

HSE CHO9

INDEPENDENT REVIEW  
OF SERVICES

AT

KCCP

KILBARRACK COAST  
COMMUNITY PROGRAMME

MARCH 2018

March 2018



Murtagh & Partners

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## **1. INTRODUCTION & BACKGROUND**

Murtagh & Partners (M&P) has been commissioned to carry out an independent review of services provided by Kilbarrack Coast Community Programme (KCCP) on behalf of one of its principal statutory funding agencies, Health Service Executive Community Health Organisation Area 9 Addiction Services (HSE CHO9).

HSE CHO9 Addiction Services' Team of Ballymun, Dublin North, has commenced a review programme of all drug and alcohol funded services managed from the CHO9 office, of which there are over fifty. M&P has been invited to work with the Drug and Alcohol Services Manager, Brian Kirwan, to assist in a systematic review of its funded services.

Commissioned reviews are generally carried out against the background of the contracts or service agreements, supported by a range of information that the funded service may have sought and been granted funding for during the relevant periods. Analysis of previous years identifies any changes the service has made over a period, what its stated outcomes have been and whether there have been any significant changes.

KCCP is incorporated as a company limited by guarantee, is a charity registered under the Charities Act 2009 and is compliant with the codes and guidelines implemented by the Charities Regulatory Authority.

KCCP was established as a community-based Special CE Scheme in 1997 and is in receipt of core funding from the Department of Social Protection (DSP) and Health Service Executive Community Health Organisation Area 9 (HSE CHO9) including Dublin North East Local Drug and Alcohol Task Force (DNELDATF). It is a valued partner to HSE CHO9 in the provision of drug and alcohol services and is its eighth largest service provider and recipient of funding in 2017.

### **1.1 APPROACH FOR REVIEW**

The review of services provided by KCCP was commenced in December 2017 and continued throughout January and February 2018. The Board, management and staff were fully supportive to the review process and M&P is grateful to them for the comprehensive range of information provided in addition to their time set aside for meetings and sourcing additional information. M&P carried out the review using primary and secondary research techniques.

#### **1.1.1 PRIMARY RESEARCH**

M&P held face-to-face interviews with Board members, Co-ordinator and senior members of staff. Face-to face interviews were also held with key HSE CHO9 Addiction staff and management.

#### **1.1.2 SECONDARY RESEARCH**

The Co-ordinator also provided a range of support documents including:

- KCCP's Strategic Plan 2018-2020;
- KCCP Annual Outcomes Reports for 2016 and 2017;
- Audited accounts for 2013-16;
- Company Structure and Organisation Chart;

- Historical documents on the progress of KCCP over its 20-year existence 1997-2017;
- Operational and Financial Management Review of February 2016;
- Submission to the Public Consultation on the then new National Drug and Alcohol Strategy;
- Submission to HSE National Social Inclusion Office ‘Clinical Guidelines for Opioid Substitution Treatment’ policy consultation;
- Proposal on the Need for Dual Diagnosis Services in Kilbarrack;
- Proposal for Treating People with Dual Diagnosis in the Greater Kilbarrack Area February 2016;
- Service User Consultation and Satisfaction Report for 2017;
- Copies of publications targeted at the general population of KCCP including *The Snapper* magazine and reports on various seasonal, community-based events at KCCP for adults and young people.

KCCP is a very active and busy service provider and delivers its services effectively and efficiently under some challenging circumstances. All services are currently delivered at the Greendale Road premises which are in a good, accessible location. The premises provide some large spaces to deliver KCCP’s groupwork, while office space and suitable counselling rooms are in less supply.

Programmes and services at KCCP have developed in line with need since the early days of its establishment in 1997, and would attract the description of ‘exemplar’ as a model of good, community-based drug and alcohol services. It has successfully merged the key attributes of the DSP Special Scheme with the resources provided by the HSE CHO9 Addictions Team to develop well-managed services which deliver positive service user outcomes across the community.

This assessment is based on the success of KCCP in five key areas of performance:

- Low threshold access to KCCP integrated services targeted within inclusive and non-judgemental culture;
- High levels of sustained engagement of service users with problematic drug and alcohol use in the current KCCP catchment areas;
- Application of clear continuum of care integrated pathways for service users through good case management, key working and practical support;
- Good management and practitioner skillsets and the application of contemporary models of intervention;
- Strong evidence-based impact of integrated training, employment and recovery care plan objectives in terms of training, education and employment outcomes for service users.

KCCP implements proactive procedures and protocols in the delivery of its services across the community and has maintained strong working links with all the key agencies, schools, colleges, health services, employers and training centres.

The review proceeds by setting out the key components of the services at KCCP including services, service users, staffing, management and financial support.

This document is not an evaluation, but rather a review of services. Primarily, it seeks to affirm that the services delivered are in accordance with the aims and objectives of HSE CHO9, and as articulated in KCCP's service agreement with HSE CHO9 for 2017. These factors are measured by an examination of:

- catchment area demographic profile;
- the services;
- the number of service users reached;
- staffing resources;
- appropriate skillsets;
- service user outcomes; and
- governance practice and compliance.

## 2. DEMOGRAPHIC PROFILE

### 2.1 LOCATION

KCCP serves the three Electoral Districts of Grange D, Raheny-Greendale and Raheny-Foxfield.

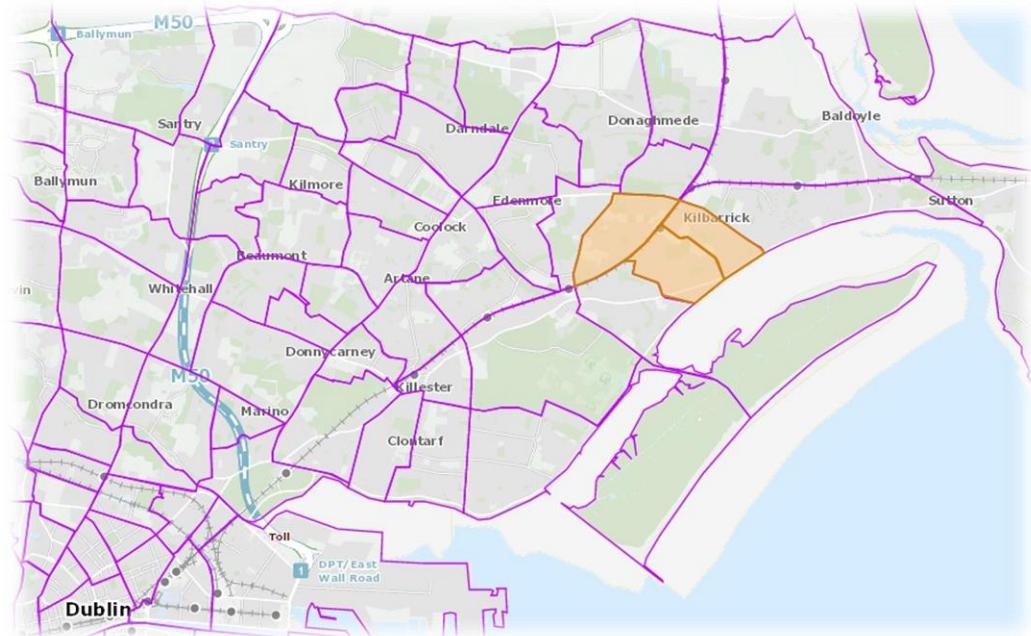


Chart 1 KCCP Electoral Districts Charted in Dublin North (CSO/Pobal Maps 2018)



Chart 2 KCCP EDs Close-Up View (CSO Pobal 2018)

Charts 1 and 2 note that the electoral districts (EDs), Grange D, Raheny-Greendale and Raheny-Foxfield, are in the north-east area of Dublin City and County on the coast. The wider area in Chart 1 largely includes the HSE CHO9 catchment, and comprises a population of 621,184<sup>1</sup>, which has grown by 16% from a 2006 level of 534,356.

