



DONORE COMMUNITY DRUG AND ALCOHOL TEAM

**STRATEGIC PLAN
2017 – 2020**

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Foreword by Colm Folan, Chairperson & Fearghal Connolly, Coordinator



As Chairperson of Donore Community Drug and Alcohol Team I am delighted to welcome our Strategic Plan. Despite signs of economic recovery in the locality and nationally we still continue to witness significant increases in homelessness, addiction and premature deaths amongst our community and City wide. New challenges test us on a daily basis and I am delighted to say the staff and manager have responded to these challenges as they always have; with dignity, empathy and compassion. We are very lucky to have such passionate and talented people serving our community.

We are also very lucky in having a hugely experienced and knowledgeable board of directors. Like the staff, they have helped influence and direct the course we are taking with our strategic plan in a very constructive and consultative manner. The board of directors are all volunteers and give freely of their time and experience, and are committed to achieving the highest standards of operational and financial transparency and efficiency for DCDAT. In this context, I am delighted to present our Strategic Plan to you and our service users with the wish to develop enhanced service opportunities and supports over the next three years to assist and support the most vulnerable in our community.

The Donore Community Drug & Alcohol Team (DCD&AT) operates a harm reduction and health promotion service for Donore Avenue and the wider South Inner City area. The team assists those affected by addiction problems, promotes health and wellbeing and contributes to the quality-of-life in the community.

The approach is non-judgemental and supportive which ensures that clients can avail of a truly responsive service. Founded twenty years ago, DCD&AT has established a trusted reputation based on a positive track record of advocacy and in assisting and caring for its clients. The service is currently delivered from a purpose built premises at the Donore Youth & Community Centre. Within this facility, the team has been able to provide a range of services including a low threshold drop-in facility, referrals, advice, case management, key working and family support. Additionally, daily programmes are delivered which include acupuncture, yoga, creative writing and art therapy. The purpose built building facilitates clients to avail of hot meals and shower facilities.

The DCD&AT develops community-based addiction services, implements prevention and education strategies and provides support systems for drug users, their families and the wider community. This is a flexible response providing access to social, cultural and medical services for clients and their families.

This three year strategic plan is coming at an important time for our agency, coinciding with the new National Drug Strategy 2017 – 2025 and the new strategy for the South Inner City Local

Drugs Task Force, currently being developed. There is no doubt that there have been considerable changes over the last couple of years, not only in the context, behaviour and responses to problem drug & alcohol use but also in the organised responses needed to adapt to such changes. All organisations, including smaller community ones, such as ours, need to be thoroughly professional, with all the necessary governance policies in place ensuring an excellent practice designed to meet the needs of the service user. This strategic plan aims to put the service user to the fore in mapping a positive path which will see them realise a marked improvement in the quality of their lives.

I believe that our core values such as being client, family and community focussed, with a commitment to best quality & inclusivity with a real commitment to service user ownership, we will have the right ingredients to impact positively in the lives of those who use our service. Over the next three years we aim to achieve our goals which include, greater health & wellbeing, increased hours for our counselling, holistic therapies and key working. We also want to complete our compliance with the Governance Code along with other well-established best-practice standards.

We are very grateful to the Board members, the staff team and our service users for giving their time generously to help us develop this strategy, as well as our partners in the area who gave their ideas too. We would also like to thank social research charity Quality Matters who facilitated us through the development of this plan.

This plan presents a big challenge we have set for ourselves and we are mindful of the limited resources we have to do it. But however, we will fight for those additional resources and we will be creative in how we organise our responses and are confident that we shall achieve them. After all it is no more than the people from this area of South Inner City Dublin deserve.

Finally, we would like to give a big thank you to Aoife Demody of Quality Matters, who guided us through this process culminating in this excellent written plan. It was her dedication, understanding, patience and above all a commitment to help us achieve the best that is possible that has brought us to this critical stage. Go raibh maith agat.

