



# Dun Laoghaire Rathdown Outreach Project Strategic Plan 2024-2027



Addiction is giving up everything for one thing.



Recovery is giving up one thing for everything.





## The Vision, Mission and Values of DROP

### **Vision**

A supportive community that understands the opportunities and challenges of recovery from substance use.

### **Mission**

DROP empowers individuals, families, and communities to make positive choices in recovery through the delivery of high quality services.

### **Values**

As an organisation, our shared values are to have:

**Respect:** Treat everyone with empathy and honesty

**Diversity:** Provide services that are inclusive, equitable and accessible to people from diverse backgrounds and experiences

**Professionalism:** Offer high-quality, evidenced-based services

**Integrity:** Ensure a safe, respectful, and confidential environment for staff and participants

And to be **Inspiring:** Encourage and support participants to set and achieve their individual goals.



## Snapshot of DROPP clients' successes in 2023

126 people (76 male, 50 female) availed of DROPP interventions in 2023. A total of 1196 one-to-one case working sessions were attended.

- **89% of service users set drug use goals.** Of this:
  - ★ 23% ceased drug use
  - ★ 43% reduced drug use
  - ★ 18% maintained abstinence
- **75% set alcohol goals.** Of this:
  - ★ 38% ceased alcohol use
  - ★ 23% reduced alcohol slightly-significantly
  - ★ 25% maintained abstinence
- **33% set housing goals.** Of this:
  - ★ 25% maintained housing
  - ★ 17% secured homeless accommodation
  - ★ 21% secured new housing
- **79.5% set pro-social activity care plans.** Of this:
  - ★ 75% engaged in new pro-social activities
- **26% set goals in relation to children.** Of this:
  - ★ 89% improved relationships with child(ren)
  - ★ 5% reunified with child(ren) in care
- **46.5% set goals for family relationships.** Of this:
  - ★ 86% had minor-significant improvement
- **55% set physical health goals.** Of this:
  - ★ 73% improved nutrition and fitness
- **23% set mental health goals.** Of this:
  - ★ 58% (re) engaged with MH services and/or adhered to a treatment plan
- **26% set financial goals.** Of this:
  - ★ 79% made financial management plans
  - ★ 10% repaid problematic debts



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# Acronyms

**BIS** – Business Improvement Solutions

**CA** – Cocaine Anonymous

**CE** – Community Employment

**CoC** – Continuum of Care

**CRA** – Community Reinforcement Approach

**DATF** – Drug & Alcohol Task Force

**DLR** – Dun Laoghaire Rathdown

**DLRDATF** – Dun Laoghaire Rathdown Drug & Alcohol Task Force

**DROPP** – Dun Laoghaire Rathdown Outreach Project

**DSP** – Department of Social Protection

**ED** – Electoral Division

**GDPR** – General Data Protection Regulation

**ILP** – Individual Learner Plan

**NA** – Narcotics Anonymous

**NDRF** – National Drug Rehabilitation Framework

**NDS** – National Drug Strategy

**NDTRS** – National Drug Treatment Reporting System

**SA** – Small Area

**SCOT** – Strengths Challenges Opportunities & Threats

**SIGs** – Strategic Implementation Groups

**SLA** – Service Level Agreement

**SPHE** – Social Personal & Health Education



# Section 1: Introduction

The Dun Laoghaire Rathdown Outreach Project (DROP) was established in 1998 to provide a community-based response to substance use in the Dun Laoghaire Rathdown (DLR) County. Over the subsequent decades the organisation has grown in response to the needs of people in the community. Today DROP provides group programmes across a continuum for people at all stages of recovery and a one-to-one service supporting participants to access residential treatment and move away from problematic substance use.

## 1.1 Strategic Plan Rationale

As it reflects on and celebrates 25 years of working in DLR, DROP is keen to chart its next stage of organisational development. The external policy environment has changed with the mid-term review of the National Drug Strategy and the gradual implementation of Sláintecare alongside a host of national policies and regulatory systems. In this evolving context, DROP commissioned Business Improvement Solutions (BIS) to undertake a strategic planning process to guide their work for the 2024 -2027 period.

DROP is committed to ongoing engagement with participants and community stakeholders to assess current and emerging needs. This strategic plan will outline priorities, focus energy and resources, strengthen operations, ensure that employees and other stakeholders are working toward common goals, establish agreement around intended outcomes, and assess and adjust DROP's direction in response to a changing operational environment.

## 1.2 Methodology

The work to develop this strategy took place in the period September to December 2023, and the methodology adopted and codesigned with DROP to meet the terms of reference included.

- A desk review of existing information and data to develop a deeper understanding of the work of DROP and to collate an area profile of the DLR County.

1. Substances includes all mood altering substances that are licit i.e. prescribed, over the counter, alcohol and illicit which are all drugs i.e. non-prescribed, street drugs.

- Formulation of the strategic and policy context within which DROPP is currently operating.
- Facilitated focus groups with DROPP board and staff.
- Facilitated discussions with the Preparation (6 in attendance), Stabilisation (8 in attendance) and Drug Free (6 in attendance) groups.
- Online survey completed by three external stakeholder organisations that collaborate with or have knowledge of DROPP services.
- 1-1 semi-structured interviews with two external stakeholder organisations.
- Discussion and analysis of case findings with the DROPP board and staff.
- Integration of feedback into the final version of the strategic plan.
- Presentation of the final strategic plan.