The 2016 population of the three KCCP EDs is 8,662<sup>2</sup> (or 1.4%) of the HSE CHO9 population, a fall of 4.22% from 2006. There has been a population decline in all three EDs – Grange D falling from 4,214 by 4.95%, Raheny-Greendale from 2,283 in 2006 by 5% and Raheny-Foxfield from 2,547 by 2.32%. This is important from a healthcare planning point of view since falling populations in urban areas can also be indicative of an ageing population and will clearly have an impact on the targeting of drug and alcohol services in this case.

All three of the KCCP EDs have negative Deprivation Indexes<sup>3</sup> – Raheny-Greendale, -7.67, Grange D, -2.25 and Raheny-Foxfield -0.93<sup>4</sup>. These classifications are consistent with the description of ‘disadvantaged’ and ‘marginally below average disadvantage’ respectively. The combined Deprivation Index of the three EDs is -3.23.

However, the small area analysis facilitates a more precise image of deprivation (and the propensity for higher levels of drug and alcohol use and their impacts) and can be more accurate when targeting services. For example, while Grange D may have a deprivation index of -2.25, 8 of its small areas (2,253 persons out of its 4,005 population or 56%) have a negative deprivation index. (Table 1 refers.)

In Raheny-Foxfield where the deprivation index at ED level is -0.93, 4 of its 8 small areas, (1,285 of its population of 2,488 or 51%) have a negative deprivation index.

In Raheny-Greendale, the small area data indicates that 6 of its 8 small areas comprising 1,711 of its 2,169 population (79%) have a negative deprivation index.

In total, 18 of the 30 small areas in the current KCCP catchment area have a negative deprivation index, suggesting that the 61% of its population is at risk of higher incidence and prevalence rates of problematic drug and alcohol use. The data analysis assists in identifying the level of risk and where it may be found.

## 2.2

### SMALL AREA ANALYSIS KCCP

The KCCP EDs comprise 30 Small Areas, 14 in Grange D, 9 in Raheny-Foxfield and 7 in Raheny-Greendale. These small areas have populations in the number range of 210 persons to 410 (average = 289) and an analysis of this data provides a more detailed demographic profile which can facilitate planning and targeting.

Table 1 below sets out some of the small area data available on the Pobal Maps Small Area Datasets 2018 based on the CSO Census 2016 data. The dataset below has been extracted from Pobal Maps 2018 and has been ‘sorted’ by the column ‘Deprivation Score 2016’ from the most disadvantaged to the least in the KCCP catchment. M&P has also refined the data to re-calculate the age ranges in ten-

<sup>1</sup> CSO Census 2016

<sup>2</sup> Pobal Small Area Maps 2018 from CSO Census 2016 Data

<sup>3</sup> The index provides a method of measuring the relative affluence or disadvantage of a particular geographical area using data compiled from various censuses. A score is given to the area based on a national average of zero and ranging from approximately -40 (being the most disadvantaged) to +40 (being the most affluent).

<sup>4</sup> Pobal Trutz-Haase Deprivation Index 2018

year include age ranges. This could assist KCCP in its targeting of small areas with differing profiles including adults, young people, lone parents, educational attainment and age dependency rates. The various small areas have numerical codes which can be accessed easily via the Pobal Maps website<sup>5</sup>.

M&P has also re-calculated the population data for the 60+ years age group in the column in Table 1 to the right and this is to identify any bias in terms of the contribution that the proportion of older people may make to deprivation through age dependency. While there doesn't appear to be an identified trend, some small areas where there are high percentages of older people also exhibit high levels of deprivation. Deprivation ranges from -19.24 to +11.89 in the small areas of the KCCP catchment.

Small Area With ED Name	Total Population 2016	Deprivation Score 2016	Age Dependency Ratio 2016	Lone Parents Ratio 2016	Proportion with Primary Education Only 2016	Proportion with third level education 2016	Unemployment rate-Male 2016	Unemployment rate-Female 2016	Persons with a disability 2016	0-9 years olds 2016	10-20 year olds 2016	20-29 year olds 2016	30-39 year olds 2016	40-49 year olds 2016	50-59 year olds 2016	60-69 year olds 2016	70-79 year olds 2016	80+year olds 2016	60 years plus as % of total
Grange D	337	-19.24	38.58	52.00	35.00	7.85	27.78	16.67	22	41	56	41	45	52	25	43	28	6	23%
R-Greendale	292	-15.44	33.56	39.00	33.00	10.75	20.78	21.67	18	31	39	38	33	54	35	19	31	12	21%
Grange D	294	-14.81	43.54	56.00	28.00	16.16	28.00	14.00	12	28	21	30	32	42	29	70	36	6	38%
Grange D	410	-14.61	30.24	49.00	23.00	9.95	24.14	16.87	20	46	107	57	43	82	34	22	18	1	10%
R-Greendale	331	-14.58	38.97	45.00	27.00	13.53	20.88	20.31	6	39	42	35	42	55	35	24	44	15	25%
R-Foxfield	368	-13.08	32.61	22.00	22.00	14.50	26.04	16.67	15	41	56	64	34	86	26	20	30	11	17%
Grange D	261	-12.65	30.27	48.00	28.00	9.41	19.72	14.00	18	25	46	31	36	47	29	25	21	1	18%
R-Greendale	275	-11.91	41.09	40.00	28.00	15.44	11.86	36.07	8	35	44	34	44	39	19	17	36	7	22%
R-Greendale	270	-10.90	25.19	72.00	25.00	14.12	23.94	12.50	17	14	39	50	28	50	34	26	21	8	20%
R-Greendale	329	-10.04	45.29	44.00	27.00	17.91	14.49	8.77	4	39	57	36	36	42	24	37	41	17	29%
R-Foxfield	293	-7.69	37.88	34.00	23.00	16.76	15.38	10.94	16	40	48	28	46	49	23	22	30	7	20%
Grange D	257	-7.03	45.53	18.00	26.00	20.30	11.48	2.22	11	19	24	19	33	37	22	28	65	10	40%
Grange D	231	-6.45	44.59	26.00	20.00	22.22	10.91	6.38	8	25	25	22	35	33	17	19	46	9	32%
R-Foxfield	309	-5.40	40.45	34.00	21.00	22.54	10.96	12.50	15	30	42	33	36	61	28	34	42	3	26%
R-Greendale	214	-4.86	54.67	23.00	19.00	25.30	5.56	15.15	4	16	13	18	13	27	16	43	62	6	52%
R-Foxfield	315	-1.36	48.57	33.00	11.00	29.07	7.46	5.36	6	32	33	28	26	39	34	56	56	11	39%
Grange D	219	-0.44	42.01	18.00	18.00	27.85	12.73	0.00	4	16	29	33	14	33	23	26	39	6	32%
Grange D	244	-0.41	45.49	12.00	14.00	31.38	8.33	7.69	4	21	23	18	39	37	24	20	56	6	34%
Grange D	268	2.17	45.15	9.00	10.00	42.39	12.07	6.25	7	31	33	24	31	35	31	33	41	9	31%
R-Foxfield	288	4.57	44.44	12.00	6.00	49.48	6.25	8.93	5	34	37	24	25	36	44	26	42	20	31%
Grange D	210	4.72	50.95	7.00	10.00	39.26	5.13	0.00	10	18	18	18	16	28	21	26	52	13	43%
R-Foxfield	322	4.81	38.51	12.00	9.00	42.44	7.59	5.56	4	33	48	27	37	38	53	24	42	20	27%
R-Foxfield	303	5.60	37.29	5.00	4.00	46.30	5.80	10.53	5	28	38	36	18	26	61	43	28	25	32%
R-Greendale	216	6.31	42.59	17.00	7.00	53.29	10.64	9.30	5	31	19	20	34	21	23	29	17	22	31%
R-Greendale	242	7.80	36.78	5.00	9.00	44.69	4.92	4.00	4	19	29	29	30	31	31	25	30	18	30%
R-Foxfield	290	7.89	41.38	11.00	6.00	46.43	4.76	4.92	5	27	36	30	20	35	48	36	33	25	32%
Grange D	427	8.53	24.59	15.00	8.00	42.91	6.72	9.45	18	59	29	74	74	39	103	33	10	6	11%
Grange D	236	9.91	22.88	22.00	8.00	47.47	4.92	7.79	8	23	19	45	28	28	47	29	9	8	19%
Grange D	257	11.09	24.51	19.00	4.00	53.70	6.06	2.78	4	34	32	35	33	41	61	11	9	1	8%
Grange D	354	11.89	22.60	16.00	6.00	50.68	3.96	9.18	7	51	36	61	56	49	63	25	9	4	11%
<b>Total KCCP</b>	<b>8,662</b>								<b>290</b>	<b>926</b>	<b>1,118</b>	<b>1,038</b>	<b>1,017</b>	<b>1,272</b>	<b>1,063</b>	<b>891</b>	<b>1,024</b>	<b>313</b>	<b>26%</b>

