

Snug Counselling and Information Service Company Limited by Guarantee.

Five Year Strategic Plan 2020-2024

February 2020

### Acknowledgements

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#### **Abbreviations**

ACI Addiction Counsellors Ireland

AFINet Addiction and the Family International Network

CYAG Children and Youth Action Group

DCC Dublin City Council

DWG Drugs Working Group

LDTF Local Drug Task Forces

HRB Health Research Board

HSE Health Service Executive

IACP Irish Association for Counselling and Psychotherapy

ICON Inner City Organisations Network

MABS Money and Budgeting Service

MACRO Markets Area Community Resource Organisation

NDS National Drugs Strategy

NDTRS National Drug Treatment Reporting System

NFSN National Family Support Network

NICDATF North Inner City Dublin Drug and Alcohol Task Force

NWICAN North West Inner City Network

NWICT&D North West Inner City Training and Development Group (NWICT&D)

Soilse HSE addiction rehabilitation programme

#### Poems: Voices of our former clients

The following two poems have been written and shared by former participants with the Snug Counselling Service:

#### **Your Own Key**

It was a fine fine house
In its prime
Dainty feet,
Expensive dresses
And stiff collars
Once, upped and downed
Its thirteen steps
To smart functions
Its colours now
More dirt than Dulux.
The damp more established,
Even than the squatters
Though only four of us have keys,

We four are now friends. And a room past its best Can always be homely Once you own the key.

By P.F.

#### My Journey

Why am I always running? There's nowhere to hide It's not from anyone I'm escaping, It's that vicious disease inside.

They say be proud, I've come so far, And yet I simply can not see, Why this bloody disease, Has taken such a hold over me

It comes to me last thing at night, First thing in the morn.
I curse this bloody illness, Hate the day it was born.

It's tears at your emotions, Your mind goes blank But when you have no one to lean on, It's there for you to thank.

Then eventually I realise,
What this nasty disease has to gain.
This vicious thing only wins,
If I let it control me whilst driving me insane.

So in the morning when I wake,
I'm doing this eventually for my own sake.
See this illness only wins,
If I'm to give up.
It's my life at risk,
With that one single sup.

So I've done it so far, My God of course I've had some falls, But look I'm still here, Getting over these prison walls.

Cause you can't run from your mind, Damning taught that may tear your soul. All you can do it have some faith and courage, Make beating this disease my main goal.

So I'll carry on my journey,

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I'll go see the beauty of it all. I'll make sure my road to recovery, Was the best journey of them all.

Be strong.

By Damien Walsh

#### **Foreword**

This Snug Counselling and Information Service CLF Strategic Plan 2020-2024 has been developed in the context of a changing landscape for Community Drugs Services, particularly as the need for these services has grown substantially over the last number of years.

Set up in 1998, by people living and working in the area, the Snug Counselling Service sought to respond to the escalating heroin crisis in the inner city of Dublin at that time. However, over the last 20 years, the context of drug use has changed considerably with a plethora of new drugs emerging and in ready supply. This has happened alongside an unprecedented homelessness crisis in Ireland, the consequences of which are detrimental to many individuals and families availing of the Snug services. The challenge for the Snug has been to respond to emerging and complex needs such as mental health, dual diagnosis, polydrug use and drug and gang related intimidation and crime and to do so in a humane and professional way.

One of the primary key strengths of the Snug has been its staff, all of whom are professionally trained and have a wealth of experience in this area. This has been demonstrated through the provision of a community based professional service which has continuously engaged with local people in need of support, information, advocacy or counselling for over two decades. In addition, the Snug has continued to work closely in collaboration with the community, voluntary and statutory sector in an effort to ensure a coordinated and integrated approach to drug and alcohol misuse in Dublin North Inner City, so as to ensure that when individuals and families need supports they can avail of those supports in a timely manner.

As we look ahead to the next five years, it is important to recognise and build on the achievements of the last twenty-one years. There are many challenges ahead as we continue to respond to the profound effects of drug and alcohol misuse with limited resources and in a changing environment impacted by homelessness for many of the people with whom we work.

Since its foundation in 1998, the Snug has played a very significant, influential and supportive role in the lives of many individuals and families affected by drug and alcohol misuse. Our aim is to continue to provide a community based service which responds to the scourge of drug and alcohol misuse, supporting individuals and families on their road to recovery and a drug free life living to their full potential.

Fidelma Bonass,

Snug Counselling Board of Management

#### **Section 1: Introduction**

This section includes information about the history of the Snug Counselling Service and the local events leading up to its development; policies and standards that the Snug adheres to; and achievements of the service over its 21 years of operation in the local community.

#### 1.1 History of the Snug

The 1990s witnessed the development of a variety of community projects across the country responding to a range of local community needs. In the markets area of Dublin one such project, The Markets Area Community Resource Organisation (MACRO) was established by people living and working in the area. (This project was subsequently accepted into the National Community Development Programme as a Community Development Project (MACRO CDP). MACRO began offering a number of services to the local community i.e. support to women's groups support to tenants groups, activities for older persons, after-school activities for young children etc. The development of these services in the markets area coincided with a worsening of the drugs situation in various parts of Dublin, particularly Inner City Dublin. The supply and sale of drugs, mainly heroin was rampant in many flat complexes in the City including the markets area.