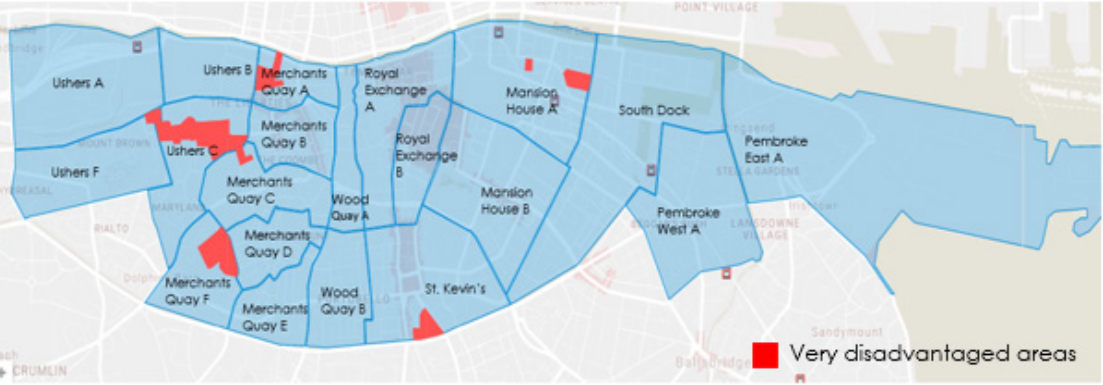
Colm Folan, Chairperson

Fearghal Connolly, Manager

1. Introduction to this Plan

The Local Context: Our Community and Our Target Group

Although we are located on Donore Avenue, and historically served the communities of St. Teresa's Gardens, Donore Community Drug and Alcohol Team provide services to people living in the catchment area of the South Inner City Drug and Alcohol Task Force area. We provide services to adults and younger people experiencing drug or alcohol difficulties, as well as families of people experiencing drug or alcohol difficulties. The South Inner City Drug and Alcohol Task Force area includes areas in Dublin's South Inner City, from Ringsend at the easternmost point to the Ushers area in the West, and stretching from the South Quays of the River Liffey out to the Grand Canal. Although there is a broad range of economic profiles within the South Inner City area, the areas surrounding our service contain pockets of severe disadvantage as illustrated in the map below, particularly in Merchants Quay and Ushers areas:



Our area is one characterised by high unemployment, high numbers of lone parent families, and low levels of third level education. These conditions are commonly associated with increased drug problems and an increased need for high-quality support services.

Drug and Alcohol Treatment and Drug Related Deaths

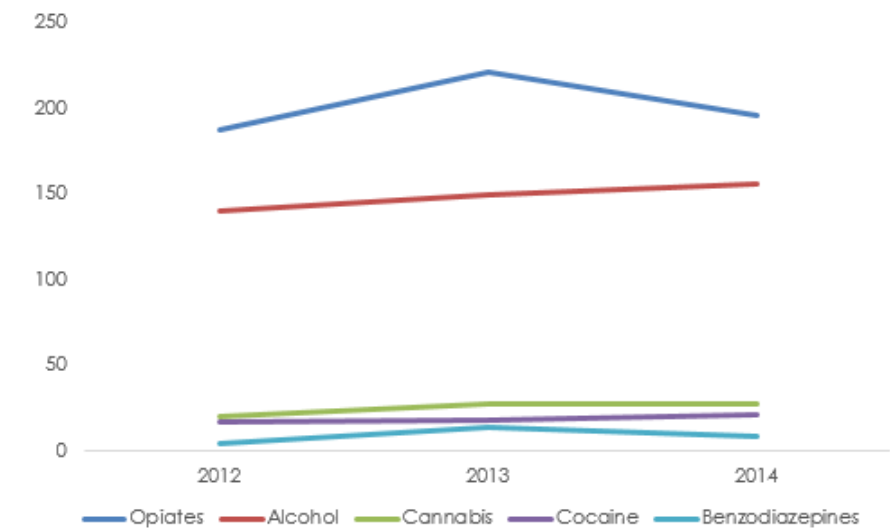
This section provides detail on the types of substances that people in the South Inner City sought treatment for over the past three years. Treated substance¹ refers to the primary substance for which the individual presented for treatment. However, in 2014, in 117 treatment cases the individual was seeking help for more than one substance; 41% of treatments sought pertained to poly-drug misuse. This is aligned with what the staff of Donore CD&A Team have observed in recent years; an increase in people who need help with a number of different substances. Treatment figures for drugs and alcohol in the SICDATF area increased by 18% from 373 to 441 cases between 2012 to 2013, and then decreased by 2% , between 2013 to 2014, from 441 to 431 cases. It is important to note that this does not necessarily correlate to the scale of a drug and alcohol problem, rather it tells a story of what figures are being reported on in the area.

Treatment for opiate misuse was most common form of treatment sought in the SICDATF area in the three years, with half or almost half of all individuals seeking treatment citing opiates as

¹ Figure 2 illustrates individuals who sought treatment for substance misuse between 2012 and 2014. Figures are individually treated cases, not people, so an individual may have more than one treatment episode in a year. The information that is currently available on drug and alcohol treatment has limitations in terms of revealing the true extent of problem substance misuse. Not all people who need treatment either seek it or access it: for example in the UK, it is estimated that only 6% per year of people aged 16–65 years who are alcohol dependent receive treatment(1). Also, it should be noted that not everyone who receives treatment is recorded in the national database, so the actual number of people requiring treatment support in the SICDATF area is very likely to be far great than the numbers recorded for treatment detailed here.

their primary substance; and just over a third of individuals seeking treatment cited alcohol as their primary substance. Cannabis and cocaine were cited by roughly one in twenty individuals as their primary substance across the three years.