Table 1 Small Areas of KCCP Catchment Pobal (CSO Census 2016)

<sup>5</sup> Pobal Maps <https://maps.pobal.ie/#/Map>

In terms of primary target small areas, 18 of the 30 small areas in KCCP catchment have negative deprivation scores and include 5,249 persons. Lone parent ratios and unemployment are also highest in the small areas with negative deprivation scores. All of the small areas have large 60+ years age groups and all are above the Dublin average of 18% (see last column) suggesting an ageing population in the catchment.

The purpose of the demographic analysis of the current KCCP catchment is simply to look at the trends and assist in the targeting of services.

## 2.3

### ELECTORAL DISTRICTS CONTIGUOUS TO KCCP CATCHMENT

While KCCP has strong roots in the local community, the board, management and staff are not averse to consider the extension of KCCP's services to areas and service users in adjacent geographic locations.

For HSE CHO9, this would be an option to replicate the KCCP way of working to other areas with new resources.

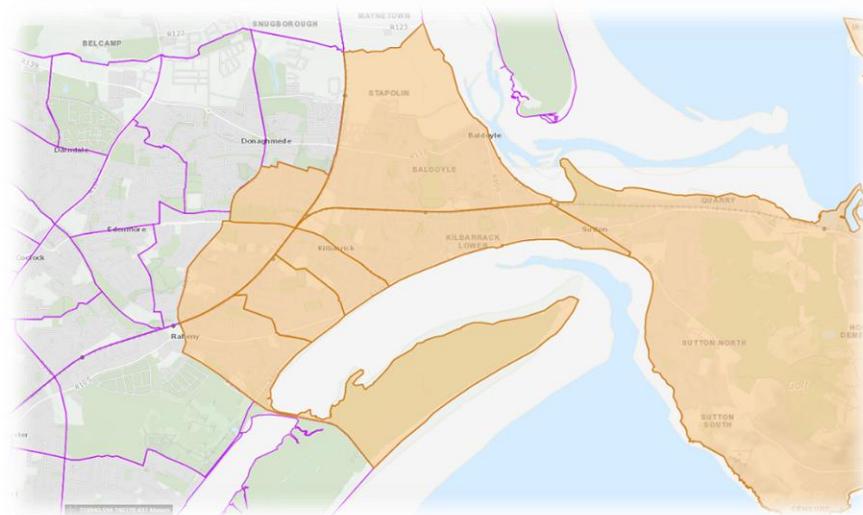


Chart 3 KCCP Catchment and Hinterland

For completeness and illustrative purposes, M&P has mapped KCCP EDs and adjacent Electoral Districts of Raheny-St. Assam, Baldoyle, Howth, Grange C, and Sutton into Chart 3 above, which has a population of 36,914<sup>6</sup>.

There are 137 small areas in this catchment, 43 of which have negative deprivation scores with a target population of 12,205.

The next section sets out the range of services provided by KCCP.

<sup>6</sup> CSO Census 2016

### **3. SERVICES PROVIDED BY KCCP**

KCCP's core services are drug and alcohol interventions for adults and young people with problematic drug and alcohol use. There are five discrete programmes of work at KCCP including:

- Adult Community Employment Scheme;
- Reach Out Project;
- Programme for Young People;
- Family Support Programme;
- Counselling Service.

The KCCP services are profiled in some detail in the annual outcomes reports of 2016 and 2017 and M&P provides a summary profile of the main characteristics of each below regarding the drug and alcohol elements.

All services are provided under the harm reduction model with social inclusion and low threshold access as the underlying concepts.

#### **3.1 ADULT CE SCHEME**

The gateway to services for adults is the Special Community Employment Scheme (CE Scheme) co-funded through the Department of Social Protection (DSP) and HSE CHO9. It is a three-year programme with a fourth-year option and all participants are referred by the HSE.

For the two programmes (Adult and Reach Out) the number of participants varies over the 3-4 years and taking account of entries and exits. In 2018 there are 29 service users with 6 on the waiting list. In 2015 there were 24 service users, 2016 42 service users, and in 2017, 36 service users. The 2017 position for the Adult Special CE Scheme is noted below.

■ Participants 2017	22
Men	19
Women	3
■ Age Range	21 – 65 years
■ Participants' Problematic Drug and Alcohol Use	
Methadone Maintenance Programme	10
Alcohol	9
Heroin Use	2
Codeine/Cocaine	1
Dual diagnosis symptoms (mental ill-health & Substance use)	Most
Suicideation	6
Ex-Offenders	9
In Prison	3

All participants attended the CE Scheme activities, and all had evidenced positive outcomes in terms of training, education, employment.

Harm reduction is the guiding, operational model for all service users and the full range of contemporary models are applied. Each service user is assessed, a care plan is constructed and agreed with them, and key workers provide the

implementation. All Care Plans are prepared by the Rehabilitation Manager who also provides the regular monitoring and implementation of any adjustments required. Service users are referred to mainstream health service and residential detox services where required within their care plan.

In 2017, all service users recorded reduced scores measured on entry and exit by the screening tools, AUDIT, CUDIT and DUDIT. These measure substance use over the period for alcohol, cannabis and poly drug use respectively.

### **3.2**

#### **REACH OUT PROJECT**

The Reach Out Project was designed by KCCP and commenced in March 2015 following successful co-funding proposals to both DSP and HSE CHO9. It is a structured programme targeted at men and women between 18 and 25 years who have been affected by the use of cocaine, weed, alcohol and other substances. Service users are referred from HSE and participate in the CE Scheme for 19½ hours weekly. The concentration is structured around physical and mental wellbeing, personal development, and occupational and vocational training. The four stages of the Reach Out pathway have been noted as:

- **Stage 1**  
Rehabilitation and stabilisation – initial drug reduction and basic psychological interventions through group CBT workshops.
- **Stage 2**  
Rehabilitation and person development – promotion of continued drug reduction and workshops on confidence building, self-esteem and goal planning for employment activation through online course and third-party training.
- **Stage 3**  
Personal development and employment and educational activation by linking the drug reduction strategy, personal development skills with the development of an individual strategy towards leaving the programme and entering employment.
- **Stage 4**  
Post-programme aftercare by supporting the service user to sustain their progress in employment or education routes.