In the North East Inner City, ICON (Inner City Organisations Network) began organising a series of public meetings, which was the beginning of a very well organised community response to the drug problem, which the community felt, had been practically ignored by the State. As the drugs problem escalated and spread to other parts of the City, a Cabinet Sub-committee set up a Task Force to report and make recommendations regarding the drug problem in the City. In October 1996, the Report on the Ministerial Task Force on Measures to Reduce the Demand for Drugs (known as the Rabbitte Report) was subsequently published. The Report identified key areas and made recommendations that issues be addressed locally. The National Drugs Strategy Team was then appointed with a key role being to set up and monitor Local Drug Task Forces (LDTF) in Dublin and Cork.

In December 1996, the LDTFs were appointed and had to involve key stakeholders with equal representation from community, voluntary and statutory sectors. The Partnership Companies were requested to nominate Chairpersons, the Eastern Health Board to appoint co-ordinators and Local Community Networks to appoint community representatives. In January 1997, the first meeting of the North Inner City Local Drugs Task Force was held with three community representatives from the North West Inner City. The LDTF carried out a community consultation process whereby projects, community groups etc. were invited to submit applications for funding.

The people of the markets area had begun organising their own response and organised a public meeting in Fr. Matthew Hall in Church St., which was attended by over 700 people. A number of community activists from ICON addressed the meeting, sharing details of how they were responding to the escalating drugs issue which was having a devastating effect on their community. A working group, made up of people living and working in the Markets and Stoneybatter areas was formed and set itself a number of key objectives. From the outset the group operated from the principles of community development recognising the importance of the participation of local people in local issues. Initially the group conducted its own survey of drug users in the area. They also met with local resident groups to ascertain what services were needed for drug users and their families as there were no local community services available for them. MACRO subsequently made an application for funding to the LDTF for a Community Based Counselling Service – which would later become known as The Snug. Initially the service was set up in the MACRO Community Centre on Beresford Street – a small premises which was leased

from the local Credit Union. Due to the size of the space which the project operated from within the Centre, it seemed very appropriate to name it 'The Snug'.

One of the first tasks for The Snug was to develop relationships with the local community and most importantly the people and their families affected by heroin use, so as to ensure that the Snug was responding to the needs of the community. This was a challenging task and in order to progress it, people from the community, voluntary and statutory sector were invited to join a Board of Management, ensuring representation from all sectors who could work collaboratively so as to respond to the endemic heroin problem in the community. The service subsequently became a Limited Company, meeting all the requirements of the Companies Office.

In 1998, staff were recruited for the service including: a Project Co-ordinator, Outreach Worker, Counsellor and Administrator. The initial focus of the work was one-to-one counselling, outreach work, support for families and information for the community. The Snug is located in the heart of the markets community and through hard and dedicated work, developed a positive profile and became known as a trusted accessible, confidential and non-judgemental project. It developed positive relationships with other projects and services and with local families needing support. It is important to note that this was happening at a time when there were limited services and supports available for drug users and their families, particularly in the area of treatment and rehabilitation. Therefore, from its inception, the Snug was dealing with a myriad of issues which were devastating the lives of many local families.

In 2002, the service moved premises to the new MACRO Community Resource Centre on Green Street. This move provided the project with plenty of space, creating an environment which was and continues to be, warm and welcoming for people availing of the many services offered to them.

Over the years, The Snug has responded to the 'changing drug scene' which initially centred on heroin use but soon moved into the realms of poly drug use including cannabis, benzos, speed, cocaine and heroin and alcohol. The Snug has also responded to the complex needs associated with the changing drug scene such as dual diagnosis, mental health, homelessness, intimidation and violence. This has resulted in The Snug expanding its services to include aftercare, family support, anger management, suicide prevention and networking – becoming actively involved in the Local Drugs & Alcohol Task Force and National Family Support Network as well as other initiatives in the NWIC.

In 2008 as the years of austerity began, funding for the Snug was reduced by 20%, which resulted in a reduced service – moving from five to four days weekly. However, despite this, The Snug has continued to grow and develop providing a 'continuum of care' for people affected by substance misuse. In doing so, The Snug has travelled with many people and their families on their journey to recovery and in doing so has made an extraordinary contribution to the community of the North West Inner City.

#### 1.2 Aims of service

As a Service funded by the North Inner City Drug and Alcohol Task Force (NICDATF), our priority is to follow the lead of the Task Force focus on local needs, co-ordination and implementation of the current National Drug Strategy. Our approach through interagency work, community development and social inclusion aims to strengthen the capacity of the Snug to respond to complex needs (2.1.13c of NDS) such as mental health, dual diagnosis, drug/gang related intimidation and murder, drug overdose, homelessness, polydrug use, suicide intervention. These issues have to be carefully considered in our response to dealing with drug and alcohol use. Our priority has always

been a public health approach which is now central to the goals, objectives and the strategic actions of the NDS (1.1.1.)

