



NORTH DUBLIN

Regional Drug & Alcohol Task Force

NORTH DUBLIN REGIONAL
DRUG & ALCOHOL TASK FORCE

ANNUAL REPORT

Summery For the DPU,
Department of Health.

2023

NORTH DUBLIN REGIONAL DRUG & ALCOHOL TASK FORCE.

ANNUAL REPORT SUMMARY FOR THE DPU, Dept of Health 2023

Through 2023 the Task Force operated across its three hubs (one in each of three Community Health Network areas -Balbriggan, Swords and Coastal) providing a full range of frontline services meaning greater access for local people in their own community in line with Sláintecare Health reform agenda.

The Task Force is now addressing the need for a gender specific approach to support women with multiple needs through the provision of a female specific service WISE (Women's Inclusion Support and Engagement). The staff member to deliver this support was recruited in 2023 and has made significant progress to address this service gap.

Another gap identified was the need for a structured day programme and an aftercare programme. The task force established a programme development subgroup of its Addiction Continuum network to develop plans for both. The Task Forces aftercare programme opened for referrals in Q3 2023 and started work with the first group of 11 participants in October 2023, one day per week.

The aftercare programme feeds into the day programme which is supported by key partners including the ETB and ALDP to deliver the component parts of the programme. The collaboration of these partners is important in providing expertise and life skills for participants.

The day programme will run on a 3-day a week basis offering a structured day programme that will begin in Q1 of 2024. The task force invited partners in the ETB and the ALDP to support its frontline service (CCS) to deliver the project. The project will therefore include an education and training module.

Demand for services increased as did treatment demand with HRB NDTRS assessed cases up from 1246 in 2021 to 1610 in 2023 with Alcohol and Cocaine the most prominent primary drug presentations. To address that need the Task Force team rolled out specific Cocaine Groups and Alcohol Groups which run on a rolling 10 week basis.

The Task Force continued to take a leadership role in tackling drug related intimidation and violence in the region and nationally through the DRIVE project. Briefings, workshops and a number of capacity building events formed the core work of this project through 2023. The project has the support of the Garda Inspectorate increasing the understanding of the lived experience of victims of drug related intimidation among Gardai at all levels. A network of designated inspectors is to be established following the completion of briefing sessions with members of An Garda Síochána in 2024.

Interagency collaborative working is a core tenant of the work undertaken by the Task Force. Our work is possible because of funders in the Dept of Health, the HSE CHO-9 and the really important close partnerships we have with HSE Health and Wellbeing, Fingal CYSPC, An Garda Síochána, Healthy Fingal, SÁMH groups in the community. The quality of services delivered by the collective staff team is incredible for such a small team who continue to be supported by a really active and hard working Management Committee. Finally, the many service users and people with lived experience that bring unique insights to ensure our work is defined by their needs.

David Creed Interim Co-ordinator 19/07/2024

CONTENTS

Section 1 Area	<p>1.1.An overview of the Drug problem in the North Dublin Regional DATF</p> <p>1.2Detailed profile of drug use in the North Dublin regional DATF area and emerging trends.</p> <p>1.3Main issues that were addressed by the North Dublin Regional DATF to address the changing patterns of drug use in the area</p>
Section 2	<p>Progress made in implementing the drug strategy under the 5 goals of the NDS</p> <ul style="list-style-type: none">▪ Promote and protect health and wellbeing▪ Minimize the harms caused by the use and misuse of substance and promote rehabilitation and recovery▪ Address the harms of drug markets and reduce access to drugs for harmful use▪ Support participation of individuals, families and communities▪ Develop sound and comprehensive evidence-informed policies and actions
Section 3	<p>Profile of DATF funded projects including</p> <p>Analysis of impact as a group in addressing the drug problem in the area and relevance to the drug strategy in the area</p> <p>Form A – categorization of funded projects in line with the goals of the NDS</p>
Section 4	<p>Summary report on the North Dublin Regional DATF progress in relation to actions of the NDS that are attributed to the DATFS</p>
Section 5	<p>progress report in relation to Action 4.2.44 of the National Drug Strategy in relation to Service user engagement</p>
Section 6	<p>Governance overview of the North Dublin Regional DATF</p> <p>Membership, meetings, substructures</p> <p>Corporate status of the Regional DATF</p> <p>Statement of accounts</p> <p>Details of North Dublin Regional DATF staff</p>

SECTION 1. 1.1 OVERVIEW OF THE DRUGS PROBLEM IN THE NORTH DUBLIN REGIONAL DATF AREA

INTRODUCTION

The NDRDATF is one of ten Regional Drug & Alcohol Task Forces in Ireland set up in 2003 under the National Drugs Strategy (NDS), to facilitate a more effective response in areas experiencing the highest levels of substance misuse and involve those directly affected by the problem in the development of an area-based strategy. The NDRDATF and its sub-structures bring together members representing the community, voluntary and statutory sectors, public representatives, and key interest groups. Together they co-ordinate a collective and integrated response to substance misuse in the North Dublin region which covers a catchment area North of Dublin City Centre and includes the following towns: Swords, Malahide, Portmarnock, Balbriggan, Skerries, Donabate/Portrane, Lusk, Rush, Oldtown, Naul, Ballyboughal, Garristown, St Margarets, Balrothery, Bascadden, Kilsallaghan, Kinsealy, Howth and Cloghran.

This partnership work is carried out under key goals as identified in the National Drug & Alcohol Strategy, *Reducing Harm Supporting Recovery*. The Terms of Reference of Drugs and Alcohol Task Forces are:

- To coordinate the implementation of the National Drugs Strategy in the context of the needs of the region/local area
- To implement the actions of the National Drugs Strategy where Task Forces have been assigned a role
- To promote the implementation of evidence-based local/regional drug and alcohol strategies and to exchange best practice
- To support and strengthen community-based responses to drug and alcohol misuse
- To maintain an up-to-date overview on the nature and extent of drug and alcohol misuse in the area/region
- To identify and report on emerging issues and advocate for the development of policies or actions needed to address the
- To monitor, evaluate and assess the impact of the funded projects and their continued relevance to the local/regional drugs task force strategy and to recommend changes in the funding allocations as deemed necessary

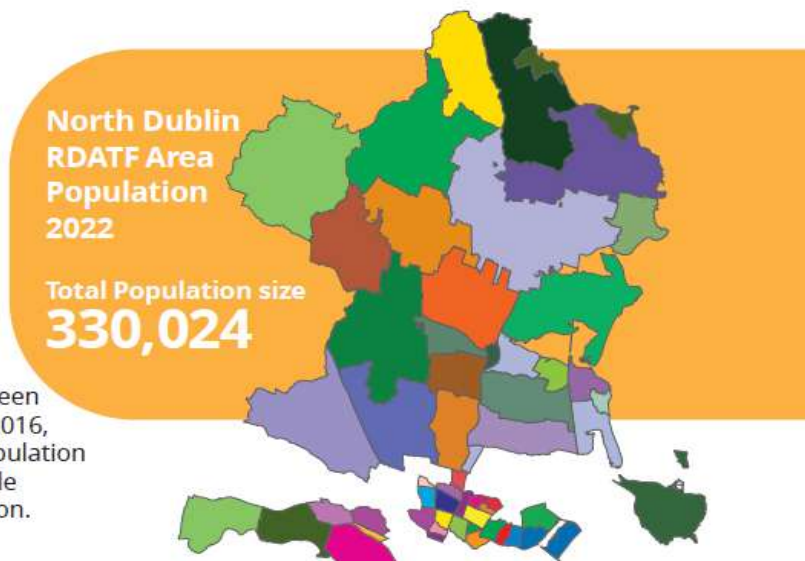
To deliver on an area based drug and alcohol strategy, the NDRDATF both delivers and coordinates a range of projects, services and interventions across the North Dublin region. Our current activity in NDRDATF includes

Population and Demographics

Population and Demographics¹

According to preliminary 2022 census data NRDRATF area had a population of approximately 330,204 people.

The NDRDATF catchment area has seen extensive population growth since 2016, with Fingal experiencing an 11% population growth and County Dublin as a whole experiencing a 7.7% rise in population.



The shaded areas represent the official DEDs within the North Dublin Regional DATF catchment area.





1.2 Overview of Drug problem in the North Dublin Regional DATF area

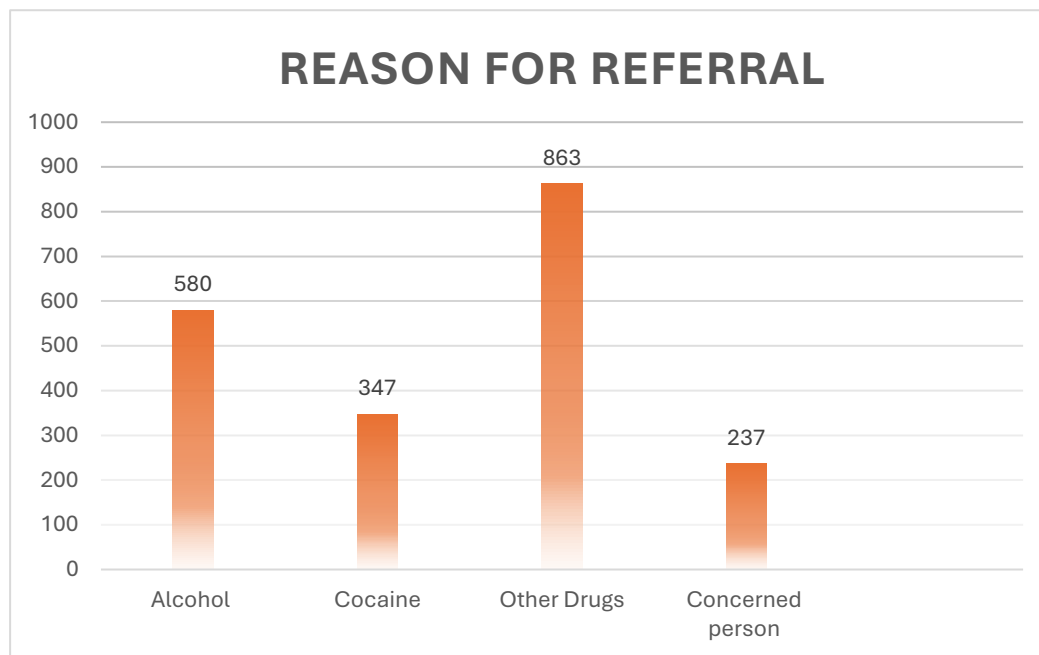
Capturing the nature and prevalence of drug and alcohol use in North Dublin RDATf area is difficult as there is no accurate prevalence data to refer to and those that are available refer to Fingal or all of CHO-9 and are not available in realtime. The Health Research board data is useful in terms of giving an indication of trends, patterns and risk behaviours but is limited in that it only captures treatment episodes so does not capture people who are having problems associated with their use but have not yet sought treatment or those who are using drugs/alcohol and do not report adverse effects. In an area like North county Dublin without a static drop in service or a well established service infrastructure, the treatment numbers are likely to seriously under report actual use and treatment need. OST data is available through the Central Treatment list for all people living in the area who are receiving methadone or other OST for opiate dependency. However this data is no longer published broken down by Task Force area so the most recent data is recorded by CHO rather than DATF – so includes the 5 neighbouring LDATFs

Central Treatment List full year 2023

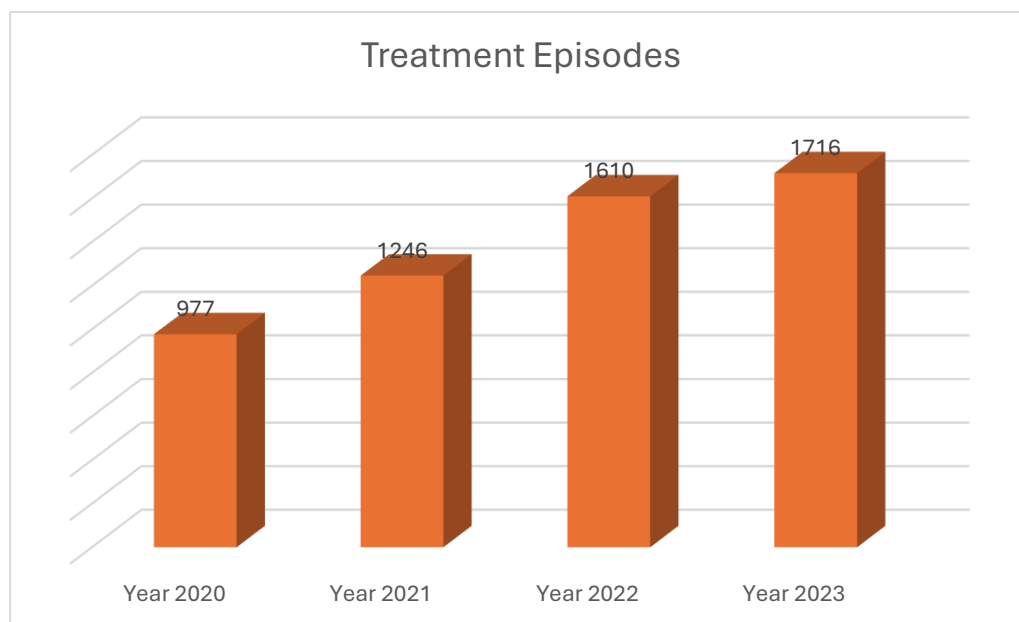
HEALTH RESEARCH BOARD DATA FOR NORTH DUBLIN REGIONAL DRUG & ALCOHOL TASK FORCE

Data from the Health Research Board, National Drug Treatment Recording System for new treated cases for people living in the catchment area of the North Dublin RDATF area can give an indication of trends. When these are matched against Internal client information systems in local services in the area it gives a reasonably accurate picture of the trends and indicative consumption patterns within the RDATF Area. The HRB National Drug Treatment Recording System captures data on people who live in North Dublin RDATF area and have been assessed for treatment for alcohol or drug use within the specified year. The following charts data illustrates full year data for 2023.