All service users have a care plan which is monitored and adjusted where necessary. The programme is notionally of three-year design for ten persons but is geared towards integration into the workforce as early as possible. The key characteristics of Reach Out are detailed below.

■ Participants 2015-17	31
■ Current participants (Dec 2017)	13
■ Into Full-Time Employment 2015-17	7
■ Into Third-level Education 2015-17	2
■ Exited Programme	6
■ Changed Programme	2
■ RIP	1

Over half of the service users who exited the programme between 2015 and 2017 (19) went to employment (7) or third level education (2). By any measure these are positive outcomes for this type of programme.

### **3.3 PROGRAMME FOR YOUNG PEOPLE**

The services for young people includes the activity-based Youth Matters Programme and Substance Abuse Service Specific to Youth SASSY.

#### **3.3.1 YOUTH MATTERS**

Youth Matters is targeted at young people in the area between 9 and 21 years of age. Activities are hosted at KCCP each afternoon during term-time, five days weekly and fall within the education and prevention responsibilities of KCCP.

A specific group, Kilbarrack Cares for Kids (KC4K), caters for young people under 9 years of age whose families are directly affected by problematic drug and alcohol use. While there are 12 young people attending this group, there is a waiting list.

A drop-in facility for young people over 12 years of age is available nightly from Monday to Thursday and attracts between 20 and 70 young people.

Activities include:

- centre-based activities;
- external trips;
- informal learning opportunities;
- drugs, alcohol and sexual health education, relationships;
- sports, arts, crafts, drama and dance.

The weekly activities are wide, varied and based on education, prevention, personal development, confidence-building and help with personal skills. Over 200 young people attend these activities weekly while special seasonal events including summer schemes attract a further 300 young people.

This summary does not do justice to the scope and extent of the services provided for young people by KCCP. The various activities are varied in concept and age group and extend to most young people at risk in the community in a continuous, intensive way. The Youth Matters Programme is an effective ‘identify and engage’ strategy which is both educational, preventative and a gateway to a range of early interventions. This mix is achieved because of the parallel programmes such as Reach Out and the Adult CE Scheme and the fact that a range of relevant drug and alcohol skillsets are not only in the same delivery location but also inform the work with young people.

Often programmes targeted at young people are delivered in isolation of any other drug and alcohol programmes in organisations and youth settings, thus precluding the needed synergistic relationship between work with young people on the one hand, and effective drug and alcohol services on the other. KCCP implements services which are integrated at every level and evidenced by the range of interventions applied and made available for young people should a problematic drug and alcohol use issue be identified. The evidence is that where such issues are identified, and where siblings and families are involved, KCCP makes effective and informed interventions. While referrals to SASSY occur,

KCCP also intervenes with referrals to its counselling service, family support service other appropriate HSE services. It is M&P's opinion that KCCP's operating model is ideal for effective drug and alcohol services for young people.

### **3.3.2 SASSY**

SASSY is an appointment-based service delivered professionally by to young people in North Dublin. The SASSY team is led by a Consultant Child & Adolescent Psychiatrist and provides support to young people under 18 for whom regular drug and/or alcohol use is having a significant negative impact on their day to day life. Young people can be self-referred, or referrals can be made by parents or from professionals such as teachers, youth workers and GPs.

## **3.4 FAMILY SUPPORT PROGRAMME**

The Family Support Programme at KCCP is targeted at family members affected by problematic drug and alcohol use. It has two key strands:

- Parent Support Group
- CRAFT Programme

### **3.4.1 PARENT SUPPORT GROUP**

The PSG meets weekly and is facilitated by the KCCP Rehabilitation Manager. Therapeutic activity has trebled between 2013 and 2017 and 16 parents attend regularly for ongoing support to address the impact of family-based problematic drug and alcohol use, family loss, isolation and the pressure of a life dominated by the addiction of family members.

More recently, the PSG extends support for families where drug debt and drug debt intimidation have impacted on family members. External training and support is provided by the Gardaí and the National Family Support Network on an interagency approach.

### **3.4.2 CRAFT**

KCCP implements the Community Reinforcement and Family Training (CRAFT) model which is delivered within care plan and case management models. CRAFT is primarily concerned with increasing family compliance with an intervention for persons with substance abuse to increase the rate of engagement of those addicted individuals in treatment. The traditional core modules of CRAFT include specific procedures of motivation building, functional analysis, contingency management training, communication skills training, treatment entry training, immediate treatment entry, life enrichment, and safety training.

In 2017, 23 family members engaged with the KCCP CRAFT programme.

### **3.4.3 OTHER FAMILY SUPPORT ACTIVITIES**

The two programmes above are the formal programmes of KCCP family support. As a community-based organisation, KCCP is in contact with many families in the community not only within activities at KCCP and family members on various programmes, but in many other community-based initiatives.

### **3.5 COUNSELLING SERVICES**

The counselling function at KCCP is targeted at service users of all programmes and at people in the community. In 2017, 146 service users received counselling and 107 to people in the community including parents and children. All counselling support related to problematic drug and alcohol use.

KCCP has a ‘bank’ of 13-16 counsellors recruited on a sessional basis from post-graduate students undertaking professional counselling qualifications at DCU, Dublin Business School and the Institute of Integrative Counselling and Psychotherapy. All counsellors are screened by the KCCP Rehabilitation Manager who also allocates the counsellor to ‘match’ the service user need.

The main interventions applied include Humanistic and Integrative Counselling, Motivational Interviewing, Cognitive Behaviour Therapy, CRAFT support and Brief Solution Focused Therapy.

Counselling sessions are delivered each morning Monday to Friday in rooms at the back of the local church and in Dublin City Council rooms in the Shopping Centre. Provision in the latter is due to terminate in March 2018. Both locations are unsuitable for such an important life-support activity and efforts are being made by all parties to have these counselling sessions located as soon as possible at the HSE Health Centre in Kilbarrack which is a 2-minute walk from the KCCP base.

The next section sets out the resources of KCCP including finance and human resources.

## 4. FINANCE & HUMAN RESOURCES

### 4.1 FINANCE

The review process analysed the income and expenditure over the 2013-16 period as presented in its audited accounts. For 2017, M&P has used the pre-audit, probable-actual, annual totals provided in January 2018.

#### 4.1.1 INCOME

Total income to KCCP has increased from €710k in 2013 to €1.01m in 2017, an increase of 42%. Principal sources of income have been the DSP, HSE CHO9, Dublin North East LDATAF and to a lesser extent the Department of Education and Dublin City Council.

Chart 4 charts the growth of income by funding source over the 5-year period and notes the level of income each year by agency.