Figure 1: Drug & Alcohol Treatments in SICDATF Area 2012 - 2014 Graph & Table



	2012	% of Treatments	2013	% of Treatments	2014	% of Treatments
Opiates	188	50%	221	50%	196	45%
Alcohol	140	38%	150	34%	156	36%
Cannabis	20	5%	28	6%	28	6%
Cocaine	17	5%	18	4%	21	5%
Benzodiazepines	5	1%	14	3%	9	2%
Amphetamines	~	~	0	~	~	~
Others	~	~	10	2%	19	4%
Totals	373		441		431	


These figures follow a similar pattern to the overall national figures, which is that alcohol, opiates and cannabis are the substances people most commonly present seeking treatment for. As with national treatment figures, the majority of treatment in the South Inner City is provided on community, out-patient basis, although people from the South Inner City are regularly referred to residential treatment services such as those provided by Coolmine Therapeutic Community, Peter McVerry and others.

The National Context

Overview

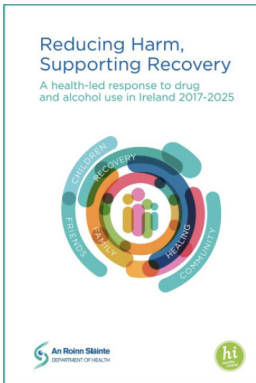
There are a number of policies and strategies that inform both how we work currently, and how we plan to improve our work over the life of this strategy. Key points in these strategies and policies are summarised in this section.

The National Rehabilitation Framework



The National Rehabilitation Framework is a set of guidelines for drug treatment and rehabilitation in Ireland. It was developed by the National Drug Rehabilitation Implementation Committee in 2010. It includes an integrated model of rehabilitation, care planning and case management, standardised assessment procedures and a range of accompanying protocols, agreements and quality standards. The framework was widely disseminated and has been implemented in 10 pilot sites across Ireland since 2010. The National Drug Strategy promotes increased implementation of this one-to-one key working and case management approach, and this informs one of the key strategic goals in our strategic plan.

The National Drug and Alcohol Strategy



The new national drug and alcohol strategy, *Reducing Harm, Supporting Recovery* (2) was published in July 2017 at the time of the finalisation of Donore's strategy. The national strategy provides guidance to Donore CDAT and our funders in the South Inner City Drug and Alcohol Task Force, and our funders. The strategy identifies what the priorities are for services who work with people with drug and alcohol difficulties and their families. Donore CDAT welcomed the emphasis in this strategy on treating drug and alcohol use primarily as a health issue rather than a criminal issue, as it is the ethos we have promoted in our work since we were founded. Many of the goals we have identified in this strategy are aligned with those of the new national strategy and so we look forward to playing our part in implementing it. Some of the goals most relevant to our work outlined in this strategy relate to improving harm reduction, implementing key working and case management protocols (the National Drugs Rehabilitation Framework), supporting families, working in line with quality standards, and improving service user involvement. The list below are some of these goals, with their corresponding numbers from the national strategy:

- **1.3.1:** Strengthen early harm reduction responses to current and emerging trends and patterns of drug use.
- **2.1.12:** Strengthen the implementation of the National Drugs Rehabilitation Framework.
- **2.1.17:** Further strengthen services to support families affected by substance misuse.
- **4.2.43:** Build capacity within drug and alcohol services to develop a patient safety approach in line with the HIQA National Standards for Safer Better Healthcare.

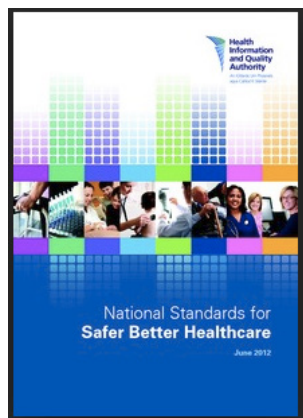
- **4.2.44:** Promote the participation of service users and their families, including those in recovery, in local, regional and national decision-making structures and networks in order to facilitate their involvement in the design, planning and development of services and policies.



The Governance Code

The governance code is a voluntary code to assist community and voluntary organisations to review and improve the functioning of their organisational governance, particularly the functioning of Boards of Management. The code outlines a number of key principles for good governance, and a number of

associated behaviours of Boards that, when implemented, will ensure the organisation and the Board are operating in line with good practice and legal obligations.



Safer Better Healthcare

Safer Better Healthcare is the national standard for the provision of health services in Ireland. The standards were launched in 2012, and their implementation is overseen by the Health Information and Quality Authority (HIQA). The national drug and alcohol strategy states that “All HSE and HSE funded addiction services in primary care are expected to work within the National Standards for Safer Better Health Care(2)”. The aim of Safer Better Healthcare is to:

“...help drive improvements in the quality and safety of healthcare services in Ireland. Their purpose is to help the public, people who use healthcare services and the people who provide them understand what a high quality, safe healthcare service looks like”.