New treated cases from 2020 to 2023 for people living in Nth Dublin RDATA Area



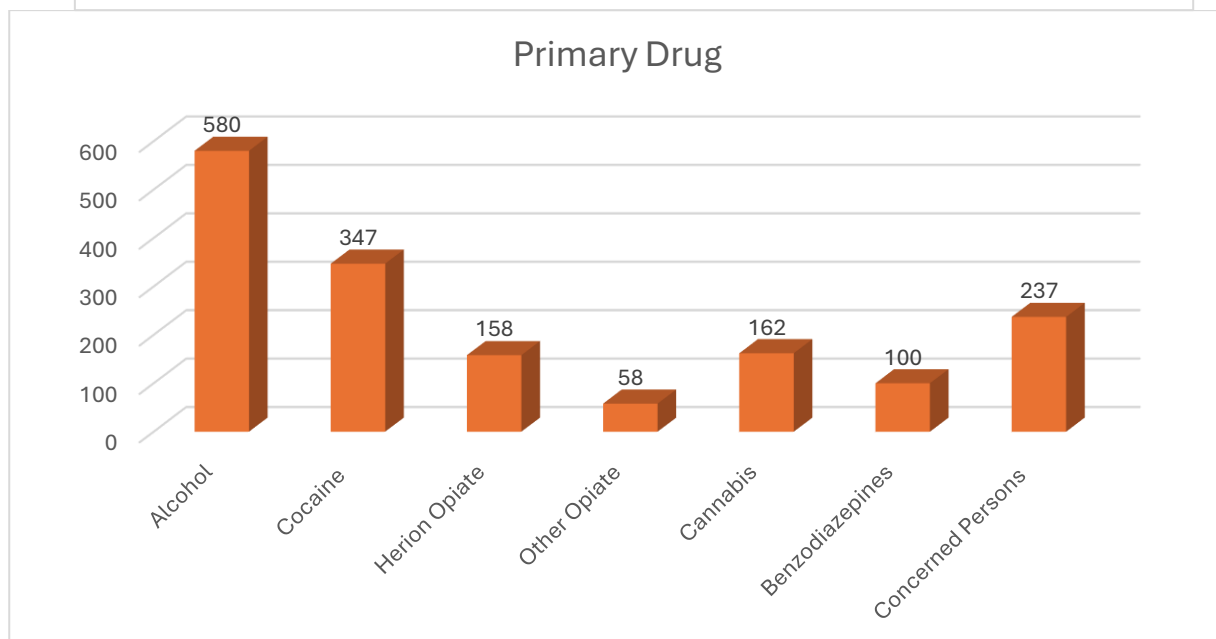
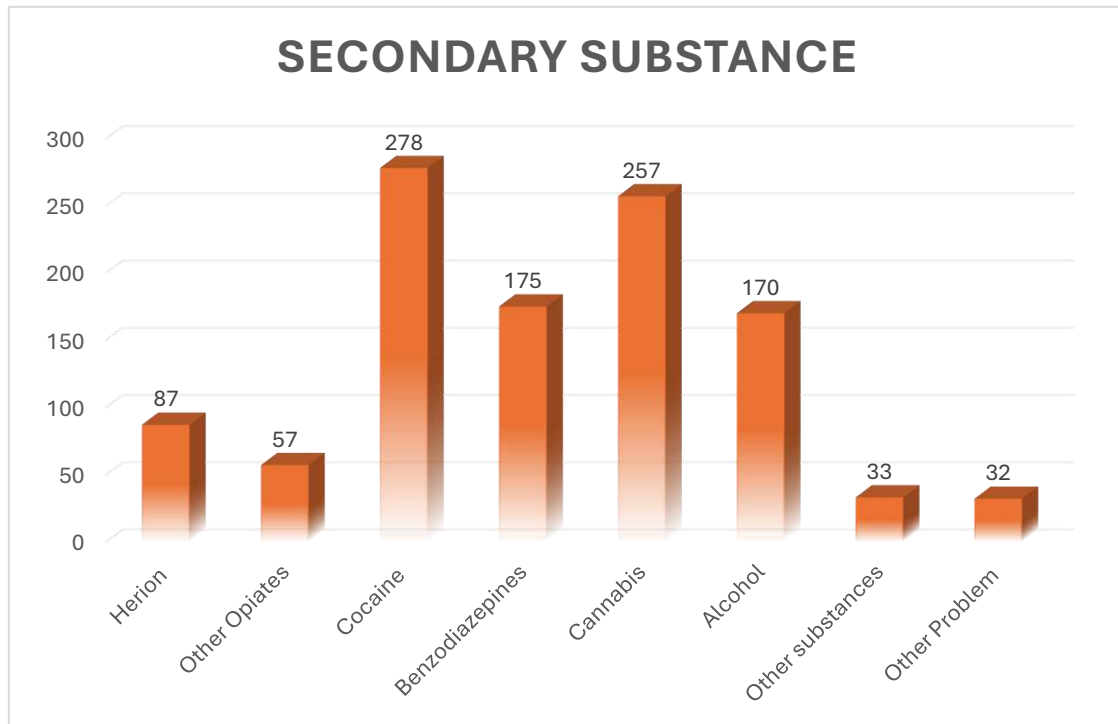
Reason For referral:



Drug trends in the North Dublin Regional DATF area

In reviewing the HRB data alcohol remains the primary substance of concern and reason for referral. As in other years when the HRB data for other drugs is broken down further into specific drug presentation for new treatment cases, cocaine emerges as the primary drug presentation. This is in line with feedback from other areas and intersectoral partners on the RDATA management committee. There was a sharp increase up to 2022 when 320 new case episodes were recorded. Numbers are lower in 2023 but cocaine use remains significant. The use of cocaine in conjunction with alcohol has increased which is reflected in data showing cocaine as a secondary use drug.

The RDATA team in its Community Care service ran three 10-week cocaine specific groups throughout 2023.

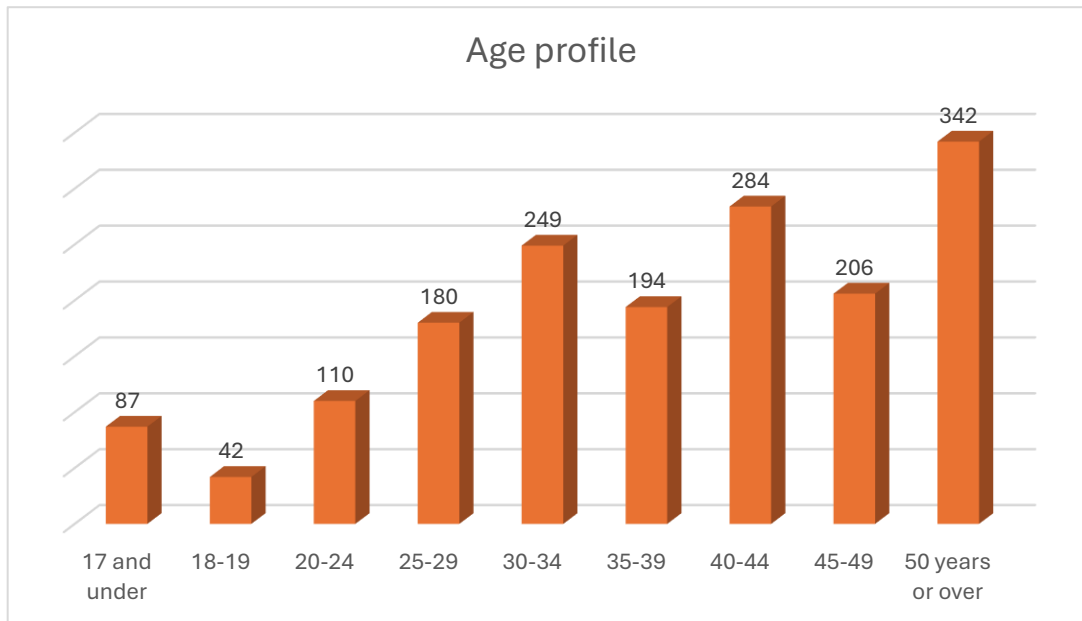


The HRB data showing use of a secondary drug among clients presenting for treatment suggests a significant level of poly-drug use. As noted above, while the new case episodes presenting for treatment of primary use of cocaine is lower than in 2022, as a secondary use substance this figure is the highest in this category. People will often seek help because of one drug for eg; alcohol and on further assessment it will become evident that there are other drugs at play that are impacting on their quality of life. We refer to these as additional problems.

This is important to note in terms of developing relevant and appropriate care plans. In relation to strategic planning, it is important not to focus solely on the primary problem drugs to ensure we do not miss obscured emerging trends.

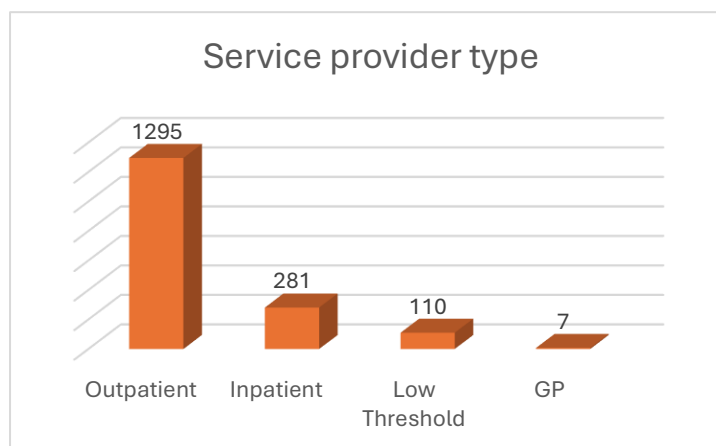
Service provider profile.

In examining the HRB data, it is clear that the last few years of focused implementation of community based drugs services by the RDATAF means that more people are receiving support in community areas closer to home and the addition of new assertive outreach team by ALP is likely to have increased referrals into other services and consequently there has been an increase in low threshold assessments. The RDATAF undertook a significant interagency review process to improve the continuum of care for the area which led to greater networking and interagency referrals.



Age profile of treated cases 2023

The Task Force examined the data for the previous year. There was notable increase in new treated cases for young people. The Task force has invested heavily in early intervention and prevention and in particular in engaging other agencies in the processes in line with EUPC guidelines. Prevention takes time so the impact of this is unlikely to be seen for some time in the meantime the increase in specialist treatment for children is of real concern.

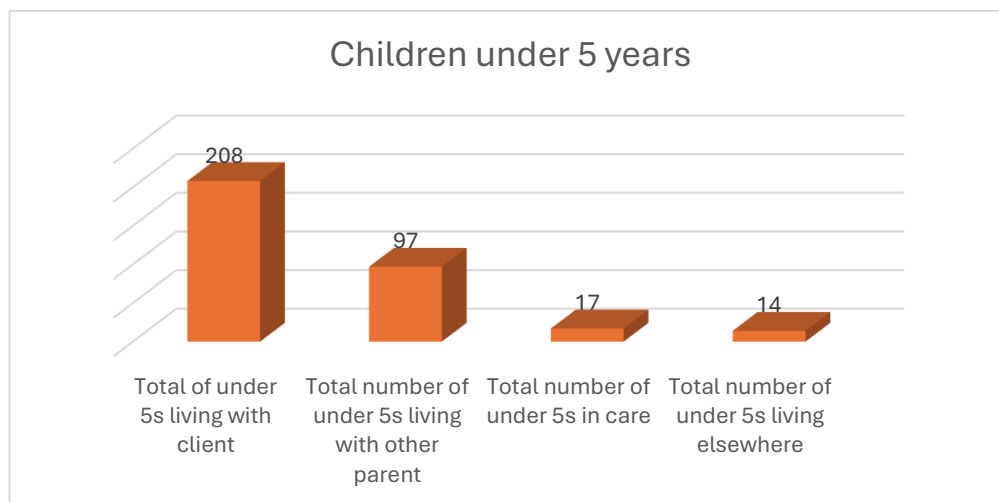


The other age group that is of notable concern are those over 50 years of age. Numbers presenting for treatment in this age group has increased each year since the Covid lockdown years.

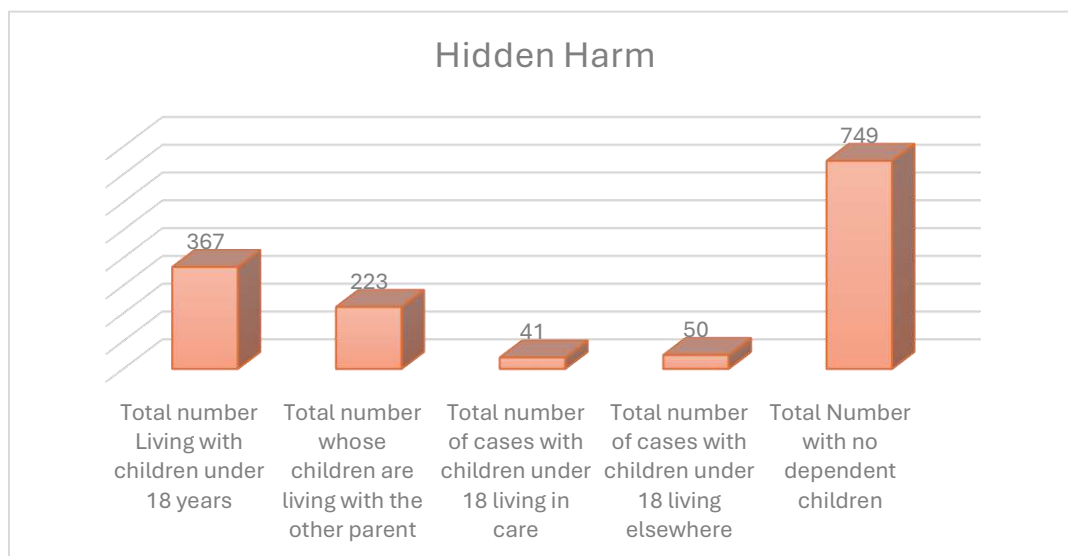
Hidden Harm and Family Support

The HRB also captures information on family living arrangements of new treated cases. This is particularly relevant to identify the needs of impacted family members and specifically hidden harm to children.

New treated cases for substance use with children under the age of 5 years



Number of families where there are children under the age of 5 years increased in 2023. This raises the particular concern in relation to very young children and adding an additional layer of complexity to each case. The recruitment of a specialist staff member to help focus on this presenting client proved very helpful through 2023. The RDATEFs family support service provides PUP (Parents Under Pressure) along with Triple P, two evidence informed parenting intervention for parents with multiple needs. There is an accredited PUP supervisor and 3 PUP facilitators on the staff team to delivery this intervention.