The strategic planning process involved intensive consultation with internal and external stakeholders over a focused four-month period. Contributions were received from 45 individuals/organisations reflecting the interagency nature of DROPP's work. A mixed method data collection process was used to ensure a widespread and inclusive consultation process. This strategic plan articulates where DROPP is going, the actions needed to make progress and how success will be measured. A further illustration of the approach is offered below.

Section two provides an overview of the services and supports offered by DROPP and a profile of the Dun Laoghaire Rathdown County area in which it operates.

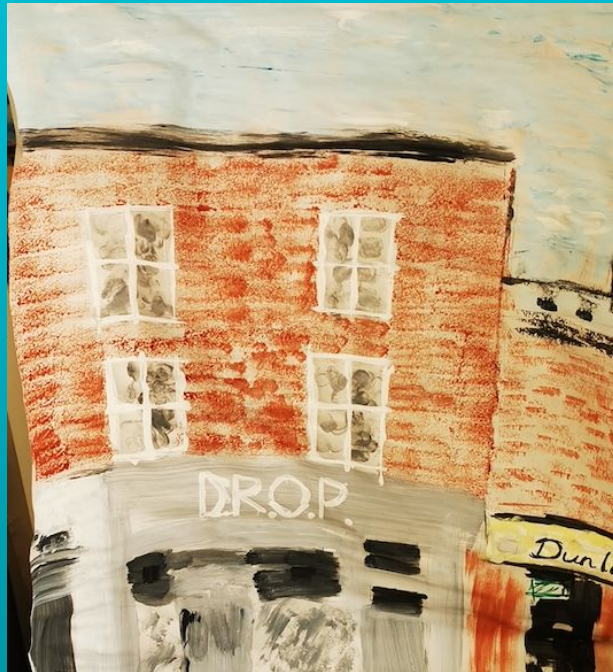
Section three includes an analysis of the prevailing strategic and policy context with which DROPP is providing services.

Section four is framed around a thematic analysis of the data generated from the stakeholder consultations, which assists with the compilation of a strengths, challenges, opportunities, and threats (SCOT) analysis.

Section five sets out DROPP's 2024-2027 strategic plan with objectives, success indicators and case actions. The mission, vision, and values to guide DROPP's work over the next four years are presented.

## Section 2: About DROPP

This section provides further information on services provided by DROPP and reflects on the achievements and challenges experienced during the 2019-2023 strategic plan.



Painting by a DROPP service user

### 2.1 Referral & Assessment

DROPP has a Service Level Arrangement (SLA) with HSE Addiction Services to deliver daily group work programmes and one-to-one support to people over the age of 18 to:

- Address the harms caused by problematic drug and / or alcohol use
- Reduce substance use, stabilise and/or attain abstinence
- Achieve personal goals identified within their care plan
- Reintegrate into their community

Referrals come via self or other services/organisations. An initial assessment is undertaken to determine levels of substance use and supports required. This takes place over several sessions with the focus being on gauging motivations, willingness to make change, current need, and assisting the participant to draw on their intrinsic and extrinsic motivation to identify goals and problem solve blocks to achieving those goals. If the outcome of the assessment is that DROPP can meet identified needs the participant will be offered a place in the most appropriate group programme and an individual care plan will be developed.

A case worker will be appointed to facilitate weekly one-to-one case working sessions. Care plans will be reviewed on a regular basis both with the participant and as part of clinical staff team meetings. Exit plans are developed to support positive case closures, which may include referral onto another agency or service or inhouse referral within DROPP's Continuum of Care (CoC) Pathway.

## **2.2 Continuum of Care (CoC) Pathway**

In 2016 DROPP developed a clinical vision of a CoC pathway based on a three tiered group continuum tailored to different stages of the recovery journey. In 2022 and 2023 this CoC pathway evolved further with the addition of a Stepdown Programme and Aftercare Group. The development of a CoC pathway involved the full adaptation of a community reinforcement approach (CRA) and the Resonance Factor. Underpinning CRA is the belief that external factors such as family, friends, education, and employment have a powerful influence in encouraging and discouraging substance using behaviours.

The central focus of the Resonance Factor model is the exploration of the user's relationship with their substance of choice. This model allows the clinical team and participants to explore and understand their unique relationships and behaviours associated with substances. Through these explorative opportunities the participant is enabled to consider how they use drugs and alcohol, challenge the way they think, feel, and behave, and make conscious decisions around their substance use and who they become when they use substances.

### **2.2.1 Preparation Group**

This is the first phase of the CoC pathway and as it is a three day per week programme is non Community Employment (CE). People can access it through self-referral or referral by an external agency. The aim of the group is to work with participants to bring conscious awareness and understanding around their relationship with substances, to assist with developing goals around removal of illicit substance use and stabilisation of physical and/or mental health, and personal development needs. Participants who are interested in further reducing their substance use can progress to the Stabilisation Group.

### **2.2.2 Stabilisation Programme**

This group programme is designed for anyone that has stabilised their substance use and is the second phase of the CoC Pathway. It is a Community Employment (CE) Drug Rehabilitation scheme, where participants attend a daily group programme to achieve a substance-free lifestyle, access training and education opportunities, and improve their overall health, pro-social engagement, wellbeing, and life skills.

Participants who achieve goals in the Stabilisation Programme can progress on to residential treatment options or DROPP's Drug Free programme. The group programme is delivered over 19.5 hours per week consisting of group work, pro-social activities, case work sessions, care planning, and an individual learner plan (ILP) to track progression.