We have a support group for women specifically to address gender and cultural needs (2.1.21). Through membership of the North West Inner City Network (NWICAN) Drugs Working Group, the Task Force Treatment and Rehabilitation subgroup and Project Promoters Forum, we fully endorse and encourage community participation (4.1.39). We facilitate a women's group and family support group to promote participation of our clients and families in structures and networks (4.2.44). Our aim is to build capacity of our members to eventually influence development of services and policies which effect their lives.

The Snug Counselling is appropriately placed to respond within Goal 2 Objective 2:1. We adhere to the core principles within the HSE 4 tiered person-centered model of rehabilitation. This model supports a "continuum of care" so that service users can achieve their personal recovery goals. This objective (2:1) details the model's support to match local needs.

The Snug provides services under the first two tiers:

Tier 1: We provide advice and information, referral, interventions, family support group and support to individuals. We provide a 5 Step method an evidence-based intervention to individuals and groups who are family or community members affected by addiction. The 5 step method an evidence- based intervention can be used with individuals affected adversely by drug or alcohol use. It can take place in a group or one to one setting. This 5 step method of counselling has been employed and successfully evaluated in a series of research studies carried out in both primary care and specialist alcohol/drug treatment services in the UK. Similar studies have been carried out in Ireland, Mexico, Italy, India and New Zealand. The method is based on work undertaken by AFINTet-UK. Two of the core members are Jim Orford (Professor University of Birmingham) and Richard Velleman (Professor University of Bath).

Tier 2: We provide community based counselling and information service. We facilitate a Women's Group for those in recovery, working towards recovery or those otherwise affected by addiction. The women are supported to build what is referred to as "recovery capital" which includes building social networks and community engagement.

The women's group meet every Wednesday from 1-2.30pm for a cup of tea and a chat, also included in this time are a number of different activities throughout the year such as: art classes, stress management and mindfulness, drama, Nia therapy dance, sound bath meditation, metamorphic technique workshop, mandalas and tai chi. The Women's group constituted 75 hours in 2019. The group has taken part in drama productions with the "Complex theatre" in the local area. This has led to the complex theatre setting up a drama group for women (funding gained for this with the support of the Snug). The group has also taken part in Dublin City Council's Cultural events which lead to the women's group participating along with a number of groups in the Dublin 1 and 7 areas in relation to writing the book, "Around the Table".

The participants in the group also have annual events such as a respite weekend and in 2019 they visited the Cavan centre and took part in activities including archery, zip lining, wall climbing, meditation and walks. Two of the participants delivered a workshop in relation to social media awareness and time management.

The Snug Counselling Service's women's group plans to continue supporting women in recovery in the area and hopes to develop this. The input of the women is very important, they give their

views on what activities have helped them throughout the year, what they would hope to continue and suggestions they may have for future activities.

The Snug also supports a Family Support Group which engaged in activities totalling 69 hours in 2019.

The FSG is facilitated by a staff member and meets on a fortnightly basis.

A staff member facilitates the family support group which meets fortnightly on Tuesday evening 7-10pm. The group consists of family and community members who are living with drug or alcohol use. The group are kept updated on training opportunities, new developments re; treatment options, respite and other needs that arise. The NDS 2017-2025 acknowledges family members are entitled to services in their own right. The Snug is closely affiliated to the National Family Support Network and avails of any training they deliver for the FSG. The needs of the group are met by social activities, information, training, holistic therapies networking and the chance to learn new skills in a residential setting.

#### 1.3 What we do

The Snug service provides the following activities and supports. All of these are provided within a framework of quality standards, evidence based approaches and delivered by ACI (Addiction Counsellors of Ireland) and Irish Association for Counselling and Psychotherapy (IACP) psychotherapists.

- One to one counselling, aftercare and detox preparation
- Family support
- Information, support and advocacy
- Crisis/ Brief intervention and suicide intervention
- Support groups and respite supports
- Bereavement supports for individuals and families
- Health promotion and awareness raising in the community
- Data collection to inform policy and funding allocation
- Networking with other local, regional and national services and groups.

#### These **networking activities** include:

- The Snug refers to and accepts referrals from other Task Force funded projects and continues to participate in the structures, Treatment and Rehabilitation sub-group and Project Promoters forum
- The Snug is an active member of the NWICN Drugs Working Group (DWG). This group is
  the body who nominates community representatives to the NICDATF. The DWG brings the
  agencies across the sectors together on a monthly basis to collaborate, network and
  engage in joint training initiatives

- The Snug service is closely affiliated to the National Family Support Network and avails of training for the family support group and other family members. Members took part in a Bereavement course.
- The Snug has links with AFINet (a UK based organization who supports families)
- The Snug collaborates with the local community projects throughout the LDTF area to host the annual local service dedicated to those community members who have died from substance misuse
- The Snug also works in conjunction with GPs regarding Community Detox.
- The Snug has engaged with skills training with HIV Ireland.

#### 1.4 Policies and standards

The Snug has been established 21 years and has standards in place in the areas of both finance and governance. The accounts are audited annually. The service adheres to the code of ethics of the Addiction Counsellors of Ireland plus the Irish Association of Counselling and Psychotherapy (IACP) which ensures service users are treated with dignity and respect. The day to day work is guided by the National Drugs Strategy 2017-2025 (NDS) and the North Inner City Dublin Drug and Alcohol Task Force (NICDATF) strategic priorities. The Snug Management Board has Corporate Governance Policies in place and a framework in place to deal with the target groups. The organisation adheres to QuADs (quality standards in alcohol and drugs services) policies and standards. At present the service is conducting an ongoing review of all policies and these are being brought to its management committee for approval. A lot of work has also focused on GDPR and becoming compliant with the Governance Code.

