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| Annual Report 2021 | |
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| CASP /CSMT*Where there is help, there is hope.* |  |

**Foreword**

2021 was an unusual year as the Covid 19 restrictions continued to impact on in person service delivery. The teams in both the mid west and Clondalkin continued to deliver services either remotely or in person with health and safety measures in place to protect both staff and service users. This continued to be both challenging but also effective in engaging with service users over the phone in terms of informal social supports to reduce isolation and loneliness which became a real factor as the pandemic restrictions continued.

Staff members in the mid-west and Clondalkin effectively established online and in person groups to continue to respond to identified needs. The desire by many service users to connect with others and develop strategies to address their own or find support for a family members’ substance misuse was ongoing throughout the year.

There was a marked increase in service users expressing a desire to attend residential detox and treatment programmes. Project workers and counsellors supported these service users with these applications and while they were waiting for places in residential treatment centers to become available.

The service in Clondalkin began to open up in September, albeit with some covid health and safety restrictions continuing to be in place. In person group work and internal meetings were restricted in numbers and duration to allow safe access to services.

Prison visits by the Community Prison Links Worker were all through video link until the 21st of July, 2021 when some restricted in person visits were permitted, in addition to continuing with some video link visits. The return of in person visits was very much welcomed as maintaining and building a rapport to effectively work with substance misusers in prison was extremely challenging via video link.

Overall, the staff in both the mid-west and Clondalkin worked extremely hard to both adhere to the covid 19 restrictions, maintain service delivery using a range of approaches and from September onwards to safely open up in person services.

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| **CASP Community Substance Misuse Team**    **VISION**  CASP/CSMT believes that change comes from within, this process involves identifying the problem, exploring it and reaching a decision to make some positive  changes for the future for the best recovery plan.  **MISSION STATEMENT**  CASP/CSMT provides a holistic, integrated, ethically based, community-focused drug addiction treatment service. Our focus is the physical, psychological, social, and emotional needs of drug users and their families in the community who are living with the impact that addiction has on their lives.  **OUR VALUES**  Empathy & Compassion are vital within our organisation,  We ensure to build relationships & trust for each client in a  non-judgmental care setting.  This reduces negative behaviours and leads to a  better more fulfilling life. |

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| What CASP CSMT do? The CSMT provides a free support service to under 18s and their families, who are affected by substance misuse in the Mid-West region. A number of locally based clinics are available in Co. Clare, Co. Limerick, and North Tipperary Regions, in addition to our central service in Arthurs Quay House, Limerick City.  The Service works from evidence-based approaches which have been proven to have positive outcomes for youths and families impacted by substance misuse. We utilise the Adolescent Community Reinforcement Approach ACRA, the 5-step model, Motivational Interviewing to engage and support young people and their parents. Plans for the Future In the upcoming year we expect to provide up to **1200** 1-2-1’s with young people aiming to reduce, manage and resolve substance us issue, up to **300** 1-2-1 support for concerned persons, based on 5 step model and SFP.  Throughout 2021 the CSMT service supported young people and family members that are living with the impact of substance misuse. Aims of the Organisation: The aim of CASP/CSMT is the provision of supports and related educational and practical interventions to support and facilitate a range of on-going services, targeted at supporting the parents, family members, partners and young people living with the impact of substance misuse.  To provide the most effective support to young people and their families CASP/CSMT places special value on the following process: using the ACRA (Adolescent Community Reinforcement Approach) and the 5-step model of work. |

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# CASP/CSMT aspires to:

CASP/CSMT works with adolescents to improve their quality of life. We do this by working with adolescents collaboratively, building relationships and trust and looking at reducing negative behaviours in their life.