### **2.2.3 Drug Free Programme**

The Drug Free Programme is designed for those who have recently become drug free. It is the third phase of the CoC Pathway and involves a mixture of relapse prevention and recovery groups, employment and workplace training courses, health, and wellbeing activities, as well as attending fortnightly case working sessions. As participants work through the programme, the focus shifts towards community reintegration.

### **2.2.4 Stepdown and Aftercare**

On completion of the Drug Free Programme and in preparation for move on into full time education and employment participants can move from the Drug Free to a Step down Programme. This programme is delivered in workshop format and is designed based on the needs of the individual participants at that time.

The objective of the programme is to assist in identifying skills deficits that could hinder progression into education and employment, for example making applications for college, interview skills training and experience, report and academic writing. On completion of the Step Down Programme participants will graduate the CoC Pathway and access the Aftercare Group.

The Aftercare Group has been designed to provide a period of consistent support in managing life beyond substance use and treatment. Aftercare is delivered through a staff facilitated group, one evening per week.

Supporting participants through peer led recovery and working on integration issues. Urines are required from time to time. Alongside weekly group sessions participants can request a time led intervention of one to one case work sessions for a period of six weeks to work through individual difficulties that are risk factors to their recovery.

External to DROPP's CoC Pathway there are several group offerings either within DROPP's premises, but not run by DROPP, or within the community of DLR that support and sustain recovery.

These are available to any participants engaged in DROPP, as well as individuals from the community. Currently, groups held locally include Narcotics Anonymous (NA), Cocaine Anonymous (CA), Life Ring and SMART Recovery.

### 2.3 National Drug Rehabilitation Framework (NDRF)

The NDRF identifies the settings where people can access drug specific services and support, depending on the scale of their problematic substance use. DROPP's CoC includes interventions across Tiers 1-3 and prepares participants for Tier 4.



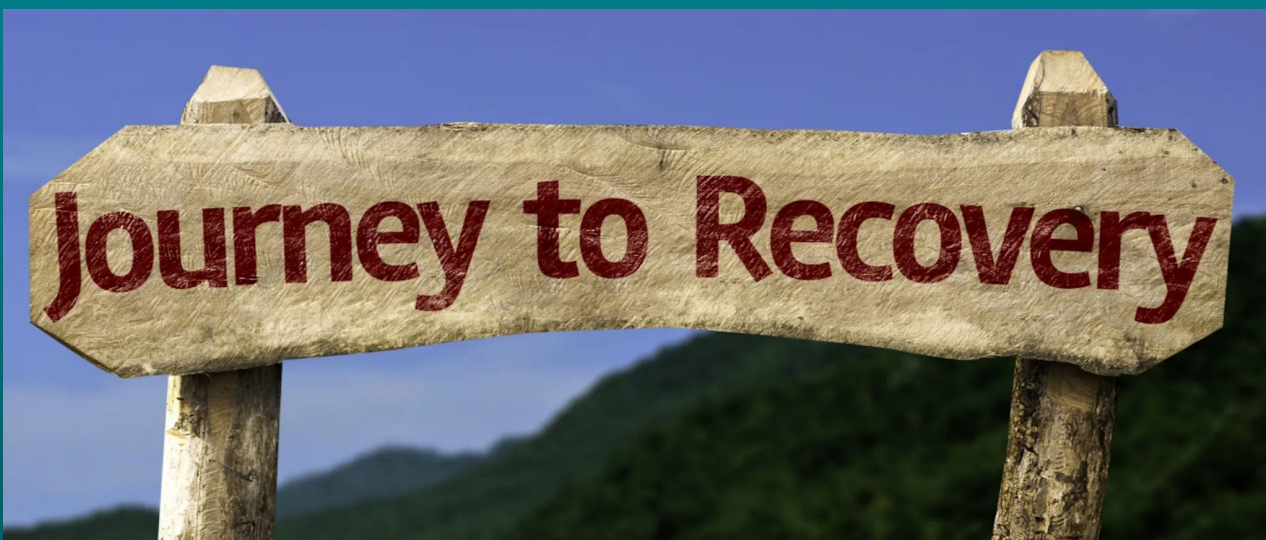
## 2.4 Community Employment (CE) Drug Rehabilitation Scheme

CE Drugs Rehabilitation Schemes are funded by the Department of Social Protection (DSP) as part of the Government response to the National Drugs Strategy. They have a specific focus on training and development for participants working towards recovery and re-integration into active community and working life. As a scheme sponsor, DROPP supports participants to maintain abstinence, enabling them to progress in employment and/or education. The number of places funded by DSP on the DROPP CE scheme has increased from 7 at the beginning of 2022 to 28 in 2023, 24 of which are programme trainees and 4 are trainee support workers.

## 2.5 Governance and staffing

DROPP is a company limited by guarantee, a registered charity and has a staff team of 14 professionals with six full time roles and eight part-time and community employment support roles. DROPP's board of management provides strategic oversight, ensuring that the organisation is protected, solvent and can continue to provide services into the future. The Board has a responsibility to ensure that the DROPP Manager has the support and resources required to effectively run the organisation, and that there are systems and structures in place to ensure participants and staff are safe and supported in their roles. The following Board sub-committees operate to ensure effective governance.

1. Governance & Human Resources Sub-committee
2. Finance & Audit Sub-committee
3. Quality Standards, Improvement & Risk Management Sub-committee



## Section 3: Strategic Context

This section provides a high-level summary of the strategic and policy context which informs the work of DROPP. In addition, it provides a brief demographic overview of Dun Laoghaire Rathdown.