In particular, the standards seek to:

- Make sure that service providers are accountable to the public, service users and those who fund them
- Help the people in charge of services identify what they are doing well, and where they need to improve
- Help make sure that the quality and safety of services is the same no matter where people live in Ireland or what health service they use – no matter where the service is, it should be safe
- Describe what should be in place for day-to-day services to be safe and effective.

It is our aim to achieve compliance with national standards, which will involve working with our Local Drug and Alcohol Task Force and other partners to identify a way to do this effectively and efficiently.

2. About Donore Community Drug and Alcohol Team

Our Core Information

Address: Donore Youth & Community Centre, Donore Ave, Dublin 8

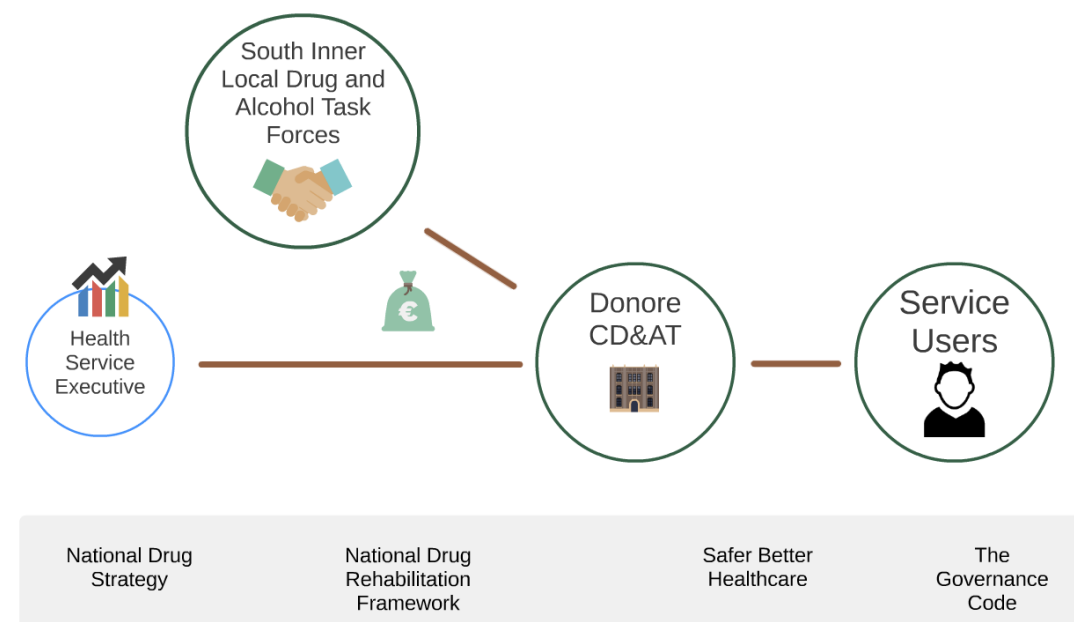
Company Number: 283821

Charity Number: CHY 15244

Opening Hours:

Day	Morning	Afternoon	Evening
Monday	10 .00– 12.30	2.00 – 4.00	5.00 – 7.00
Tuesday	10.00 – 1.00	2.00 – 4.00	
Wednesday	10 .00– 12.30	2.00 – 4.00	
Thursday	10.00 – 1.00	2.00 – 4.00	
Friday	10.00 – 2.00	2.00 – 4.00 (outreach)	

Funding: We receive core funding through the Health Service Executive with additional funding from the South Inner City Drugs Task Force. The graph below shows the structure between our funders, our project and our service, highlighting that we are underpinned by a commitment to national strategy and good practice standards for our sector.



Donore CD&AT's Vision

Donore Community Drug and Alcohol team envision a community that is empowered to respond to drug and alcohol related difficulties, where people experiencing such difficulties, and their families, can access high-quality services when they need it in a safe and non-judgemental way.

Donore CD&AT's Mission

Our Mission is to provide a range of services to meet the needs of our community in an open and welcoming environment. We serve people in active addiction, people who are taking steps to make change, and people who are trying to sustain change, as well as families who care for people with drug and alcohol difficulties. We provide services in both one-to-one and group settings from our premises on Donore Avenue, and on an outreach basis where needed.

Donore CD&AT's Values

Client Focussed

Donore CD&AT are committed to ensuring that the needs of our clients inform our work at all stages and in all facets. We are focussed on better understanding and responding to our client's needs.

Community Focussed

Donore CD&AT value our place in the wider community and will seek to ensure we continue to respond to community need, communicate our work to the wider community and ensure that all in our community who need to know about our work are informed of it.

Family Focussed

We know that drug and alcohol use difficulties often have ripple effects, causing stress and challenges both for the individual and for families. We seek to help families living with problem substance-use through the provision of tailored supports for them.

Ownership

The organisation seeks to ensure that the clients have meaningful opportunities to input into the service and its development through on-going consultation, formalised consultation, and by creating an environment that promotes clients sense of the service being theirs.

