

The CDATF Strategic Plan 2018 – 2025 ‘*Reclaiming Community Development as an Effective Response to Drug Harms, Policy Harms, Poverty and Inequality’* was launched at our national conference in March 2018. It was agreed that the overall thrust of this new local strategy is:

* + ***“To re-establish and strengthen the role of the community in tackling the causes and consequences of drug and alcohol misuse; facilitate the re-establishment of meaningful and effective partnerships; and support the development of a holistic approach to dealing with both the causes and consequences of drug and alcohol misuse in the CDATF area.”***

**Terms of Engagement**

* Develop a way of working that can bring different partners into a more truly cooperative relationship. The intention will be to move away from the pre-defined ‘sub groups’ and move towards a more fluid situation where relevant people from relevant agencies / organisations can become involved in different actions and different times. This means that participation on working groups can and should change – depending on the issue being addressed.
* Ensure that the development groups provide a space that is ‘future orientated’. There is a need to avoid the potential for groups to become restricted to monitoring or managing what is there at present. There must be potential for agreement to be reached on what needs to change, who should be involved in shaping the change, and how people envisage change coming about.
* Agree on establishment (or re-establishment) of more effective and real partnership involving community interests and statutory service providers.

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| Strategic Goal One - Dealing with the effects of drug & alcohol misuse |
| Objectives | **Outcome Indicators** | **Priorities** | **Actions** | **Partners Required** |
| 1. To work towards addressing the broader social and economic contributing factors of drug and alcohol misuse in partnership with community, voluntary and statutory agencies.  | The Task Force will continue to facilitate the delivery of services and programmes that assist individuals and families facing challenges associated with drug and alcohol misuse. Under this goal the CDATF will be working towards; • Increased clarity in relation to underlying principles governing the delivery of drug and alcohol services. • The embedding of harm reduction as a guiding principle in all service delivery. • Supporting the full and active participation of those most affected in all CDATF decision-making structures. |  | 1. Develop & deliver a capacity building & leadership programme for those living in the CDATF area who wish to get involved in local decision making structures.
2. Develop a community network for those most affected to liaise with CDATF regarding the issues having the greatest impact and requiring a response.
3. Deliver service user involvement training to all service providers, managers and service users.
4. Develop a service user involvement strategy for the CDATF area.
5. Training to stakeholders such as Irish Rail and South Dublin County Council re: harm reduction and universal precautions.
 | CAN / North Clondalkin CDP / Service Users Rights in Action South & South East RDATFIrish Rail & SDCC  |
| 2. To continue to provide person-centred supports and e­ffective service responses to the needs of those a­ffected by drug and alcohol misuse.  | • The provision of additional evidenced based prevention programmes for parents, children and young people most at risk of drug and alcohol misuse. • The development of more specific and targeted programmes for young people under 18 engaged in drug and alcohol misuse and their families.  | **Under 18s Specific Supports**  | 1. Engage in consultations with community, voluntary and statutory providers to identify and develop a plan for an under 18s targeted drug and alcohol service locally.
2. Engage in consultation with under 18s within services locally to identify need.
3. Develop a plan and costings for an under 18s drug and alcohol service.
4. Identify and source additional funding to establish an under 18s drug and alcohol service in the CDATF area in line with the need identified in the 2018 consultation process with all stakeholders.
5. School retention – bring relevant agencies together to highlight issues that service providers are experiencing and agree an action plan to tackle issues such as poor school attendance, reduced timetables and lack of educational outcomes.
6. Develop a working group to identify and implement alternative and innovative training for young people at risk that’s skills based.
7. Develop a peer led programme to support young people out of school or marginalised young people.
8. Identify areas of limited or no resources with specific needs for young people and analyse resources required to respond.
9. Reinstate detached outreach across the CDATF area and include families.
10. Respond to specific issues relating to South West Clondalkin and Balgaddy in a coordinated, multi-agency partnership approach.
11. Establish a systemic family approach to support young people in reducing the risks of substance misuse, mental health, early school leaving and criminality.