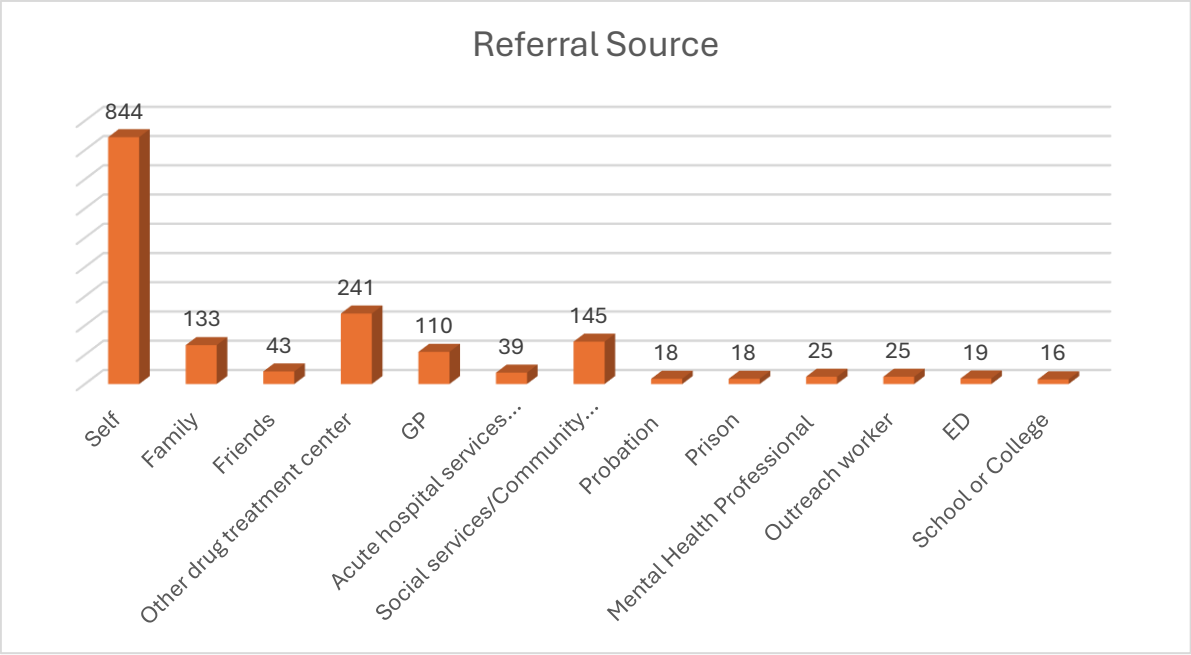


Recovery Capital

The RDATEF defines recovery capital as the range of resources that a person has to support and maintain their recovery journey. Education, training and employment are key aspects of this. Despite almost full employment in the state there is a disproportionately high rate of unemployment among treated cases living in the region. Linkages with the ETB and other relevant agencies are important to build recovery capital along with the development of a structured day programme in the area.

Source of referral to treatment services for people living in the North Dublin Regional DATF area.

The data suggests that a significant majority of clients self refer. This may not be strictly accurate as in many cases a GP or other healthcare practitioner has signposted the client to the service, but where a formal referral form was not completed. With the establishment of new services and community connectors, social prescribers and SAOR practitioners through 2023 there was an increase in more formal referrals from other community and healthcare providers.



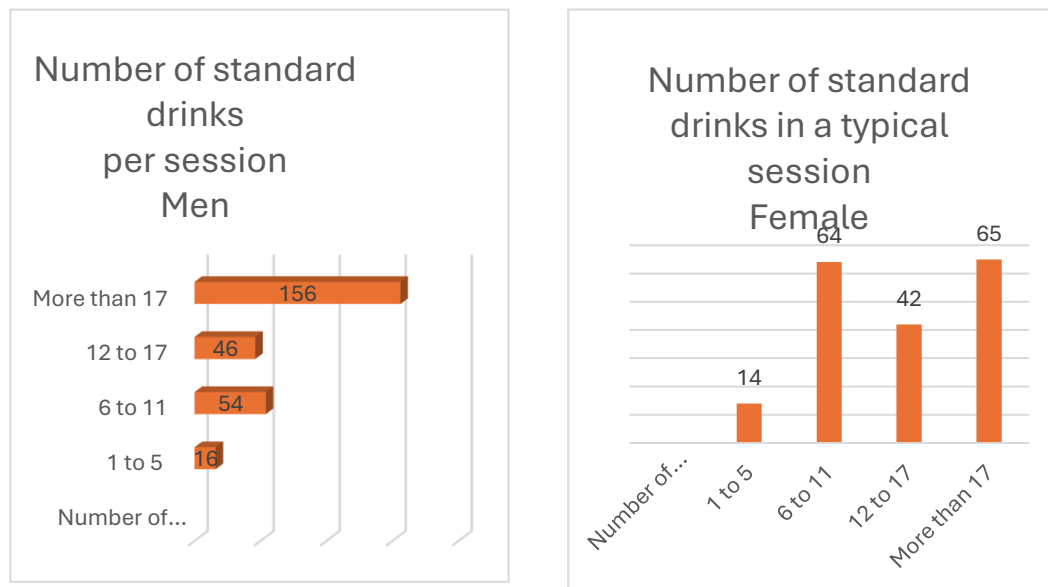
Gender and drug and alcohol treatment in North Dublin RDATAF

There is traditionally a disproportionate low number of women accessing drug and alcohol services compared to men. It is acknowledged that there are particular barriers that make it more difficult for some women to access timely help for addiction. The RDATAF through its service user



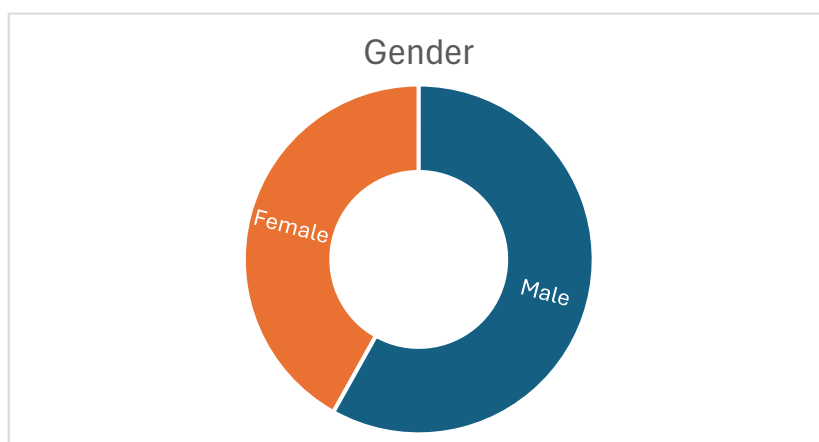
engagement project and the many consultation processes it has engaged in during the year had feedback that women in the area had challenges with childcare, stigma, trauma, fear of losing children, transport, self stigma and range of other barriers that delayed their access to treatment. To that end the RDATAF has established a WISE service (womens inclusion support and engagement)

to work exclusively with women with multiple needs. The HRB does not report on data sets that are less than 10 which is likely to explain the lack of 'non binary' data the gender category. However, we have other data captured in the health and wellbeing survey that clearly indicates higher substance use rates among young people who identify as non binary than binary counterparts.



Alcohol use for treated cases living in north Dublin rdatf area 2023

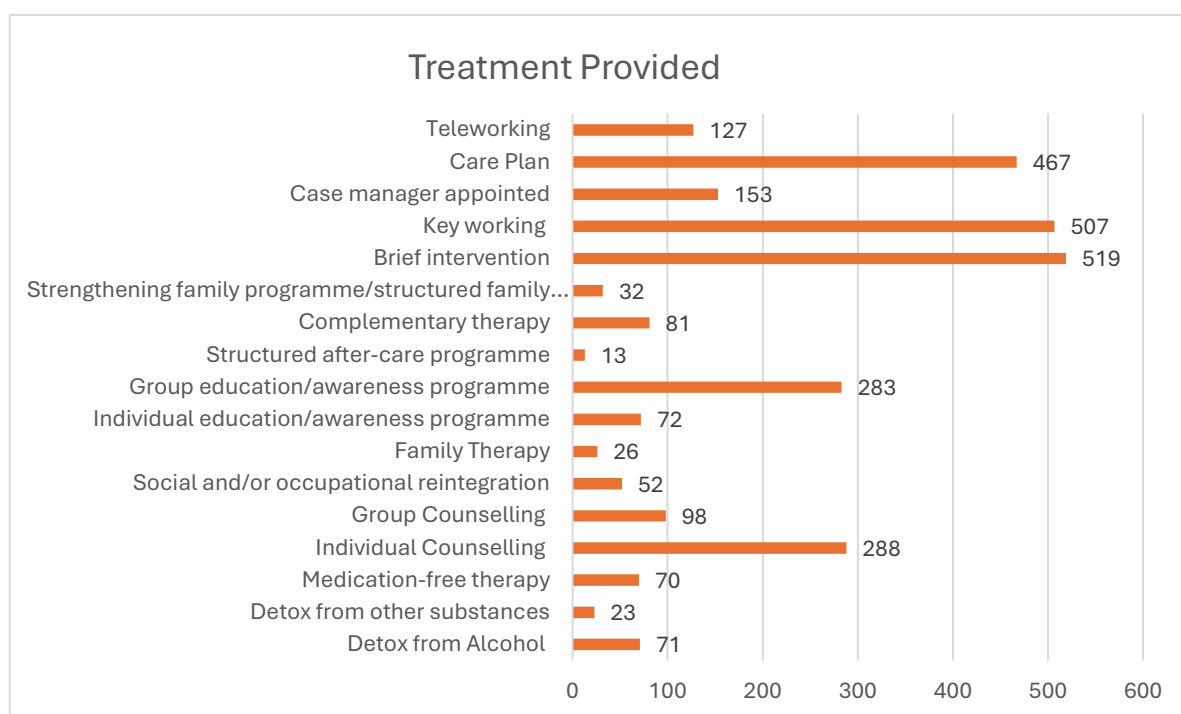
Alcohol remains the most single most prominent drug of primary presentation for people living in north Dublin. Planned developments for treatment and support through the Integrated Alcohol Service should show improvements in access to services through 2024. The preparations made in 2023 towards basing further SAOR practitioners in Primary Care centers to deliver the extended brief intervention will show results through 2024.



Severity of drinking among those who presented with alcohol as primary drug presentation 2023. In terms of the level of alcohol harm it is useful to look at the severity of drinking problem among new treated cases. This reveals high numbers of cases that are dependent. Again, the rollout of MECC in primary care and SAOR across the community should in the long term mean an increase in early presentations, brief interventions and referrals for treatment and reduce dependency rates in the long-term.

Treatment interventions provided for new treated cases living in North Dublin RDATA in 2023

In responding to the multiple needs of people who access support for alcohol and other drug problems, a broad range of interventions were offered. Since 2020 teleworking has featured more prominently in this data and although restrictions have been removed the RDATA services has retained e-health as an option for many service users who have transport, geographical, childcare, mobility, work related or other access challenges with in person treatment.

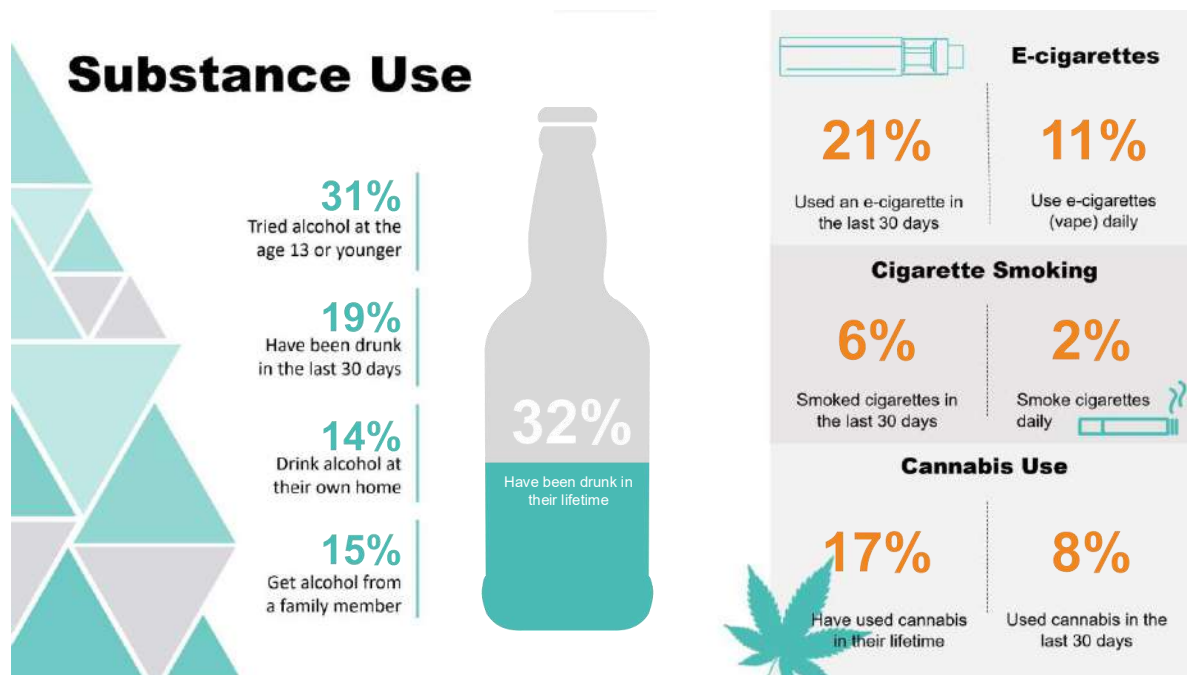


Outcomes for new treated cases living in Nth Dublin RDATA at point of discharge from services in 2023

Outcomes for clients who engage in addiction services vary greatly depending on the nature of the service and the capacity of the client to engage fully in the service. A positive outcome for one service could mean that clients are drug free, for others a positive outcome means a reduction in use or the client becoming more stable. The focus of the NDRDATA is a harm reduction approach that often involves work with family members who are affected by another's substance use. In such cases family therapies, family support and programmes contribute to positive outcomes for the family but may not change the behaviour of the user. The categorization of status on discharge is also open to interpretation. Some work done through the year aimed to ensure greater consistency in HRB reporting in order to make interpretation clearer.

Young people and Drug/alcohol use

Data was collected in Q4 2023 from nearly 3000 young people aged 14 – 16years old living in the area which looked at a range of protective and risk factors in their lives with a focus on substance use. Analysis of the data in early 2024 meant the task force had Realtime data to inform its prevention plan. This is the second round of data collection in a series of three surveys. This data survey was carried out two years after the first data collection in 2021. Patterns of behaviour and use of alcohol and other substance is clearly emerging. Access to alcohol can be seen as a particular concern.