### 3.1 National Drug Strategy (NDS)

The 2021 mid-term review identified six priority areas to strengthen the implementation of the national drugs strategy for the period 2021-2025:

1. Strengthen the prevention of drug and alcohol use and the associated harms among children and young people.
2. Enhance access to and delivery of drug and alcohol services in the community.
3. Develop integrated care pathways for high-risk drug users to achieve better health outcomes.
4. Address the social determinants and consequences of drug use in disadvantaged communities.
5. Promote alternatives to coercive sanctions for drug-related offences.
6. Strengthen evidence-informed and outcomes-focused practice, services, policies, and strategy implementation.



Strategic Implementation Groups (SIGs) were established in 2022 to support the implementation of the six priorities. These groups sit under the National Oversight Committee. The NDS strategic action plan 2023-2024 is based on the six aforementioned priorities and has a total of 34 actions, with between four and eight actions aligned with each strategic priority.

### **3.1.1 NDS Actions Assigned to DATFs**

While not funded directly by the Dun Laoghaire Rathdown Drug and Alcohol Task Force (DLRDATF), DROP's Manager chairs the treatment and rehabilitation subcommittee and the organisation should be cognisant of the ten actions in the NDS assigned to DATFs.

1. Ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a case priority. (Action 1.1.1)
2. Support the Social Personal and Health Education (SPHE) programme. (Action 1.2.3)
3. Improve services for young people at risk in socially and economically disadvantaged communities. (Action 1.2.8)
4. Expand the availability and geographic spread of relevant quality drug and alcohol services based on identified need. (Action 2.1.13)
5. Respond to the needs of women who are using drugs and/or alcohol in a harmful manner. (Action 2.1.21)
6. Expand the range, availability and geographic spread of drug and alcohol services for those under the age of 18. (Action 2.1.22)
7. Improve the response to the needs of older people with long term substance use issues. (Action 2.1.23)
8. Continue to target a reduction in drug-related deaths and non-fatal overdoses. (Action 2.2.30)
9. Support and promote community participation in all local, regional, and national structures. (Action 4.1.39)
10. Promote the participation of participants and their families including those in recovery, in local, regional, and national decision-making structures and networks to facilitate their involvement in the design, planning and development of services and policies. (Action 4.2.44)

### 3.2 Drug Prevalence

Table 1 presents the National Drug Treatment Reporting System (NDTRS) statistics for residents of the DLRDATF area treated for problematic substance use in 2022.

Age Group	Benzodiazepines	Cannabis	Cocaine	Heroin	Alcohol	Total
Under 18		21				21
18 – 24		14	29		32	75
25 - 34	14	17	31	26	45	133
35 – 44			27	39	63	129
45 – 64				35	82	117
65+					23	23
Total	14	52	87	100	245	498

**Table 1 – DLRDATF NDTRS Data 2022**

Alcohol remains the most problematic substance followed by heroin, cocaine, and cannabis. Alcohol is used across all age ranges with the greatest incidence occurring in those aged over 35 years continuing through to those aged over 65. Heroin is also most problematic among those aged over 35 though the numbers using in the 25-34 age range (n=26) is contrary to the narrative that younger people no longer use heroin. Cocaine and alcohol use are the most prevalent substances requiring treatment for those in the 18-24 age bracket. No one aged over 44, who is resident in the DLRDATF area in 2022, had treatment for cocaine. 100% (n=21) of treatment cases of those aged under 18 had cannabis as their main problem drug.

Over 50% of treatment cases in 2022 were polydrug users (more than one problem drug), which was most prevalent in those aged under 45 years. Alcohol and cocaine was the most frequent polydrug combination for treatment cases. In fewer than 25% of cases, there was a third problem drug, which was most frequently cannabis. In DLR, the ratio of males to females in treatment in 2022 was 2:1, except for alcohol use where there is a similar

proportion of treatment cases among males and females. It is noteworthy that more DLRDATF resident females than males in the 45 to 64 age range received treatment for alcohol in 2022.

The 2022 NDTRS statistics suggest that DROP's planned cocaine project is justified, and highlights that interventions to address problematic alcohol use among those aged over 45 are warranted. The increasing number of females with problematic alcohol and opiate use indicates that gender specific groups should be considered. The extent of need is likely to increase along with increases in drug use, albeit different drugs and polydrug use in the short to medium term.

### **3.3 Area Profile**

A summary of case demographic information is presented in the following section. Findings have been drawn from the 2022 Census and the Pobal HP Deprivation Index. Dun Laoghaire-Rathdown (DLR) is a Local Authority area located in South County Dublin that borders the Dublin City, South Dublin County and Wicklow Local Authorities. It is located between the outer suburbs of Dublin City and the Dublin/Wicklow Mountains on the East Coast of Ireland. It covers the electoral areas of Dundrum, Glencullen, Stillorgan, Blackrock, Dun Laoghaire and Ballybrack.



Dún Laoghaire Harbour

### 3.3.1 Socio-economic Indicators

Table 2 sets out a comparison of case socio-economic indicators from the 2016 and 2022 Census. It highlights that the population has increased, more people are working, education attainment has improved and there are more people not born in Ireland resident in DLR in 2022 than there were in 2016.

