



**Finglas Addiction
Support Team**



Fast Strategic Plan 2017 - 2020

*Delivering Our Ambition:
Recovery for a Better Life*



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CHAIRPERSON'S FOREWARD

Delivering our ambition: Recovery for a better life sets out the details of Finglas Addiction Support Team's (FAST) strategy for the period 2017-2020. Focusing on sustainability, innovation and growth, the strategy is supported by a strong desire to collaborate and communicate with our partners, and highlights our increased emphasis on aligning our strategic priorities with the relevant local, regional and national stakeholders. The strategy reflects a broad consultation process - inclusive of public representatives, staff and participants, as well as community representatives and FAST's board of directors. We are confident that it will continue to build on our progressive work to ensure that FAST is a centre of excellence.



Our values underpin our work and they are interwoven in the strategy. Dignity, integrity, empowerment and quality ensure that we are committed to achieving excellence in our work, for the benefit of participants, their families and our staff. We aim to adapt an innovative approach within the context of the overall vision and mission of the organisation. This approach has already been acknowledged by a number of awards. We were shortlisted in the Healthcare Innovation Awards for our innovation in quality of service delivery in the community. We have also won awards for the best community garden in the Dublin region and the DCU President's special merit award for civic engagement.

To progress our strategy and realise our vision, we wish to build on our reputation and nurture new relationships within the environment we operate. To achieve this, we must continue to work effectively with our funders, other key stakeholders, participants and staff. A key challenge will be to communicate the extent and impact of our work to a wider audience; we will be seeking additional resources and expertise to assist us in this regard during the course of the strategy.

I wish to acknowledge the efforts of my fellow board members, who contribute their time on a voluntary basis, the CEO and her staff, FAST participants, their families and our other partners, who have worked together to articulate their vision for FAST's future.

Mary Flanagan
Chairperson

INTRODUCTION

The focus of our new strategy is dynamic and interactive. It emphasises what is currently being done in FAST and what we wish to progress over the next three years. Some of the key features of the strategy are:

- Its strategic approach: It is realistic, effective and timely;
- It proposes a vision and method of delivery to which each of its stakeholders can subscribe;
- It ensures that proposed actions are sustainable and that they will complement other local, regional and relevant national strategies.

OUR STRATEGIC PLAN

The scope of this strategic plan is to set out our vision, our mission, and our values for the next three years, 2017 – 2020. It also outlines our areas of activity, and identifies the key strategic issues that will help us achieve our objectives.

FAST operates a number of core services:

Counselling Service

Aftercare

Polydrug Use Service

FAST Family Service

Recovery Social Group

CARE Project

FAST has identified three strategic priorities that address a number of distinct but related areas of responsibility.

Sustainability

Innovation and Growth

Collaboration and Communication

Each of these three strategic priorities is supported by a number of objectives and actions, delivered through annual action plans, which will be overseen by the Directors of FAST.

This Strategic Plan will be reviewed and updated on an annual basis.

OUR VALUES

VISION

Leading an innovative centre of excellence where people can recover and have fulfilled lives in their community.

MISSION

We will provide accessible quality services for those affected by drug and alcohol use and mental health issues.

VALUES

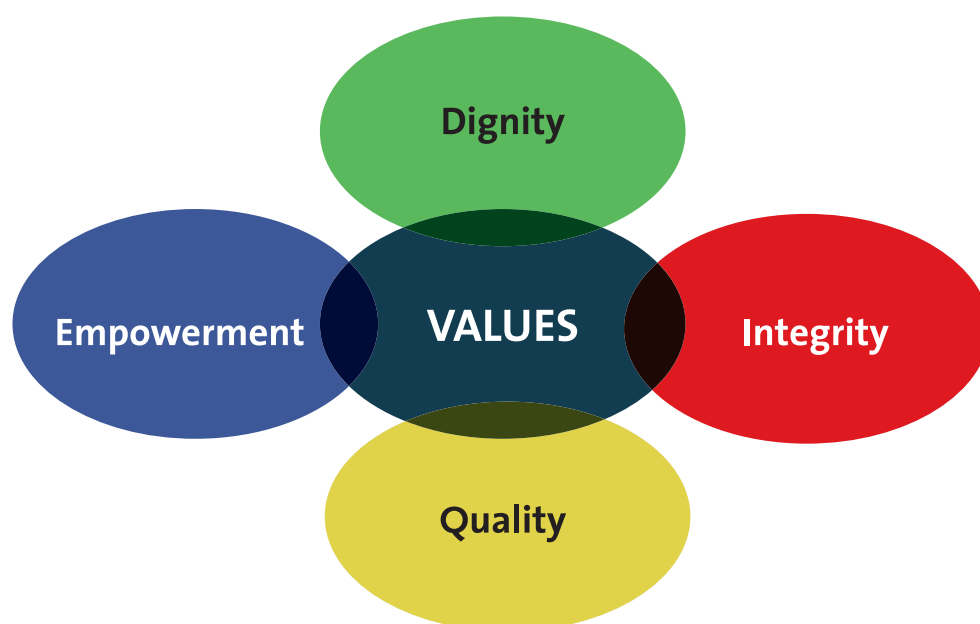
The following values underpin our work:

Dignity: We create a respectful, supportive and confidential environment for people who use our services, for our staff and for our volunteers.

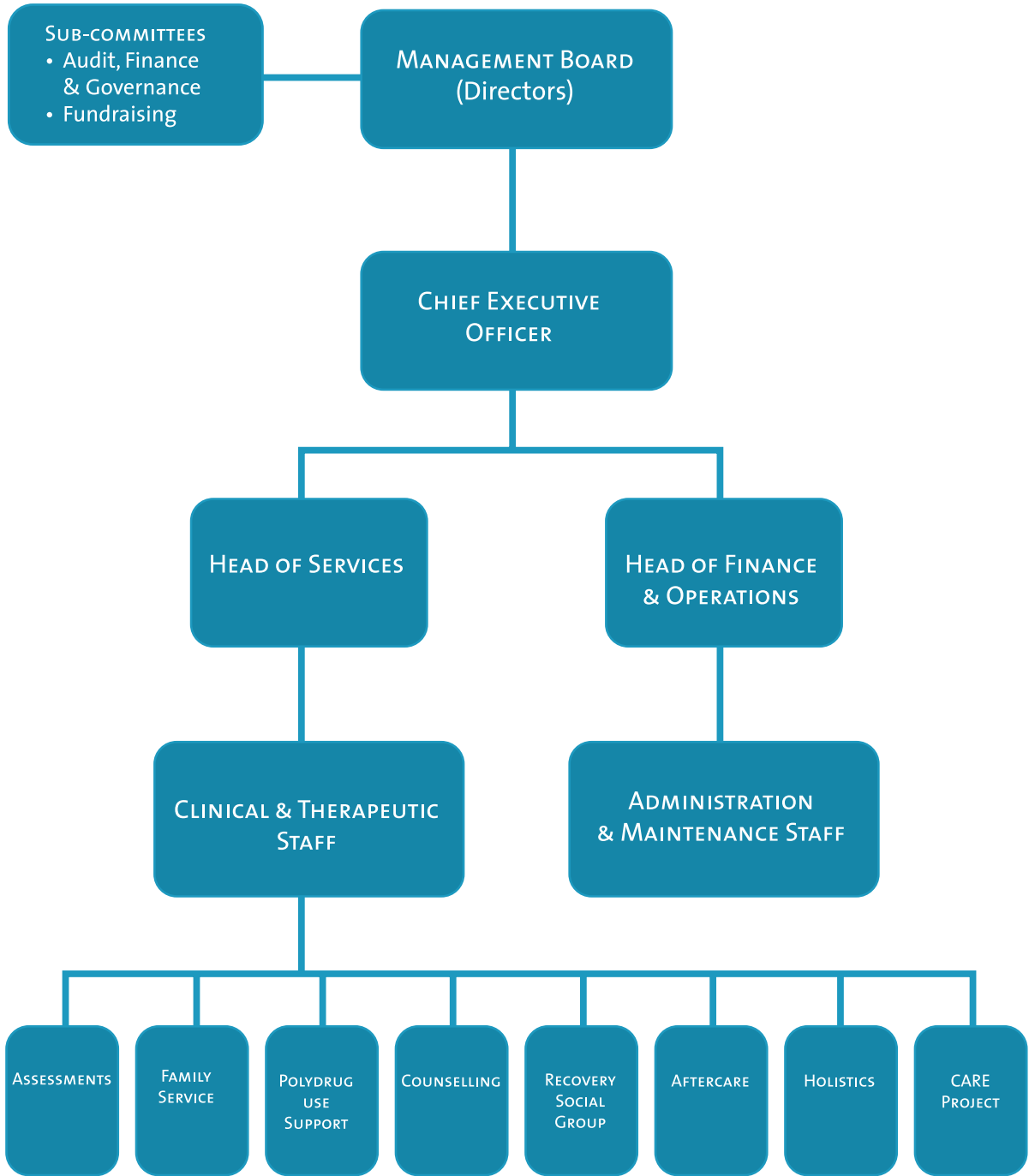
Integrity: We demonstrate integrity, transparency, and accountability in our practices, organisational systems and structures.