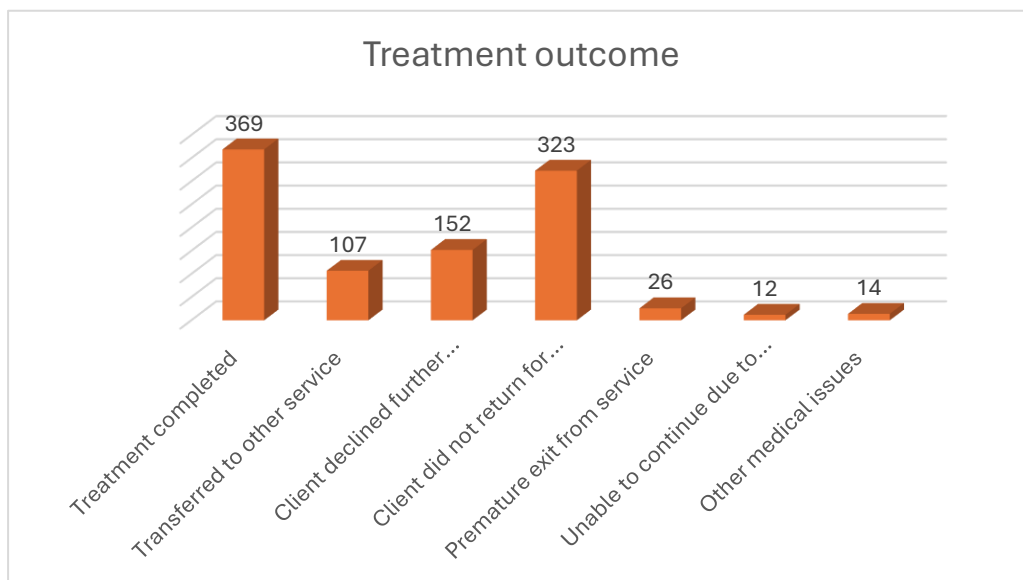
Alcohol emerged as the most commonly consumed substance, with 65% reporting use in the lifetime and 35% in the past month. Of greater concern is that access to alcohol from an adult known to a young person has increase from 29% in 2021 to 34% in 2023. Cannabis use followed closely, with 14% reporting use in the past year and 8% in the past month. Daily nicotine consumption for cigarettes and vapes remained low, at 3% and 4%, respectively, while other illicit drug use was infrequent.

1.3 MAIN ISSUES THE RDATAF ADRESSED ARISING FROM THIS PATTERN OF DRUG USE

The RDATAF engaged in a range of activities to address the changing drug landscape in the region which can be broadly summarised below

1. Continuum of Care Review:

In 2022 the Task Force brought together nearly 60 frontline workers and service managers from its addiction continuum network of drug treatment providers in the area in an all day event. Following this event there were a number of actions planned. Some of the actions have started in 2023 and others were in the final planning stages for implementation in Q1 2024.



- An aftercare programme to support people who have completed an episode of treatment was established in Q4. This programme offers ongoing community based support to those who need some additional structured support to on their recovery journey.
- The RDATAF established a programme development group to set up a Day programme for people in the region who are currently using drugs and/or alcohol and need some support with improving their quality and life and building recovery capital. The group includes Task Force staff, outreach workers from Anna Liffey project and the ETB. Preparations for the roll out of the day programme were complete in Q4 2023 and the roll out scheduled for Q1 2024.
- The North Dublin Continuum of Care Network directory of alcohol and other drug services was updated through Q3 and Q4 2023 and will be ready for publication in Q1 2024. This is version 3 of this important resource which is used by GPS and other referral sources in the region.
- Substance use specific groups : In 2022 the task force set up new groups specially for alcohol and also for cocaine. These groups continued to be provided on a rolling basis throughout the year. It was necessary to establish a second alcohol group to run parallel with the other because of the huge demand which exceeded capacity.
- Recovery social club: In 2022 the Task Force established a safe sober space for people who are trying to work towards or maintain their recovery in Balbriggan. The task force aftercare programme helps to link people into the Recovery social club and participation is now over 20 people each week. The members are directly involved in developing the programme for the club which has included themed events, Halloween and Christmas events, cookery, music, arts and crafts, gardening.
- Service user engagement to improve services. The task forces SUPPORT coordinator, facilitated a range of series user engagement and co production activities to identify service needs which were followed up and acted on. Research was carried out in addiction services and clinics around the north city and county and over 250 individual surveys were completed. The findings from these surveys will be collated with the data from the co-production and community groups in Q2 2024 and presented to the HSE.
- Alcohol research – the task force commissioned a large scale alcohol research project which is the most comprehensive ever in this region. It was launched in September 2023 and is being drawn on to direct and advise the services in the area and the alcohol work plan of the Task Force.
- Strategic plan –In 2022 the taskforce commissioned a review of its strategy and development of new action plan. This process involved consultation with key stakeholders, staff and clients. The Strategic Plan was launched in Q4 and will guide the work of the Task Force for the next three years.
- Community action on alcohol- The task force staff and SAMH community groups partnered with HSE health promotion teams to deliver signposting and awareness events including at health open days, in shopping centres, events for older people; MHI

Hello How Are You campaign; and at concerts and other community festival settings, such as Flavour of Fingal.

- SAFER Alcohol: The WHO promoted SAFER Alcohol project has been brought to Ireland by Alcohol Forum Ireland and ICCAN. The north Dublin area has two sites named in the project which will be led by the Task Force. A local implementation group has been established to direct the project in the area. The project has a three-year duration which will be in the planning phase through Q4 2023 and to Q3 2024. Local actions will be in line with the national campaign and run for the three year duration of the project.

SECTION 2: Progress made in implementing the drug strategy under the 5 goals of the NDS

The goals of the current national drug strategy are outlined below

1. Promote and protect health and wellbeing
2. Minimize the harms caused by the use and misuse of substance and promote rehabilitation and recovery
3. Address the harms of drug markets and reduce access to drugs for harmful use
4. Support participation of individuals, families and communities
5. Develop sound and comprehensive evidence-informed policies and actions

<p>GOAL 1 Promote & protect health and wellbeing</p>	<p>Community Action on Alcohol: Community engagement in alcohol at public events to engage public in discussions re alcohol harm and modelling . This included Alcohol awareness stands in public forums, at festivals and events to highlight alcohol related public harm. The Task Force engaged in the delivery of the GAA workshop designed to raise awareness of the risks and harms associated with alcohol and substance use.</p> <p>Parental engagement: The Parents comhra programme was rolled out in Q4 to engage with parents about alcohol harm including parental modelling and attitudes to alcohol and other drugs. The parent resource Pathways to Progress was launched in Q3 2023. The resources highlights the key findings of the young person survey carried out in 2021 and uses QR codes linking to evidence informed resources, articles and website.</p> <p>SAOR : Task Force staff member trained as SAOR trainer and delivered 7 x SAOR trainers with over 110 participants to build capacity of community to have helpful conversations with others whose alcohol or drug use they may be concerned about and screen, deliver brief intervention and onward referral.</p> <p>Schools: in line with best practise Task Force via its prevention strategy delivered capacity building for teachers and parents and developed a transition year programme to be delivered by teachers and youth services over a number of weeks in the school setting. A parents resource signposting to evidence informed HSE and local resources and supports was developed</p>
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	<p><i>*we work very closely with HSE health and wellbeing to deliver these interventions and usually in partnership with the HP workers</i></p> <p>Interagency: the task force has a large scale interagency prevention strategy that involves multiple partners and 2 strategy groups with external chairpersons (1)the community strategy group led by Minister Joe O'Brien and the second (2)health and wellbeing led by Rosin Lowry HSE health and wellbeing manager CHO-9 with an Oversight committee chaired by the ETB. Using data collected from HRB and the PY data collection process these groups are monitoring a regional prevention plan.</p>
<p>GOAL 2</p> <p>Minimize the harms caused by the use and misuse of substance and promote rehabilitation and recovery</p>	<p>Cocaine and alcohol services: The task force ran intervention groups specially for alcohol and cocaine. These groups continued to be provided on a rolling basis throughout the year. It was necessary to establish a second alcohol group to run parallel with the other because of the huge demand which exceeded capacity.</p> <p>Naloxone training: the task force has a naloxone trainer on the staff team who delivered naloxone refresher training in Swords to service user and family support representatives and frontline staff.</p> <p>Recovery social club: The Task Force established a safe sober space for people who are trying to work towards or maintain their recovery in Balbriggan. The Recovery social club has become well established through 2023 and now has participation of over 20 people each week. The members are directly involved in developing the programme for the club which has included themed events, Halloween and Christmas events, cookery, music, arts and crafts, gardening.</p> <p>Mindfulness based stress relief: the task force offers mindfulness to family members who are engaged in all of the family support services. The programme runs out of balbriggan one day a week.</p> <p>Continuum of care: the task force facilitates discussion on interagency collaboration and clear referral processes with other services in the area to create a seamless transition from one stage of the continuum to the next and engaged in the integrated alcohol service.</p> <p>Dual diagnosis; the taskforce actively contributed to the development of the national model of care for dual diagnosis.</p>
<p>GOAL 3</p> <p>Address the harms of drug markets and reduce access to drugs for harmful use</p>	<p>In 2022 Task Force recruited a DRIVE Coordinator to lead the community implementation of the DRIVE model. Through 2023 DRIVE hosted a number of drug related intimidation reporting programme briefings for task forces and the garda nominated inspectors. All Task Force areas now have a DRIVE lead or liaison and an Garda Síochána is in the process of nominating an inspector in each division to link with the process.</p> <p>The DRIVE project is planning an awareness campaign and a training programme for all Garda inspectors, DRIVE leads and liaisons and front line workers. These will be delivered through 2024.</p>
<p>GOAL 4</p> <p>Support participation of individuals, families and communities</p>	<p>-The task force has an entire project focussed (SUPPORT) on service user engagement which was very active during the year with coproduction groups, consultations and service user surveys, forums and feedback sessions. This led to a number of informed services improvements</p> <p>-The taskforce also engaged in a process to include people with lived experience and family members in the lived experience consultation for the national dual diagnosis model of care to ensure their voices and insights were incorporated into the new MOC</p>

	<p>-The task force held a number of SAMH groups meetings over the course of the year in which key community activists and services work together at local level in smaller areas of the region to address local needs. Through this a number of service signposting days were held led by the local community.</p> <p>The Task Force Fingal Families offers a range of support services and opportunities for engagement of family members who are affected by another's substance use. The supports range from peer support to delivery of structured programmes such as 5-step which is delivered on a rolling basis throughout the year.</p>
GOAL 5 Develop sound and comprehensive evidence-informed policies and actions	<p>The work is aligned to the National drug strategy, connecting for life, slaintecare and healthy Ireland national policy frameworks, The task force has developed two critical reports to inform the evidence base for its work.</p> <p>1) the most comprehensive alcohol research on nature and extent in the region ever completed by Trinity college dept of public health, launched in Q3 2023.</p> <p>2) Strategy review and action plan completed by S3 solutions in 2023. The plan will guide the work of the Task Force for the next 3 years.</p> <p>-All staff are trained in the relevant interventions required for their specific role and there are preset minimum competency standards for their work.</p> <p>-The Task force uses data to inform every aspect of its work including HRB, CTL, in service data and Planet Youth data to ensure it is meeting evidenced need.</p> <p>-Each aspect of the service delivery by the task force is underpinned by the best available evidence. For eg: frontline services use M.I., CBT, CRA, 5 step, PUP, Triple P, Mindfulness based relapse prevention, SMART recovery. Staff also use Janus resonance for which there is dearth of robust evidence as yet to indicate the efficacy of the model but team members cite effectiveness in their practise.</p>

SECTION 3 Profile of DATF funded projects

The Task Force funds and delivers a number of projects which are listed below along with a short summary of their role

1. **N6: Operational budget:** this relates to the main task force operations and includes the head office, work programmes, community engagement, and family support services including the Family Support Specialist, Family Support worker, rent for Community Care Service and all non rent overheads for family support service, drugs task force and the Community Care Service, half salary for Addiction Counsellor
2. **N25: Community Care Service:** this relates to the frontline drug and alcohol service delivered by the task force in swords (salary only)
3. **N12: Travellers & new communities:** this relates to a worker funded by the task force within Coolmine TC lead Traveller Support Service (salary only)
4. **N2: Swords Youth SUIT:** previously channelled via the ETB – now part of ringfenced RDATF budget and channelled via HSE – youth drug team in swords – salary and programme inc rent. Salaries are for 1 x youth substance use counsellor and 1 x Youth Case Manager
5. **N22- Child & Family Programme:** previously channelled via the ETB – now part of ringfenced RDATF budget and channelled via the HSE – includes Balbriggan Inclusion Hub rent, Balbriggan

Youth SUI (delivered by Crosscare 1 x youth substance use counsellor & 1 x Youth Case Manager), SAMH youth counselling, family counselling

6. **HP –Prevention Coordinator** - to support community networks (SÁMH)& lead the Prevention Strategy at community level – (salary only)
7. **Fingal families service** – for family members and hidden harm to children (rent only)
Other projects delivered by the Task Force but funded via new funding
8. **Prevention strategy.** large scale prevention strategy with multiple agencies and data collection with linked interagency planning groups and prevention plan
9. **CSEF: (Previously Ministers Strand 2: SUPPORT** – service user engagement – 1 x Coordinator and 2 x p/time peer workers
10. **DOH: DRIVE;** drug related intimidation and violence – salary and part programme costs. 1 x coordinator, 1 x project worker, 1 x Research & Data Coordinator & programme costs
11. **CSEF: WISE** -Womens Inclusion Support & Engagement service -womens specific Case Workers to support women who use alcohol and/or other drugs with multiple needs

RELEVANCE OF TASK FORCE SERVICES IN THE DELIVERY OF THE STRATEGY IN THE REGION

The area remains under resourced in terms of drug and alcohol and associated services. Similar to many regional DATFs, the area is very large with a diverse mix of urban, suburban and rural populations which have grown exponentially since the establishment of the Task Force. This means there is not the service infrastructure one would typically find in the longer established DATFs areas. This has culminated in an over reliance on core RDATF budgets for frontline services which has made it challenging to progress developmental and strategic priorities at times. It also means that the budget had to be focussed on service delivery that was likely to have the most significant measurable outcome at the expense of other necessary services. This is of particular concern as we go into a period of significant change in healthcare structures in 2024. The new regional structures will require further discussion between current Regional Task Forces, and HSE community care areas to ensure a consistency of services across the new regional area. Future provision in addiction services will be necessary in the delivery of a cohesive service across a region with an ever increasing population. The Regional Task Force has a significant footprint on the communities in the north Dublin area, with many strong links to those varied communities and as such provides a central and crucial link for communities into drug and alcohol services across the area.