#### 1.5 Achievements

The achievements of the Snug include:

- Consistently putting clients first as the service's main priority
- Reputation and trust locally in the community, as well as highly recognised by funders, rated highly by HSE among other services in the area NWIC and NICDATF general area
- The Snug has participated in a number of reviews and evaluations which have taken place since the inception of the service. Dr Mark Morgan (2000), Goodbody Economic Consultants, (2006), Horwath Matrix Consulting (2009), HSE review (2018). All of the above have acknowledged the vital role community projects like the Snug play in the implementation of the National Drug Strategies
- Good relationships in the local community and with other agencies as evidenced by the consistently high number of referrals
- Consistent delivery of high quality service provision, as well as information, support and advocacy through evidence based working practices and a committed team
- Provision of a free local counselling service for the area where people can talk to someone and be heard in non-judgmental way

- Provision of aftercare in the form of group work including a family support group and a women's group – peer support – lasting social connections, networks in the community of women affected by addiction
- Resilience in having been established 21 years ago and ability to adapt to changing times
  which have brought significant changes in drug and alcohol use as well as social issues
  impacting on addiction, including homelessness
- Provision of a safe space and creation of a welcoming, non-judgmental atmosphere
- Staff retention in context of insecurity of funding staff commitment, mix of skills
- Initial negotiation of premises with DCC and continuation of this
- Outcomes for clients gone on to further education, to careers in addiction counselling/ management of services, who now make referrals to the Snug
- Effective collaboration with other stakeholders, services and networks at local, regional and national levels:
  - North Inner City Drug and Alcohol Task Force (NICDATF)
  - North West Inner City Network (NWICN)
  - Drugs Working Group (DWG)
  - o NICDATF Treatment and rehabilitation sub-group
  - National Family Support Network (NFSN). An organisation supporting family members living with substance misuse.
  - Addiction and the Family International Network UK (AFINET UK)
  - Step by Step child and family project
  - Children and Youth Action Group (CYAG)
  - North West Inner City Training and Development Group (NWICT&D)
  - o Soilse (HSE addiction rehabilitation programme)
  - o Other NICDATF service providers.

#### 1.6 Reporting on and reviewing activities

The Snug is engaged in a number of reporting and review mechanisms to monitor the quality and impact of its activities and to provide data on alcohol and drug misuse. This is carried out through regular staff meetings; clinical meetings and meetings of the board of management, as well as its annual reports, reports to NICDATF, the HSE and input to the HRB measurement tool.

#### 1.7 Challenges

This strategic plan has been developed with current and potential upcoming challenges in mind. The challenges that the Snug Counselling Service may face over the next five years include:

- Insecurity of annual funding and premises two year licence which is not a lease, these have implications for long-term planning, staffing
- Limited funding has meant the reduction of the service to four days. The service is funded
  for core activities from NICDATF through the HSE. Additional activities such as groupwork
  and respite must be funded with additional funding streams. Fundraising is considerably
  time consuming and has resource implications

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- Limited presentation of ethnic minorities
- Level of demand including waiting lists for Snug supports
- Inappropriate referrals and no-shows
- Changing context in terms of changing trends in drug and alcohol use
- Mental health issues
- Governance and reporting, including GDPR issues, data collection, submission of information to HRB, HSE, and other surveys.

#### **Section 2: Strategic Planning Process**

This section gives a brief overview to the process undertaking to develop this plan and consultation that has been engaged in with clients as part of this process.

#### 2.1 Methodology

This strategic planning process has consisted of a **review of annual work plans and reports** to funders on activities as well as a **strategic planning session** attended by the Manager of the service, six staff members, and three members of the board of management, including the Chairperson and facilitated by an external organisational consultant. This session confirmed the vision, mission, values and strategic aims of the Snug Counselling Service. In line with its commitment to monitoring and reviewing, planned activities have been joined with progress indicators to monitor the service's impact and areas for further development.

#### 2.2 Consultation with clients

In order to also include the views and priorities of clients, a participant from the service's ongoing Women's Group who had also participated in the counselling service attended the strategic planning session. This session was facilitated by an external consultant who incorporated the discussion and drafted this Strategic Plan.

Staff working in the service also informed clients of this process and invited comments or suggestions on it. Clients gave feedback that they valued the support they had received from Snug and that it had helped them through difficult times:

I can get the help I need at the Snug because I can talk, it's like an anchor for me, a fixed point of reference.

Counselling gives you building blocks for when you leave treatment they continue to be there for me now

They don't tell you what to do, they give you the incentive to make decisions

Coming the first few weeks was tough but it got easier.