Inclusivity

Donore CD&AT work with people experiencing drug and alcohol difficulties and their families, regardless of their background, and regardless of where they are at in relation to their substance use difficulties. We do not discriminate and we actively seek to engage the most marginalised members of our community.

Quality

Donore CD&AT are committed to providing a high-quality service that is based on evidence of what works, and is in line with developments in our Local Drug and Alcohol Task Force area, as well as developments at a national level.

Our Work

Our approach is non-judgemental and supportive which ensures that clients can avail of a truly responsive service. The team provides a range of services including **a low threshold drop-in facility, referrals, advice, case management, key working and family support**. Additionally, daily programmes are delivered which include Yoga, acupuncture, Dynamic story telling and Art Therapy. The purpose built building facilitates clients to avail of hot meals and shower facilities.

We provide individualised care for service users through one to one work including **Key working, Care Planning and Case Management**. We also provide a free **counselling** service which is both addiction centred or more generic. We help family member who are, struggling

to deal with someone in the family who is using drugs or alcohol problematically. From time to time we also provide a bereavement support service.

We work closely with The St. Theresa's Gardens Regeneration Project in supporting a pilot youth programme aimed at **local young men involved in poly-drug use** and all the associated problems with it

Finally, we hold an **annual memorial event** to commemorate the deaths of people who have died prematurely through their addiction. This is held locally and involves the displaying of the quilt which display the names and tributes to those deceased

Our Team

Our team consists of a manager, one full-time and one part-time project workers and a part-time counsellor as well as a part-time administrator. The organisation presently has a Community Employment worker seconded to us from an outside agency. Our work would be much more if it were not for the generous support and hours given by our trusted volunteers.

3. Development of this Strategy

Overview

Our strategy was developed between September 2016 and July 2017. We were supported in this by independent charity Quality Matters. The aim of the process was to develop a strategy by which we could establish and achieve goals for the period 2017 to 2020. Through the process we wanted to:

- Assess the present state of the organisation
- Establish a clear vision and mission for the organisation, with input from all relevant stakeholders
- Determine areas of possible expansion and/or improvement.
- Establish clear, achievable and measurable strategic goals for the organisation.
- Identify strategies and tactics for implementation and achievement of strategic goals.

Principles Underpinning the Strategic Planning Process

Through our strategic planning process we sought to be:

Coherent: This plan would have a strong foundation in the principles of the organisation and would flow from the fundamental aims of the organisation.

Consultative: The perspective of all relevant stakeholders would be formally incorporated into the planning process. This included staff, clients, the Board and strategic partners/referral agencies.

Pragmatic, Achievable and Measurable: Both the planning process itself and the strategic goals arising from it would be cognisant of the capacity of our small team, and the practical limitations facing us as a non-profit, community based service provider. We wanted to ensure the plan would be both ambitious, and pragmatic.

Service User Focussed: The fundamental purpose of this strategic plan is to guide the organisation into the future and to improve the services it provides. At the heart of this process was the views and needs of the service users, as explained by them and the staff working with them. The planning process would be informed as much as possible by their needs, incorporating their views as the key determinant of strategic goals.

Step One: Consulting with Our Stakeholders

Through surveys, focus groups and in-person interviews we consulted with:

- Service users
- Funders and partner organisations
- Staff
- Management

Through these consultations, we sought to understand:

- What's working well in Donore CD&AT
- What could improve, in terms of our service provision
- What does the community need, that they aren't getting, in relation to support for drug and alcohol related issues?

