



# Proud Supporters of Local Youth (18-25yrs)



An Roinn Coimisce Sóisialaí  
Department of Social Protection  
*Helping you build a better life*



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



Dublin North East  
Design Task Force



KILBARRACK COAST COMMUNITY PROGRAMME



## **Kilbarrack Coast Community Programme (KCCP)**

KCCP is a community organisation based in Kilbarrack, a suburban town, 8 km north east of Dublin city. The Kilbarrack Aftercare Community Programme (KACP) was formed in 1987, an amalgamation of both community and statutory interests funded by the Health Service Executive (HSE) and FAS. In 2001 the organisation adopted the name "Kilbarrack Coastal Community Programme" (KCCP), which better reflected the services, now provide to the wider community.

These services include six programmes designed specifically to target the needs of the Kilbarrack community:

1. An adult rehabilitation programme (drugs & alcohol recovery).
2. A family support programme (recognising that addiction affects the whole family)
3. A Parent and Toddler group.
4. "Youth Matters", a youth programme to support young people aged 9 to 21yrs.
5. A Counselling and Referral service.
6. "The Reach Out Project" offering targeted, structured and strategic support to vulnerable young adults from adverse social backgrounds.

## **The Reach Out Project.**

The Reach Out Project is co-founded by the Department of Social Protection (DSP) and the Health Service Executive (HSE). The programme was designed to facilitate local needs, in line with the national and regional strategic policies of these statutory agencies.

The Reach Out Project's ethos is based on the following principles:

- To promote a structured and strategic framework to support vulnerable young adults attain short, medium and long term life goals.
- To motivate positive changes by encouraging personal development, physical and psychological wellbeing, occupational/vocational training and employment activation.
- To offer a person centred and evidence based, drugs recovery programme focused on local and national trends.
- To show tangible outputs and outcomes, associated with agreed clinical and service performance measures.
- To contribute in a measurable and meaningful way to the regional drug strategy and the priorities set out in the National Drugs Strategy 2001-2016.



### **Maladaptive psychosocial lifestyles**

*"Those that had a higher risk of becoming involved with drug use came from families where there was already a problem with alcohol or drug use by a parent or sibling. Predisposing risk factors included, unstable family structures, poor parenting skills, lack of parental control and/or neglect. Additional factors included poor educational attainment, early school leaving and low self esteem"*  
(National Drug Advisory Council, 2004).

In 2004 the National Advisory Committee on Drugs funded KCCP to conduct research into drug use among young adults in the Kilbarrack area, "A prevalence study of drug use by young people in a mixed suburban area". KCCP identified a change in drug use patterns, since the opiate abuse trend took hold in the 1980's. The report highlighted an increase in the use of non-opiate substances in the 13-25 year old demographic profile in the area.



## Summary of new substance abuse trends in young adults.

### Alcohol

Alcohol was the most widely used substance reported by the respondents of the study. 76% of respondents had used alcohol at some point. Overall, more males (80%) than females (72%) had consumed the substance and 60% of 13-15 year olds and 84% of 16-18 year olds were active consumers.

### Cannabis

Cannabis was the most widely used illicit substance. There was a gender difference associated with usage patterns, (39%) males to (20%) females. Alarmingly, the report found that more than 25% of the sample population between 13- 15 year olds and 40% of 16-18 year olds were active cannabis users.



### Cocaine

Cocaine was used by 6% of respondents. Again, gender differences illustrated that twice as many males (8%) than females (4%) were using the substance. Within the 16-18 year old group, nearly 18% of respondents had used cocaine.

## The changing face of local and national drug use trends

This report reflected the local and national trend of increased normalisation in non-opiate based, poly-substance abuse trends that included cannabis, cocaine, and alcohol by young adults. The Reach Out Project was designed to address these emerging trends and tackle the psychosocial factors that precede and maintain vulnerability to the adverse effects of substance abuse.