## **What to expect as a young person?**

* Professional expertise
* Support/ listening/ empathy.
* Direction to improve life.
* Trusting relationship
* Improve coping style.
* Skills to manage drug or alcohol use.
* Awareness of own drug and alcohol use and consequences of such

## **What to expect as a parent/ guardian?**

* Support and skills to deal with your adolescent.
* Promoting Self-care and well-being
* Emotional and psychological support
* Knowledge and understanding of youth drug and alcohol use.

CASP/CSMT believes change comes from within, this process involves identifying the problem, exploring it and reaching a decision to make some changes in your life.

 We are aware at a young age young people may experiment with drugs and alcohol amongst other things– it is our job to help them find their way through this period of their life.

# CASP/CSMT in the Mid-West

CASP/CSMT is based in Arthurs Quay and provides support to young people and families from this central location. Accessible outreach is also part of our organisation’s strategy for engagement and within this CASP/CSMT continues to operate several drop-in centers localised in the Mid-West region to provide support and accessibility to CASP/CSMT in the community. In Limerick County there are centers open in Newcastle West, Caherconlish and Hospital; in Clare County: Kilrush, Shannon, Ennistymon and Ennis and in Tipperary North: Roscrea, Templemore, Thurles and Nenagh

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# STATISTICAL SUMMARY

In this section of the report, we give a statistical summary of 2021 at CSMT, examining several of the more important aspects of the service throughout the year.

Chart 1

Chart 1 above illustrates new referrals received throughout 2021, which total 136. Referrals received are a different component to the information generated from the Health Research Board (HRB), as these referrals are strictly in the calendar year. We can see that the health restrictions during first quarter saw a slow recovery to pre-pandemic trends, but CSMT was operating with a blended delivery throughout the remainder of the year.

Chart 2 below gives a comparison of the pre-pandemic referrals in 2019 and in 2021.

Chart 2

Chart 3 examines the age of clients referred and is broken down to show the two main age groups, of 18 years and under and 19 years and older. As we can see most of our clients (54%) in 2021 were 18 years and under, this not only shows the need for a service like CSMT in the Midwest region but also shows the impact substance misuse is having on adolescents.

Chart 3

Chart 4 below illustrates the client gender of those who attended CSMT in 2021. The data is in line with the averages of persons seeking help for substance misuse in Ireland, being 72% for males to 28% for females ([Kelleher](https://www.drugsandalcohol.ie/view/people/Kelleher=3ACathy=3A=3A.html) *et, al*. 2022). The Health Research Board states, however, that this proportion can vary depending on the primary drug and the treatment programme.

Chart 4

Chart 4 shows referrals by region covered by CSMT in the mid-west. Just over half of referrals within the year are in the Limerick area. We have seen an increase in referrals in the North Tipperary region which matches the referral numbers in Clare.

Chart 4

Chart 5 shows referrals from source. With 52% of clients being referred by family or self, this leaves the rest of our referrals from agencies and education. What is also shown is that we received referrals from general practitioners this year, as we commenced distribution of a new information pack to doctors surgeries in the Midwest region and will continue once Covid restrictions are eased.

Chart 5

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# Clients

In this section we examine the clients that attended CSMT throughout 2021, this information is acquired from HRB reporting and gives an outline of the type of client that we see. This information is entered by the staff all through the year and give exact data on our clients and the work done with them.

Chart 6 shows the information on the highest level of educational accomplished by the clients that attended CSMT in 2021. Education can play a role on all four dimensions; it can improve social capital by opening up opportunities to develop new networks of friends outside the confines of formal treatment and self-help groups, it can improve physical capital by improving career options and job opportunities which can improve living standards and it can improve cultural capital by exposing people to new values, beliefs and attitudes and instilling a revised work ethic grounded in the demands of educational pursuits. Therefore, at CSMT we try to help clients stay in education for their benefit when these situations arise.

Chart 6

Chart 6 shows the employment status of clients in 2021, as can be seen, 40% of our students remain in education, which as explained in the previous chart is valuable in helping clients resolve their substance misuse issues. With 32% of clients unemployed it is important that we also help then navigate a path to either education, training, or employment. Though it must be taken that due to the lockdown situation, many of those paths were not available.