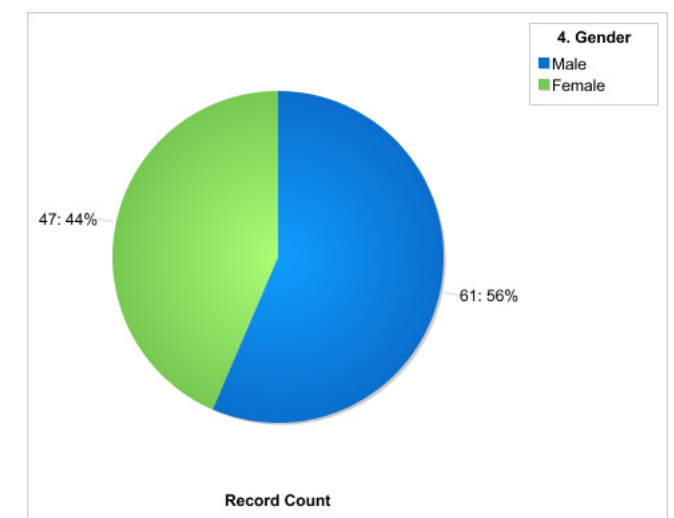
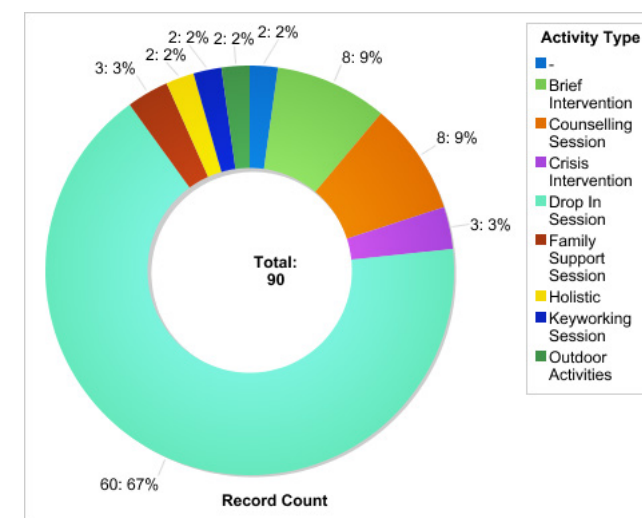
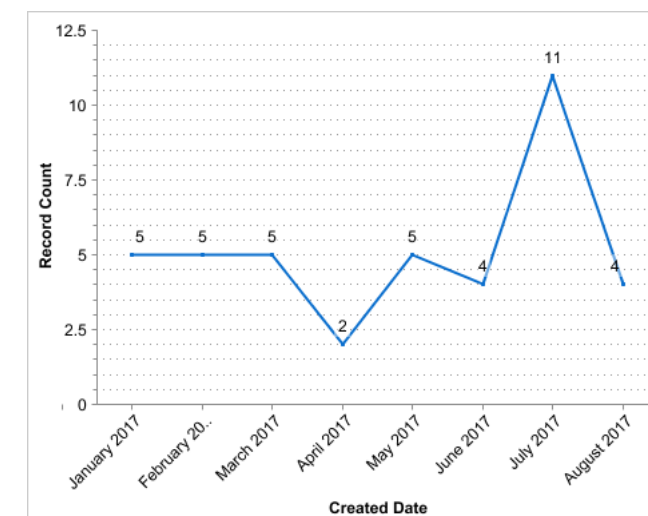
- What do funders and the wider sector identify as important developments over the coming three years?

Step Two: Reviewing our Vision, Mission and Values

In a session with the Board and the staff team, and using input from our service users gathered in a focus group, we reviewed our vision, mission and our values to ensure they reflected who we are and who we wish to be as an organisation.

Step Three: Identifying Actions

Once we had gathered ideas from all of our different stakeholder groups, as detailed in Step One, the staff and Board came together over a number of sessions, and agreed actions, timelines and plans for how these actions would be implemented



Graphs Representative of January - July 2017

4. Donore Community Drug and Alcohol Team: Strategic Themes 2017 - 2019

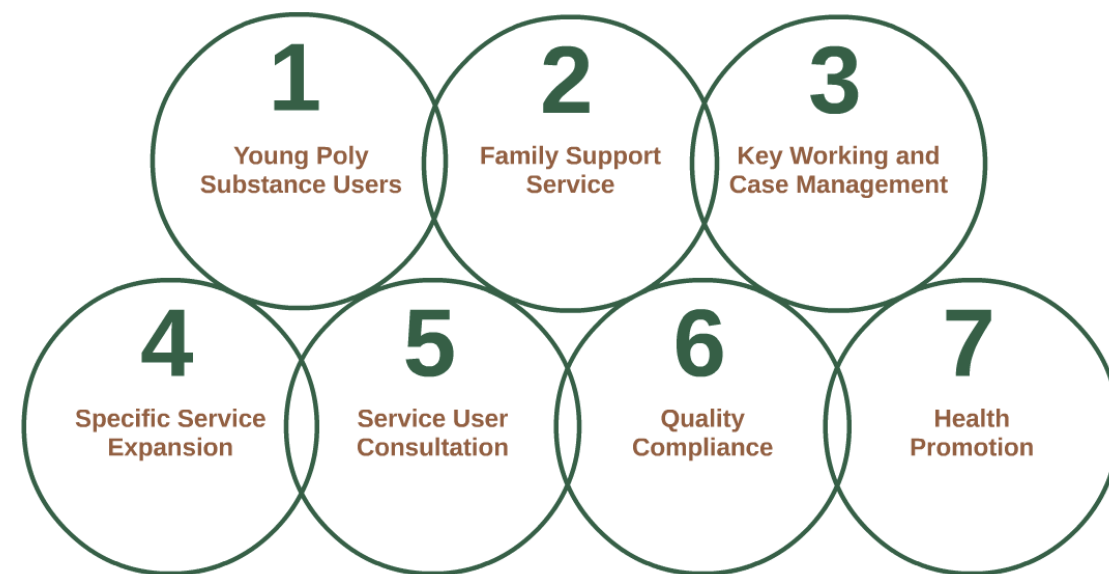
Strengthening Our Core

The Donore CD&AT identified through the planning process that the service will focus on making sure that the work we are doing is the best that it can be for our service users. This means reviewing our current services to ensure we are working in line with best practice, and supporting service users to achieve their goals and successfully achieve the outcomes they need to better manage their drug and alcohol difficulties. For the coming three years, we will seek to work in line with national practice standards for key working and case management. We will also seek to ensure that our organisation has a clear plan for achieving compliance with a relevant quality standard for our sector such as Safer Better Healthcare, and for achieving compliance with the Governance Code.