YOUTH SUBSTANCE USE INCLUSION TEAMS IN BALBRIGGAN AND SWORDS

funded by the task force delivered by Crosscare

These are drug specific services operating out of Swords and Balbriggan for young people aged 12 and older. They are important mechanisms for supporting case management, treatment planning and preparation and access to prosocial activities as they are housed in mainstream youth services provided by Crosscare. For specialist supports they work closely with SASSY in HSE and refer to the Fingal Families (RDATF family support Service) for family support to ensure a wrap around service. services provide

1. Initial and comprehensive assessment
2. Engagement
3. Case management
4. ACRA (adolescent Community Reinforcement Approach)
5. Pre and post planning for treatment including Tier 4 detox and rehab where appropriate
6. Young Person Support Programme
7. Relapse prevention and transition planning into mainstream services

Staffing: Balbriggan: 1 x Youth Substance Use counsellor & 1 x Youth Inclusion Case Worker
Funded by the North Dublin Regional DATF and delivered by Crosscare operating out of Balbriggan.

Staffing : Swords: 1 x Youth Substance Use counsellor1 x Youth Inclusion Case Worker
Funded by the North Dublin Regional DATF and delivered by Crosscare operating out of Swords.

Progress 2023; Balbriggan SUIT:

Existing	New	Age	ACRA	Counselling	Discharged
26	75	90% under 18	69	62	63

Progress 2023: Swords SUIT

Existing	New	Age	ACRA	Counselling	Discharged
27	52	92% under 18	36	48	42

SUBSTANCE USE SOCIAL INCLUSION SERVICE (SUSI) Balbriggan- Delivered by coolmine funded by RDATAF

The SUSI is delivered by Coolmine TC and funded by the Task Force. It is a case management service specifically for members of the Traveller community

Team: 1 x Social inclusion case worker reporting to the Day Services Manager, Coolmine. (4 days per week)

Interventions used: MI, CRA (staff in role have been accredited) and others including Resonance Factor

Location: delivered from Matt Lane and the Task Force inclusion hub in Balbriggan as well as outreach.

Treatment Approach: bio-psychosocial model.

Progress report:

Referrals: Most of the referrals are coming from family members and outreach.

This position continue to be filled for 7 months of 2023. The Coolmine CT staff member left the post in August and was not replaced. A review of the role took place in Q3 and the role and approach was deemed ineffective. Coolmine CT convened an interagency working group to review addiction supports for the travelling community in North Dublin in Q4 2023 with a view to presenting a new proposal to the HSE in Q1 2024. Task Force will be involved in this process.

Blocks and Barriers: Many Travellers still have trust issues with services. Travellers reluctant to visit the office in Balbriggan preferring home visits. There is some fear of reports to the Social Welfare or Gardai and acute paranoia with reporting to Tusla. This resulted in a very poor uptake of the service and a high attrition rate. In the 7 months of the service in 2023 only 9 clients engaged, despite a good effort on the part of the staff member to increase outreach work. A significant issue

was that the position was a lone worker without connection with any other support service to the traveling community.

NDTRS: Clients who did engage were recorded as living in the Balbriggan area. Some clients used a Balbriggan address to access the service but travel between Navan, Bray, Finglas, Coolock and Swords areas.

Dual Diagnosis and Mental Health: As in previous years case notes suggest a lack of awareness about mental diagnosis and dual diagnosis among clients resulted in irregular taking of prescribed medication exacerbated the situation. There remains considerable stigma around Mental Health and dual diagnosis.

FINGAL FAMILIES – dedicated family support service for people impacted by someone else's use.

Fingal Families was set up by the Task Force at the end of 2016 following review of data that revealed 19% of all referrals were for family members seeking support for the stress and strain of familial drug use in their own right.

Team: 1 x Family Support Specialist and 1 p/time Family Support Worker

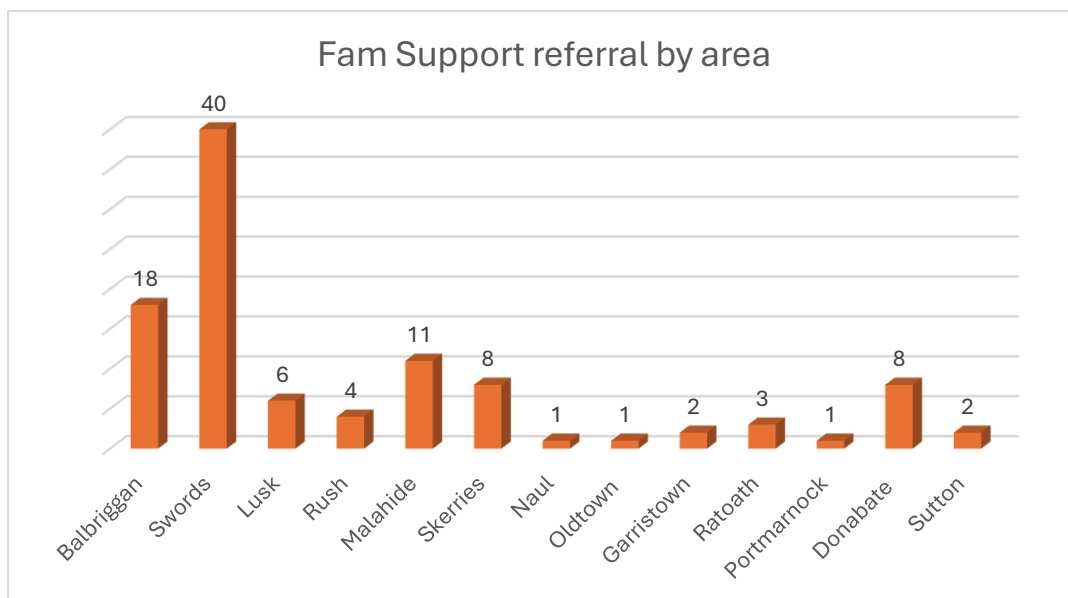
Interventions used: 5 step (fully accredited), PUP (accredited), Triple P (accredited), Mindfulness based stress relief (Accredited), Meitheal (trained), CRAFT (accredited)

Location: the team operate across all 3 x Task Force hubs (Balbriggan, Swords and Malahide) which means they can provide services across the 3 CHN areas in the catchment of the Task Force

Treatment Approach: it operates a bio-psychosocial model in line with the National Drug Rehabilitation Framework (2010). New referrals are assessed (recorded on HRB LINK) and then appropriate interventions are addressed to meet their needs

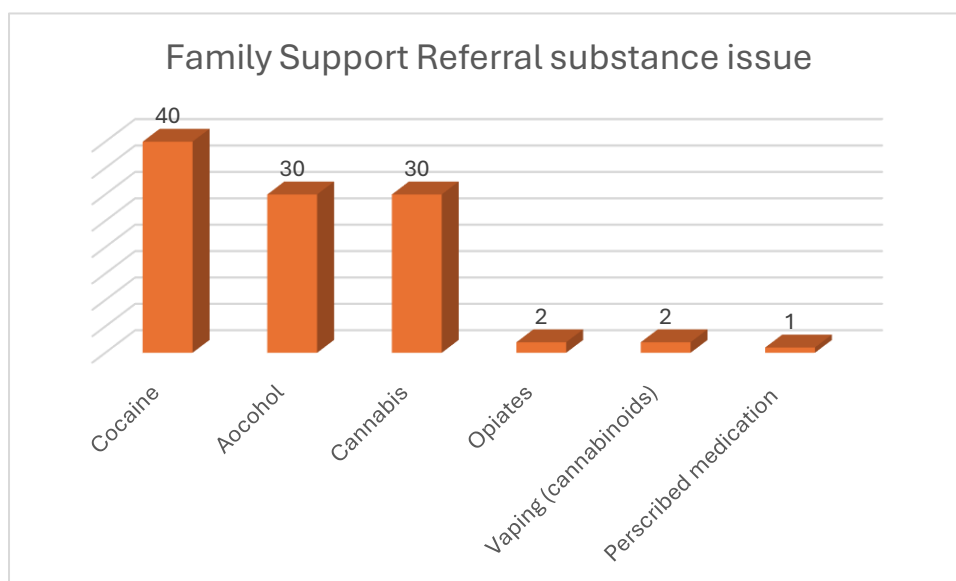
Break- Down of Groups ytd

Referrals	Gender	Family support	One-to-one	5-Step	PUP	Other therapies
125	102 Female	All families; weekly meeting; c14 in attendance per meeting; 90% of referrals attend	19 people availed of one-to-one support.	10 5-week progs completed.	2 8-week programmes delivered. C 10 participants per group.	Mindfulness Stress Reduction/ Acupuncture; 6 12-week programmes delivered; C12 participants per prog.
	23 male			105 participants		



ADDRESSING DRUG RELATED INTIMIDATION

The North Dublin Regional DATF is the host agency for the DRIVE project and is responsible for oversight of the budget, staff and management of the project. DRIVE (Drug Related Intimidation & Violence Engagement) is an interagency project which outlines systems and structures to respond to drug related intimidation and associated violence (DRIV) in Ireland. Victim support is a key aspect of the approach. It is overseen by the National DRIVE Oversight Committee which has members from the National Garda Drugs & Organised Crime Unit, the Regional and Local Drug & Alcohol Task Force Coordinators Networks, HSE National Addiction Advisory Governance Group, National Voluntary Drug & Alcohol Sector, Probation Service, the Health Research Board and the Department of Justice. (appendix 1 membership) Its key objective is to build the capacity of communities around Ireland to respond to drug-related intimidation and violence (DRIV) and reduce the harm to individuals, families and wider community.



Theme	Progress
National coordination	National DRIVE Oversight Committee of key partners providing strategic oversight met 9 times through 2023. (<i>Appendix 1</i>)
Governance	The North Dublin Regional Drug & Alcohol Task Force has been agreed as the host agency to oversee the budget and manage the staff of DRIVE (<i>appendix 2. roles & responsibilities</i>)
Staffing	<p>A number of staff are required to support aspects of the DRIVE model.</p> <p>Recruitment Status</p> <p>DRIVE Coordinator: in place. DRIVE Coordinator recruited to support the work of the DRIVE liaison Network and the dissemination of DRIVE training and capacity building resources in Ireland including train the trainer programme and promotion of drug related intimidation reporting programme</p> <p>Data and Research Coordinator; Currently being recruited to lead on the data collection, analysis reporting and evaluation of DRIVE outcomes and examine evidence base for DRI programmes and practises within Ireland. This position will be based in the HRB office in Dublin.</p> <p>DRIVE Project Worker: currently being recruited approved funding approved in the business case submitted to the DOH. Funds were not transferred until October 2023 which delayed process.</p>
Community structures	The DRIVE Liaison Network has been established with DRIVE Leads and liaisons across Ireland to be a focal point for dissemination of capacity building resources and build interagency networks at local level. This will provide an important peer forum to share best practice. Members of the DRIVE Liaison Network will disseminate the training/capacity building resources to their communities.
National Data collection	Questions for the data collection module have been piloted and finalised. The specification document to develop and integrate the DRIVE data collection module in the HRB on-line data entry system [LINK] has been finalised and costed. The development of the data collection module will be completed by Q3 2024 after which time it will be tested before going live in Q4 2024 or Q1 2025.
Training/capacity building	The development of a suite of resources to support services, families and communities to respond to DRIV including toolkits for community based services and a train the trainer programme to be disseminated into communities via the DRIVE liaisons.
Awareness campaign	A large scale communication campaign to inform the public and potential referral sources of the supports that are available to victims of DRI and dispel the stigma associated with seeking help. This process has been put out for tender and will commence in Q1 2024.
Annual DRI conference	Conference took place on 23 rd November in the Radisson Blu hotel Athlone. The focus of the conference was on Policy, Practise and programmes to address DRI in Ireland. The event was attended by 174 participants from across the country and across a range of key statutory, community and voluntary stakeholders.
Website	www.driveproject.ie is now live and place with some information however the new resources are yet to be developed that will be housed on the website .

NORTH DUBLIN REGIONAL DRUG & ALCOHOL TASK FORCE PREVENTION STRATEGY

BACKGROUND TO THE NORTH DUBLIN PREVENTION PLAN

Communities play a key role in protecting adolescents. Evidence shows that prevention efforts can be implemented by building coalitions and comprehensive strategies to reduce risk factors and increase protective factors.

In October 2023, the Task Force conducted the second whole population data collection in schools and alternative education centres in the region. This captured a comprehensive range of data on risk and protective factors from 76% of all young people aged 14-16years old in the region. After data cleaning and removal of spoiled returns N=2677 which represented 76% of the total population of 14-16 year olds. With ethical approval from the RCPI (overseen by Professor Mary Cannon & Dr Emmet Power) data included but was not limited to :mental health, self harm and suicide, physical health, engagement in prosocial activities, perceptions of harm in relation to drugs and alcohol, parental perceptions of harm in relation to drugs and alcohol, substance use,

sources of drugs, sources of alcohol, experience of drug related intimidation, bullying, parental engagement, perceptions of community, online practises etc

ENGAGING PARTNERS IN A WHOLE OF COMMUNITY PREVENTION APPROACH

The data takes between 6 and 8 weeks to be analysed and returned. From January 2024 the data will be extracted into various subsets and disseminated widely among all stakeholders including but not limited to: HSE Health and Wellbeing, HSE Mental Health, HSE Social Inclusion, Local Authority, An Garda Síochána, Local government, Academia, schools, Parents associations, Non Government agencies involved in the delivery of youth, health, addiction, mental health, family support, education and other interventions at local level and a range of other stakeholders. This was in targeted thematic meetings and other multi sectoral partnerships such as the CYPSC (Children Young Persons and Services Committee), the LCDC (Local Community Development Committee), the JPC (County Joint Policing Committee) and each of the local SÁMH groups (Substance Abuse & Mental Health Groups)

Outcomes will be measured over time through the Planet Youth health and wellbeing data collection process which happens every two years. Prevention takes time. All needs will not be addressed within two years. The plan provides a baseline which will be measured incrementally over the coming years with dynamic actions that can be adjusted as needs emerge

EVIDENCE BASED APPROACHES

The EUPC Prevention manual¹ cites the need for three important aspects of prevention interventions; **(1)structure, (2)content and (3)delivery**. Furthermore it stresses collaborative work of prevention scientists and prevention practitioners, using their collective skills and particular expertise. This collaborative approach is the central focus of the North Dublin Prevention Plan

MAJOR TASKS & MILESTONES

Below is a continuation from the milestones reported on in 2022. The timeline runs from the first data collection in 2021 to the end of December 2023.