Chart 6

There were 2030 key working appointments attended and 118 family support appointments attended during the year totally 2148 client activities.

In chart 7 we can look at treatment outcomes with clients that attend CSMT. The chart demonstrates that 47% of clients completed their treatment period with us. We can also see that 31% of clients did not want to go any further with treatment after the initial assessment and 9% of clients never returned after their first assessment.

Chart 7

**Outcomes for these sessions included:**

* ACRA programme- Functional analysis raising awareness of triggers for substance misuse.
* Increased pro-social behaviour.
* CRAFT model of work with concerned persons
* 5 Step Programme
* Solution focused intervention through a collaborative approach
* Reduction of drug & alcohol use
* Raised awareness of effects of substance misuse, poly drug use.
* Lessened the impact of substance misuse on the family unit.
* Provided a safe place to discuss issues.
* Supporting young people affected by a parental addiction, this includes providing emotional support; education around the nature of addiction and increasing knowledge of various substances. These young people may be particularly vulnerable to substance misuse themselves and this work is seen as preventative.
* Improved communication in the family by practising communication skills with the young people.
* Assisted and advocated for young people to achieve goals on their action plan, e.g., looking for courses and activities that the young person may be interested in.
* Education and awareness around substances so that informed choices can be made by the young person.
* Referrals to other agencies where appropriate, e.g., SICAP, Bushypark, Aislinn residential
* Assessments carried out for Aislinn residential and pre- and post-treatment support provided.
* Improved well-being including mental and physical health.
* Improved understanding of opportunities available and support

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# Main Drugs Presenting In 2021

**Three main drugs**

Chart 9 shows Cannabis herb (weed) 51%, cocaine 21% and benzodiazepines 8% are the three main substances being misused by client that are presenting themselves to CSMT in 2021.

Chart 9

Chart 10 below from Mongan *et, al.* (2021) is in line with our own statistics showing the two main drugs being taken in Ireland by 15-34-year old’s.

Chart 10

Chart

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# Psychoeducation Group

We worked with 10 clients this year. The reduction of referrals is a consequence of the restrictions in courts and cases being regularly deferred. CSMT is responding to this need and have regular contact with the court to discuss the programme moving forward and developing the course in conjunction with the courts here in Limerick. The programme consists of evidence-based practices including, assessment, functional analysis of use, happiness scales and identifying pro-social outlets.

**Course Description**

The course would be organised in 4 sessions, one session weekly. However, the restrictions required CSMT to carry out all sessions by phone or individually and all the courses were held in Limerick City. Motivational Interviewing techniques were used throughout the course. This is a collaborative method of communication with emphasis on the language of change.

Courses followed the format outlined below:

**Session 1**

* ***Introductions, Group Contract & Course Outline***
* ***Functional Analysis of Substance:*** *Use* explores the antecedents and positive and negative consequences of a client’s substance use.
* ***Happiness Scale***: is intended to estimate the current happiness of each client in specific areas of life.

**Session 2**

* Discussion on the ***Physical and Psychological Effects of Drugs***.
* Completion of the ***Dudit Tool*** which is a screening instrument to assess the severity of substance users’ drug use.

**Session 3**

* ***The Legal Implications of a Conviction***particularly regarding employment prospects, travel, and Garda vetting.
* ***The Wheel of Change:*** This tool was used to help clients understand why addiction can be so difficult to change, and the stages they go through in the process of changing their behavior.