Families and Young People

As well as our core service user work, we recognise the pressing need to support young people affected by substance use difficulties and the families of people with drug and alcohol difficulties. For the coming three years, we aim to bring targeted, specialised interventions into our range of services to meet the needs of these two groups.

5. Summary of Strategic Goals



Goal 1: Respond to the Needs of Young Poly-Substance Users

Overview: Employ a Youth Drug and Alcohol Support Worker to undertake needs analysis and develop a targeted programme of supports for young poly-substance using people in the area. The Team have played a key role in a pilot project: Targeted Response for Youth (TRY) which worked with young men from the Donore Ave. area who are experiencing problem poly-substance use and caught up in anti-social behaviour. The Donore CDAT will continue to actively support this and the proposal to extend an intensive outreach and bridging model to engage young people (South West Inner City) involved in street drug trading groups

Rationale: In recent years, the team of Donore CD&AT have seen increasing numbers of young people presenting with poly-substance use issues. This concern was also identified by a number of partners. Some initial steps to address this difficulty had been taken in the form of research into the lived experiences of some young people in the area.

Goal 2: Provide a Targeted Family Support Service

Overview: Seek funding to develop and provide a targeted family support service to families living with the negative impact of problem substance use.

Rationale: While a number of services are provided in the LDATF area, there is a need identified among Donore's stakeholders for additional targeted family supports in the form of groups and 121 interventions.

Goal 3: Implement a Formalised Key Working/Case Management Model in line with National Good Practice

Overview: Implement a key-working / case management system for 121 working that is in line with NDRIC, QuADS and standards in Safer Better Healthcare in order to improve the 121 service provided to service users

Rationale: Donore CD&AT have been providing 1-2-1 structured support for our service users for a number of years. We wish to develop and improve this facet of our service provision by reviewing our models, seeking training and reviewing our policies and practices to ensure we are in line with national good practice in this regard.

Goal 4: Increase Specific Service Provision

Overview: Increase hours of availability of counselling, and if required, holistic therapies. In addition, seek a partnership to provide essential clothing items to homeless people using the service.

Rationale: Anecdotally, there is a need for additional counselling, holistics, and clothing for homeless people. Donore CD&AT wish to establish partnerships to endeavour to meet these needs in a resource-efficient, high-quality way

Goal 5: Develop a Service User Consultation Strategy

Overview: Develop and implement a formal service user consultation strategy.

Rationale: While Donore CD&AT feel we have a good and open relationship with our service user group, we wish to formalise this and in line with good practice, develop a formal service user consultation and representation strategy.

Goal 6: Achieve Compliance with Sector Quality Standards

Overview: Achieve and formally review compliance with the Governance Code for Community and Voluntary Services, and achieve compliance with QuADS, Safer Better Healthcare or another relevant standard as advised by the HSE / Task Force.

Rationale: Donore CDT strives to be a high-quality organisation. Aligning our work with national quality standards, and achieving these, will be a strong testament to our continuing efforts to improve our organisation.

Goal 7: Programme of Health and Well-Being

Overview: Provide drop-in health promotion workshops on a two-weekly basis, focussing on health needs identified by service users, and occasionally engaging relevant health experts to provide information or support where relevant. In addition, provide skills-based programmes in a therapeutic environment in three-month blocks. Continue to provide acupuncture, yoga and art therapy classes and workshops.

Rationale: Users of Donore CDT's services wish to access support for literacy, health and other key issues in their lives. We seek to provide responsive supports to identified needs, and wherever possible to promote capacity among our service users and our community to live healthier lives.