1. 2021: conducted a whole population data collection with young people aged 14-16years old in the region using schools and alternative education centres. Achieved 76% (n=2777) after spoiled returns
2. 2022: received raw data in feb 2022. RCSI extrapolated reports for dissemination with key partners.
3. 2022; each school received an aggregate report on their students risk and protective factors to inform their health and wellbeing plans and the team reviewed the regionwide data
4. 2022: a number of well attended multi stakeholder events were held to examine the data (including other data sources already referenced) and targeted consultations were held with statutory partners in relation to emerging issues (Eg; HSE Health & wellbeing in relation to high levels of vaping/e cigarette use. In summer, 2022 nearly 100 stakeholders from all sectors were convened to agree draft actions for an interagency Prevention Plan to respond to notable risk factors.
5. Presentations were made to a number of government mandated cross sectoral structures including Fingal CYPSC, Fingal Joint Policing Committee, Fingal Local Community Development Committee,
6. 2022. A set of actions were developed on the foot of this work with commitment from multiple partners and circulated for feedback and sign off

¹ https://www.emcdda.europa.eu/publications/manuals/european-prevention-curriculum_e

7. 2023; the completed prevention plan is the baseline that will be used to measure change over time. In 2023 the Task Force will once again conduct the population data collection. It is expected there will be adjustments to the 3 year plan (2022 to 2025) within the period based on findings.
8. 2023 included delivery of interagency workshops for parents of 5th and 6th class pupils in primary schools. Five workshops were delivered in-person across the area and one online. The focus was on awareness of the risks associated with the top three substances that young people would encounter in their early teen years. The workshops were co-hosted by HSE health promotion, TUSLA family support and the Task Force Prevention Co-ordinator.
9. 2023 A resource for parents “Pathways to Progress” was developed and disseminated through all of the secondary schools in hard and soft copy.
10. 2023 A schools programme for TY students was created and rolled out. The programme is a six week programme lead by the students and based on the key data themes from the survey report. 11 schools participated in 2023.

SUSTAINABILITY

In line with EUPC guidance and best practise, it is important that there are clear structures in place to ensure sustainability and buy in of all partners. The structure will need to remain even as new data is collected and actions are adjusted accordingly for long term prevention outcomes. Ensuring that the right people and agencies are involved in the right delivery structures will be important to achieve this.

OVERSIGHT AND GOVERNANCE

The Oversight Committee has a wide range of clinical, project management, public health, local development, local government, educational and change management experience along with addiction specific and health promotion expertise. The governance and oversight lead is the Regional DATF Coordinator with an independent chairperson from the Education Training Board and supported by the operational lead (Prevention Coordinator with the North Dublin RDATF) who coordinates interventions at community level. This group meets quarterly and is responsible for the strategic oversight and governance of the Project. key areas including Ethics, strategic partnerships, funding, implementation barriers, policy implications, risk management, public health issues, data dissemination and strategic priorities are dealt with in this forum.

Oversight Committee members in 2023

Name	Role/ Organisation
Simon McCabe	DDETLB - Chairperson (Education Training Board)
Brid Walsh	HSE Regional DATF Coordinator, North Dublin
David Creed	Prevention Coordinator, North Dublin RDATF
Minister Joe O'Brien	Oireachtas member, Minister of State with special responsibility for Community Development and charities
Ellen O Dea	HSE, Head of Service, Health & Wellbeing, Dublin North City and County
Dr Emmet Power	Adolescent Psychiatrist & research fellow (Academic Partner)
Professor Mary Cannon	Consultant Psychiatrist, RCSI Medicine & Health Sciences, (Academic Partner)
Dr Gerry McCarney	HSE Consultant Psychiatrist Addictions (Adolescent Addiction & Mental Health specialist)
Dr Bobby Smyth	HSE Consultant Psychiatrist Addictions (Adolescent Addiction & Mental Health Specialist)
Rafe Costigan	Senior Community Officer, Fingal County Council (Local Authority Representative)
Nicola Garvey	Deputy Principal, (Planet Youth Schools liaison)
Sandra Moore	JIGSAW – Regional Manager, Balbriggan, North Dublin (Youth Mental Health)

Eilish Harrington	CEO, Fingal Leader Partnership (funding partner and local development company)
Seána Kelly	Community Representative, North Dublin Regional DATF (teacher)
Una Caffrey	Coordinator, Fingal CYPSC (TUSLA) (link to County CYPSC)
Aoife Heffernan	DDETLB Education Training Board
Irene Griffin	HSE Youth Mental Health Coordinator, Dublin North City and County
Brenda Kelly	Belong To Senior Youth Drug & Alcohol Worker (LGBTQ++ representative) to be confirmed

PREVENTION PLAN STRUCTURES

A structure has been established to deliver the North Dublin Prevention Plan. Inter agency actions have been grouped into two Strategic Implementation Groups. There are leads in place for the two Strategy Groups. Leads were identified based on their area of expertise/remit for the specific strategy area. This is important to ensure continuity, commitment and relevance for partner agencies. The two strategy areas are:

1. **COMMUNITY** –community development, places, spaces, settings and safety, availability and supply
2. **HEALTH AND WELLBEING** : includes Mental & physical health, families and schools

3.2 ROLE OF STRATEGIC GROUP LEAD

1. Provide leadership for the Strategic Group
2. Build a strong network of key partners under the relevant strategy area
3. lead quarterly meetings of members
4. Monitor progress of strategic group actions in context of emerging evidence from data collection
5. Provide guidance on gaps, blocks and opportunities including policy.

SG 1. 2023 COMMUNITY Strategic group lead: Minister Joe O'Brien

Member	Names of reps
North Dublin Regional Drug & Alcohol Task Force	Brid Walsh / David Creed
HSE Health and Wellbeing	Gail Robertson
Fingal Co Council - community Fingal sports partnership Volunteer	Rafe Costigan /Leah Walsh tba
Nominated Garda Inspector	Detective Inspector John Moroney
DRIVE(Drug Related Intimidation Engagement) lead	Siobhan Maher
Empower	Felix . Gallagher
Fingal Co Co Healthy Fingal Coordinator	Niall McQuirke
Drug Unit Garda Síochána	Sgt Cillian Murphy
Fingal Families	Katie Murphy
Foroige Eamonn.mullen@foroige.ie	Eamon mullen
Jigsaw	Sandra Moore
Aster	Louise O neill
ETB	Simon McKenna

SG 2. 2023 HEALTH AND WELLBEING – Strategic Group Lead: Rosín Lowry HSE Health Promotion & Improvement/Health & Wellbeing Manager, DNCC

Member	Names of Reps
North Dublin Regional Drug & Alcohol Task Force	Brid Walsh / David Creed
HSE Health and Wellbeing	Tara O'Reilly
HSE Suicide Prevention Officer (NOSP)	John Duffy
HSE health Promotion & SAOR	Gail Nicolson
HSE Youth Mental health Coordinator	Irene Griffin
Foroige	Aine McGuinness
HSE SASSY (substance Abuse Service Specific to Youth)	Anne Marie Bourke / Rachel
Jigsaw Alexandra.moore@jigsaw.ie	Sandra Moore
Crosscare	Aimee Sweetman
Fingal Families	Katie Murphy
Community Care Service	John Sullivan
CYPSC	Una Caffrey
Schools	Nicola Garvey
TUSLA	Nora Flannagan
Belong To	Brenda Kelly (to be confirmed)
Healthy Fingal Coordinator	Niall McQuirke

HIGH LEVEL STRATEGIC ACTIONS

These actions are cross pillar and will underpin the Prevention plan throughout its lifetime. These actions will be overseen by the North Dublin Prevention Strategy Oversight Committee.

	Action
1	Disseminate risk and protective factor data widely to decision opinion and policy makers to inform all planning that impacts on young people including but not limited to LCDC, JPC, CYPSC, Healthy Fingal
2	Secure resources for the mining of data for extended public health use to improve outcomes for young people in Fingal
3	Establish a sustainable structure for longitudinal monitoring and reviewing of prevention plan actions over time with expert leads for strategy groups
4	Ensure that the Prevention Plan has meaningful engagement of young people and parents
5	Engage prevention advocates across the region for collaborative advantage and a community of practise in relation to prevention work in Nth Dublin
6	Work towards whole population data collection by increasing participation of schools and alternative education centres

STRATEGIC GROUP 1: COMMUNITY – LEAD MINISTER JOE O BRIEN

The planet youth process is centred on a whole community approach recognising the collaborative advantage when all stakeholders who have involvement in young peoples lives are involved in prevention efforts. The planet youth data highlighted a number of key areas that required a response in relation to the environment that young people live in. The Community Strategy group lead is an Oireachtas member with a long history in community development and engagement in local government. This will ensure that there is engagement by local government and alignment to county priorities. The actions are broadly grouped below:

1. **Pro-social activities: Places, spaces and things to do** – engaging in sports and other pro social activities within their community is recognised as a key protective factor in reducing likelihood of engaging in future problematic substance use for young people

2. **Creating Safety and connection within the Community for young people** – feeling connected and safe within their own community is recognised as an important protective factor for young people to prevent and interrupt trajectory into future substance use problems and associated drug related criminal activity
3. **Access, availability and supply of harmful substances to young people** –delaying consumption of alcohol and/or drugs as long as possible is proven to be an effective prevention strategy to reduce future substance use problems

STRATEGIC GROUP 2. HEALTH AND WELLBEING. LEAD: ROSÍN LOWRY; HSE HEALTH PROMOTION & WELLBEING MANAGER, DNCC CHO9; This strategy group is concerned with specific findings under health and wellbeing. The actions are linked directly to those area where there were concerns or opportunities for improving outcomes. It is a very broad area that encompasses physical and mental health along with other area that impact on health and wellbeing. To that end the lead for this strategy group was sought from the HSE to ensure that actions are evidence informed and supported by national policy guidelines. The actions can be summarised under key themes below:

- Mental health and wellbeing
- Physical health and wellbeing
- Substance use
- Parents/schools

Section 4: Progress for the year in relation to the actions

No.	Strategic Action	Delivered by:	Lead Agency	Partners
1.1.1	Ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority.	<p>a) Developing an initiative to ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority; and</p> <p>b) Promoting the use of evidence-based approaches to mobilising community action on alcohol.</p>	DOH	<p>Community Action on Alcohol: SAMH group community engagement in alcohol at public events to engage public in discussions re alcohol harm and modelling. This included Alcohol awareness stands in public forums, at festivals and events to highlight alcohol related public harm. The Task Force engaged in the delivery of the GAA workshop designed to raise awareness of the risks and harms associated with alcohol and substance use.</p> <p>Task Force commissioned research on alcohol use and treatment in North Dublin in 2021. This was completed and</p>

No.	Strategic Action	Delivered by:	Lead Agency	Partners
				<p>launched in 2023. The data supports the alcohol strategy to 2026.</p> <p>SAFER Alcohol project is a WHO project that is now running in 12 sites in Ireland. North Dublin has 2 sites. This project addresses both policy issues, policing, licencing, advertising and harm reduction awareness. A local steering group was convened in Q4 2023 to support the roll out of the project.</p> <p>Task Force SAOR trainer staff member delivered 7 x SAOR trainers with over 110 participants to build capacity of community to have helpful conversations with others whose alcohol or drug use has become problematic.</p>
1.2.3	Support the SPHE programme.	<p>a) Promoting continued effective communications between local schools and Drug and Alcohol Task Forces given the importance placed on the continued building of strong school community links; and</p> <p>b) Ensuring that all SPHE teachers, guidance counsellors and Home School Community Liaison co-ordinators can avail of continuing professional development.</p>	<p>DES, DATFs (Joint)</p> <p>DES</p>	<p>In line with best practise Task Force via its prevention strategy delivered capacity building for teachers and parents and developed a transition year programme to be delivered by teachers and youth services over a number of weeks in the school setting. This supports and supplements the SPHE programme and was designed through a collaboration between the Task Force Prevention Co-ordinator and school liaisons. A parents resource signposting to evidence informed HSE and local resources and supports was developed.</p>

No.	Strategic Action	Delivered by:	Lead Agency	Partners
1.2.8	Improve services for young people at risk of substance misuse in socially and economically disadvantaged communities.	Developing a new scheme to provide targeted, appropriate and effective services for young people at risk of substance misuse, focused on socially and economically disadvantaged communities.	DOH	The Prevention Strategy draws on the data gathered as part of the Planet Youth research to respond to the identified risk factors for young people. In response to needs identified an awareness and education programme was designed for use with Youthreach groups. Task Force also partnered with Foroige to create awareness videos highlighting the risks associated with substance use.
2.1.13	Expand the availability and geographical spread of relevant quality drug and alcohol services and improve the range of services available, based on identified need.	<p>a) Identifying and addressing gaps in provision within Tier 1, 2, 3 and 4 services;</p> <p>b) Increasing the number of treatment episodes provided across the range of services available, including:</p> <ul style="list-style-type: none"> • Low Threshold; • Stabilisation; • Detoxification; • Rehabilitation; • Step-down; • After-Care; <p>c) Strengthening the capacity of services to address complex needs.</p>	HSE	<p>The RDATAF established a programme development group to set up a Day programme for people in the region who are currently using drugs and/or alcohol and need some support with improving their quality and life and building recovery capital. The group includes Task Force staff, outreach workers from Anna Liffey project and the ETB. Preparations for the roll out of the stabilisation day programme were complete in Q4 2023 and the roll out scheduled for Q1 2024.</p> <p>Two service programmes were established to support people in recovery, or as an after-care option. An aftercare group was established on a one-day per week basis for those who have completed a detox or stabilisation group who need some ongoing structured support. This group as between 10 and 14 people attending</p> <p>The Recovery Social Club was further developed through</p>