They mentioned their perceptions of the service as welcoming and non-judgmental and that it had given them hope:

A place to get a bit of hope

No judgment, where everybody is helped

Thanks for the hope

Open door and a cup of tea

Clients also mentioned the value of being able to connect to other people through groups facilitated by Snug and that this had had a positive impact on their mental health and general wellbeing:

It helps my mental health to connect with other people

I feel I am being supported, caring in here and I can talk to other women who similar problems.

Snug popped up with a blanket of security and love.

#### Section 3: Vision, mission and values

This section details the vision, mission and values that were either reconfirmed or articulated and agreed during this strategic planning process.

#### 3.1 Vision

That everyone in the local community of North West Inner City Dublin and the North Inner City Drug and Alcohol Task Force Area (NICDATF) area affected by addiction can access quality, timely, non-judgmental support to reach their full potential.

#### 3.2 Mission

To provide a dedicated counselling service and a range of other services to people and their families in the local community who are affected by addiction

#### 3.3 S-N-U-G Values

The following are the values enshrined within the Snug Counselling Service:

#### **Support**

To **support** people and their families in the local community who are affected by addiction issues through counselling and other services.

#### **Nurture**

To **nurture** people to reach their full potential.

#### **Understanding**

To provide a safe space of non-judgmental understanding and respect.

#### Growth

To empower people in their journeys toward personal **growth** and development.

#### Section 4: Strategic aims and objectives

This section details the strategic aims and corresponding objectives that make up this plan. Objectives include key actions as well as progress indicators to support monitoring and reviewing impact.

#### 4.1 Strategic aims

The following are eight key strategic areas which have been identified to focus activities and plans for the next five years:

- 1. Holistic continuum of care for individuals
- 2. Family support
- 3. Crisis intervention and suicide intervention
- 4. Support groups and respite
- 5. Information, support and advocacy
- 6. Networking and collaboration
- 7. Sustainability and monitoring activities and outcomes
- 8. Governance.

#### 4.2 Strategic objectives

The following are key actions which have been identified under each of the aforementioned strategic aims for the next five years. Progress indicators have also been included for each of the areas which will assist in monitoring progress and the impact of the service:

#### 1. Provision of an holistic continuum of care for individuals

#### 1.1 Provision of one to one addiction counselling

Provision of one to one counselling relating to addiction, substance misuse, drugs alcohol, process addiction e.g. gambling.

#### 1.2 Provision of one to one counselling on other related issues

One to one counselling is also provided where clients present with issues additional and often related to their addiction. These issues can include supporting clients through counselling with relapse prevention, bereavement, suicide, sexual abuse, eating disorders, domestic violence (male, female) relationship difficulties, and issues relating to blood borne viruses including support prior to and following diagnoses. 1,449 hours of one to one counselling were provided in 2018 and it is intended to maintain this level of service delivery.

Dual diagnosis (mental health issues and addiction) has significant impact on our service users. Mental health issues such as anxiety, depression are exacerbated by homelessness. To ensure the service user is supported to the highest standard, a letter from a doctor is required if they are linked into psychiatric services. In almost all cases counselling is viewed as beneficial to the service user.

#### 1.3 Detox preparation

One to one counselling relating to detox preparation.

When a service user is preparing for entry to treatment they may begin a medical detox in conjunction with their prescribing doctor, clinic and day programme. The Snug supports the service user during the stabilisation phase where they require psychological support. Most residential treatment programmes require patients to avail of counselling before entering their programme.

# 1.4 Aftercare supports, including support with self care and relapse prevention

Recovery is a lifelong process and, as part of the continuum of care model, individual counselling is recognised as an important component in maintaining a drug/alcohol free lifestyle. As part of aftercare it's important to put in place a relapse prevention plan. To inform and educate service users of the various stages of relapse: emotional, mental and physical and highlight common signs/triggers related to relapse. Emphasise the importance of self-care and provide strategies for coping, becoming self-sufficient and goal setting. The provision of Cognitive behaviour therapy (CBT) and Mindfulness both evidenced to be helpful in aftercare. Include in relapse prevention plan links to 12 step Fellowships, day programmes, group therapy, smart recovery, etc.

#### 1.5 Engage in follow up activities with clients

Engage in follow up activities with clients through texting reminders to people regarding hospital, doctor and dental appointments and conduct home and hospital visits where resources permit.

#### 1.6 Conduct an annual satisfaction survey with clients

Conduct an annual satisfaction survey with clients to ascertain their levels of satisfaction and suggestions for change or development of these. This could be done via an annual survey monkey.

#### **Progress indicators:**

- Maintenance of existing one to one counselling delivery
- Reduction in waiting lists for one to one supports
- Positive feedback from clients engaging with one to one services and supports
- Clear understanding of relapse process
- Knowledge of stages of relapse
- Reduction in numbers of clients reported as relapsing
- Consistent follow up procedures followed with clients where required
- Improved self care
- Increased coping skills
- Reinforce prevention strategies
- Strengthened recovery capital

 Positive feedback from clients through annual survey and changes made where appropriate.

#### 2. Provision of family support

### 2.1 Provide 5 Step Intervention with Family Members and further develop family support, including targeting more men and siblings

At present the family support group consists of primarily mothers and female spouses of substance users. It is our intention to target more men and siblings. We will work closely with the National Family Support Network to advance this aim.