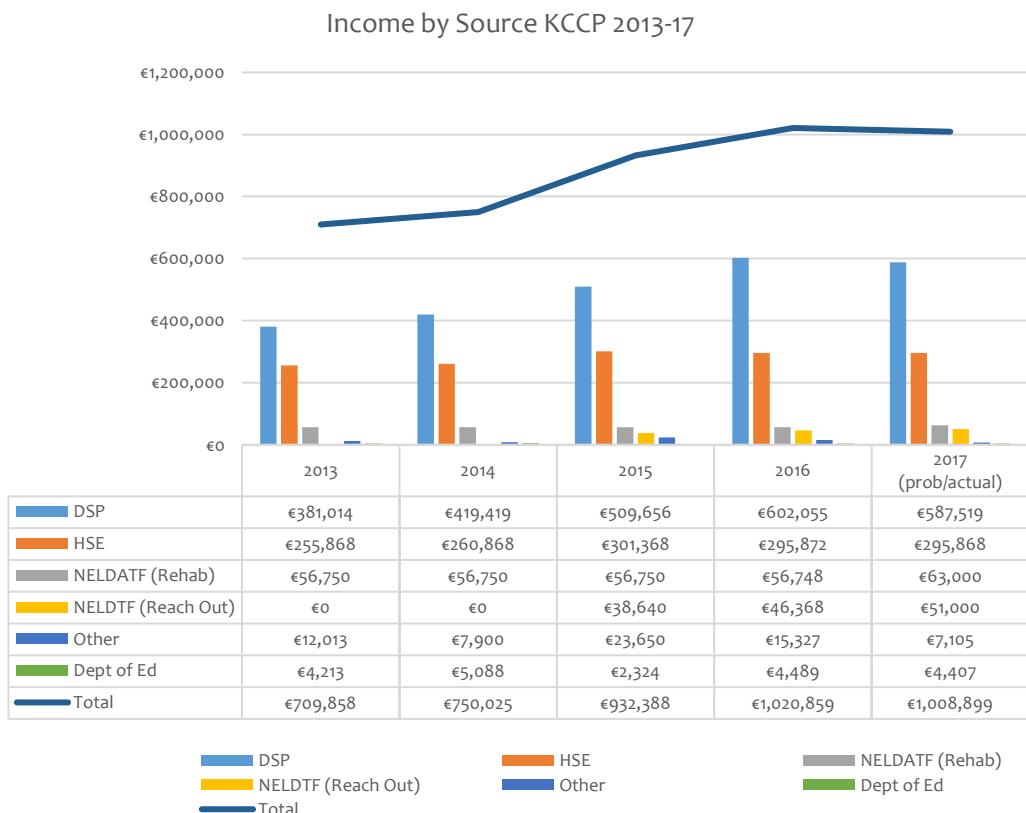


Chart 4 Income by Source KCCP 2013-17

Income growth is normally an indication of continued satisfaction with the activity and outcomes delivered by the services as well as an increase in the demand for the specific services.

In recent years, funding from Dublin North East Local Drug and Alcohol Task has been monitored and accounted for by HSE CHO9 Social Inclusion Team and included in a unitary service agreement which consolidates the HSE funding support from different parts of the HSE.

Chart 5 below demonstrates the shares of each agency over time and the period 2013-17. DSP is the largest contributor of funding while HSE CHO9 contributes 41%. However, when it comes to expenditure, some 94% of DSP's contribution (€552k in 2017) is allocated to CE participants' wages.

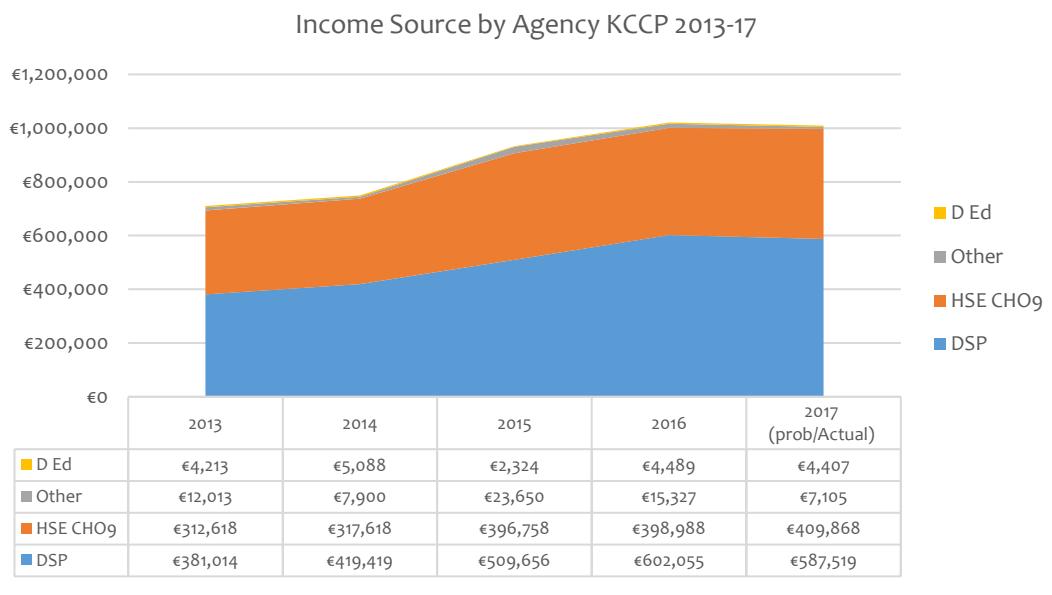


Chart 5 Income Growth Analysis by Core Agency KCCP 2013-17

The contribution of HSE CHO9 was €409,868 in 2017, a 2.7% increase on 2016 or a 31% increase on 2013.

#### 4.1.2 EXPENDITURE

Table 2 provides a summary of the expenditure summarised from the KCCP Audited Accounts 2016.

KCCP has an expenditure level of €1.016m in 2016 most of which was allocated to wages and salaries. While Table 1 shows that expenditure from DSP's budget was €602k (59%) of the total annual expenditure, some 77% of its costs are CE participants' wages and some support costs for training. The number of CE participants at KCCP varies throughout the year but sits at around 29 at any one moment in time. These are funded by DSP at the rate of 19½hrs per week.

Expenditure by Category 2016	DSP	HSE CHO9	Other	Total
Service User Exps incl CE Wages	€464,545	€20,856	€21,974	€507,375
Salaries	€136,767	€328,609	€0	€465,376
Premises Expenses	€0	€33,775	€0	€33,775
Administration Exps	€657	€9,537	€0	€10,194
<b>Total by Expense Category 2016</b>	<b>€601,969</b>	<b>€392,777</b>	<b>€21,974</b>	<b>€1,016,720</b>

Table 2 Expenditure by Category and Funding Source KCCP 2016

Table 2 notes that the permanent posts in management and staff at KCCP were funded by both DSP and HSE CHO9 at a cost in 2016 of €465k. The current headcount in February 2018 is 9 persons working on specific drugs and alcohol tasks and funded by HSE CHO9 and 4 posts which manage the DSP CE training function. CE participants also carry out duties supporting the Adult CE Scheme

and the Reach Out Programmes (6 persons), part-time Youth Workers (5) and bus driving duties (2).

Post	Drug & Alcohol Posts Funded by HSE
Co-ordinator	
Rehabilitation Manager	
Youth Worker	
Administrator	
Support Outreach	
Reach Out Project Manager	
Project Worker	
Youth Worker	
Support Worker	
Dev. Manager/CE Supervisor	DSP CE Scheme Posts
CE Supervisor	
Asst. CE Supervisor	
Asst. CE Supervisor	

Table 3 Permanent Management & Staff Posts Mix KCCP 2018

Chart 6 below summarises the expenditure profile. The key observation here is the relatively moderate expenditure on non-service items – premises and administration – pointing to a very ‘lean’ organisation.