***Session 4***

* ***Alternative Relaxation Techniques:*** Auricular acupuncture was used which involved placing needles or beads on the client’s outer ear.
* ***Evaluations:*** Clients provide feedback by filling a simple questionnaire*.*

**Course Attendees**

In total, 6 clients attended over the year. All the participants were referred by the court system which preferred that route to the handing down of convictions which would leave the clients with criminal records. In all cases, it was the clients first time before the courts for a drug offence, and in most cases the charges related to the possession of cannabis. Due to COVID-19 and the ensuing lockdowns, the psychoeducation group was delivered over the phone and through video calling on an individual basis. As a result, the program was diluted since face-to-face meetings did not take place with the clients. One key barrier to this was the elimination of peer-to-peer learning which effected the learning structure.

# Strengthening Families Programme

*‘Effective parenting is the most powerful way to reduce adolescent problem behaviours (Kumpfer & Alvarado, 2003)*

The Strengthening Families Programme is one of the most powerful programmes for family change in the country, because it involves not just the parents or the children alone, but the whole family. The SFP is unique among parenting and family programme because it was developed specifically for children of alcohol and drug-abusing parents.

Action 29 under the prevention pillar of the National Drugs Strategy is to:

• provide supports for families experiencing difficulties due to drug/alcohol use

• improve parenting skills

• targeted measures focusing on the children of problem drug and/or alcohol users aimed at breaking the cycle and safeguarding the next generation (The National Drugs Strategy, 2009-16, p.100).

It is under this remit that the SFP fits into CSMT overall strategic aim to empower and upskill families to improve their overall quality of life. Skills based programme focusing on the positives and strengths of a family enable a successful outcome. Creating relationships with workers and other services is also a tangible benefit for these families participating in the SFP programme. The local family resource center’s deliver the SFP through funding supported by CSMT as coordinator of the Mid-West SFP Steering Committee. This partnership approach underpinned by good inter-agency work is paramount for at-risk families.

**Introduction**

The Strengthening Families Programme is an evidence-based programme which is run over 14 weeks and has been running in North Tipperary for the past seven years. Due to COVID-19 restrictions the running of the complete programme was not feasible. There was preparation work done with referring agencies, families and community services to introduce the Strengthening Families Programme to them and support them until the opportunity to deliver a programme.

**Key outcomes:**

* Improved parental skills.
* Improved communication and understanding between the parents & children.
* Changing behavior.
* Improving how the family functions.
* Creating new social networks for participant families.

**Benefits for Families:**

* Increased family quality time.
* Learn better communication skills
* Coping with anger and criticism
* Stress management
* Coping with peer pressure
* Helps to prevent substance abuse, conduct disorders and depressions in teens.

**In the Parents Group, parents will learn new skills to increase better behaviours in their teen through:**

* Attention
* Rewards
* Clear communication
* Substance use education
* Problem solving
* Limit setting.

**In the Teen Group, skills are present on how to:**

* Communicate positively.
* Understand feelings.
* Cope with criticism
* Manage stress.
* Develop social skills.
* Learn problem solving.
* Deal with peer pressure.
* Understand the consequences of substance abuse.
* How short-term consequences affect long term dreams and goals.

References

[Kelleher C](https://www.drugsandalcohol.ie/view/people/Kelleher=3ACathy=3A=3A.html), [Condron I](https://www.drugsandalcohol.ie/view/people/Condron=3AIta=3A=3A.html), and [Lyons S](https://www.drugsandalcohol.ie/view/people/Lyons=3ASuzi=3A=3A.html). (2022) ‘National Drug Treatment Reporting System 2015 – 2021 drug treatment data’ Dublin: Health Research Board. HRB Statlink series 8, available from: <https://www.drugsandalcohol.ie/36071/7/Drug%20Treatment%202021%20Infographic.pdf>

Mongan D, Millar S, and Galvin B. (2021) ‘The 2019–20 Irish National Drug and Alcohol Survey: Main findings’, available from: <https://www.drugsandalcohol.ie/34287/1/HRB_Irish_National_Drug_and_Alcohol_Survey_2019_20.pdf>