12. Source possible funding (for example EU Programme-based.
 | C&V Sector / Tusla / HSE / Mental Health Services.Tusla / C&V sector / EWO / SCO CDATF / C&V Sector CDATF / C&V Sector / EWO CDATF CDATF / C&V Sector CDATF / SDCC / Tusla / CSF / C&V SectorCDATF / Gardai/ C&V Sector / EWO / Probation CDATF  |
| 3. To build on and increase meaningful progression opportunities for those aff­ected by drug and alcohol misuse.  | The creation of broader and more improved options for those affected and increase opportunities for ‘positive life choices’ in relation to: • Treatment, rehabilitation and aftercare. • Personal progression (in relation to education, training and employment options). • Accommodation (especially in relation to improved options for those experiencing or threatened with homelessness).  | **Dual Diagnosis**  | 1. Expand on the current CDATF initiative by building the capacity of services & staff to support those with co-occurring disorders.
2. Review current initiative to keep sustainability.
3. Identify and establish evidence based dual recovery programmes.
4. Identify and source additional resources to deliver dual diagnosis specific programmes.
5. Identify and establish evidence based family support programmes.
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|  |  | **Homelessness & Housing**  | 1. Work with relevant agencies to establish appropriate supported accommodation for those with dual diagnosis, leaving prison or treatment, Travellers and people who use drugs and develop referral pathways.
2. Formally engage with SDCC to consult re: homeless services locally.
3. Lobby elected representatives and SDCC re: the lack of availability of 1 bedroom units even though this is the largest group currently homeless in SDCC.
4. Work with SDCC antisocial unit to establish appropriate supports for those who use drugs and are at risk of losing their tenancy with SDCC.
5. Work with SDCC to establish a longer term partnership and investment process.
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|  |  | **Progression**  | 1. Source additional resources to deliver residential stabilisation services in the CDATF area.
2. Engage with long term methadone users to establish specific needs and responses.
3. Conduct a feasibility study to identify alternative rehabilitation programmes and resources required (Non DEASP).
4. Establish a ‘Clubhouse’ model for those in recovery and establish programmes (art, music, culture etc) that supports re-integration and social inclusion.
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| 4. To create more opportunities for improving collaboration and developing an integrated response to drug related crime and intimidation. | • Creating safer and more meaningful opportunities for those most affected in developing a collective response to drug related crime and intimidation.  | **Family Support**  | 1. Develop locally based research to capture the prevalence and impact of drug related intimidation.
2. Deliver a capacity building and leadership programme.
3. Train family support workers locally to deliver Non Violent Resistance (NVR) training as part of service provision.
4. Identify and deliver other evidence based interventions specifically for families.
5. Lobby for a family resource centre.
 | CDATF / C&V Sector / Gardai / Probation CDATF / C&V Sector C&V Sector & NFSN CDATF / C&V Sector CDATF  |
| 5. To facilitate consultations with key stakeholders at local level regarding the decriminalisation of drugs for personal use and inform national policy | • Developing a clear outcome in the ongoing discussion regarding the decriminalisation of drugs for personal use.  | **Develop a Position from CDATF**  | 1. CDATF board, staff and sub groups to attend a work shop to discuss decriminalisation and the possible impacts /outcomes (positive and negative).
2. Commence a dialogue re: decriminalisation and the impact on the CDATF area.
3. Develop a collective position regarding decriminalisation.
4. Deliver a number of workshops in the community to increase the knowledge of decriminalisation and of CDATF’s position.
5. Deliver workshops to a number of partner agencies to increase the knowledge of the CDATF’s position on decriminalisation.
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| Strategic Goal Two – Strengthening the Role of the Community in Addressing the Causes of Drug & Alcohol Misuse  |
| Objectives  | **Outcome Indicators**  | **Priorities**  | **Actions**  | **Partners Required**  |
| 1. To broaden the understanding and response to drug and alcohol misuse based on the recognition that the causes are multidimensional; crossing a range of social, economic and policy linked factors.  | The Task Force will facilitate a concerted effort to improve effectiveness (and cost-effectiveness) of mainstream service delivery. Under this goal the CDATF will be working towards highlighting the lessons emerging from local practice in the shaping and targeting of service delivery through; • Raising awareness of the fact that effectively tackling the drug and alcohol issue is not just about drug and alcohol misuse in isolation but implicates a wide spectrum of social and economic policy. Progress in ensuring that this approach is embedded in practice will be evident through mainstream service providers: Acknowledging the broader social and economic contributing factors to drug and alcohol misuse and the range of social and economic benefits accruing from a more holistic approach. | **Criminality & Justice**  | 1. Strengthen community working relationships with Gardai.
