other volunteer supports as appropriate • Partnership and interagency work with relevant agencies
5. Increase use of premises	<ul style="list-style-type: none"> • Building utilised by variety of community groups/services • Enhanced community relationships

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| <p>6. Prove the business case for FAST (measuring impact/outcomes) and secure additional funding to mitigate budgetary cuts on existing services</p> | <ul style="list-style-type: none">• Progression is measured against nationally accepted standards• % of progression includes participants successfully exiting service; becoming recovery coaches, and defining themselves as active change agents• % of progression includes reduction in drug and alcohol use and related harms associated with substance misuse• All FAST services in line with Quality Standards (QuADS)• Successful fundraising strategy in place and operating effectively• Funders/investors recognise FAST as transparent and accountable, employing rigorous measurement procedures to ensure maximum social as well as individual impact, and overall value for money |
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4.2 Key Actions

This section of the strategy presents details on the key actions, their resource implications and timelines necessary to achieve the objectives and associated outcomes described above (4.1).

Consolidating services
Community networking
Progression routes
Community development/volunteerism
Increase use of premises
Prove business case & fundraising

Objective 1: Consolidate existing services and structures

Key Actions: Consolidate Services	Resources (Secured = S; Unsecured = U)	Timeline
Counselling Services		
1) Ensure quick access to a quality service	Staff (S) Funding (S)	On-going
2) Ensure on-going availability of counsellor(s)	Funding (S)	On-going
3) Develop and support Alcohol Initiatives	Funding (U) Time	On-going
Poly Drug Use Support		
4) Ensure quick access to a quality service	Staff (S)	On-going
5) Ensure on-going availability of one to one workers	Staff (S) Funding (S)	On-going
6) Provide body acupuncture as part of a continuum care	Funding (Limited)	On-going
7) Provide Discovery group(s)	Staff, Recovery Coaches (S)	March and September 2014/15/16
8) Review opening hours	Staff (S)	April 2014

Family Support 9) Ensure quick access to a quality service 10) Train family support members to become active change agents in their community 11) Facilitate family support groups to become peer led support groups 12) Develop new family support group 13) Establish brief family support education course(s) 14) Provide 1-1 support and counselling	Staff (S) Staff (S) Funding (U) Time Staff (S) Funding (Limited) Staff (S) Time Staff (S) Time Staff (S)	On-going December 2014 August 2014 November 2014 October 2014 and 2-3 times yearly there after On-going
Recovery Coach Programme (RCP) 15) Plan, develop and facilitate Recovery Coach Programme in partnership with DCU 16) Train recovery coaches to become active change agents in their community 17) Explore family members becoming recovery champions 18) Develop formal drop-in as mentioned below 19) Explore the possibility of conducting recovery symposium in partnership with DCU 20) Explore recovery academy in partnership with relevant	Staff (S) Time Funding (Limited) Staff (S) Time Recovery Coaches Staff (S) Time Staff (S) Recovery Coaches Funding (U) Staff Time Staff (S) Time	On-going On-going June 2014 January 2014 and on-going October 2014 December 2014

stakeholders		
21) Map Recovery Capital in Finglas	Staff (S) Recovery Coaches Time	June 2015
Community Garden		
22) Develop and integrate community garden as a core FAST service	Staff (U) Volunteers Time	December 2014
23) Develop and maintain gardening programme	Staff, Volunteers Time	On-going
24) Develop horticulture programme	Staff (U) Funding (U) Volunteers Time	March 2016
Aftercare		
25) Sustain drug free aftercare group	Funding (U) Staff (S)	On-going
26) Provide 1-1 counselling appointments	Staff (S)	On-going
27) Measure impacts (qualitative & quantitative)	Staff (S) Time	On-going
28) Develop testimonials of participants progression through recovery	Staff (S)	On-going
Drop-in		
29) Develop formal drop-in with the aid of volunteers and recovery coaches	Training (U), Staff, Volunteers, Recovery Coaches	January 2014
30) Staff to develop & maintain warm hospitable, informal drop-in within the context of existing services	Staff (U)/Recovery Coaches	February 2014
31) Develop appropriate policies and protocols for voluntary drop-in and train volunteers in drop-in work	Team Leader and RCP Manager	May 2014