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| What CASP, Clondalkin do? Clondalkin Addiction Support Programme, CASP provides community services which aim to support individuals, families and communities, through the provision of a range of evidence based programmes and tailor made programmes, to support those whose lives are impacted on by substance use and the related issues that impact on individuals and families.  CASP work with individuals and communities to find a pathway to addressing the consequences of substance use, whilst seeking to find sustainable strengths and actions to manage and address issues for those presenting to the service.  **CASP AIMS**  To fulfil our Mission, CASP aims to provide integrated interventions that engage with and make best use of both internal and external resources, including staff, referral agencies, planning and development forums, community groups, finance, etc. This partnership approach with the broader community of statutory, voluntary and community agencies ensures that all stakeholders are included in both the development and implementation of all actions that can positively impact our target group.  **CASP OBJECTIVES**   * Comprehensive service provision for substance misusers, parents, partners, siblings, and the community members over the age of 18. * Holistic, progression-based substance abuse treatment in a community setting. * Support for substance misusers and their families in working towards experiencing the most meaningful, healthiest, and fulfilling lifestyles possible. * Provision of service-user access to educational, vocational, and self-improvement resources, and support throughout the process. * Continued development of substance-use prevention programmes, and constant review, monitoring of, and adaptation to changing trends. * Access to information and supports regarding referral resources offering necessary services to our client groups. * Engagement and cooperation with other relevant agencies and groups providing pertinent support services. * Development and maintenance of relationships with relevant state agencies and governmental departments with regard to policies and actions effecting drug and rehabilitation services within the community. * Supporting service-users towards integration of their own journeys and decision-making processes, and the creation of future opportunities for positive growth and development. |