Empowerment: We support participants to achieve their personal recovery goals and to connect positively with their families and their communities.

Quality: We are committed to evidence-based practice and continuous improvements in service delivery.



FAST ORGANISATION STRUCTURE



FAST STRATEGIC PRIORITIES & OBJECTIVES

- **Strategic Priority 1:**
Sustainability
- **Strategic Priority 2:**
Innovation and Growth
- **Strategic Priority 3:**
Collaboration and Communication

STRATEGIC PRIORITY 1:

SUSTAINABILITY

Ensuring FASTS's sustainability and safeguarding our future viability is core to our approach. We are committed to investing in our participants, staff, management structures and systems. We wish to maintain the delivery of high quality services that achieve the best possible outcomes for our participants. We will ensure our service is widely available to individuals, families, carers and the wider community of Finglas. A key challenge for FAST during the life of our strategy will be to provide the necessary financial and human resources. Continuing professional development will be critical to enable our staff to deliver on our existing and new services. Building the evidence about the demand for our services will demonstrate our impact and effectiveness, and enable us articulate a persuasive case about the resources required to meet the growing need. This will facilitate a more focussed debate with our funders and ensure that our discussions are informed by solid data.

Meeting the expectations of our participants will require a responsive service where every engagement counts towards a meaningful individual recovery experience. We have high expectations of what our staff and participants can achieve together. We have a culture of listening and responding to our participants and the wider community, so that we can improve our services, experiences and outcomes. We demonstrate this through our values and our ways of working with our participants. FAST's pragmatic and understanding approach enables participants address their challenges to develop practical solutions to enhance their life experience.

FAST's strong organisational structures underpin its activities; we are confident that our processes are robust and supported by regular monitoring and evaluation. Our voluntary board, drawn from a variety of representative sectors, exercises its collective responsibility and is charged with overseeing the delivery of the organisation's strategic direction and objectives. Our policies meet the requirements of the Charity's Regulatory Authority. Our expert, skilled staff and team of volunteers are committed to a culture of continuous improvement, and demonstrate resilience as they work with participants from early engagement through to recovery.

Our combined unity of purpose demonstrates our intention to sustain our vibrant and dynamic organisation to deliver on this strategy.

STRATEGIC PRIORITY 1

SUSTAINABILITY

Enhanced governance, resources and organisational effectiveness

Objective 1.1 Ensure that resources are in place to underpin current and future services

Actions	Indicators	Resources	Timeframe/ Status
1.1.1 Secure resources to appropriately finance the delivery of our existing and new services	Service Level Agreement and reports satisfactorily completed	Lead: CEO Support: Various departments	Twice yearly
	Funding sought for existing and new services via a rolling programme of funding applications	Management and Board	Ongoing
1.1.2 Seek new funding streams	EU grant schemes and potential EU partners identified Corporate partners identified	Management and Board	Q3 2018
1.1.3 Increase revenue from existing building resource	Revenue income from building maximised	Lead: Head of Finance Support: Administrative team	Q4 2017
	Number of external community meetings held		Ongoing
1.1.4 Develop and maintain relationships with relevant grant giving bodies and relevant funders	Number of relationships established	Lead: Management and Chair	Ongoing
1.1.5 Establish an independent fundraising committee	Dedicated proactive independent fundraising committee, including board representation, established with a regular reporting mechanism	Lead: Board	Q2 2018
	Minimum of one fundraising event per year organised		