No.	Strategic Action	Delivered by:	Lead Agency	Partners
				2023 catering for those in recovery. The group runs on one evening per week, adopts an inclusive co-production approach and has between 12 and 20 people attend.
2.1.2 1	Respond to the needs of women who are using drugs and/or alcohol in a harmful manner.	<p>a) Increasing the range of wrap-around community and residential services equipped to meet the needs of women who are using drugs and/or alcohol in a harmful manner, including those with children and those who are pregnant; and</p> <p>b) Developing interventions to address gender and cultural specific risk factors for not taking up treatment.</p>	HSE	WISE: Task Force now employs a Womens Inclusion Support & Engagement service - womens specific Case Worker to support women who use alcohol and/or other drugs with multiple or complex needs. Along with case work, this service helps to link women into other family services, domestic violence services, and provide a safe social outlet through the social club.
2.1.2 2	Expand the range, availability and geographical spread of problem drug and alcohol services for those under the age of 18.	<p>a) Identifying and addressing gaps in child and adolescent service provision;</p> <p>b) Developing multi-disciplinary child and adolescent teams; and</p> <p>c) Developing better interagency cooperation between problem substance use and child and family services.</p>	HSE, TUSLA	<p>Task Force funds Balbriggan and Swords Youth SUIIT (Substance Use Inclusion Teams) delivered by Crosscare 2 x youth substance use counsellors & 1 x Youth Case Manager.</p> <p>SAMH youth counselling, and family counselling is also contracted through a counselling company.</p> <p>Task Force is represented on Fingal Child and Family Support Network convened by TUSLA.</p> <p>A series of 6 substance use awareness and education workshops for parents of primary school children was co-delivered by an interagency</p>

No.	Strategic Action	Delivered by:	Lead Agency	Partners
				<p>group including TUSLA, HSE health promotion and Task Force, through Q3 and Q4 2023.</p> <p>Task Force ran the Parent Comhra series for parents.</p>
2.1.23	Improve the response to the needs of older people with long term substance use issues.	Examining the need for the development of specialist services to meet the needs of older people with long term substance use issues.	HSE	<p>Task Force has noted the increase in referrals from people in the over 55 age group. In response additional alcohol groups have been running on a rolling basis through 2023.</p> <p>Awareness of support services available is being promoted to older people through the local SAMH groups.</p>
2.2.30	Continue to target a reduction in drug-related deaths and non-fatal overdoses.	<p>a) Finalising HSE-led Overdose Prevention Strategy with a particular focus on implementing preventative measures to target high-risk cohorts of the drug-using population and known overdose risk periods;</p> <p>b) Expanding the availability of Naloxone to people who use drugs, their peers, and family members;</p> <p>c) Developing synergies between Reducing Harm, Supporting Recovery and other relevant strategies and frameworks in particular “Connecting for Life” whose primary aim is to reduce suicide rates in the whole population and</p>	<p>HSE</p> <p>HSE</p> <p>DOH</p> <p>HSE</p>	<p>Overdose and relapse prevention approaches are adopted through the day programme and the after-care programmes.</p> <p>Naloxone training: the task force has a naloxone trainer on the staff team who delivered naloxone refresher training in Swords to service user and family support representatives and frontline staff.</p> <p>Front line staff have been trained in Safe Talk or ASSIST programmes .</p> <p>HSE mental health services are represented on all strategy groups within the Task Force</p>

No.	Strategic Action	Delivered by:	Lead Agency	Partners
		<p>amongst specified priority groups; and</p> <p>d) Providing suicide prevention training to staff working with young people in the area of alcohol and substance use, in line with Connecting for Life.</p>		<p>area. This supports better collaboration and access to mental health services for clients who present with high suicide ideation or risk.</p> <p>The SAMH community groups promote Safetalk and ASSIST training in communities, and have good contacts with the NOSP trainers who deliver the training programmes.</p>
4.1.3 9	Support and promote community participation in all local, regional and national structures.	Supporting and promoting community participation in all local, regional and national structures.	DOH	Task Force has good representation of local councillors on the management committee and strategy groups. The SAMH community groups are the ongoing structure of community participation having four groups in the area. These groups meet quarterly and draft a workplan for each year.
4.2.4 4	Promote the participation of service users and their families, including those in recovery, in local,	Actively supporting frontline services through capacity building measures using evidence-based models of participation in line with best practice.	DOH	Task Force continues to engage with service users through the SUPPORT service. Part of that work includes completing research among service users through individual surveys and co-production groups to review the nature, level and quality of service delivery. This work

No.	Strategic Action	Delivered by:	Lead Agency	Partners
	regional and national decision-making structures and networks in order to facilitate their involvement in the design, planning and development of services and policies.			<p>included over 250 individual surveys in 2023 and reports from three co-production groups. Much of this work is carried out by those in recovery. The findings will be presented to statutory and voluntary service providers in 2024.</p> <p>Experts by experience participated in panel discussions at the 2023 Citizens Assembly, and at events organised by ICAAN.</p>

SECTION 5: progress report in relation to Service user engagement

The SUPPORT project designed to drive service user engagement was established in 2020 and includes support for the whole of CHO-9 in line with a focus on Slainte care and whole population approaches. The Project proposes a sustainable systems and structures within Cho-9 to support service user involvement.

SUPPORT OVERSIGHT COMMITTEE. Quarterly meetings

Name	Organisation
Brid Walsh	Nth Dublin Regional DATF Chairperson
Joe Buckley	SUPPORT Coordinator (RDATF Programme lead)
Coordinator	Finglas/Cabra Local DATF
Shane Brennan	North East Local DATF
Jim Doherty	Blanchardstown Local DATF
Bernadette Rooney	HSE CHO-9 Social Inclusion
Stefano Donati	HSE CHO-9 Clinical Team
Coordinator	Nth Inner City local DATF
Hugh Greaves	Ballymun Local DATF

Key role

- To support people who use addiction and associated family support services to engage in building capacity through their *direct* participation.”
- To build the capacity of services to involve People who use services more meaningfully in their own care
- To support DATFS and the HSE in CHO-9 in the development of PWUS Fora and meaningful engagement processes
- To build on models of good practise already in place to support services in CHO-9 where PWUS involvement is less developed

- To develop a simple SUPPORT framework with clear guidelines that is easily understood and can be used in substance use² services across the region

Staff: One fulltime SUPPORT Co-ordinator from 2020.

In 2022 the Task Force applied for funding via the CSEF for 2 x p/time Peer Workers to help the SUPPORT Coordinator with the work across CHO-9. The two peer works were recruited in Q4 2023.

SUPPORT Structure/ role	Brief summary of roles and responsibility
SUPPORT oversight Committee	Provide link into area of responsibility (DATF or HSE) Help address barriers within DATFs or HSE services to SUPPORT engagement Provide guidance and access to relevant partners Guide the strategic progress of SUPPORT Forum for identifying and responding to opportunities and challenges with rollout
SUPPORT Coordinator	Engage directly with task force coordinators in each area to develop coordinated SUPPORT engagement across section 39 services in their area Engage with services to support with the set up and imbedding of service user engagement processes Produce reports for oversight committee and others on feedback from processes Line manager Peer SUPPORT workers when recruited Keep log of SUPPORT requests and common themes to inform planning Point of contact for operational aspects of SUPPORT project
North Dublin Regional DATF	Governance and oversight of SUPPORT Budget and resources including staff Line Management & supervision of the SUPPORT Coordinator Report on progress of the SUPPORT project to funders and other bodies Point of communication for governance and oversight of the SUPPORT project
Department of Health	Funding (CSEF) and previously the Ministers fund strand 3 (now expired)
HSE	Channel of funding and member of Oversight Committee

Progress update:

During 2023 we continued to use this model of inviting service users & non service users who are on a recovery pathway to participate in giving feedback about how the task forces can support recovery at a local level. Engagement was in one-to-one interviews, group sessions and peer supported co-production groups.

The workplan for these consultations was to host 1 in each task force area through 2023. Four group / task force area meetings took place through 2023. By December 2023 nearly 270 individual surveys were completed.

In 2023 the Task Force collaborated with the HSE OST service through its SUPPORT programme to help gather service user feedback on OST clinics. As part of the process 4 service user representatives were trained to co-produce a survey, interview peer members, analyze the data &

² Substance services refers to services for people who wish to address their drug use and also family members impacted by someone elses drug use

create recommendations based on the feedback collected. The final objective will be to identify 1 person from this group to sit on the CQSC as the service user representative.

Outcomes.

Feedback continues to be overwhelmingly positive in these instances. Creating opportunities where service users can contribute to service improvement that is not just confined to where they may be receiving their primary care/treatment. This is being supported strongly through task forces & their influence with multiple stakeholders in the community. Key areas identified were

- Enhanced education supports. Programme content changes
- Access to additional counselling services
- Development of gender specific groups
- Sober social spaces
- Aftercare groups
- Additional services / low threshold day programme -balbriggan
- Additional collaboration with community partners
- More outreach
- Information regarding Drug related intimidation DRIVE
- Signposting additional community supports
- Service user representation at NEIC subgroup 5 , Integrated Alcohol Programme steering committee.

In terms of service user participation, 270 s.users have participated in a mix of online surveys & in person meetings in 2023. The number of participants rose significantly before the end of the year as some of the bigger projects with the HSE CQSC & Taks force's engaged in the process. Having the additional peer workers on board was very valuable to achieve this result.

FORM A. outlining fit of Nth Dublin RDATE funded services

DRUGS TASK FORCE: NORTH DUBLIN REGIONAL DATE	
Goal * :1	Promote & protect health and wellbeing
DATF objective :	<p>1.1.1.Ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority</p> <p>1.2.3Support the SPHE programme</p> <p>1.2.8Improve services for young people at risk of substance misuse in socially and economically disadvantaged communities</p>
Outcomes :	<p>1.1.1.RDATE has a SAOR trained staff member. 2023 105 SAOR participants in CHO-9. Engaged in large scale Prevention strategy with multiple partners. Delivered community awareness & signposting in multiple public events</p> <p>1.2.3.as Part of Prevention Strategy, developed TY programme and manual. 8 week programme delivered by teachers to teach students to critically analyse messages about drugs, alcohol and related risk and protective</p>

	<p>factors and undertake projects to explore the evidence. Used in participating schools across region</p> <p>1.2.8 Balbriggan and Swords SUIT increased capacity and worked closely with RDATf family support service (Fingal Families) to support young people. RDATf SUIT early intervention counselling service supported over 127 new cases in 2023 across the area. Provided location for HSE SASSY specialist service for young people across its 3 hubs and for full time Pieta service in Balbriggan. Through Family support service engaged with young people at early stage of drug use and criminality working closely with Tusla.</p>	
Category **	Project Code	Project Name
	N6	Operational budget
	N22	Child & Family Programme (inc Balbriggan SUIT)
	HP*	*funded by CHO-9. Prevention Coordinator
	N2	Swords Youth Substance Use Inclusion Team
Project changes/ terminations in 2022		
Category **	Project Code	Project Name & Reason
<p><i>* A separate form should be completed for each goal</i></p> <p><i>** Category should be as per Section 7 of the L/RDTF 1 form</i></p>		

DRUGS TASK FORCE: NORTH Dublin	
Regional DAT	
Goal * 2	minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery
DATF objective :	<p>2.1.13 Expand the availability and geographical spread of relevant quality drug and alcohol services and improve the range of services available, based on identified need.</p> <p>2.1.21 Respond to the needs of women who are using drugs and/or alcohol in a harmful manner</p> <p>2.1.23 Improve the response to the needs of older people with long term substance use issues</p> <p>2.1.30 Continue to target a reduction in drug-related deaths and non-fatal overdoses</p>
Outcomes :	<p>2.1.13: new stabilization day programme & aftercare programme developed in Balbriggan. Cocaine and alcohol programmes developed. Travellers supported to access services in Balbriggan in RDATf Hub</p> <p>2.1.21: new Gender Specific service for women in balbriggan</p> <p>2.1.12: operating across 3 hubs matching CHNs in RDATf area and providing location for SASSY under 18s specialist service</p> <p>2.1.23: alcohol program older cohort & collaboration with healthy fingal for signposting to services for ‘vintage ‘ event for over 55years old</p>

2.1.30: delivered Naloxone training to s.user reps, staff & family reps via N6 & SÁMH early intervention counselling via N22

Category **	Project Code	Project Name
2.1.13	N25 & N6	Community Care Service
2.1.21	N25 & CSEF	WISE – Womens Inclusion Support & Engagement Service (within CCS)
2.1.12	N22 & N6	Operational budget – 3 x hubs
2.1.23	N25	Community Care Service
2.1.30	N6 & N22	N6Operational budget – naloxone training & advertising safetalk via SÁMH groups Provision of early intervention counselling via n22
2.1.13	N12	Traveller Social Use Social inclusion service
Project changes/ terminations in 2022		
Category **	Project Code	Project Name & Reason

* A separate form should be completed for each goal

** Category should be as per Section 7 of the L/RDTF 1 form

DRUGS TASK FORCE: NORTH DUBLIN REGIONAL DATF	
Goal * 3	address the harms of drug markets and reduce access to drugs for harmful use
DATF objective :	
Outcomes :	Close referral pathways developed between the RDTF Family Support Service and the nominated drug related Inspector in the area to interrupt trajectory of people and particularly young people into further criminality associated with their drug use and to improve flow of information between AGS and community partners regarding drug markets and activities in the region

Linked the National Garda Inspectorate with victims of Drug related Intimidation and crime to inform recommendations for improvements in Garda systems and processes in relation to drug crime.
Link to DRIVE through local DIG and new project initiatives.