Indicator	2016	2022
Population	218,018	233,860
Population at Work	95,925	106,548
Labour Force Participation Rate	58%	60.2%
Unemployment Rate	7.4%	6.2%
% of Population aged 15+ with Education to Primary Level only	6.6%	2.54%
% of Population aged 15+ with Education to Upper Secondary	32.4%	33.39%
% of Population aged 15+ with Education to Third Level	57.7%	58.31%
One Parent Family Ratio	15.4%	14.1
% Local Authority Housing	5.9%	6.16%
% of Population from the Traveller Community	0.2%	0.18%
% of Population from New Communities	11.6%	17.13%

**Table 2 – DLR Socioeconomic Indicators 2016-22**

The relativities between deprivation and affluence remain. DLR has the largest concentration of affluence when compared to the State as a whole or with other counties. However, this affluence serves to mask disadvantage in DLR. The Small Area (SA) population data (2022 Census) identified that 11.1% of the DLRLDATF population was categorised as ‘disadvantaged’, accounting for over 26,000 persons. This cohort are located in 84 of the 760 Small Areas that comprises the DLRLDATF area. The SAs where the greatest disadvantage presents are in the Loughlinstown, Ballybrack, Sallynoggin and Ballinteer areas.

Prosperity is not shared equally by all the population in DLR and what we see is that specific areas continue to be more vulnerable to higher unemployment levels, lower incomes, and economic contractions, resulting in a risk of continuing pockets of increased deprivation levels within some communities. The nature of marginalised disadvantaged communities in DLR, surrounded as they are by significant relative affluence, makes disadvantage hidden for services, funding, and policies.

2. Small Area analysis enables the exploration of deprivation in areas of up to 90 houses.

There has long been a correlation between disadvantage and drug problems. The reasons for this revolve in one way or another around deprivation and exclusion. In 2023, the Health Research Board, administrators of the National Drug Treatment Reporting System (NDTRS), and Pobal, administrators of the Pobal HP Deprivation Indices, undertook a collaborative research project to investigate the correlation between both data sets. This analysis found, among other things, treatment episodes for all drugs had a relatively linear relationship with deprivation, that is, higher in more deprived areas.

The 2023 DLRDTAF submission to the Citizens Assembly on Drug Use presented specially selected data from the NDTRS for DLR for the years 2004 to 2021 showing larger proportions of those treated in DLR for a number of drugs, including heroin, with low relative educational attainment. It also showed a higher proportion living in unstable accommodation and not in employment among those who have used or use heroin. For those that used or use cocaine, most retain employment during treatment. This is borne out by the demographic that access the DROPP cocaine service, most of whom are working professionals.

This reality of deprivation, disadvantage, lack of services, interventions and prevention, and social inequality, is clearly evident in DLR – and in some respects are all the more profound given marginalisation and social isolation that emerges for those impacted by addiction who live surrounded by significant affluence.

3. <https://www.drugsandalcohol.ie/38474/>

## Section 4: Stakeholder Engagement

To effectively plan for the next three years, it was important to hear from those most impacted by the work of DROPP. Views were gathered through focus group discussions with participants, board members, and staff, 1-1 semi-structured interviews and online surveys with external stakeholders, including interagency partner organisations, referral organisations, statutory agencies, and other local service providers.

In total, 45 people contributed to the consultation. The questions underpinning the consultation are illustrated in Figure 2 and this section presents thematic analysis of the findings framed around what contributors felt should be the case priorities in the 2024-27 strategic plan.



#### 4.1 Review of 2019-23 Strategic Plan

The period 2019-23 presented many challenges, not least the pandemic, which tested and strengthened the organisational resilience of DROPP. Reductions in funding had presented an opportunity to re-evaluate what we were doing and what was needed in Dun Laoghaire Rathdown and resulted in the development of a Strategy for a CoC Pathway built on group work alongside a large one to one support service.

However whilst it was evident that there was a need for recovery support services in DLR reductions in staff and identification of other support services providing one to one support services and gaps in community based day programmes prompted DROPP to transition to more group led services. This resulted in the refinement of the three stage CoC Pathway to enhance recovery capital. This necessitated some change to staff roles, with staff members becoming lead agents in specific areas of service delivery supported by the CE Supervisors, Support Workers, and Volunteers. This process of cultural change had to be managed against the backdrop of Covid-19.

Based on DROPP data in relation to service user care plan goals and outcomes across ten domains for 2023, 73 participants (40 males and 33 females) availed of services. **The total data corpus is 126 people who attended appointments in DROPP during the reporting period of which 50 were female and 76 were male.** However 53 (42%) of participants referred to DROPP either by agency or self-referral either did not complete or move beyond the assessment to be appointed a case worker or were referred to a more appropriate service. This data has been prepared using a file and eCASS audit, and figures have been rounded up to the nearest percentage. There was a total of 1,618 appointments allocated during the reporting period. Of this 74% (1196) of these were attended.

- ★ **89% of service users set drug use goals.** Of this, 23% ceased drug use, 43% reduced drug use, 18% maintained abstinence while for 15% no significant progress was made.
- ★ **75% set alcohol goals.** Of this, 38% ceased alcohol use, 23% reduced alcohol slightly to significantly, 25% maintained abstinence and for 13% no significant progress was made.

- ★ **33% set housing goals.** Of this, 25% maintained housing, 17% secured homeless accommodation, 21% secured new housing while for 37% there was no significant progress.
- ★ **79.5% set pro-social activity care plans.** Of this, 75% engaged in new pro-social activities.
- ★ **26% set goals in relation to children.** Of this, 90% improved relationships with child(ren) in their own and/or partners' care, while 5% reunified with child(ren) in care and 5% saw no significant progress. 46.5% set goals for family relationships. Of this, 86% had minor to significant improvement.
- ★ **55% set physical health goals.** Of this, 73% improved nutrition and fitness.
- ★ **23% set mental health goals.** Of this, 58% (re) engaged with MH services and/or adhered to a treatment plan.
- ★ **26% set financial goals.** Of this, 79% made financial management plans and 10% repaid problematic debts.