Objective 1.2 Ensure that best practice governance is maintained and monitored throughout the organisation			
Actions	Indicators	Resources	Timeframe/ Status
1.2.1 Continue to adopt and refine our processes for governance, financial management and performance measurement consistent with best practice	Financial policies reviewed and updated	Lead: CEO Support: Board	Ongoing
	Compliance with charity regulatory authority and annual report returned	Lead: CEO Support: Board	Q2, Q3 annually
	Annual Work Plan for organisation being implemented	Lead: CEO and Staff	Q2, Q4 annually
	SORP compliant	Lead: Head of Finance	Annually
	QUADs policies and procedures are reviewed and updated	Lead: Management Support: Board	Annually
	Governance code compliance maintained	Lead: Board	Annually
	Review and update of strategic plan	Lead: Management Support: Staff and Board	Q3 2018
	Risk register updated & monitored on a regular basis	Lead: Board Support: Management	Q3 2017

Objective 1.3 Ensure that FAST has a supportive culture, robust organisational structure and suitable competencies			
Actions	Indicators	Resources	Timeframe/ Status
1.3.1 Nurture and develop staff competencies in line with service demands	Robust performance review processes in place for salaried staff	Lead: Management Support: Staff	Q2 annually
	Skilled and competent staff recruited	Lead: Management	Ongoing
	Minimum of 3 team development days annually	Lead: Management	Ongoing
	Ongoing professional development in place for staff	Lead: Management	Ongoing
1.3.2 Identify the role of volunteers within FAST's structure	Appropriate volunteer model identified and developed	Lead: Management Support: Staff	Q4 2018

STRATEGIC PRIORITY 2:

INNOVATION & GROWTH

FAST has grown significantly since it was established in 2004. We continuously strive to develop our service in different ways and lead the way in addiction treatment where we have pioneered the recovery coach programme - the first of its kind in Ireland. We attempt to address unmet societal challenges through innovation. Our initiatives are driven by evidence-based practice and supported by interagency models of work.

Our new strategy anticipates growth and further development of our core services in line with growing demand. We will provide additional counselling, introduce a transitional programme to our aftercare service, create partnerships with other local agencies to assist participants on their journey to recovery, and increase our support for families.

We support participants along their individual recovery pathways through our ongoing development of recovery services. The recovery social group and recovery coaches facilitate peer support and mentoring as well as providing social and wellbeing activities, and encourage people to make long-term changes in maintaining healthy lives.

We want people with mental health and addiction issues to get the right kind of treatment when they initially present. 'To put it in the simplest terms, if someone has multiple problems you make treatment more difficult by treating each problem in isolation' (Fr Peter McVerry). Many of our participants would benefit from a *Dual Diagnosis* service: our experience indicates that mental health and addiction are often two sides of the same coin; ideally, they should be treated together.

Our new *Dual Diagnosis* service will facilitate participants with substance misuse problems and other mental health issues to be seen and treated simultaneously under the one roof. We will continue to base our service around person-centred principles, where families are also supported, and where participant feedback enables us to respond appropriately with improved treatment pathways. Our research partnerships with third level and other partners will strengthen not only our knowledge base, and inform our collation of data and local trends, but will also reinforce our advocacy and our case-making capability. Additionally, our local evidence will assist us in our endeavours to influence national policy.

STRATEGIC PRIORITY 2

INNOVATION AND GROWTH

Development of new and integrated approaches to service delivery

Objective 1 Apply appropriate growth strategies to existing service level agreement objectives

Actions	Indicators	Resources	Timeframe/ Status
2.1.1 Counselling Increase counselling provision to meet local demand	Additional counselling hours initiated to make current post fulltime	Lead: CEO Support: Counselling Service	Q2 2018
	Specialist skills training obtained to deal with trauma and mental health	Lead: Management	Q2 2018
	Master student placements in place	Lead: Counselling Service	Q2 2018
	Clear referral criteria developed and implemented	Lead: Counselling Service	Q4 2017
	Increased number of evening counselling appointments	Lead: Counselling Service	Q4 2017
2.1.2 Aftercare Review and improve aftercare programme	Additional external speakers incorporated into programme	Lead: Aftercare Support: Management	Ongoing
	Links with other similar type groups enhanced Bi-yearly review – evaluation completed	As above	End Q2, Q4
	Number of joint activities with recovery social group	As above	Ongoing
	Increased budget on social aspect of programme	As above	Q2 & 4 2018
2.1.3 Create partnerships with other local agencies to further develop participant progression pathways	Protocols for employment opportunities via DNWAP established	Lead: Management Support: Staff	Q3 2018
	CDETB and SEETEC collaborative opportunities explored and established	As above	Q3 2018
2.1.4 Polydrug use Develop polydrug use service	Increased 1-1 support	Lead: Polydrug use team Support: Staff	Q2 2018
	Mindfulness manual developed and marketed		
	Clear referral criteria to PDU services	As above	End Q4 2017
	Development of continuum of care support group	Lead: Polydrug use team	Q3 2018