DCDAT Volunteers doing a Fund-raising Sky dive in May 2017

6. Strategic Plan 2017 - 2019

Goal	Action	Timeframe	KPI
Goal One: Respond to the Needs of Young Poly Substance Users	Confirm funding and hire a part-time youth substance misuse worker to undertake needs analysis and support development of programme model and actively work in developing the TRY proposal (to engage young people involved in street drug trading groups)	Q2 2018	Worker is in place to develop programme
	Undertake needs analysis and identify suitable model of 1-2-1 or group work to support poly-substance using young people	Q3 2017	Need and model identified and agreed
	Provide programme of support	Q4 2017 – Q4 2019	Young poly substance users received supports in line with good practice
	Evaluate effectiveness of programme and seek funding for full-time worker if successful and need is identified	Q4 2018	Model is reviewed, adapted and embedded, and provided on full-time basis
	Undertake a needs analysis among service users and the local community to establish need for the service	Q1 2018	Need for service is identified and agreed
Goal Two: Provide a Targeted Family Support Service	Develop a service model for family support which may include group support and 1-2-1 interventions for parents, siblings, children and other family members	Q2 2018	Suitable models of service provision for family members identified
	Engage relevant partners such as the Family Support Network to promote expert input and cost-savings	Q3 2018	Partners engaged to advise on, support or deliver services
	Seek funding for a part-time family support worker if required to provide service	Q3 2018	Part time family support worker employed
	Provide targeted service to families requiring support	Q4 2018	Services provided in line with identified need and models
	Undertake an evaluation of the service to assess effectiveness	Q4 2019	Model is reviewed, adapted and embedded, and provided on full-time basis
Goal Three: Implement a Formalised Key Working / Case	In partnership with local services or the Task Force, seek training to up-skill on key working, care planning and case management	Q1 2017	Staff are trained in good practice in key working, care planning and case management
	Review all policies and procedures to ensure they are in line with national standards and reflect organisation practices	Q2 2017	Policies and procedures are up-to-date, live and in line with internal practice and national standards

Management Approach to 1-2-1 Work in Line with National Good Practice	Implement the formalised system to ensure best practice on client and keyworker relationship. Review for effectiveness at [e.g. 6 months]	Q3 2017	Donore CDAT service users are receiving services in line with policies System is reviewed, adapted and embedded
	Establish partnership with counsellor training centre and recruit trained experienced counsellors as volunteers Agree minimum standards and supervision and insurance arrangements	Q1 2017	Partnership established to increase counselling hours
	Review current service provision policy to ensure prioritisation of higher needs service users	Q2 2017	Clear contract or terms of reference for service provision agreed
	Pilot the partnership with counsellor training centre and service provision Review service provision and partnership for effectiveness	Q2 2017	Effectiveness of current waiting list/prioritisation is reviewed and improved
	Review current need for service provision among staff, service users and the community	Q3 2017	Partnership piloted
	If need is identified, establish partnership with holistics training centre and ensure that current grant arrangement to meet this need is continued	Q2 2018	Model is reviewed, adapted and embedded
	Agree minimum standards and supervision arrangements for the provision of holistics by trainee Pilot the partnership and service provision	Q3 2017	Need for additional service provision is established
	Review service provision and partnership for effectiveness	Q4 2017	Partnership for extended service provision is identified
	Provide hot meals, showers and access to free phone as well as providing basic clothing and bedding for this particularly vulnerable group	Q 4 2017	Clear contract or terms of reference for service provision agreed
	Provide the service and review uptake and impact after 1 year	Q1 2018 Q1 2019	Partnership piloted Model is reviewed, adapted and embedded
Part Three: Homeless Service		Q2 2017	Identify and seek partnership with local organisation
		Q3 2017 – Q3 2018	Model is reviewed, adapted and embedded
Goal Five: Develop a Service user	Identify a range of options for service user consultation, and in conjunction with staff and service users, identify 1 – 2 options for service user consultation which may include involvement in service review, representation to the Board or other	Q1 2018	Options for service user engagement pilot are identified

Consultation Strategy	mechanism		
	Develop a service user consultation strategy or policy	Q2 2018	Policy and consultation tools are developed
Goal Six: Strive for Compliance with Sector Quality Standards: Part One: Governance Code	Implement and review the consultation strategy for effectiveness, engagement and impact	Q2 2018 – Q2 2019	Model is reviewed, adapted and embedded
	Progress previously developed plan to achieve compliance with the Governance Code	Q1 2017 – Q1 2018	Governance code action plan is implemented
	Register as compliant with the Governance Code	Q2 2018	Compliance is achieved and registered
	Undertake a formal review of governance and develop a continued compliance plan	Q 4 2018 – Q4 2019	Compliance is reviewed, additional actions identified
Part Two: Whole Organisation Quality Standard	In partnership with the LDATE, identify relevant sector standard(s) for the organisation	Q3 2017	Standard is identified
	Undertake a review of compliance with relevant standard	Q1 2018	Organisation has evidence on areas for development to achieve compliance
	Develop and implement a continuous quality improvement plan to achieve compliance with identified standard	Q2 2018 – Q4 2019	A clear plan for achieving compliance is developed and implemented on an on-going, phased basis
Goal Seven: Programme of Health and Well Being Part One: Health Promotion Workshops	Develop a six-monthly schedule of health themes in conjunction with service users, and promote the workshops among service users and the community. These workshops will include the Yoga/Acupuncture and Art Therapy classes	Q1 2017 – Q1 2019	A needs – informed schedule of workshops is developed and shared with potential participants
	Facilitate workshops and review for effectiveness [weekly / three monthly]	Q1 – Q2 2017-8	Service understands effectiveness of, and on-going need for health promotion workshops
	Pending success and on-going need, embed Health Promotion Workshops as part of on-going service provision	Q3 2017	Health Promotion is embedded into the organisations on-going work



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