2. Confront the ‘naturalisation’ of involvement in drugs among young people – changing the culture.
3. Making it more acceptable for people to express ‘ownership’ of their community and making it safer for people to do so.
4. Increasing flexibility in the way services and organisations responding to the needs of young people.
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| **Homelessness & Housing**  | 1. Work with SDCC regarding the Homeless Forum and the engagement of relevant stakeholders.
2. Strengthen community / agency links.
3. Establish an initiative in the private rental sector with supports for drug users.
4. Support the need for resources allocated to accommodation to be drawn down (for example Traveller accommodation budget).
5. Influence planning decisions to ensure cohesive development and targeting or resources where most needed (now and into the future).
6. Map out housing need for our particular service user group.
7. Work with relevant housing bodies to provide adequate emergency accommodation that is locally accessible.
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| **Mental Health**  | 1. Begin a positive mental health initiative (with focus on younger ages through primary school)
2. Negotiate local protocols and working methods that will recognise challenges around dual diagnosis (mental health and addiction)
 | CDATF / C&V / Pieta House CDATF / C&V / CAMHS  |
| **Social Inclusion**  | 1. Full mapping out of existing spaces for people to meet and existing levels of organisation and self-representation across the area.
2. Remove barriers to participation and inclusion for particular sections of the community (for example language barriers).
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| 2. To engage with key stakeholders in renewing their commitment to the DATF model of community based partnership.  | › Communicating with each other more effectively. › Achieving a ‘depth’ in efforts to improve integration, ensuring for example that effective collaboration takes place at front line service level, and at decision making level. › Acknowledge the importance, and potential mutual benefit accruing, from sustainable partnerships. › With these mutual benefits in mind, engagement in negotiation, joint service planning and review (seeing local organisations as knowledge and expertise to be harnessed rather than just as a mechanism for service delivery).  |  | 1. Highlighting the lessons emerging from local practice in the shaping and targeting of service delivery and make this the focus of discussion and negotiation with a range of agencies to improve local infrastructure.
2. Develop a communication strategy for CDATF to disseminate information to our funders, the community, other stakeholders, service users and service providers regarding the work of the task force.
 | CDATF / SDCC / C&V / Tusla / Dept. of Justice / Probation etcCDATF  |
| 3. To build on existing evidence based on local knowledge and expertise which will demonstrate the longer term benefits of a more holistic approach to drug and alcohol misuse.  | › Adopting an approach to review that is less restrictive and one- dimensional taking into account qualitative as well as quantative benefits and the broader family and community effects of particular responses. › Are more flexible and responsive to local needs with the capacity to change, contract and expand when needs change. › Are less restrictive in terms of policies in relation to access where these conditions can act as a barrier to access.  |  | 1. Produce and publish the Clondalkin Model (A Community of Practice) to acknowledge our method of working that creates longer term benefits to service users.
2. As part of the Clondalkin Model, highlight the qualitative evidence and the outcomes this has achieved.
3. Launch the Clondalkin Model to highlight and celebrate the evidence base of local initiatives.
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| 4. To seek to influence the development of appropriate responses to drug and alcohol misuse by bringing local knowledge and expertise to the planning and delivery of mainstream services and local development programmes. | › Direct increased resources towards community development infrastructure, in recognition of the vital role this plays in effective responses. |  | 1. Begin ‘pre-development’ initiatives (realising that development infrastructure has been decimated and that fear stops many people participating in initiative that address the challenges directly). In many areas it is about recreating just the space where people can begin to interact.