Objective 1: Consolidate existing services and structures

Key Actions: Consolidate Structures	Resources (Secured = S; Unsecured = U)	Timeline
Development 34) Develop FAST's role as a community and voluntary sector provider within national strategic developments 35) Explore possibility and identify models of best practice for working with 16-18 year olds 36) Explore complexity and range of addiction issues and interventions, to include process addictions e.g. gambling, sex addiction etc.	Staff (Limited) Time Staff (U) Funding (U) Time Staff (U) Funding (U) Time	March 2015 September 2016 December 2015
Outcomes 37) Develop ECass data system in order to maximise the effectiveness of FAST's business and interventions and adequately capture outcomes	Staff (S) Time	December 2014
Corporate Governance 38) Implement and monitor strategic plan 39) Ensure FAST's practices are in line with best practice quality standards 40) Enhance and expand board capacity in areas of finance, marketing, community and corporate governance generally 41) Devise fundraising strategy 42) Develop compliance with the governance code in the community and voluntary sector 43) Develop and provide leadership, expertise and governance in areas of therapeutic models and interventions in line with best practice	Board and Manager (S) Board and Manager (S) Training/Capacity Building (U) See Actions 66-67 Board and Manager (S) Staff (Limited) Funding (U) Time	On-going On-going November 2014 October 2014 March 2015 September 2015

Objective 2: Promote a community of acceptance in Finglas for substance users, through effective networking and ally building, vis a vis more openness and communication

Key Actions: Community Networking	Resources (Secured = S; Unsecured = U)	Timeline
Community Networking		
44) Attend and actively participate in local and national community/voluntary sector forums & committees.	Staff (S but limited) Time	On-going
45) Review education/training programmes currently on offer in Finglas. Explore gaps/opportunities to provide training in partnership with other agencies	Staff (S but limited) Time	On-going
46) Provide Information nights to the wider community on service provision in Finglas to enhance community relationships	Staff (S but limited) Time	Quarterly commencing April 2014
47) Liaise with schools on the work of FAST	Staff (S but limited) Time	June 2015
48) Promote FAST in the community via 10 th anniversary celebration	Staff (S) Volunteers Time Funding (U)	September 2014

Objective 3: Promote genuine person centred progression routes

Key Actions: Progression routes	Resources (Secured = S; Unsecured = U)	Timeline
Skills/Strength inventory of participants 49) Establish a formal set of protocols for conducting a skills inventory of all current and new participants 50) Continue individual progression plan for each participant through motivational interviewing/care plans	Staff (S) Staff (S)	Commence September 2014 On-going
Skills/Strength inventory of Family Support participants 51) Establish a formal set of protocols for conducting a skills inventory of all current and new family support participants 52) Continue individual progression plan for each participant through motivational interviewing/care plans	Staff (S) Staff (S)	Commence September 2014 On-going
Recovery Coach programme (see Objective 1. Point 15-21 for details) 53) Coaches will be trained in motivational interviewing and other strength based approaches 54) Continue RCP Level 8 module DCU accredited	Funding (U) Staff Recovery Coaches	On-going On-going
Community Garden 55) Volunteers will be trained in horticulture	Funding (U) Staff (U) Volunteers	June 2016

Objective 4: Balance the service/programme elements of FAST with the Community Development/Volunteerism

Key Actions: Community Development/Volunteerism	Resources (Secured = S; Unsecured = U)	Timeline
See actions in objectives 1, 2 & 3.		