### 2.2 Support service users and community members who are living with intimidation and violence

Support service users and community members who are living with intimidation and violence. Staff are familiar with the Drug-related intimidation reporting programme and use as guideline when response required. This programme has been established by the Garda National Drugs and Organised Crime Bureau and the National Family Support Network. The purpose of the programme is to respond to the needs of drug users and family members who are experiencing drug related intimidation.

#### 2.3 Conduct an annual satisfaction survey with family members

Conduct an annual satisfaction survey with family members engaging with services and supports to ascertain their levels of satisfaction and suggestions for change or development of these.

#### **Progress indicators:**

- Development of family support, including increased outreach to male family members and siblings
- Increased participation of family members in 5 step model
- Reduced reported stress and anxiety among family members and increased capacity to cope
- Reduce dependence on prescribed medication and alcohol use among family members
- Increased knowledge of addiction and relapse among family members
- Improved social skills and life skills among family members
- Positive feedback from family members engaging with services and supports.

#### 3. Provision of crisis intervention and suicide intervention supports

#### 3.1 Provide crisis/brief intervention supports

Provide crisis intervention supports to clients. All our therapeutic work is approached with trauma-informed care foremost in mind. We recognise the complexity of needs involved originates from both interpersonal and socio-political contexts. Brief intervention constitutes a considerable part of the service daily caseload.

Staff are trained with the HSE agreed model for training in Screening and Brief Intervention for Alcohol and Substance Use. SAOR (Support, Ask and Assess, Offer Assistance and Referral). We use this person-centred approach in conjunction with screening tools Alcohol Use Disorders Identification Test (AUDIT) and Drug Use Disorders Identification Test (DUDIT).

#### 3.2 Provide suicide intervention supports

Provide suicide intervention supports to clients. The service responds to numerous cases of suicide ideation by conducting a suicide risk assessment (SRA). This allows informed decisions regarding whether an immediate referral to GP or hospital emergency department is required. All staff are trained in the evidence-based Applied Suicide Intervention Skills Training (ASIST). Follow up takes place by scheduling further appointments, making appropriate referrals and keeping in touch with clients which can require out of hours phone calls.

Both crisis and suicide intervention supports are provided by the service within a harm reduction approach, designed to lessen the negative social and physical consequences associated with substance use.

#### **Progress indicators:**

- Reducing risk factors
- Developed problem solving skills, communication skills and enhanced resilience in clients
- Heightened awareness of available supports among clients
- Reduction in clients' stress and anxiety and improved mental health and general wellbeing
- Developed self care strategies in clients, e.g. physical exercise, meditative relaxation
- Reduced alcohol/drug use
- Improved recovery experience and heightened awareness of relapse prevention.

# 4. Facilitation and development of support groups and provision of respite supports

We facilitate support groups to promote participation of our clients and families in structures and networks (4.2.44). Our aim is to build capacity of our members to eventually influence the development of services and policies which affect their lives.

### 4.1 Continue to support and develop the Women's Group and its child friendly ethos

As mentioned above, we facilitate a Women's Group that supports those in recovery, working towards recovery or those otherwise affected by addiction. Participants are supported to build what is referred to as "recovery capital" which includes building social networks and community engagement. The group has a child-friendly ethos where young mothers are welcome to bring their children along.

The Snug recognises the importance of giving women in recovery their own space and support and will continue to facilitate a Women's Group weekly. This will bring women together who are going through or have gone through similar experiences where they can share experiences, coping strategies or information about other services.

A Women's Group will be offered weekly throughout the year. The group will include a range of activities, as prioritised by the participants but may include: Self-care and wellbeing, physical fitness, healthy cooking/eating, home-making (including arts and crafts). The group will also include a number of guest speakers.

#### 4.2 Continue to support and develop the Family Support Group

Continue to support and develop the Family Support Group, inclusion of men and adult siblings. Presently the group consists primarily of mothers.

The Snug works from the principle that Family Support is about working in partnership with families. It should be needs led and focus on the strengths and resilience of families — working to develop and enhance these strengths. Family Support covers a diverse range of interventions — which vary according to people's needs but which can include practical support, a range of programmes, therapeutic interventions, referrals to agencies/services.

The Snug will aim to support families in various ways – providing a range of innovative supports over the next five years. The following outlines what will be offered:

- A fortnightly Family Support Group will be offered fortnightly throughout the year. These
  groups will focus on Peer Support and target people attending the Counselling Service or
  who are self-referred or referred by other agencies/projects
- An annual Respite Weekend will be offered to all participants
- Support will be offered to all participants regarding attendance at the Annual Family Support Conference
- The Snug will target new members, particularly vulnerable people who are isolated not linked to other services
- The Snug will advertise the Family Support Group within the community and with agencies and projects working in the markets area.

#### 4.3 Develop Men's Group

Develop Men's Group to address identified needs and requests from clients and to promote equality and gender balance within the service's supports.

#### 4.4 Continue to provide and develop respite supports

Continue to provide and develop respite supports for service users and community members. Over time a huge emphasis of our work has been to provide respite care for individuals and groups where funding permits. Short stays in alternative accommodation to avoid domestic violence, drug use in the family creating ongoing chaos, child to adult violence and drug debt intimidation. In recent years the increase in drug related intimidation and gangland violence the service has been inundated with requests for support.