# STATISTICAL SUMMARY OF CASP CLONDALKIN SERVICES

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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  | The table below displays the statistics from all of CASP Clondalkin’s services. This table shows that 300 individuals availed of 5511 interventions in 2021. |  |  |  |  | | **Casp Type ↓** | **Sub type ↑** | **Sum of Individual Count** | **Record Count** |  |  | | Respite House | Respite House Accommodation | 2 | 2 |  |  | | **Subtotal** |  | 2 | 2 |  |  | | Prison Link |  | 10 | 13 |  |  | |  | Developing Care Plan (HRB) | 1 | 2 |  |  | |  | Meeting (1:1) | 12 | 23 |  |  | |  | Phone Call | 22 | 83 |  |  | |  | liaising with other services | 3 | 3 |  |  | |  | 1:1 Prison Visit | 17 | 45 |  |  | |  | no show | 6 | 7 |  |  | |  | Cancelled by client | 7 | 8 |  |  | | **Subtotal** |  | 32 | 184 |  |  | | Medical |  | 3 | 3 |  |  | |  | Medical Assessment Maintenance Client | 1 | 5 |  |  | |  | Medical Assessment Concerned Person | 2 | 2 |  |  | |  | Medical work/Intervention | 58 | 390 |  |  | |  | Developing Care Plan (HRB) | 1 | 1 |  |  | |  | Crisis Intervention | 1 | 1 |  |  | |  | Phone Call | 2 | 2 |  |  | | **Subtotal** |  | 59 | 404 |  |  | | Family Support |  | 50 | 170 |  |  | |  | Initial Assessment Support Work (HRB) | 10 | 10 |  |  | |  | Developing Care Plan (HRB) | 2 | 2 |  |  | |  | Link In -5 min check up | 5 | 5 |  |  | |  | Crisis Intervention | 1 | 5 |  |  | |  | Meeting (1:1) | 12 | 31 |  |  | |  | Home Visit | 6 | 6 |  |  | |  | Phone Call | 74 | 1102 |  |  | |  | Interagency Work | 12 | 15 |  |  | |  | liaising with other services | 12 | 25 |  |  | |  | advocacy | 3 | 3 |  |  | |  | admin | 2 | 2 |  |  | |  | e mail | 10 | 13 |  |  | |  | no show | 3 | 3 |  |  | |  | Cancelled by client | 1 | 1 |  |  | | **Subtotal** |  | 77 | 1393 |  |  | | Counselling |  | 45 | 93 |  |  | |  | Initial Assessment Support Work (HRB) | 61 | 61 |  |  | |  | 1:1 Counselling | 77 | 362 |  |  | |  | Link In -5 min check up | 2 | 2 |  |  | |  | Crisis Intervention | 8 | 8 |  |  | |  | 1: 1 meeting (not counselling) | 1 | 1 |  |  | |  | Home Visit | 1 | 1 |  |  | |  | Phone Call | 103 | 1264 |  |  | |  | no show | 50 | 92 |  |  | |  | Cancelled by client | 27 | 60 |  |  | | **Subtotal** |  | 143 | 1944 |  |  | | Key Work |  | 22 | 30 |  |  | |  | Initial Assessment Support Work (HRB) | 13 | 14 |  |  | |  | Brief Solution Intervention (HRB) | 2 | 2 |  |  | |  | Support Work (HRB) | 20 | 51 |  |  | |  | Developing Care Plan (HRB) | 11 | 19 |  |  | |  | Link In -5 min check up | 67 | 476 |  |  | |  | Crisis Intervention | 6 | 10 |  |  | |  | Meeting (1:1) | 29 | 65 |  |  | |  | Home Visit | 3 | 3 |  |  | |  | Phone Call | 84 | 792 |  |  | |  | Research | 2 | 2 |  |  | |  | Interagency Work | 9 | 11 |  |  | |  | liaising with other services | 21 | 27 |  |  | |  | advocacy | 11 | 15 |  |  | |  | admin | 9 | 11 |  |  | |  | e mail | 4 | 6 |  |  | |  | 3 way meeting with client | 2 | 2 |  |  | |  | no show | 18 | 47 |  |  | |  | Cancelled by client | 1 | 1 |  |  | | **Subtotal** |  | 108 | 1584 |  |  | | **Total** |  | 300 | 5511 |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | **Counselling 2021** |  |  | |  | As can be seen from the below table and graph, 123 individuals availed of 1403 interventions by the counselling team in 2021 |  |  | |  | **Sub type ↑** | **Sum of Individual Count** | **Record Count** | |  | Initial Assessment Support Work (HRB) | 46 | 48 | |  | 1:1 Counselling | 105 | 958 | |  | Link In -5 min check up | 13 | 15 | |  | Crisis Intervention | 17 | 19 | |  | 1: 1 meeting (not counselling) | 3 | 4 | |  | Phone Call | 20 | 35 | |  | no show | 66 | 152 | |  | Cancelled by client | 57 | 172 | |  | **Total** | 123 | 1403 | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |
|  | **Drop-ins 2021**  Daily drop in sessions engage substance misusers who are homeless or at risk of homelessness in the CASP service  by providing food, showers, laundry facilities, access to nursing care, in addition to support and information.  63 individuals used drop in services in CASP 760 times in 2021. |  |  |  |  |  |  |  |
|  | |  |  |  | | --- | --- | --- | |  |  |  | | **Sub type ↑** | **Individual Count** | **Record Count** | |  | 22 | 30 | | Initial Assessment Support Work (HRB) | 13 | 14 | | Brief Solution Intervention (HRB) | 2 | 2 | | Support Work (HRB) | 20 | 51 | | Developing Care Plan (HRB) | 11 | 19 | | Link In -5 min check up | 67 | 476 | | Crisis Intervention | 6 | 10 | | Meeting (1:1) | 29 | 65 | | Phone Call | 84 | 805 | | Interagency Work | 9 | 11 | | liaising with other services | 21 | 27 | | advocacy | 11 | 15 | | e mail | 4 | 6 | | 3 way meeting with client | 2 | 2 | | no show | 18 | 47 | | Cancelled by client | 1 | 1 | | Total | 108 | 1584 | |  |  |  |  |  |  |  |
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**Key Working 2021**