Objective 5: Increase use of current premises

Key Actions: Increase use of premises	Resources (Secured = S; Unsecured = U)	Timeline
56) Promote FAST building as a meeting venue in Finglas	Staff (S but limited) Volunteers Time	November 2014
57) Provide open information evenings as mentioned in action point above	Staff (S but limited) Time	Quarterly from April 2014
58) Conduct garden open days	Volunteers Time	Twice yearly

Objective 6: Prove the business case for FAST (measuring impact/outcomes) and secure additional funding to mitigate budgetary cuts on existing services

Key Actions: Business case and fund raising	Resources (Secured = S; Unsecured = U)	Timeline
QuADS 59) Ensure all service components are aligned with quality standards (QuADS)	Staff and Management (S)	July 2014
NDRIC 60) Explore feasibility of being compliant with NDRIC framework	Staff (U) Funding(S) Time	On-going
On-going Evaluation 61) Conduct on-going internal evaluations in line with evidence based frameworks	Staff and Management (S)	On-going
Track progression/success indicators: 62) Record % of participants exit/progression to recovery rate 63) Record % of participants becoming recovery coaches 64) Record % of participants becoming change agents 65) Record % of participants who reduce drug use and related harm	Staff (S) Staff (S) Staff (S) Staff (S)	December 2014 December 2014 December 2014 December 2014
Implement Fundraising Strategy 66) Build active voluntary fundraising group 67) Secure corporate financial and in-kind investment	Board (S) and Sub-committee (U) Board (S) and Sub-committee (U)	Commence May 2014 Commence June 2014 & on-going
Media & Communication 68) Develop annual communications strategy	Board and Manager (S)	Commence June 2014

69) Continue innovative, informative website, with reports etc. online	Staff (S)	On-going
70) Explore and develop social media	Staff (S but limited) Time	December 2014
71) Conduct relevant seminars of interest in DCU	Board and Manager (S)	September 2015
72) Build profile through 10 th anniversary celebration	Manager and subcommittee (S)	September 2014
73) Communicate stories of recovery	Manager and Staff (S)	On-going
Corporate support		
74) Work with Business in the Community Ireland (BITCI) to develop a coherent and attractive proposal towards partnership with key corporates	Technical support from BITCI (U), Board and Manager (S)	June 2014
75) Explore Corporate Sponsorship	Board and Manager (U)	June 2015

Appendix 1: Community Profile & Context of Finglas Addiction Support Service (Census 2011) & Analysis of Current Licit and Illicit Drug Use Patterns in the Finglas–Cabra Local Drug Task Force Area (2013)

- Finglas has long been an area of low employment with high levels of crime, social marginalisation and substance misuse
- Population approx 32,500
- A significant population of Irish travellers (1200) reside in the Finglas area
- Violence, crime and guns prevalent in the area
- Incidents of suicide are high
- Area is under-resourced regarding services

Profile of Drug Use & Current Trends in Finglas

While there have been improvements in the availability and range of services and support for drug users in Finglas the following can be concluded from the limited information available.