Expenditure by Category & Key Funding Source KCCP 2016

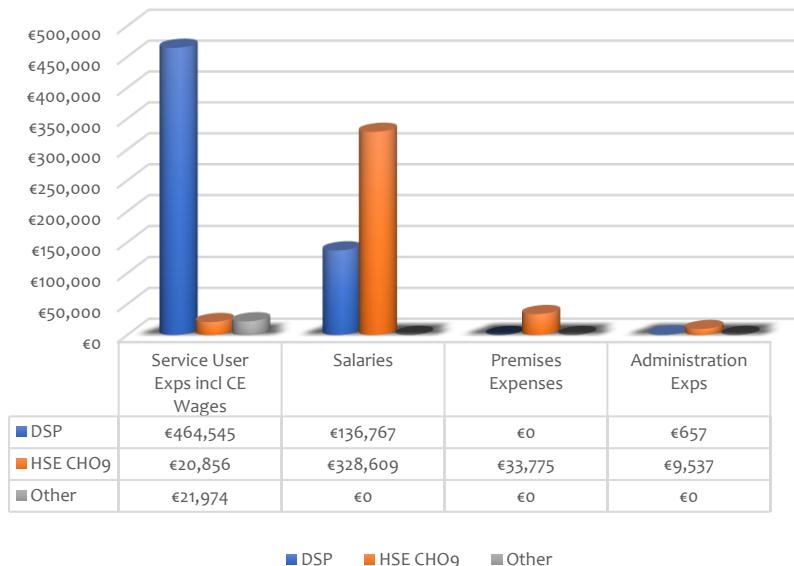


Chart 6 Expenditure by Category by Funding Source KCCP 2016

#### 4.1.3 HUMAN RESOURCES

KCCP has a permanent management and staff of 13 persons with additional support from 13-16 counsellors, good input from CE participants and other input from occasional seconded and relief staff. The 4 DSP CE staff have specific duties managing the CE scheme and its responsibilities. The HSE CHO9 funded staff who look after the drug and alcohol work through the programmes outlined above have their own responsibilities and line management structures. The

result is that KCCP, a busy working environment, works because of the support and cohesion, managed and encouraged by the Co-ordinator and the Board.

The organisation structure is presented below.

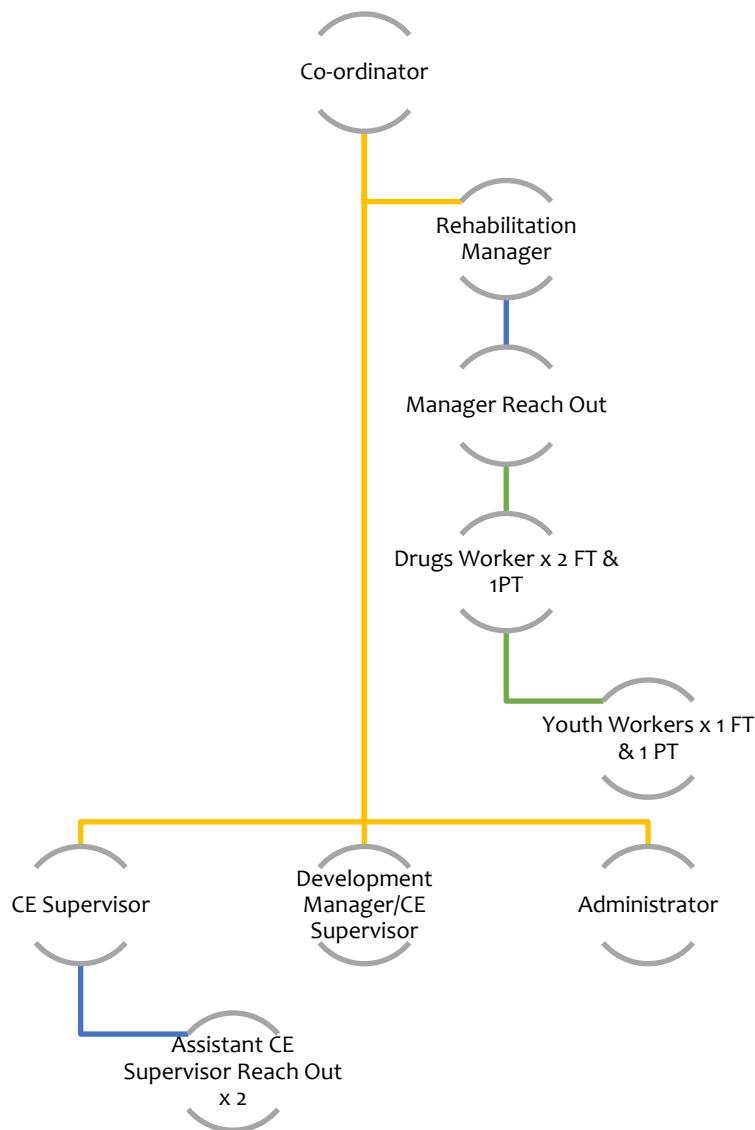


Chart 7 Organisation Chart KCCP February 2018

Management of KCCP is the responsibility of the Co-ordinator. The Rehabilitation Manager provides the drug and alcohol professional base and direction for policy and frontline work.

The nature of the work and the structure of KCCP as a Special CE Scheme demands considerable training of personnel and participants. Counsellors are screened before entry and appropriate supervision and training provided by the Rehabilitation Manager to support the work and their studying.

The Rehabilitation Manager also prepares, and case-manages the care plans while the key working is assigned to the support workers on a task basis. There is little room for slippage and plenty of room for accurate management and

programming. The different skillsets at senior management level ensures that KCCP runs efficiently and effectively on a service user-centred basis.

All staff receive good training and working relationships and networks with HSE clinical and medical personnel are good and productive.

KCCP is a community-based organisation and maintains good working relationships with the Gardaí, HSE Addictions, GPs, Social Work Teams, Probation Service and many of the agencies and organisations in the area. As a result, it enjoys strong support and co-operation generally-speaking within the community.

## 5. GOVERNANCE

As mentioned above, KCCP is incorporated as a company limited by guarantee and is a charity registered with the Charities Commission. The current directors are:

- Michael Finn, Chairperson
- Brian Stewart, Treasurer
- Martin Timmons, Secretary
- Shay Scanlon
- Paul Hansard

All have a long association with KCCP and bring separate and important skills to the management and governance of the company.

The company's legal and fiduciary commitments are a primary focus of the directors and all matters are up-to-date and in compliance.

The directors meet monthly and ensure that the management and staff have all the resources required to deliver the aims and objectives.

As already mentioned, KCCP works from its strategic plan and publishes a detailed annual report on its activities. It contributes to State policy on drugs and alcohol and is to the forefront when agencies and politicians are seeking guidance.

KCCP is a service user-led organisation and carries out annual service user satisfaction consultation for publication in an annual report. It is an open and transparent organisation where all members of the local community are welcome and made welcome.

KCCP manages its resources professionally and competently and has a high sense of commitment to its community and to the specific challenge of problematic drug and alcohol use.

The outcomes are evidenced at service user and programme levels and there is an ongoing commitment to the further progress of existing programmes and the development of new ones in line with best practice.

It is the considered opinion of M&P from a review perspective that KCCP is a model drug and alcohol service and is evidenced through its practice outcomes.

## **6. RECOMMENDATIONS**

The key recommendation from this review is that KCCP should be encouraged to continue to deliver its services for HSE CHO9 and to continue to develop its services. Clearly there are demographic changes to its catchment that KCCP and HSE CHO9 may wish to appraise in terms of the area-wide provision of high quality drug and alcohol services.

Management and staff are dedicated, well-qualified and have substantial frontline experience in the delivery of drug and alcohol services. The three key, priority areas of activity for community drug teams are:

- Treatment and rehabilitation;
- Under 18s; and
- Family Support.

The review has confirmed that these are core to the work at KCCP and that there are tangible outcomes to support this. KCCP implements evidence-based practice and is incisive in its delivery of all three priority areas.

There are three areas that KCCP may wish to address and they fall within the areas of service delivery:

- Premises;
- Staff structure;
- Service development.

### **6.1 PREMISES**

The current premises are ideally-located in Greendale Road and are easily accessed by service users and the community. They are adjacent to the HSE Kilbarrack Health Centre and the GP is nearby. While it occupies such a good location and it stands at approximately 300-400 square metres in area, one can't help thinking that it should be knocked down and re-built in a more customised design to accommodate the KCCP services more appropriately.