Objective 1 Apply appropriate growth strategies to existing service level agreement objectives			
Actions	Indicators	Resources	Timeframe/ Status
	Staff training in Trauma	Lead: Management Support: Staff	Q4 2018
	Exploration of support for 16-18 year olds	As above	Q4 2019
2.1.4.1 Provide support to participants in Abigail Centre	Case management with Novas and De Paul	Lead: Staff	Ongoing
	Increase in shared care plans	Lead: Staff	Ongoing
	Development of women's group	As above	Ongoing
	Development of women's programme	As above	Q3 2018
2.1.5 Fast Family Service Increase family support provision to meet local demand	Full time family support post in place	Lead: Management Support: Staff	Q1 2018
	Number of family support groups increased	Lead: Staff	Q2 2018
	Participants accessing CDETB training opportunities	Lead: Staff	Ongoing
	Relevant staff trained in CRAFT and Triple P completed and implemented	Lead: Staff	End Q4 2018
2.1.6 Recovery Social Group Provide additional social supports to FAST participants	Recovery social group link to counselling and aftercare services increased	Lead: Staff	Q4 2017
	Participants trained to facilitate groups	Lead: Management	Ongoing
	Feasibility of CE support worker explored	Lead: Management	Q4 2017
	Number of joint activities with Aftercare group	Lead: Staff	Ongoing
	Increased social activity opportunities	Lead: Staff and participants	Q2 & 4 yearly

Objective 2 Develop recovery focused integrated care pathways to better meet the needs of participants with dual diagnosis			
Actions	Indicators	Resources	Timeframe/ Status
2.2.1 Conduct a needs analysis re dual diagnosis prevalence	Needs analysis completed	Lead: CEO Support: Management	Q4 2018
2.2.2 Develop interagency work/collaborate and co-ordinate with key stakeholders	Case-manage participants in partnership with other services Increased number of referrals from external agencies Relationships developed and strengthened with mental health services Increased liaison with GPs and Primary Care teams Increased liaison with Mental Health teams	Lead: Staff Support: Management Lead: Staff Lead: Staff & Management Lead: Staff & Management Lead: Staff & Management	Ongoing
2.2.3 Establish dual diagnosis team	Clinical Nurse Specialists (CNS) recruited Clinical Lead identified Staff trained in dual diagnosis	Lead: CEO Support: Staff Lead: Board Lead: Management	Q3 2019 Q3 2019 Q4 2018
2.2.4 Establish clinical governance structure	Clinical governance subcommittee established	Lead: Board	Q3 2019
2.2.5 Develop community based alcohol treatment services to increase access and support for people with primary alcohol use/misuse issues	CARE project re-established	Lead: CEO	Q1 2018
2.2.6 Implement the CARE project as a core element of integrated community-based services	FAST participants referred to CARE project Relationships with emergency medicine departments developed Clinical Nurse Specialists (CNS) recruited	Lead: Staff Lead: Staff Lead: CEO	Q2 2018 and ongoing Q1 2018 and ongoing Q1 2018

Objective 2 Develop recovery focused integrated care pathways to better meet the needs of participants with dual diagnosis			
Actions	Indicators	Resources	Timeframe/ Status
	Increase liaison and referral from GPs	Lead: Staff	Q2 2018 and ongoing
	Increased liaison with primary care and mental health teams	Lead: Staff & Management	Ongoing