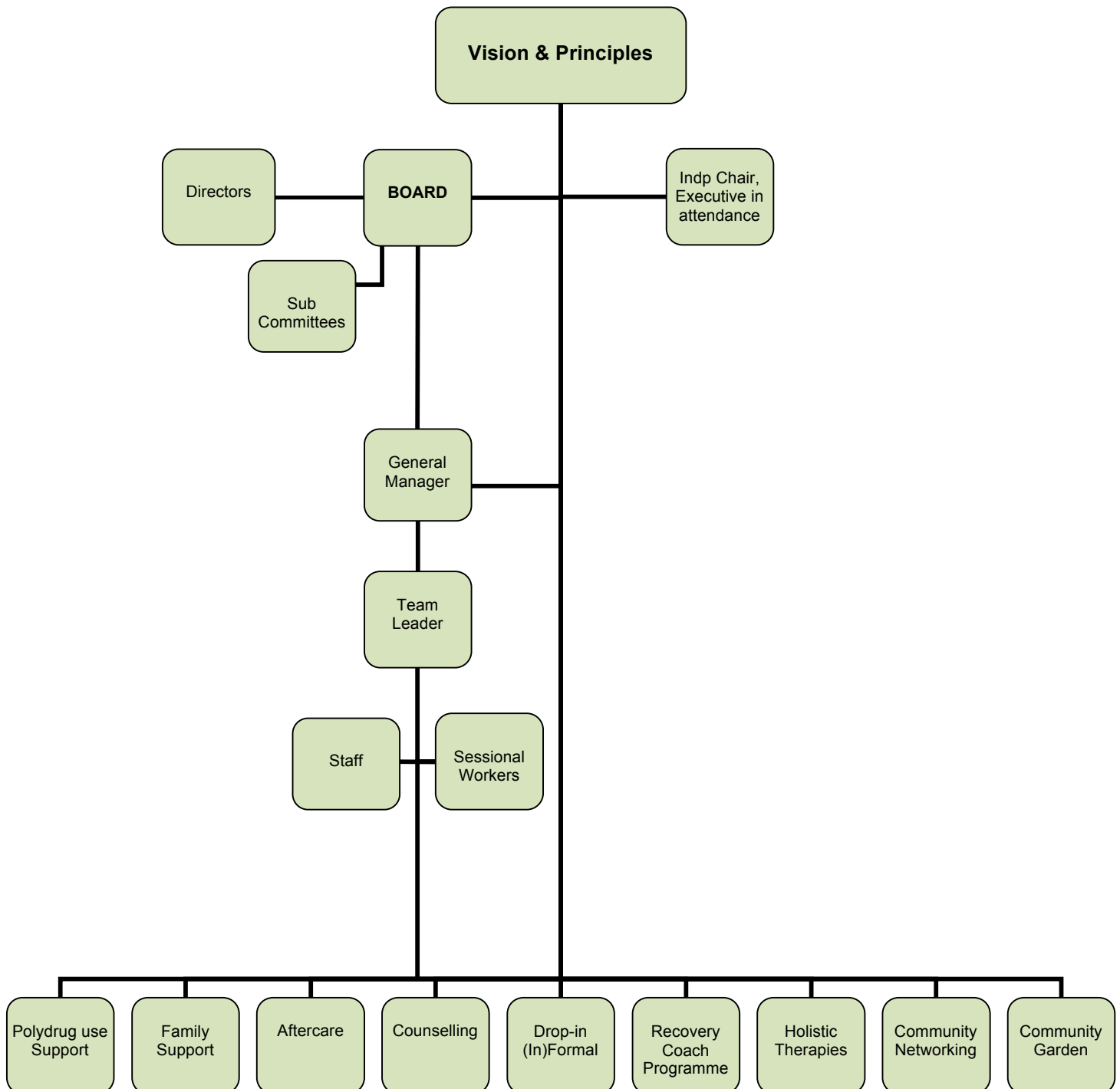
“Epidemiological studies of drug use illustrate a distinct socio-spatial concentration of drug-related problems in marginalised communities where residents experience an unequal burden of multiple and interconnected deprivations such as poverty, unemployment, early school leaving, homelessness, poor housing and social exclusion” (O’Gorman, 2013:19).

The continuing levels of poverty and social inclusion in Finglas are linked to sustained drug problems in the area. This trend is inter-generational.

The population of Finglas according to latest Census (2011) is approx 32,500. An analysis of the latest Census data shows that the eight existing most disadvantaged areas in the Finglas/Cabra Local Drug Task Force area have experienced an even further decline since 2006. They remain among the most disadvantaged areas in the country with five neighbourhoods in Finglas among the 50 most deprived neighbourhoods in the state (from a total of 3,364).

A recent study commissioned by the Finglas/Cabra Local Drug Task Force (O’Gorman, 2013) indicated current drug trends in Finglas include;

- Alcohol is the main drug of use across all ages and gender
- Polydrug use is the norm
- Cannabis (grass and resin), ecstasy, mephedrone (snowblow), ketamine, and cocaine powder are the most commonly used illegal drugs
- The use of prescription ‘tablets’ such as sleeping tablets, anti-anxiety and anti-depressants was widespread across age and drug user groups

Appendix II: FAST Organisational Structure & Service Delivery Framework 2014-2016

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