It has a number of large areas, but no areas suitable for office space, confidential one-to-one work or groupwork. All areas are accessed through existing areas and seem to generate interruption and a resultant minimum of privacy. The offices could be described as small and unsuitable for the range of work that KCCP carries out. Appendices 2 and 3 outline weekly usage patterns.

The delivery location of KCCP Counselling services should be negotiated for what is regarded as one of the most important part of the work and where people's lives are in KCCP's hands. There are 146 service users registered for counselling support. It is believed that there is room space available at the adjacent HSE Kilbarrack Health Centre and it is surprising that this has not been made available to KCCP to carry out important services contracted on its behalf.

The counselling schedule is attached as Appendix 1 and one can see that the use of at least two rooms each morning is the minimum required. The rooms should be customised for counselling by KCCP and the staff should be made feel welcome and have some 'ownership' of the area. KCCP also carries out groupwork and again there are suitable rooms available at the HSE Kilbarrack

Health Centre that could accommodate this. All of this work is important health care work and should be accommodated at the HSE Kilbarrack Health Centre. There is a room booking system operated by the porter/manager in the HSE Kilbarrack Health Centre, but a more fluid access to accommodation would be required to meet the needs of service users.

It is recommended that all the stops are pulled out to provide at least two rooms and a groupwork room at the HSE Kilbarrack Health Centre as soon as possible.

*(This issue has been partially addressed at the time of writing and it appears that the Health Centre has committed to providing one consultation room and to working with KCCP to meet its projected needs.)*

This issue is classified in the upper end of the medium to high risk category.

## **6.2 STAFF STRUCTURE**

There are many different staffing structures applicable to community drug teams. One current model is the Manager, Team Leader and a number of Addiction Practitioners, supported by an administration function to manage service users, appointments and referrals. This model also generates a line management structure that facilitates care planning, key working and particularly effective case management. The delivery model also incorporates resources' capacity for holidays, sickness, training and other absences by the frontline staff so that there is sufficient contingency to ensure that service users are rarely disadvantaged as a result.

The care planning, key working and case management functions are currently the sole responsibility of the Rehabilitation Manager and while this arrangement has obvious advantages in terms of consistency and uniformity, it is also vulnerable to KCCP's capacity to provide deputised or delegated functions in these critical areas and at critical times of absence through sickness and holidays.

It is recommended that the line management structure suggested above in the preparatory and delivery end of service delivery (Manager, Team Leader and Addiction Practitioners, supported by an administrative function) is considered to ensure seamless service continuity. This is easier said than done in the current climate of scarce resources but while not absolutely critical at the moment, it is something that KCCP might wish to investigate with HSE CHO9 Addictions to see if there is any room for manoeuvre.

This is classified in the review as a medium risk.

## **6.3 COMMUNITY REINFORCEMENT APPROACH**

CRA and other models are applied in the frontline practice of KCCP but the structure of the two main programmes, Adult CE and Reach Out, and the lack of one-to-one confidential space, do not necessarily facilitate service delivery through some models of practice definitively. Service users must attend daily, and to that extent, their engagement on a physical level is guaranteed, and extensive use is made of the counselling support. CRA is about goal-setting, timeframes, increasing reliance on self-driven solutions, continued engagement and many of the practical aspects related to addressing problematic drug and

alcohol use. While the current frontline work addresses many of these issues in different ways, there might be circumstances where CRA's wider application would be beneficial.

The recommendation here is that KCCP consider the other models such as CRA, in which the senior managers have been trained, to see if the model may facilitate enhance the addiction side of the work with service users. The Family Support service already uses CRAFT, which provides the self-driven impetus in that area also.

This recommendation falls within the low to medium risk area.

**7- CONCLUSION**

KCCP has developed strategically and dynamically into an excellent model of community-based problematic drug and alcohol use services. Its management and governance across all functions are fully compliant and it operates transparently throughout its community and with service commissioners.

KCCP's range of services are based on harm reduction and low threshold access, and convey a sound understanding of the needs of the local community and the ability and willingness to respond and adapt.

The organisation has the support and respect of all progressively-minded members of the local community and the high-quality skillsets of the management and staff have ensured that KCCP is grounded and professional at the same time.

KCCP contributes to drug and alcohol policy development at local and national level and has submitted and developed innovative programmes and concepts to the debate.

The recommendations made above in Section 6 are intended to support and encourage the further development of KCCP as a service provider organisation in partnership with the HSE and to assist HSE CHO9 in meeting its problematic drug and alcohol use policy objectives in and around Kilbarrack.

M&P should like to thank the Board, Management, Staff and Service Users for taking the time to contribute to the review.

**APPENDIX 1****COUNSELLING PROGRAMME – FEBRUARY 2018**

Day	Time	CHURCH RM1	CHURCH RM 2	COUNCIL OFFICE	Counsellors Contact Numbers
		CLIENT COUNSELLOR	CLIENT COUNSELLOR	CLIENT COUNSELLOR	Bernadette Duffy 0868330847
M O N D A Y	10.00-11.00	Ann.O'M <b>Ann Marie</b>	Fiona.M Jenny	Care Plans ( CF)	A Marie Kelly 0868145897
	11.00-12.00	Colm.F	Pat.B		Keyes Olwyn 0860203762
	12-1				Tiernan Williams 0867273257
	100-200pm				Jenny Meyer 0858678774
		Sassy-2pm-5.30pm	Sassy-2pm-5.30pm		Brendan O 0872488121
					Joyce Ring 0863683310
T U E S D A Y	930 - 1015		Not Available till 12	10am - 12pm Care Plans (DS,WK,BD)	
	1015-1100	Mary.B Joyce		10am - 12pm Care Plans (PR,AB,LC)	
	12-1	Kiri.B		Troy Tiernan	Declan Byrne
	1-2	Mattas.G		Gareth.H	Phil Delahunty 0838009902
	2-3			Isabella Aleksandra Rachel	Darka Kovec 0868564132
				Rachel T Alexandra	Cathriona O'Riordan 0876865930
					Aleksandra Carroll
W E D N E S D A Y	930-1030	Bernadette Duffy	Not Available till 12	10-12 DBT Group Therapy (2 Groups)	<b>Staff Supervision</b> Monthly Wednesdays Jean Prior 10.00am - 2.00pm
	1000-1100	Paul.H		Darka Kovic	<b>Church Rooms:</b>
	1200-100pm	Maureen.S Tracey.C		Amy.O Francis.G	We have use of the Church Rooms at the times below: <b>Monday:</b> Both Rooms till 4.00pm
				Elaine.K	<b>Tuesday:</b> Rm 1 till 1pm. Room 2 from 12.
				Jenny Meyer 10.00am Staff Supervision	<b>Wednesday:</b> Rm 1 till 1.00pm
		Council Office	My office Lauren.C	Cathriona O'Riordan Jayne.D	<b>Thursday:</b> Room1.00pm
	10.00am	Care Plans (DR, PD)		Clodagh.L	<b>Friday:</b> 9.30am - 12.00pm
		Care Plans (LK, PM, MB)		Family (Lenane)	*Church may need rooms.
	12.00pm	Care Plans (AOT, TC)			
T H U R S D A Y	930-1000	Olwyn Keyes	Not Available		
	1000	Joe			
	12:00			Phil D Megan.O	
				Phil D Audrey.L	
F R I D A Y	9-45-	Brendan O'S Peter.M	Phil Delahunty	10am - 11am Care Plans (GH)	
	10 45-	Brian.M			
		Gerard.	Paul.D		
			Lenane.C		
			Brian.D		