Category **	Project Code	Project Name
	N6	Operational
Project changes/ terminations in 2022		
Category **	Project Code	Project Name & Reason

* A separate form should be completed for each goal

** Category should be as per Section 7 of the L/RDTF 1 form

DRUGS TASK FORCE: NORTH DUBLIN REGIONAL DATF

Goal * 4	support participation of individuals, families and communities	
DATF objective :	<p>4.1:Strengthen the resilience of communities and build their capacity to respond</p> <p>4.2: Enable participation of both users of services and their families</p>	
Outcomes :	<p>4.1.39:establishment of SAMH groups to engage in RDATF work, community consultations. Prevention strategy engaging all sectors. Engagement of RDATF Expert by Experience in national Dual Diagnosis MOC Implementation group & WHO alcohol labelling workshops Hosted large scale event on drug related intimidation and crime attended by over 100 key stakeholders from the area to build capacity within communities</p> <p>4.2.44: Successful establishment of Recovery Social Club , Expert by Experience Network, SUPPORT service user programme, co production feedback acted on</p>	
	Project Code	Project Name
	N6	Operational
	N22 & CSEF	Child and family programme & SUPPORT

Project changes/ terminations in 2022		
Category **	Project Code	Project Name & Reason
<i>* A separate form should be completed for each goal</i> <i>** Category should be as per Section 7 of the L/RDTF 1 form</i>		

DRUGS TASK FORCE: NORTH DUBLIN REGIONAL DATF		
Goal * 5	Develop sound and and comprehensive evidence informed policies and actions	
DATF objective :	5.1.Support high quality monitoring, evaluation and research to ensure evidence-informed policies and practice	
Outcomes :	All staff trained/accredited in evidence based interventions relevant to role. For eg: CCS: MI, CRA, CBT, Smart Recovery. Family Support: 5 step, PUP, Triple P, M.I.. Policies aligned to SBHC, Prevention Strategy aligned to best practice outlined in EUPC. HRB, CTL and PY data used for data informed strategy planning.	
Category **	Project Code	Project Name
	N6	operational
Project changes/ terminations in 2022		
Category **	Project Code	Project Name & Reason

** A separate form should be completed for each goal*
*** Category should be as per Section 7 of the L/RDTF 1 form*

SECTION 6: Governance of the North Dublin Regional DATF

The North Dublin Regional DATF is one of 10 Regional Task Forces that bring key stakeholders from the Statutory, Political, Community and social sector together to develop, implement and oversee a strategy to reduce substance use related harm for children, adults, families and the wider community of North Dublin

It brings local government and non-government services together with the local community to work in partnership to deliver a health led approach to drug and alcohol problems in our region

It is currently operating against the framework of the current National Drugs Strategy '**Reducing Harm, Supporting Recovery 2017-2025**'.

The current NDS outlines a **Vision**: "A Healthier and safer Ireland where public health and safety is protected, and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and well being and quality of life".

6.1 Membership

Our Partners: There are a number of structures in place to help the Task Force achieve its goals and ensure it maintains the fundamental ethos of participative democracy in its work. The work is overseen by the North Dublin Regional DATF Management Committee which reflects this partnership. 2023 Membership is listed below.

Name of member	Organisation/ sector
Darragh O'Brien TD/Minister	Independently elected chairperson (director)
Brid Walsh	Operations Lead: Regional DATF Coordinator (HSE employee)
Ruth McLoughlin	Senior Probation Officer, North Dublin STATUTORY
Det Superintendent David Kennedy	Statutory: Gardai
Sgt Domhnail O Connell.	Statutory: Gardai
Insp John Moroney	Inspector- Statutory; Garda with special responsibility for drug related intimidation
Sgt Cillian Duffy	Statutory: Gardai, Drugs Unit, Balbriggan
Vicky Doyle	Grade VII Social Inclusion, CHO9 HSE –statutory
Anna Marie Keogh	Investigation Prosecution & Frontier Management, Revenue & Customs
Una Caffrey	CYPSC Coordinator, Fingal. TUSLA. Statutory (Donabate/Portrane SAMH)
Aine Donlon	Housing senior , Fingal Co Council Statutory
Nicola Smith	Community –(Expert by lived Experience, SAMH member, Swords)
JP Browne	Community – SÁMH/ Lawyer and chairperson of Governance Group (Director)
Margaret McDonagh	Community. Traveller Community (Balbriggan)
Damien Darcy	Community – SAMH- Portmarnock (ADON - Intellectual Disability)
Cllr Brigid Manton	Public Representative: Swords Fine Fail (SAMH member)
Cllr Anne Greaves	Public Representative; Swords Sinn Fein (SAMH Member)
Cllr Dean Mulligan	Public Representative: Swords Independents 4 change (SAMH chairperson) (director)
Cllr Brendan Ryan	Public Representative; Skerries/Balbriggan Labour
Cllr Grainne Maguire	Public Representative: Balbriggan Independent (SAMH Chairperson)
Cllr Tony Murphy	Public Representative: Balbriggan Independent (SAMH member)
Cllr Rob O Donoghue	Public Representative: Rush/Lusk– Labour party (SAMH chairperson) Director

6.2 . Meetings and substructures

The Task Force Management committee is supported by a Governance Committee which provides guidance in relation to the corporate, HR, fiduciary, and legislative governance. It is made up of the Directors of the registered charity, HSE along with the Chairperson of the Task Force and the Coordinator and a senior member of the Garda Síochána in DMR North. The group is intentionally

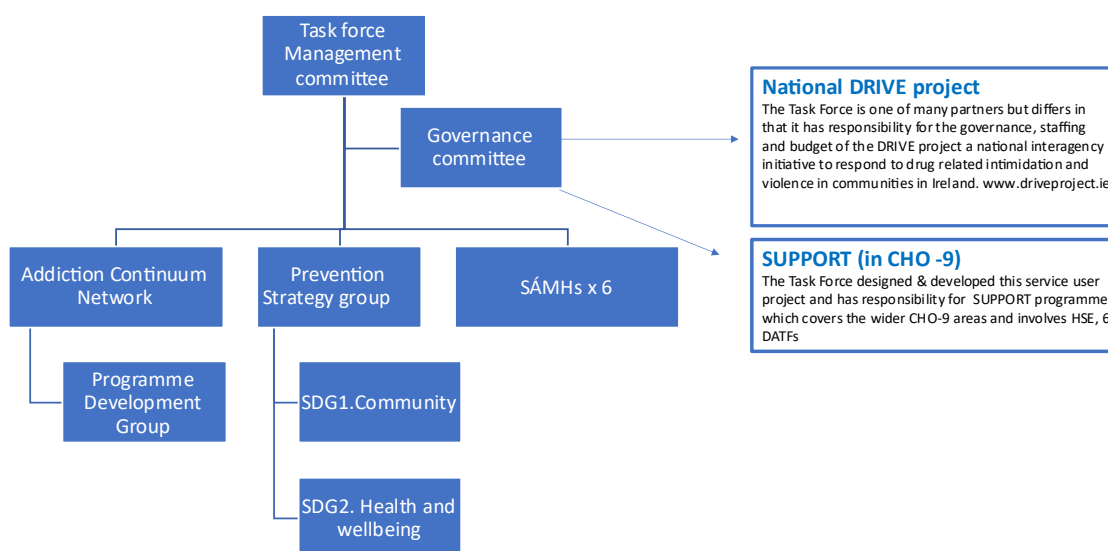
small and has a specific brief in relation to risk management and corporate governance to ensure that the Task Force conducts its business in line with national legislation and other legal requirements such as the Charities governance code and HSE SA requirements (the Task Force is funded by the Department of Health and it channels the budget through the HSE).

Meeting regularity. The Task Force meets 6 times a year and alternates months with the Governance Meetings so this means the directors meet every month. There is one AGM every year.

The Task Force has a number of subgroups some of which are more traditional structures with a clear reporting line to the task force and are focussed exclusively in the North Dublin Regional DATF area. There are 2 outliers.

(1) Although the SUPPORT initiative was designed, developed in 2019 by the Task Force and is delivered by the North Dublin RDATF it has a wider geographical remit and covers all of CHO-9. To ensure a collective approach and consistency across the region, the task force set up a steering group and invited members from HSE social inclusion, HSE clinical team and the coordinators of the other 5 task forces.

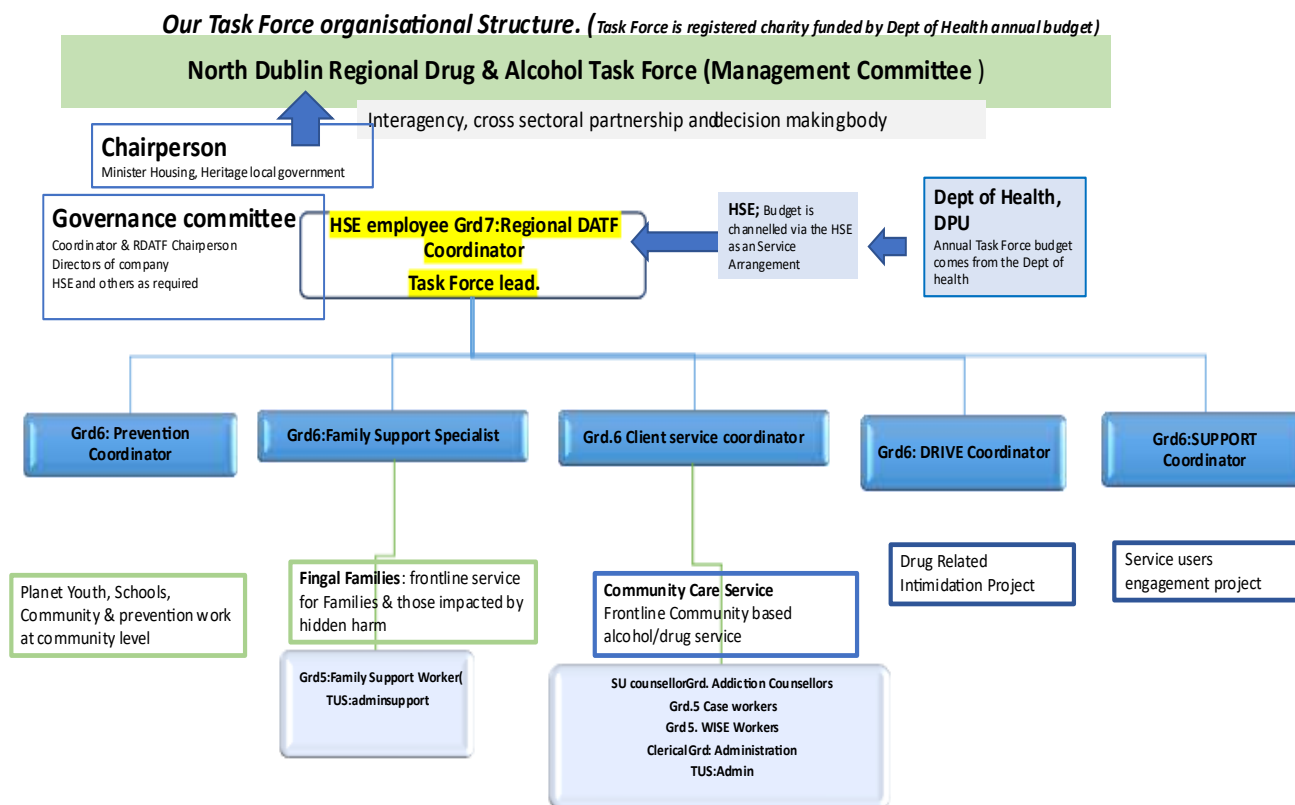
(2) DRIVE is different in that it was developed by a small interagency group including the North Dublin Regional DATF but not solely the Nth Dublin RDATF. It has a national brief but following 2 failed EOI requests sent to all 24 DATFs in the country the North Dublin RDATF was asked to lead the project. It now has responsibility for the Governance oversight, budget and staff of DRIVE –



6.3. corporate structure of the task force

In 2014 the Task Force was incorporated as a limited company (without Share Capital) in Dublin, Number 544852, and Task Force remits were extended to include alcohol. The Task Force subsequently changed its name to the North Dublin Regional Drug & Alcohol Task Force. The North Dublin Regional Drug & Alcohol Task then sought charity status and received notification on the 31st July – it is now a registered charity, registered number 20204652.

6.4. Staffing of the Task Force



The structure of the team is aligned with the goals of the NDS. Each workstream has a programme lead with responsibility for one specific aspect of the strategy. While the workstreams are interlinked it means that there is specific expertise within the team to progress actions under their programme area of responsibility. All programme leads have direct interaction with service users and the local community. The Family Support Specialist and Client Service Coordinator both have caseloads and provide support directly to service users. The SUPPORT Coordinator engages directly with users of drug and alcohol services and family support services to support their direct involvement in their own care. The Prevention Coordinator actively engages in youth engagement strategies through education and youth centres and the wider community through the SAMH groups.

Staff structure

This Task force staff team are primarily frontline worker due to a significant change management process from 2013 onwards to address the lack of frontline services in the area. There was no service infrastructure to build on and insufficient budget or time to commission services. To address this the Task Force set up the community care service in 2014 to provide assessment, key working, care planning and case management for people who required support with alcohol and/or drug use. There was a very tight clinical governance structure in place with external and internal supervision and clinical advisory group headed up by the Clinical Operations Manager and the Senior Psychologist of the National Drug Treatment Centre board. It began with only 2 case workers. Case workers are required to have third level qualifications in addiction, training and accreditation in evidence informed models and at least 3 years' experience. At that time there was an embargo on recruitment and no SASSY counsellor in the region. The Task Force engaged with the HSE management at the time and employed a SASSY counsellor with supervision from Addiction Psychiatrist in HSE. This close collaboration with clinical colleagues in the DTCB and the

HSE clinical team in the HSE was very important. Over the coming years the service expanded and the family support service was established.

Title	Grade alignment
Prevention Coordinator Not funded by DATF DOH funding - HSE funded	VI
DRIVE Coordinator Strand 3 and now national estimates	VI
SUPPORT Coordinator CSEF funded (originally Strand 2)	VI

The staff below are all frontline workers working out of the Community Care Service

Title	Grade alignment
Team lead	VI
Case worker 1	V
Case Worker 2	V
Case Worker 3	V
Case worker 4	v
Inservice administrator	III
WISE worker (Womens Inclusion Support & engagement worker CSEF funded	v
Addiction Counsellor	HSE Substance use counsellor scale

The staff below are all frontline staff members working out of Fingal Families

Title	Grade alignment
Family Support Specialist	vi
Family support worker	v

Considerations: The North Dublin Regional DATF had to prioritise frontline services because of the serious risk not having any community based services posed. As a result, despite having 3 service delivery hubs and a population of over a third of a million people the task force does not have a ‘backroom team’ that features in other task forces and is without administrative, financial and development staff. These functions are provided by the task force coordinator.

Employment and reporting arrangements of the Task Force coordinator

The Coordinator is employed by the HSE and is the link into the wider HSE Social Inclusion Team in CHO-9 to ensure good governance and alignment of strategic priorities between the HSE and the task force. It is essential to reduce duplication and ensure region wide coordination that the wider HSE social inclusion team engages very closely with its colleague, the Task Force coordinator before planning new services and strategy decisions in the region and vice versa. Communication and collaboration within this team is central to avoid silo working and ensuring value for money.

Employment and reporting structure of Task Force Coordinators CH09