The 2023 outcomes build on the achievements of DROPP service users in 2022 across the ten domains. 97 people (70 male, 27 female) availed of DROPP interventions. A total of 982 one to one case working sessions were attended and 743 group sessions were provided across the three group programmes.

- 71% of service users with substance use related goals became substance free or had reduced use.
- 74% with alcohol related goals ceased or had reduced use.
- 58% met their housing related goals, which included moving from being homeless to securing stable and secure accommodation.
- 59% engaged in new pro-social activities.
- 73% reported improved relationships with their children and wider family network.
- 77% experienced improved physical health with 50% (n=12) reporting improved mental health.
- 77% achieved money management and budgeting goals.

Contributors felt that the culture, values, and content of the CoC pathway were key enablers for the positive outcomes. Participants had treatment options that meet their recovery goals within their own community. They can experience a group environment that challenges and supports them to enhance their recovery. Alongside comprehensive and structured group programmes, all clients

receive weekly case working sessions, planned interventions with evidence-based approaches (Resonance factor, CRA), quarterly case reviews with a case manager, and input into service delivery through monthly house meetings.

The increase in places from seven to 28 in less than two years and the opportunities that this additional capacity presents for CE Drug Rehabilitation Scheme participants to sustain their recovery and progress in education, training and employment was highlighted by many as a notable achievement in the previous strategic plan cycle.

## **4.2 Service Development Recommendations**

Continued development and delivery of services that achieve positive outcomes should, it was felt, underpin DROPP's 2024-27 strategic plan. It was emphasised that comprehensive assessment and aftercare are an integral part of DROPP's CoC programme, and in effect there are five tiers. Contributors proposed that these be formally written into the CoC and that an evaluation framework based on outputs and outcomes against the ten care plan domains be implemented. Step down and after care supports for those who have completed the drug free programme must be sustained. These services will assist participants in addressing skills deficits that could potentially impede them moving forward into education and/or employment.

Continued and enhanced inter agency working will serve to strengthen the CoC. The HSE funded stabilisation programme across DLRDATF, Bray Local Drug & Alcohol Task Force and East Coast Regional Drug & Alcohol Task Force could be a regular source of referral to the DROPP CoC. The absence of a low threshold service in DLR was highlighted, such services adopt a harm reduction approach, and they make minimal demands on participants and do not attempt to control their substance use.

Low threshold services are accessible and have minimum criteria to restrict who can access them. Drop ins and outreach can be very effective in facilitating harm reduction and increasing the potential of people impacted by drugs and alcohol engaging in longer term services.

It was felt that there was a need for bespoke interventions to be developed and delivered in relation to women and alcohol in the DLR area. Contributors welcomed the funding for a cocaine project and felt that this was a great opportunity for DROPP to develop a needs led service in response to the increasing numbers presenting to services with cocaine as their primary problem drug. If successful, it was suggested that DROPP could make this a South Dublin wide service.

DROPP's role in the development of a recovery community in DLR was acknowledged by internal and external stakeholders. Recovery is embedded in organisational language, culture, and values. Aligning it with community development could help to address the social determinants and consequences of drug use in disadvantaged communities. Contributors felt that making recovery as visible as possible, so that all who need DROPP know how and where to access support must remain a priority. This will ensure that those living recovery will be celebrated and loved ones affected will know they are not alone.

Participants, because of their direct experiences of services, have unique insights which are a valuable resource to those involved in developing services and interventions. Facilitating their involvement in the development and design of services is therefore a core objective of drugs policy and the National Drugs Strategy. Including people with lived experience of services in the planning and review of services must be central to the work of DROPP in the short to medium term.

### **4.3 Organisational Development**

Plans for service development and expansion must be prefaced with the reality that DROPP's current building in Dun Laoghaire is at full capacity and is no longer fit for purpose. Therefore the greatest strategic imperative for DROPP is the sourcing of new premises. In April 2023, DROPP submitted a proposal to the HSE documenting challenges and options in respect of their building. This included

Whichever option transpires will require a significant increase in funding and while the first ask will be of the statutory agencies, it would be prudent to explore philanthropic and corporate funding. Opportunities exist to build a fundraising case for support around DROPP's 25 year anniversary. This could be merged into a job role alongside communication and influencing. Improved community understanding of DROPP, its work and impact and substance use generally should be part of the communication brief.

It was highlighted that the Dun Laoghaire Outreach Project name no longer reflects the scale and scope of what DROPP does. While contributors were unanimous that a rebrand should be factored into the 2024-27 strategic plan, it was felt that maximum impact would be derived from a rebrand alongside moving into new or renovated premises.

Recruitment and retention of staff, workforce, and succession planning, updating of ICT systems to mitigate GDPR risks and review of board effectiveness and capacity were other organisational priorities proposed during the consultation.



## 4.4 SCOT Analysis

The SCOT Analysis is based on the findings from desk research and stakeholder engagement.