The project workers provide key working and case management to substance misusers to support with addressing substance misuse and related issues, goal setting and referrals both internally and externally. 108 individuals availed of this service in 2021

|  |  |  |  |
| --- | --- | --- | --- |
|  | Key Working 2021 |  |  |
|  | **Sub type ↑** | **Individual Count** | **Record Count** |
|  |  | 22 | 30 |
|  | Initial Assessment Support Work (HRB) | 13 | 14 |
|  | Brief Solution Intervention (HRB) | 2 | 2 |
|  | Support Work (HRB) | 20 | 51 |
|  | Developing Care Plan (HRB) | 11 | 19 |
|  | Link In -5 min check up | 67 | 476 |
|  | Crisis Intervention | 6 | 10 |
|  | Meeting (1:1) | 29 | 65 |
|  | Phone Call | 84 | 805 |
|  | Interagency Work | 9 | 11 |
|  | liaising with other services | 21 | 27 |
|  | advocacy | 11 | 15 |
|  | e mail | 4 | 6 |
|  | 3 way meeting with client | 2 | 2 |
|  | no show | 18 | 47 |
|  | Cancelled by client | 1 | 1 |
|  | Total | 108 | 1584 |

**Group Work**

Group work programmes are facilitated, planned and structured for methadone clients and external clients that are availing of CASP services such as key working, counselling and drop in.

Group work programmes engage members further in their recovery and work towards achieving identified goals.

A weekly women’s group took place from 9th of November 2021. 7 sessions took place in 2021 attended by 6 women. This group continued into 2022.

Reduce the Use group took place with two individuals attending 3 sessions. This group discontinued after 3 sessions as one group member entered residential treatment and the other group member went into prison.

A Wellness group took place with 5 group members attending 5 sessions. This group focussed on developing positive mental health and wellbeing.

**Prison Links**

The primary focus of the activity is on the provision of ‘in reach services’ to prisoners from the broader Clondalkin area, which focuses not only on their substance misuse but also on the psychological and general needs such as housing, post release treatment, family support and coping strategies whilst in prison and in particular in the 8 -10 week period post release where individuals are vulnerable to falling into old patterns of behaviour.

Interagency liaison with Probation, ISM Officers, TEOs and prison counselling services in relation to addiction treatment services is the common theme with all the work.

In 2021, 32 service users were case managed by the Community Prison Links service.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Sub type ↑** | **Sum of Individual Count** | **Record Count** |
|  |  |  |
| Developing Care Plan (HRB) | 1 | 2 |
| Meeting (1:1) | 12 | 23 |
| Phone Call | 32 | 96 |
| 1:1 Prison Visit | 17 | 45 |
| no show | 6 | 7 |
| Cancelled by client | 7 | 8 |
| Total | 32 | 184 |
|  |  |  |

**Needle Exchange 2021**

New injecting equipment and information on safer use are provided to substance misuers attending. The exchange also accepts returns of used injecting equipment for safe disposal.

147 individuals used the needle exchange in CASP 509 times in 2021.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **MONTH** | **Sum of Individual Count** | **Record Count** |  |
|  | January 2021 | 13 | 13 |  |
|  | February 2021 | 21 | 26 |  |
|  | March 2021 | 26 | 37 |  |
|  | April 2021 | 41 | 57 |  |
|  | May 2021 | 20 | 29 |  |
|  | June 2021 | 37 | 51 |  |
|  | July 2021 | 31 | 44 |  |
|  | August 2021 | 24 | 40 |  |
|  | September 2021 | 31 | 54 |  |
|  | October 2021 | 43 | 53 |  |
|  | November 2021 | 31 | 55 |  |
|  | December 2021 | 33 | 50 |  |
|  | **Total** | **147** | **509** |  |
|  |  |  |  |  |