#### 4.5 Conduct annual satisfaction survey with group participants

Conduct an annual satisfaction survey with group participants and those engaging with respite supports to ascertain their levels of satisfaction and suggestions for change or development of these.

#### **Progress indicators:**

- Maintained or enhanced attendance in meetings and participation in activities
- Establishment of Men's Group
- Family support groups consisting of wider range of family members, including men and siblings
- Group participants continuing in recovery from drug or alcohol misuse
- Reduction in stress, anxiety and depression and decreased reported isolation and loneliness among group participants
- Increased confidence and resilience among group participants
- Successful open communication, sharing experiences and engaging in peer learning
- Attendance at Family Support Conference and related workshops
- Participation in respite weekends
- Positive feedback from participants and those engaging with respite supports
- Secure additional sustainable funding to support this work.

#### 5. Information, support and advocacy

#### 5.1 Provide information service to clients and their family members

Provide information to clients and their family members on a range of issues including housing and education grant applications. These include adult learning opportunities, referral to Citizen's Information Centre, free legal advice, needle exchange, Safety Net (health issues), fellowship times and locations, Vincent de Paul, Money and Budgeting Service (MABS).

#### 5.2 Provide advocacy supports to clients and their family members

Provide advocacy supports to clients and their family members, including accompanying clients to appointments, including clients who are experiencing homelessness.

We support and enable service users to express their views and concerns, promote their rights and responsibilities, explore their choices and options in the areas which affect their daily lives. These advocacy supports may involve health providers, education, housing authorities, homeless provision, social services, court services, Government departments.

#### 5.3 Continue referral to other agencies and supports where appropriate

Continue referral of clients and their family members to other agencies and supports where appropriate. Referrals are made under the following headings, in line with NICDATF project assessment:

- Counselling
- Medical
- Non-medical therapy
- Rehabilitation
- Residential
- Detoxification
- Social Supports
- Educational/Employment.

### 5.4 Continue to enhance awareness raising of addiction issues and the importance of health promotion in the local community

Continue to enhance awareness raising of addiction issues and the importance of health promotion in the local community. A primary way to do this is to further develop and expand The Snug's Health Promotion Day which began in March 2017 and has been a huge success in promoting health in recovery. The idea of Promoting Health in Recovery is to create awareness in addiction with issues such as wellbeing, physical and mental health, as well as emotional health.

The participants attending on the day can avail of practical advice such as smoking cessation as well as accessing holistic therapies such as: Reflexology, Indian head massage, Neck and shoulder massage, Iridology, Hand massage, Facial massage, Acupuncture, Back massage, Meditation and Dance therapy.

Projects in the area working with people in recovery took a stand on the day to provide participants with information in relation to programmes available to help with people with their recovery, such as: North West Inner City Training and Development, Saol community drug project (supporting and educating women in recovery/BRIO programme), Recovery Academy, National Family Support, Stanhope Centre, Soilse project (empowering people to live drug free), North West Inner City Network, Riverside holistic Counselling Service, Chrysalis. Participants can also avail of checks and information in relation from HIV Ireland, Blood pressure checks (Irish Heart Foundation), HEP C information and National Screening Service (breast check, cervical check, bowel check and diabetic retina screen information). Approximately 185 participants came along to the day and were welcome by staff with cups of tea and coffee, sandwiches, cakes, fruit and water and a chat too. We plan to expand this event to attract increased attendance and involvement from local organisations and service providers and a wider range of disciplines to participate.

#### 5.5 Develop annual service of Commemoration and Hope

The annual Service of Commemoration and Hope takes place in June in St. Michan's Church, Halston Street, Dublin 7 and has been running since 2015. We promote this event in the North West inner city area through leaflets for members of the public, emailing relevant services, and advertising on social media. It is planned to establish a specific planning committee to plan this event which includes membership from local projects and organisations.

#### **Progress indicators:**

- Provision of quality information service to clients and family members
- Provision of advocacy supports to clients and family members
- Accurate recoding of outward referral
- Continuation and expansion of The Snug's Health Promotion Day with increased attendance and involvement from local organisations and service providers and a wider range of disciplines
- Development of annual service of Commemoration and Hope, including establishing a specific planning committee to plan this event which includes membership from local projects and organisations.

#### 6. Networking and collaboration

#### 6.1 Participation in local, regional and national networks

Continued participation with the local community, wider geographical NICDATF area and other communities of interest. We plan to enhance relationships with stakeholders, funders and community; build strategic working relationships with relevant partners; and strengthen our commitment to our core ethos of community development. We also plan to develop our role in local events with Dublin City Council.

#### 6.2 Continue participation in Drugs Task Force Subgroups

We plan to continue to participate in the NWICN Drugs Working Group, the body that nominates community representatives to the NICDATF. The DWG brings agencies together across the sectors on a monthly basis to collaborate, network and engage in joint training initiatives. We will also continue to participate in the Drugs Task Force Treatment and Rehabilitation Subgroup. Finally, we will continue our involvement in the Project Promoters Forum to remain updated on all relevant information relating to Task Forces and avail of networking opportunities.