<p style="text-align: center;"><b>Strengths</b></p> <ul style="list-style-type: none"> <li>- 25 years established in DLR</li> <li>- Continuum of Care</li> <li>- Range of programmes</li> <li>- CE Drug Rehabilitation Programme</li> <li>- Track record of delivering services</li> <li>- Professional staff from the DLR area</li> <li>- Access to CE staff</li> <li>- Location</li> <li>- Evidenced based services</li> <li>- Perceived as a safe and neutral space</li> </ul>	<p style="text-align: center;"><b>Challenges</b></p> <ul style="list-style-type: none"> <li>- Administrative burden relating to governance and funding</li> <li>- Pressures to meet new need with same/less resources</li> <li>- Recruitment and retention of staff</li> <li>- Restrictions of current premises</li> <li>- HSE funding model</li> <li>- Public perception of substance use</li> </ul>
<p style="text-align: center;"><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>- To raise awareness of DROPP through PR, Marketing &amp; Digital platforms</li> <li>- To engage with the DLR community and develop relationships of mutual benefit</li> <li>- For further expansion of the Continuum of Care</li> <li>- For low threshold, female, polydrug and alcohol specific services</li> <li>- To collaborate with other services in DLR, Bray and East Coast</li> <li>- To increase existing and access new funding streams</li> <li>- Build a case for support for new premises around 25<sup>th</sup> anniversary</li> <li>- To develop an evaluation framework to capture the impact of DROPP services</li> </ul>	<p style="text-align: center;"><b>Threats</b></p> <ul style="list-style-type: none"> <li>- Insufficient capacity to deliver the Strategic Plan 2024-27</li> <li>- Current premises</li> <li>- Demand for services outstripping capacity to deliver</li> <li>- Embedded issues such as anti-social behaviour and normalisation of substance use</li> <li>- Silent poverty and how it manifests in DLR</li> <li>- Possible funding cuts</li> <li>- Board capacity</li> </ul>

## Section 5: Strategic Plan 2024-27

Having analysed the findings from the area profile, strategic context, stakeholder engagement and the SCOT Analysis, this section will set out DROP's strategic plan for the period 2024-27.

### The Vision, Mission and Values of DROP

#### **Vision**

A supportive community that understands the opportunities and challenges of recovery from substance use.

#### **Mission**

DROP empowers individuals, families, and communities to make positive choices in recovery through the delivery of high quality services.

#### **Values**

As an organisation, our shared values are to have:

**Respect:** Treat everyone with empathy and honesty

**Diversity:** Provide services that are inclusive, equitable and accessible to people from diverse backgrounds and experiences

**Professionalism:** Offer high-quality, evidenced-based services

**Integrity:** Ensure a safe, respectful, and confidential environment for staff and participants

And to be **Inspiring:** Encourage and support participants to set and achieve their individual goals.

## 5.1 Strategic Priorities

The data collated has facilitated a clear understanding of the strategic issues while the policy context has helped to shape DROPP's direction in response to a changing external environment. Continuing to meet the needs of people impacted by substance use through effective and responsive services underpins Strategic Objective 1. The infrastructure to deliver this is provided for in Strategic Objectives 2,3,4 and 5 through achieving funding and service sustainability, raising awareness, increasing influence, and being a responsible and supportive employer with good governance, risk management and operations. Achieving all the strategic objectives will meet the ambitions of DROPP to be a resilient and sustainable organisation.

The following section outlines the success indicators and specific actions to be delivered to achieve each strategic objective. DROPP will devise an annual work plan, which will detail all performance targets and the staff leads and resources required. Progress towards achieving targets will be reported on to the DROPP Board using a traffic light reporting template.

Many of the actions are a continuation of business as usual, as these are the areas where stakeholders have told us are working well. The actions and initiatives that are new reflect aspirations for DROPP to be more accessible and accountable, to report on impact and achieve a sustainable funding model. DROPP recognises the challenges in planning work over a four-year period given the uncertainty around the acquisition of new premises. The context within which the plan is implemented will change and evolve over the course of its lifespan with annual work planning, review, and updates to reflect the changing environment.



# Strategic Objective 1

**Deliver quality services that meet the needs of those impacted by substance use in DLR**

Actions	Measures of Success	By
1. Secure premises that are fit for purpose and have the capacity to meet service demand	<ul style="list-style-type: none"> <li>- Progress on April 2023 proposal with funding increase</li> <li>- Premises secured within budget</li> <li>- Contingencies in place</li> </ul>	End 2024
2. Design and deliver a cocaine programme targeting those with problematic cocaine use	<ul style="list-style-type: none"> <li>- Live programme in place</li> <li>- Number of referrals and numbers completing</li> <li>- Outcomes achieved</li> <li>- Evaluation results</li> </ul>	End Q3, 2024 for first complete roll out
3. Write up the Continuum of Care pathway in manual format to include comprehensive assessment, aftercare, and CE	<ul style="list-style-type: none"> <li>- Continuum of Care pathway available in hard and soft copy</li> </ul>	Q2 2024
4. Target greater participation from females in DROPP services	<ul style="list-style-type: none"> <li>- No. of females in DROPP services</li> </ul>	Ongoing
5. Strengthen inter agency and collaborative working	<ul style="list-style-type: none"> <li>-No. of inward and outward referral organisations</li> <li>-No of employers offering work placements to DROPP participants</li> </ul>	Ongoing
6. Explore the delivery of an alcohol specific programme	<ul style="list-style-type: none"> <li>-Proposal developed and assessed</li> <li>-No. of participants on DROPP programmes with alcohol as main problem drug</li> <li>-Decision around viability made</li> </ul>	Q3, 2025
7. Design an evaluation framework for all DROPP services based on the ten care plan domains	<ul style="list-style-type: none"> <li>-Evaluation framework in place</li> <li>-Results</li> </ul>	Framework in place by end of 2024 to be implemented in 2025