Objective 3 Continue to increase knowledge of evidence-based practice in addressing drug and alcohol use and mental health			
Actions	Indicators	Resources	Timeframe/ Status
2.3.1 Cultivate a research culture with a strong evidence-based framework	Range and quality of research	Lead: Board	Ongoing
	Data collected and reviewed	Lead: Staff & Management	Q4 2017/18/19
	Data inputted to local and national research and policy in the areas of addiction and mental health	Lead: Management Support: Staff	Ongoing
2.3.2 Build research partnerships with appropriate third level and other partners.	Relationships consolidated with DCU, NCI and John Moores University, Liverpool	Lead: Board Support: Staff	Q4 2018
	Research papers published to include dual diagnosis		Ongoing

Objective 4 Maintain a keen focus on the health and wellbeing of our participants, staff and wider community			
Actions	Indicators	Resources	Timeframe/ Status
2.4.1 Introduce health and wellbeing programme to participants and wider community	Increased levels of awareness re health and wellbeing	Lead: Management Support: Staff	Ongoing
2.4.2 Develop wellness at work programme	Active participation in Healthy Ireland Network	Lead: CEO	Ongoing
	Minimum 1 participant social event organised per annum	Lead: Staff	Annually
	Participation in Finglas Wellness week	Lead: Staff & Management	Q3 2018
2.4.3 Explore the development of a resilience and leadership programme for young people in association with other agencies	Interagency approach with Finglas Youth agencies, NCI and Local Drugs and Alcohol Task Force	Lead: Management Support: Staff	Q2 2019

STRATEGIC PRIORITY 3:

COLLABORATION & COMMUNICATION

This FAST plan recognises the value in raising the positive profile of our locally placed drug and alcohol service. We want to communicate a number of inspiring messages to potential users of the service, and to people living within the local community who see the FAST building, but do not know what goes on behind its doors.

Family, friends and the wider community can often carry negative feelings about drug use or behaviour. They may even use derogatory terms; these thoughts, feelings, and labels can create and perpetuate stigma. Stigma is a major cause of discrimination and exclusion. It is a public health issue, which contributes to high rates of death, incarceration, and mental health problems among people with drug and alcohol problems. Stigma has the potential to negatively affect a person's self-esteem, damage relationships with loved ones, and prevent those suffering from addiction from accessing treatment. Unfortunately, people who experience stigma regarding their drug use are often less likely to seek treatment.

Therefore, community based interventions and community based services are not usually supported by the public, and are erroneously believed by some to facilitate and encourage drug use. In FAST, we believe that assumptions and preconceptions about individuals with drug and alcohol problems should be challenged, highlighted and corrected. We want to reduce the negative impact of stigma in Finglas through education and positive communication.

Our strategy 2017-2020 seeks to put a comprehensive communications plan in place and to utilise as many channels as possible to influence public opinion and to promote the good work that we do. Alongside this, we will continue to liaise, network and communicate with our agency partners, our participants, their families, our staff and our other stakeholders to highlight the value of our work and address the powerful, negative perceptions commonly associated with addiction and mental health issues.

STRATEGIC PRIORITY 3

COLLABORATION AND COMMUNICATION

Enhanced stakeholder engagement and effective inter-agency collaboration

Objective 1 Influence attitudes and behaviours locally to reduce stigmatisation and marginalisation of people with addiction and mental health problems

Actions	Indicators	Resources	Timeframe/ Status
3.1.1 Develop strategic alliances with other agencies	Links with local and national services developed and consolidated: HSE Finglas Cabra Local Drug and Alcohol Task Force Dublin City Council An Garda Síochána NCI DCU GPs Primary Care services Mental Health services Acute Services	Lead: Management Support: Staff	Ongoing
3.1.2 Work with the Finglas Safety Forum to improve information channels about FAST's work	Numbers of inputs at Finglas Safety Forum meetings Numbers of times that FAST inputs to the Finglas Safety Forum newsletter	Lead: Management	Quarterly
3.1.4 Share the facility as a hub for local community groups	Increased use by local groups	Lead: Management Support: Administration	Ongoing

Objective 2		Promote and raise awareness about the work of FAST within the community	
Actions	Indicators	Resources	Timeframe/ Status
3.2.1 Secure resources to develop a communications and marketing strategy for FAST	Communications support function in place Number of articles in newspaper Website redesigned and brand re-imagined Social media plan developed and being implemented Enhanced local stakeholder engagement with FAST service Increased website traffic Annual staff and participant survey feedback on communications Number of new Facebook followers Raised profile through increased numbers of referrals	Lead: CEO Support: Management & Staff Additional staff resources required	Ongoing Q1 2019