#### 6.3 Continue participation with National Recovery Month

Continue participation with National Recovery Month through hosting a Snug Counselling Service coffee morning for Women in Recovery; strengthen links with the Recovery Academy; and the continued involvement of service users in the Recovery Walk through Dublin City Centre.

#### 6.4 Further outreach to partners to reduce inappropriate referrals

Engage in further outreach to partners to reduce inappropriate referrals. Given that inappropriate referrals to our service mostly come from homeless sector, we are planning to produce a leaflet which may include more refined referral criteria.

# 6.5 Develop stakeholder engagement to include regular systematic consultation with stakeholders through conducting an annual stakeholder satisfaction survey with partner services and agencies

Conduct annual satisfaction survey with partner services and agencies in the area to ascertain their levels of satisfaction and suggestions for change or further development. This could be done via an annual survey monkey.

#### **Progress indicators:**

- Continued participation in local, regional and national networks
- Continue participation in Drugs Task Force Subgroups and other data collection tools and surveys
- Continued and developed participation with national Recovery Month, including strengthened links with the Recovery Academy
- Further outreach conducted to partners to reduce inappropriate referrals and development of leaflet for homeless sector with refined referral criteria
- Reduced numbers of inappropriate referrals
- Positive feedback from partner services and agencies in annual stakeholder satisfaction survey.

# 7. Sustainability, data collection and monitoring activities and outcomes

#### 7.1 Continued internal data collection

Continued internal data collection, including numbers accessing service, client outcomes, numbers and types referral recorded and reviewed, and agencies involved working collaboratively with Snug.

### 7.2 Ensure that staff continue to be well trained, supervised and supported and expand staff and team development

Ensure that staff continue to be well trained, supervised and supported and expand staff and team development in the form of two annual strategic sessions to energise and motivate staff and one away day team building session. All staff currently avail of a minimum of 30 hours CPD skills training.

#### 7.3 Continue to explore funding opportunities to secure additional resources

Continue to explore funding opportunities to secure additional resources and expand the service and related supports

#### 7.4 Conduct an annual review of activities and progress

Conduct an annual review of activities and progress, including quarterly reports to the management committee.

#### 7.5 Conduct an interim review of strategic plan in 2021

Conduct an interim review of strategic plan in 2021 to track progress under strategic objectives and actions and identify areas for development.

#### 7.6 Continue to feed into national data collection initiatives to identify trends

Continue to feed into national data collection initiatives to identify trends through participation in data gathering initiatives, including (NDTRS) National Drug Treatment Reporting Service, Health Research Board (HRB) and surveys on homelessness and Monthly project actions. We will continue to submit data to the Hep C local response; emerging Trends Survey to identify local needs; Homelessness Analysis data collection; and other surveys and local reports in this area. We will also continue to participate in regular NICDATF surveys on emerging needs: homelessness, Intimidation, and dual diagnosis, crack cocaine etc.

#### 7.7 Enhance staff knowledge to make more effective use of data collection

Internal data collection is recorded on Salesforce database. There is a need to enhance staff knowledge to make more effective use of data collection and improve staff capacity in data collection through training on Salesforce.

## 7.8 Explore advocacy opportunities to identify needs, guide resource allocation and inform policy

Explore ways to apply service data collection to identify needs, guide resource allocation and inform policy. This would also enhance the public presence of the service and its impact on local and national policy.

#### **Progress indicators:**

- Continued internal data collection including numbers accessing service, client outcomes, numbers and types referral recorded and reviewed, and agencies involved working collaboratively with Snug
- Staff are well trained, supervised and supported
- Increased opportunities for staff development and team building including two strategic sessions to energise and motivate staff and one team building away day per year
- Staff are trained in Salesforce and capacity enhanced to make more effective use of data collection
- Increased information concerning funding opportunities to secure additional resources and expand the service and related supports

- Annual review of activities and progress conducted, including quarterly reports to the management committee
- Interim review of strategic plan in 2021 conducted to look at achievements and challenges to date
- Continued input to national data collection initiatives to identify trends through participation in data gathering initiatives and surveys
- Increased advocacy activities to apply service data to inform policy, identify needs and guide resource allocation to enhance the public presence of the service and its impact on local and national policy.

#### 8. Governance

#### 8.1 Achieve compliance with governance code

Achieve compliance with governance code by the end of March 2020

#### 8.2 Finalise approval of policies

Finalise approval of policies. This should be conducted through a series of dedicated sessions for the Board of Management and additional staff training where required.

### 8.3 Conduct a review of the Board of Management to identify gaps in skills and membership

Conduct a review of the Board of Management to identify gaps in skills and recruit additional members, including clients or former clients.

#### **Progress indicators:**

- Compliance with the Governance code by end of March 2020
- Series of dedicated sessions for Board of Management held to approve policies
- Policies approved and additional staff training provided where required
- Review of the management committee conducted to identify gaps in skills or representation
- Recruitment of additional committee members to address these identified gaps in skills or representation, including clients or former clients

### **Appendix**

### **Members of Snug Counselling Service Board of Management**

Chairperson: Thomas Quearney
Members:
Fidelma Bonass
Erika Comerford
Noleen Jennings