**Family Support**

# The family support service aims to enhance family members coping skills by offering needs based interventions, reducing isolation, supporting family members to deal with high stress levels and offering up to date information on emerging trends and services available

As can be seen below, 77 individual family members availed of 1393 family support interventions.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Sub type** | **Individual Count 2021** | **Record Count** |
|  | Family Support | 50 | 170 |
|  | Initial Assessment Support Work (HRB) | 10 | 10 |
|  | Developing Care Plan (HRB) | 2 | 2 |
|  | Link In -5 min check up | 5 | 5 |
|  | Crisis Intervention | 1 | 5 |
|  | Meeting (1:1) | 12 | 31 |
|  | Home Visit | 6 | 6 |
|  | Phone Call | 74 | 1102 |
|  | Interagency Work | 12 | 15 |
|  | liaising with other services | 12 | 25 |
|  | advocacy | 3 | 3 |
|  | admin | 2 | 2 |
|  | e mail | 10 | 13 |
|  | no show | 3 | 3 |
|  | Cancelled by client | 1 | 1 |
|  | **Total** | 77 | 1393 |

The Family Support Team facilitated the following range of group activities via zoom in 2021:

* The parents Friday evening group was attended by 13 individuals
* Back to basics 2 group was attended by6 individuals using both remote delivery and in person in CASP

The annual Christmas Commemoration ceremony involving the tree of remembrance for those that have lost their lives through substance misuse was held remotely in December 2021

**Respite House Facility**

The respite house was unable to be used until the end of October 2021 due to covid restrictions. 3 Families availed of this.

**Holistic Services**

Holistic services did not take place due to covid restrictions in 2021.

**Nursing Care**

59 individuals availed of nursing care in 2021 in CASP.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Medical / Nurse 2021 |  |  |
| **Sub type ↑** | **Sum of Individual Count** | **Record Count** |
| Medical work/Intervention | 58 | 398 |
| Developing Care Plan (HRB) | 1 | 1 |
| Crisis Intervention | 1 | 1 |
| Phone Call | 2 | 2 |
| Total | 59 | 404 |
|  |  |  |

**Community Development**

CASP service users typically have a range of issues preventing their full participation in society mostly in relation to poverty and disadvantage, in addition to their addictions.

To address this, it is necessary to empower our service users including families and the wider community by building capacity to deal with addiction on not just a personal but also on a broader community level.

Social change is required that will contribute to the creation of a more just, sustainable and equal society and positively impact on our service users.

CASP is represented on a range of various committees and forums including Clondalkin Drug Task Force, North Clondalkin Community Safety Forum, PPN Linkage Groups, Homeless and Housing SPC Committee and others.

In 2021, the following meetings were attended by CASP reps both in person and remotely:

SDCC Housing SPC: 4 meetings

SDCC Housing SPC Community Engagement Subgroup: 1.

PPN Meetings meetings: 5 meetings and 2 housing linkage groups

Community Safety Forum: meetings: 10

Men’s Shed re garden: 2 meetings

Hosting of agency visits: 2

SAFE initiative: 11 meetings

11 seminars attended

1 Rights Platform meeting

8 CPL Managers Network meetings

3 meetings re Traveller accommodation

1 meeting attended re tenant participation on LAs

Treatment and Rehab Sub Group: 4 meetings were attended

**HSE Complaints and Complements Process**

CASP report to the HSE centralised complaints and complements process. CASP received a total of one complaint in 2021.

**Governance**

CASP has three subgroups in operation to oversee practice within CASP.

* Finance and governance sub committee
* Staffing subgroup
* Clinical governance group

In addition, CASP, Clondalkin has a Health and Safety committee to ensure compliance with health and safety.

We report annually to the Companies Registration Office, Revenue and varying government departments, as required.

Our services are governed by Data Protection guidelines. Practice within the service for specific disciplines is governed by various representative bodies including IAAAC, IAHIP and the INO.