APPENDIX 1

FAST STRATEGY: THE CONSULTATION PROCESS

1 Approach

Our approach to the consultation process was framed by the knowledge that consultation with stakeholders is a key component of any new strategy. It is important to ensure that all those who may be affected by changes in strategic direction are informed and, where possible, included in decision making. As part of the Finglas Addiction Support Team's 2017-2020 strategic planning process, a live and evolving consultation phase was undertaken to facilitate the gathering of information about the environment in which FAST operates. We wished to glean the experience and expertise of the internal and external stakeholders, who would be affected by future changes taking place within FAST, and within the services, it offers to the Finglas community. The structure for consultation was an on-going process which was open to change and which was reviewed regularly. The key consultation principles adopted were firmly grounded in a spirit of partnership, co-ownership and information sharing. Stakeholders engaged in coordinated discussion to reach consensus.

1.1 Our initial purpose was to:

- ➔ Create a consultation process to find a shared and common understanding of what is possible in a new strategy
- ➔ Develop a consultation framework that met the requirements of FAST's many stakeholders
- ➔ Create a meaningful consultation process to stimulate equally meaningful responses
- ➔ Leverage existing stakeholders and networks to make the best use of time and resources available
- ➔ Through empathetic listening, inspire trust and confidence in a partnership approach that would find a shared and common understanding and deliver tangible outcomes
- ➔ Provide reassurance that the strategy would be monitored, reviewed and evaluated regularly

1.2 As part of the information gathering process, a series of face-to-face consultation meetings were conducted with key stakeholders. These key stakeholders included:

- The Chairperson and Board of Directors of FAST

- Management and staff of FAST
- Finglas Cabra Local Drug and Alcohol Task Force
- An Garda Síochána
- Participants and ex-participants of the various services provided by FAST
- Public representatives
- Community representatives
- Local peer community organisations
- Strategic partners
- Dublin City Council staff and management
- Finglas Community Safety Forum co-ordinator

As well as an analysis of the internal and external working and living environment of Finglas, the consultation phase included a full review of the vision and mission of FAST together with a full exploration of organisational values and strategic priorities.

2 Internal Consultation

The internal consultation process involved a series of face-to-face meetings with key managers and a number of workshops were carried out with the directors, staff and volunteers of the centre.

The board of directors were asked to do an initial review of the vision, mission and values of FAST as well as identification of their priorities as directors of the service.

Interviews with management focused on the development of the organisational vision, and values, emerging strategic priorities, organisational culture, and the overall profile of the organisation.

Workshops with staff examined vision, mission, and organisational culture as well as what the service has achieved to date, how success is currently measured, what challenges have been faced, and what they as staff of FAST would like to do differently in the future. Strategic priorities and time bound actions were identified during this part of the process.

Throughout the strategy development process, the CEO, the board of directors, staff and volunteers were given status updates on progress. Staff and board members were asked to input their opinions and comments on the strategy as it progressed through its various stages of development. A number of 'interim' feedback sessions fine-tuned emerging strategic priorities and associated actions.

2.2 External Consultation

Consultation with people living in the local community and other important stakeholders and partners has been a key component in the development of this strategy.

A number of interviews took place with priority stakeholders, including local political representatives, the local authority, The Finglas Safety Forum, local GPs and individuals working in the Finglas community. Additionally, submissions were invited from a selection of community and voluntary organisations. A number of questionnaires were also completed by local residents.

The participant's voice was captured through the medium of a vibrant focus group through which we connected with the local community, giving local participants and their families the opportunity to voice their priorities for improvements in service delivery of the FAST programme in Finglas. This involved in-depth discussion on how FAST's service could be more innovative.

2.3 Through these engagements, we examined a number of different issues including:

- An audit of experiences and perceptions of addiction service provision in the Finglas area
- The strengths and weaknesses of the existing services offered by FAST
- The unmet local need for addiction support and mental health services in the area
- People's awareness of the services available locally for people with addiction problems and mental health issues
- How to improve addiction services in Finglas in a measured, targeted and sustainable way

2.4 Data and information was collated from the interviews, workshops, focus groups and questionnaires. The feedback we received highlighted a number of emerging themes, which assisted in identifying the strategic priorities, along with the objectives and actions for the strategic plan.