## Strategic Objective 2

### Achieve a sustainable funding model

Actions	Measures of Success	By
8. Achieve all targets as per funding agreements with HSE and DSP	- All funding targets achieved	Ongoing
9. Develop a business case for additional funding from the HSE to meet service demand	- Additional funding secured from HSE	End of 2024 for tabling in advance of SLA meeting
10. Develop a case for support to approach businesses and employers under the Corporate Social Responsibility (CSR) theme	- Case for support in place - Funding secured	End of 2024 End Q3, 2024
11. Identify at least one new funder per year and research the application process	- New funders identified	Annually
12. Coordinate one fundraising event per year	- No. of Fundraising events - Funding raised	Annually
13. Ensure services are delivered within budget	- Budgets in place	Ongoing





## Strategic Objective 3

Provide a supportive environment for DROP staff and invest in their personal development to ensure the delivery of quality services

Actions	Measures of Success	By
14. Ensure individual development plans are in place for all staff and review through annual appraisal	<ul style="list-style-type: none"> <li>- Individual development plans for staff in place</li> <li>- Level of staff recruitment &amp; retention</li> <li>- Appraisals completed</li> <li>- Staff morale and satisfaction</li> </ul>	Ongoing
15. Implement Employee Assistance programme	<ul style="list-style-type: none"> <li>- Employee Assistance programme in place</li> <li>- Level of staff recruitment &amp; retention</li> <li>- Staff morale and satisfaction</li> </ul>	End of 2024
16. Ensure annual staff training plan is in place which meets the professional and personal development needs of staff.	<ul style="list-style-type: none"> <li>- Staff training plan in place</li> <li>- Evaluations for training courses completed</li> <li>- Courses completed, conferences attended, qualifications achieved</li> </ul>	Annually
17. Conduct health & safety assessments to ensure a safe working environment	<ul style="list-style-type: none"> <li>- Health and safety assessments completed</li> </ul>	Annually
18. Lobby for improved salary and pension benefits for staff in SLA	<ul style="list-style-type: none"> <li>- Salary Increases</li> <li>- Improved conditions for staff</li> </ul>	Ongoing
19. Ensure the DROP manager is effectively supported by the DROP Board	<ul style="list-style-type: none"> <li>- Line management provided by DROP Chairperson</li> <li>- Supervision and appraisal in place for Manager</li> </ul>	Annually
20. Conduct an annual staff satisfaction survey	<ul style="list-style-type: none"> <li>- Staff satisfaction survey undertaken</li> <li>- Improved year on year staff morale and satisfaction</li> <li>- Actions from survey results implemented</li> </ul>	Annually, commencing at end of 2024



# Strategic Objective 4

## Increase awareness and influence of DRO

Actions	Measures of Success	By
21. Secure resources to recruit for a fundraising & communications role	- Fundraising/communications specialist recruited	Q3 2024
22. Revitalise the brand and identity of DRO as part of a promotional campaign (digital, print, local radio)	- New logo & brand - Audiences reached	Q3 2024
23. Review representation on local forums and groups to ensure that it is strategic and provides the most effective insights into local need	-Number of DRO staff representation on strategic forums	Q2 2024 Q3, 2024
24. Consider the creation of Ambassador roles as a mechanism to increase influence and awareness of DRO in the community	-Number of DRO Ambassadors	End of 2024 Q1, 2025
25. Invite the community to the launch of the DRO strategic plan 2024-27	-Numbers in attendance at strategic plan launch	Q2 2024 Q3, 2024
26. Build presence on targeted social media platforms	- Website & Social Media traffic - Social Media training plan and policy developed - No. of staff who are social media trained and competent - Google Analytics	Ongoing
27. Increased networking with service providers and employers	- Presentations/talks delivered by DRO staff & board	Ongoing
28. Explore options to initiate or engage in research linked to DRO CoC pathway.	- Articles in external publications	Ongoing



# Strategic Objective 5

## Ensure effective Governance and operations

Actions	Measures of Success	By
29. Undertake an annual review of board effectiveness and skills audit	- Review of board effectiveness and skills audit completed	Annually, commencing in 2024
30. Develop a Risk Register based on Charitable Governance Code and Companies Registration Office (CRO) requirements	- Risk Register in place	End of 2024
31. Conduct an annual review of policies and procedures	- Organisational policies and procedures reviewed	Annually
32. Action plan in place to evidence the six principles of charity governance	- Charity governance action plan in place	2025
33. Develop an annual operational plan based on strategic plan priorities and review same annually	- Annual review of operational plan	Annually
34. Review sub groups to reflect the 2024-27 strategic plan priorities	- Sub Groups reviewed - New Sub Groups in place	Q3 2024
35. Ensure board and staff handbook are in place	- Board and staff handbook in place	End of 2024 Q3, 2024





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**Using public transport DROP is served by the following bus services:  
7, 7a, 8, 45a, 46a, 59, 63, 75, 111, L25, and the DART.**

### **How to support DROP:**

**DROP has been offering services since 1998.**

**We rely on fundraising and donations to keep us going.**

**Charity Number 200646**

### **Donate via Paypal:**

**<https://www.paypal.com/fundraiser/charity/4170593>**

### **Follow DROP on Facebook:**

**<https://www.facebook.com/dunlaoghairerathdownoutreachproject/>**



**Dun Laoghaire Rathdown Outreach Project**  
**Strategic Plan 2024-2027**  
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