## Aims and objectives of the Reach Out Project.



### Structure, adverse social precipitating and predispositional factors.

The primary aim of the programme is to reduce the harm caused by drugs to drug users, their families and the wider community. The programme promotes engagement and attendance by 10 or more individual clients from adverse psychosocial backgrounds. Engagement is maintained by identifying each client's specific requirements from the onset of starting the program. A key-worker is assigned to each client to act

as an advocate and develop an individualised client centred, goal orientated care plan. The client is encouraged to engage in weekly goal planning sessions to maintain a positive commitment to the program and maintain tangible short, medium and long term results.

The Reach Out Project has adopted a structured format delivered over the course of a calendar year. Participants are contracted for one year in a special community employment contract, subject to engagement, the aims of the individual and the ethos of the project. Each week, Monday through to Friday participants are actively engaged to develop their capacities in three specified domains of functioning. Progress and outcomes are measured throughout the year, based on the weekly delivery of the program.

The overall aims and objectives of the program is to improvement each client's general psychosocial functioning, by promoting physical and mental wellbeing. Whilst, adopting a strategy to help reduce the effects of adverse social stressors by encouraging reflexivity, self awareness, personal growth and physical fitness. This is designed to help the client develop a better overall functional skill set and to promote resilience. The long term strategy of the program is to help foster;

**(1) physical and psychological wellbeing, (2) personal development and self growth, (3) occupational/vocational engagement and employment activation.**

The program is a targeted, structured and strategic approach to help clients widening their perspectives. This is important in reducing the adverse effects of precipitating negative stressors and to increase the adoption of more pro-social and personally constructive behaviours.



## The three domains of development within the project

### *Physical and Psychological Wellbeing:*

#### **Physical Activities:**

- Twice weekly, gymnasium training program, (supervised by Personal Trainer).
- Once weekly, sports and leisure activities, (DCC Sports and Recreation).

#### **Psychological wellbeing:**

- Individualised care planning and psychometric assessment.
- Daily mindfulness exercises and meditation.
- Psycho-educational workshops (addiction and wellbeing orientated)
- Counselling Support- Drug Reduction, Anxiety, Depression and Trauma.

### *Personal development:*

#### **Strategic engagement:**

- A person centred, client orientated structured weekly program, based on identified personal development needs for each client.

#### **Structured program:**

- To develop self expression and confidence through creative means. This is required to promote better individual and group working, social & communication skills, whilst maintaining drug reduction. The program encourages positive lifestyle choices and delivers various workshops, on better sexual health, healthy eating options and psychoeducation interventions.

#### **Psycho-educational workshops:**

- Substance abuse reduction: Educational program relating to poly-substance abuse patterns and physical and psychological impact on wellbeing and psycho-social functioning. This aspect of the project attempts to challenge reinforced perceptions relating to the recent trend in the normalisation of alcohol, cannabis, and cocaine use in the 18-25yr old demographic.
- "Reduce the use". This part of the program offers support to each participant to empower them to take active measures in reducing the use of substances, by recognise individual triggers that increase relapse behaviours. Further training is included in:
  - o Social skills
  - o Communication skills
  - o Daily/Goal Planning
  - o Healthy Living