We asked a number of local GPs to focus in particular on identifying some of the challenges faced by their patients with addiction and mental health issues in the Finglas area. We also sought information from them about how well their patients' needs are met at local level, and how they think that FAST services could be enhanced to meet the needs of their patients.

3 Findings

Local organisations and residents provided in-depth knowledge and feedback about the local environment in which FAST is operating.

Participants and community representatives recognised that the causes of addiction are complex. Some issues that participants and local residents mentioned included:

- Drug misuse causes many problems in Finglas and that the behaviour of people who are using or selling drugs in the area often causes real distress for local people.
- Many people do not know what is needed, or what is available to help them and their families.
- Most people have never heard of the good work undertaken in the area by FAST.
- It is not easy keeping families together when there are so many external pressures nowadays – but that strong families can make a community feel much safer and happier.
- There is not enough focus on supports for younger people under 18, who often fall in between two stools.

3.1 Respondents identified a number of aspects, which could be improved, in particular relating to family support, service profile and accessibility of the service.

3.1.1 Strengthen the service for families of people with addiction problems

3.1.2 Respondents were keen to point out that more work needs to be done to help families tackle things together and that the community needs to take more responsibility for supporting families who are finding it difficult to cope.

3.1.3 In addition, building improvements in the public profile of FAST would enable people to access support services more easily.

4 Consultation Participants

FAST Board of Directors

FAST Chief Executive Officer: Barbara Condon

Managers of FAST: Leanora Wilkinson, Michael Williams

Staff of FAST

Volunteers

Participants

Noel Rock TD

Dessie Ellis TD

Dublin City Council North West Area elected members

Community Representatives

Finglas Cabra Local Drugs and Alcohol Task Force Coordinator:
John Bennett

Dublin City Council Area Manager: Aidan Maher

Dublin City Council North West Area Coordinator: Larry Dooley

Dublin Northwest Area Partnership CEO: Michael Bowe

Finglas Safety Forum: Jackie Phelan

Cremore Clinic: Dr Iain Morrison GP

Dr James Kirrane GP

Garda Inspector John Burke, An Garda Síochána

CONSULTANT: AIBHLÍN MCCRANN, COMMUNIQUE INTERNATIONAL

APPENDIX 2

ABBREVIATIONS

CARE: Community Alcohol Response and Engagement

CDETB: City of Dublin Education Training Board

CE: Community Employment

CRAFT: Community Reinforcement and Family Training

CNS: Clinical Nurse Specialist

DCU: Dublin City University

DWNAP: Dublin North West Area Partnership

FAST: Finglas Addiction Support Team

HSE: Health Service Executive

NCI: National College of Ireland

PDU: Poly Drug Use

QUADs: Quality in Alcohol and Drug Services

SORP: Statement of Recommended Practice

Triple P: Positive Parenting Programme

APPENDIX 3

FAST STAFF & BOARD MEMBERS

Staff Members

CEO	Barbara Condon
Head of Services	Michael Williams
Head of Finance and Operations	Leanora Wilkinson
Project Worker	Natalie Carr
Project Worker	In Recruitment
Addiction Counsellor/Psychotherapist	Andy Robertson
Family Support Service/Poly Drug Service	Linda Phillips
Polydrug Use Service Co-ordinator	Tom Bissett
Administrator	In Recruitment
Caretaker	Jimmy Dixon
Aftercare Worker	Loraine Giltrap
Receptionist	Bernadette Nerney
Receptionist	Patrick Donohue
Recovery Coach/Volunteer	Martin Smullen
Recovery Coach/Volunteer	Sharon Dawson
Acupuncturist	Dave Shipsey
Reiki & Massage (Volunteer)	Joyce Butler

Board members

Chairperson	Mary Flanagan
Treasurer	Debra Kearns
Secretary	Debbie Delaney
	Garda Inspector John Burke
	Janis Maxwell
	Denise Proudfoot
	Greg Langan
	Denise Gillen
	Dr James Kirrane

NOTES:

NOTES:





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**FAST is funded by the Finglas/Cabra Local Drug & Alcohol Task Force
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