2. Identify new ways of capturing qualitative data to increase the knowledge and understanding about new challenges as they emerge, new developments in drug using patterns, new development in the social or economic environment that have a knock on effect on drug use. This highlights the strength of the community in their direct experience and knowledge of the issues.
3. Develop a mechanism through which this vital knowledge and experience can inform decision making at service provision / programme planning level, CDATF level and national level.
4. Produce a neighbourhood profile analysing the current level of service provision per population, additional resources required to be more effective and the impact of the expansion of the CDATF area on current service provision.
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| Strategic Goal Three – Having a positive influence on mainstream services and contributing to more integrated responses |
| Objectives  | **Outcome Indicators**  | **Priorities**  | **Actions**  | **Partners Required**  |
|  1. To continue to strengthen the capacity of the community in challenging the root causes of drug and alcohol misuse including the harmful outcomes of drug policy, poverty and inequality.  | The Task Force will continue efforts to strengthen the capacity of local community to understand and effectively challenge the root causes of drug and alcohol misuse. These efforts will have the task of rebuilding community infrastructure at their core, but will also focus on rebuilding real and effective partnerships between mainstream services and community based responses. Under this goal the CDATF will be working towards; A strengthening of the capacity of local community interests to have an influence. Progress in this direction will be evident in the extent to which community representatives are: • Have a greater capacity to be more effective in their efforts to lobby and influence decisions which impact on their lives. |  | * To deliver capacity building and leadership programme across the CDATF area.
* Develop a community reps forum to identify and highlight specific issues that require a response or a multi-agency response.
* Support community reps to identify and challenge root causes within their area e.g. Balgaddy.
* Support community reps to engage with multiple stakeholders to be more effective in influencing decisions.
* Create dialogue with other community, voluntary and statutory agencies to develop a better understanding of the root causes of substance misuse.
* Engagement of other community, voluntary and statutory agencies to develop appropriate responses to drug and alcohol misuse.
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| 2. To facilitate the participation of those most affected in identifying and developing appropriate responses to drug and alcohol misuse.  | • Feel safer and develop trust in the process of partnership and interagency working at local and national level. • Facilitated to become more actively engaged in understanding and addressing the causes of drug and alcohol misuse. |  | As above. | CDATF  |
| 3. To build the capacity of those most a­ffected by drug and alcohol misuse to engage in decision making at all levels | • Actively engaged with and participating in decision making structures at local and national level including the CDATF. |  | * Deliver service user involvement training to all service providers, managers and service users.
* Develop a service user involvement strategy for the CDATF area.
* CDATF to move towards co-production with those most affected by drug and alcohol use.
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It was agreed that action groups should be formed under each of the headings detailed above. People should be invited to engage on the basis of the relevance of their experience, their role in their organisation or agency, and their commitment to the action in question.

Task Force personnel will identify participants for each initial action group meetings, but it was agreed that:

* On meeting each action group will agree on agency or individual to take on the leadership role. The CDATF will lead on the actions pertaining to their remit and will work with their partner agencies on associated issues.
* Each group will identify one or two key actions they agree to take on over the coming year (they should be actions that have a good chance of being carried out, and where positive results of collective action can be demonstrated).
* Participants in the group can and should change depending on the action being taken, or on stages in carrying out actions. It should also be open to each group to identify positive sources of funding and to involve potential funders in the group’s operation if relevant.
* As well as aims, action groups should agree on ‘indicators’ that would show aims are being met.
* Results of efforts should be recorded and people asked to participate in a review, taking into account:
	+ Progress in achieving the aims in relation to particular actions
	+ Learning points with regard to:
		- What has helped or facilitated progress to achieving the aim?
		- What has blocked or hindered efforts to achieve the aim?
		- Results from all action groups’ reviews should be fed back to a meeting of the full Causes Development Group.