### *Occupational/ Vocational:*

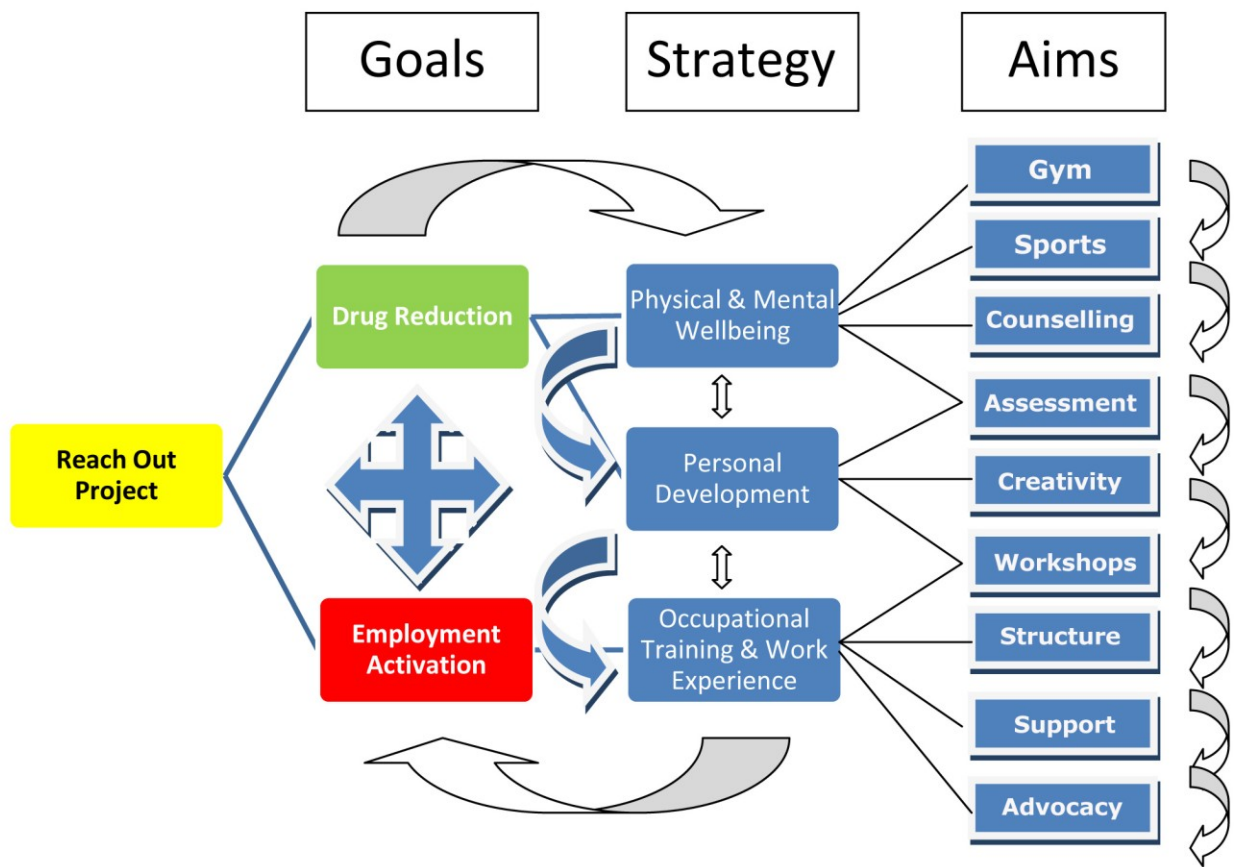
**Occupational & vocational training:** three or more Fetac level three or more courses, or equivalent occupational training in 10 month period.

**Employment activation:** Work experience in variety of industrial and community settings in order to expand individual's horizons to the wealth and breadth of career options available within the workplace.

**Advocacy & support:** of clients between multiple agencies and organisations.



### The Reach Out Project's Focus



### Goals, Strategy and Aims

The goals of the "Reach Out Project" is to reduce drug use and encourage employability. In order to satisfy these objectives a three tiered strategy is implemented to focus on achieving better overall functioning in the individual, within these domains.

Each aim and goal within the strategy has interactive effects on the three domains of functioning. For example an increase in creativity may lead to greater coping skills, resulting in a decrease in drug use, or an increase in employability. Or, an improvement in physical and psychological wellbeing may result in a reduction in drug use, hence increasing the propensity of attaining employment.

The overall plan of the project is to achieve the identified goals, by using a strategy to follow the aims, in the context of understanding their interrelatedness and bidirectional effects in fostering positive change in psychosocial functioning.

## References

Farrington, D. and Connor, A. (2004). A prevalence study of drug use by young people in a mixed suburban area. National Advisory Committee on Drugs.

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Kilbarrack Coast Community Programme is only five minutes from the dart line, and only five minutes from either the 17A, or any of the 31 or 32 buses. Office hours are 9.15-4.30



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