**APPENDIX 2****MORNING PROGRAMME FEBRUARY 2018**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>9.00am</b>	Sign In & Tea	Sign In & Tea	Sign In & Tea	Sign In & Tea	Staff Training with Rehabilitation Manager (Jenny Meyer)
<b>10.00am</b>	Meditation	Meditation	Meditation	Meditation	
<b>10.30am - 1.00pm</b>	English QQI Level 3 Mosaics, Participants Counselling & Support Staff Care Plans	Counselling & Support Staff Care Plans	Art QQI Level 3 Drawing QQI Level 3 Participants Counselling & Support Staff Care Plans Support Staff Update ECASS DBT Group Therapy	Maths QQI Level 3 Mosaics Parent and Toddler Group	Sign In & Tea Meditation Support Staff Care Plans Support Staff Update ECASS
<b>11.00am</b>		Computers in KLEAR QQI Level 3 Participants Counselling & Support Staff Care Plans		Staff cook light meal for participants	Swimming Acupuncture Participant Counselling Support Staff Update ECASS
<b>1.30pm</b>	Sign Out Staff Meeting	Sign Out Staff Meeting	Sign Out Staff Meeting	Sign Out Staff Meeting	Sign Out Staff Meeting
<b>2.00pm - 4.00pm</b>	SASSY				
<b>8.00pm - 10.00pm</b>			Family Support Group		

**APPENDIX 3****GROUP PLANNER FEBRUARY 2018**

<b>MON 05.02.18</b>	<b>TUE 06.02.18</b>	<b>WED 07.02.18</b>	<b>THUR 08.02.18</b>	<b>FRI 09.02.18</b>
<b>2.30 - 4.45</b> <b>KC4K</b>	<b>2.30 - 4.00</b> <b>BOOTY BUDS</b>	<b>2.30 - 4.30</b> <b>BFK</b>	<b>2.30 - 4.30</b> <b>SNOW CUBS</b>	<b>2.30 - 4.30</b> <b>PINK LADIES</b>
<b>5.00 - 9.00</b>	<b>4.00 - 5.00</b>		<b>5.00 - 9.00</b>	
<b>DROP IN</b>	<b>STAFF MEETING</b>		<b>DROP IN</b>	
<b>SECONDARY BOYS</b>	<b>5.30 - 6.30</b>		<b>SECONDARY BOYS</b>	
<b>SECONDARY GIRLS</b>	<b>FOOTBALL</b>		<b>SECONDARY GIRLS</b>	
	<b>GREENDALE GYM</b>			
<b>SECONDARY BOYS</b>	<b>5.00 - 9.00</b>	<b>5.00 - 9.00</b>		<b>4.30 - 6.30</b>
<b>SECONDARY GIRLS</b>	<b>DROP IN</b>	<b>DROP IN</b>		<b>ADIDAS LADZ</b>
	<b>SECONDARY BOYS</b>	<b>SECONDARY BOYS</b>		
	<b>SECONDARY GIRLS</b>	<b>SECONDARY GIRLS</b>		
	<b>7.30 - 8.30</b>		<b>6.30 - 7.30</b>	
	<b>JAZZ DANCE</b>		<b>FOOTBALL</b>	
	<b>CLASSES</b>		<b>GREENDALE GYM</b>	
	<b>SCOIL EOIN</b>			

## APPENDIX 4

### KCCP REACH OUT SERVICE SCHEDULE WEEKLY 2018

Week 12/02/18	Monday	Tuesday	Wed	Thurs	Friday
09.00 - 10.00 hrs	<b>Staff weekly schedule and workshop planning (TW, MC and JM)</b>	<b>Mixed GROUP –DBT work group (J Meyer &amp; MC) (10 -11am)</b>	<b>Key-working (AB) [JOM; DS] - (10-11am)</b>	-	<b>Administration Anger Management (10-11am)</b>
10.00 - 11.00 hrs					
11.00 - 12.00 hrs	Sign in & Check in <b>GROUP 1, GROUP2 and GROUP3</b> ..... <b>Key-working (JM) [SF]- (11-12pm) Key-working (MC) [G Coop] - (11-12pm)</b>	Sign in & Check in <b>GROUP 1, GROUP2 and GROUP3</b> ..... <b>GROUP 1 – CBT Anxiety workshop</b> <b>GROUP2 and GROUP3 – Confident W/shop Key-working (CB) [JPB] - (11.30-12pm) Key-working (JM) [G.Colt] – (11.30-12pm)</b>	Sign in & Check in <b>GROUP 1, GROUP2 and GROUP3</b> ..... <b>Gym GROUP 1, GROUP2 and GROUP3</b> <b>Key-working (AB) [AA] - (11.30-12.30pm)</b>	-	<b>GROUP 1, GROUP2 – CBT- Drug reduction</b> ..... <b>Keyworking (TW) [CB] - (12.30-1.00pm) [DB] - (1.00-1.30pm)</b> <b>GROUP 1, GROUP2, GROUP3- acupuncture</b> <b>Key-working (CF) [KS] - (12.30-1.30pm)</b>
12.00 – 13.00 hrs	<b>Gym/Pool: Ballymun Bus leaves from KCCP @ 12.00pm GROUP 1, GROUP2 and GROUP3</b>	<b>Boxercise GROUP 1, GROUP2 and GROUP3</b> Bus leaves from KCCP @ 12.00pm (12.30 to 1.30pm) Key-working (JM) [EW]- (2.30-3.30pm)	<b>GYM and Lifeguard training- GROUP 1, GROUP2 and GROUP3</b> Bus leaves from KCCP @ 11.00am Body & Mind (Oscar Tray Rd) Northside Pool (1pm - 2pm) <b>Key-working (AB) [CL] - (1.15-2.15pm)</b> <b>Key-working (MC) [BD;MA] - (1.15-2.15pm)</b>	-	<b>Gym/Pool: Ballymun Bus leaves from KCCP @ 1.30pm &amp; returns at 3.30pm GROUP 1, GROUP2 and GROUP3</b>
13.00 – 14.00hrs					
14.00 – 14.00hrs	<b>Art Class: Lyndsey 2pm to 4pm GROUP 1, GROUP2 Multimedia and Photoshop GROUP3</b>	<b>Critical Thinking &amp; Analysis: (Lyndsey)</b> GROUP 1, GROUP2 and GROUP3 (2.30pm -4pm)	<b>Staff Training &amp; Preparation (4pm)</b> <b>AFTERCARE (3pm to 5pm)</b>	- -	<b>Gym/Pool: Ballymun returns at 3.30pm GROUP 1, GROUP2 and GROUP3</b>
15.00 – 16.00hrs					
16.00hrs – 17.00hrs	<b>Staff debrief &amp; Admin</b>	<b>Staff debrief &amp; Admin</b>	<b>Staff debrief &amp; Admin</b>	<b>Staff debrief &amp; Admin</b>	<b>Staff debrief &amp; Admin</b>

GROUP 1	Mon	Tues	Wed	Fri	GROUP 2	Mon	Tues	Wed	Fri	GROUP 3	Mon	Tues	Wed	Fri
11- 4 11- 4 10 – 2.30 11 - 4					11 - 4 11- 4 10 – 2.30 11 - 4					11 - 4 11 – 3.30 10 – 2.30 11 - 4				
JO'M	10- 4pm 10-1pm 10- 4pm 10-1pm		CL			11-1.30 10-4pm 11-1.30 10-4pm 11-1.30 10-4pm				DB		10- 4pm 10- 4pm 10- 4pm		
DS		BD								MA				
GC		GC								CB				
KS			AA											
JPB			SF											
EW														
**Refers to employment activation independent work														