

# **LOCAL AND REGIONAL DRUGS TASK FORCES**

HANDBOOK

February 2011

## **Foreword by Mr. Pat Carey T.D., Minister for Community, Equality & Gaeltacht Affairs**

When I became Minister responsible for the National Drugs Strategy for the second time, I was struck by how much had been achieved by the Sector in the relatively short period since the first time I held that office. The new strategy was already in place with a new structure based on specific targets and actions to be achieved over the life of the Strategy. It is going to take us some time, but I think that our strategy is the right one and is achievable.

The challenges remain formidable. Our impact must remain equal to those challenges even with diminishing financial and human resources available to us. We need more than ever to focus on the task and to work together to a much greater extent to ensure our efforts are effective.

It is in this context that I am very pleased at this time to introduce the revised Handbook for Drugs Task Forces. The Drugs Advisory Group has worked hard to ensure the Handbook is a useful tool for the Local and Regional Drugs Task Forces who work with such commitment in their communities to respond to issues in relation to drug misuse.

Drug misuse is a cross-cutting issue which requires organisations and individuals from the community, voluntary and statutory sectors to develop an integrated response, based on a partnership approach. Drugs Task Forces have gained solid recognition and credibility as a result of their work up to now. Their work has focussed in particular on profiling and highlighting drugs misuse issues within their areas and developing projects to address gaps in services particularly in the areas of education/prevention, treatment/rehabilitation and supply reduction.

A team-based approach is implicit in the task force concept. As the Taoiseach emphasised in his foreword to the National Drugs Strategy, real partnership has been very evident across the initiatives of the National Drugs Strategy, both at national level and at local level, especially through the work of the Drugs Task Forces.

This handbook has been developed within the context of the institutional structures recommended under the National Drugs Strategy 2009-2016 and within the overall framework of the National Social Inclusion Plan 2007-2016. It sets out the role of the Drugs Task Forces within the national and local framework required to address the existing and emerging problems associated with drug use for individuals, families and communities in the context of the long term development of the work of the Drugs Task Forces.

I have said on a number of occasions during the process of drawing up this revised handbook that it is not something set in stone. I see it as a work in progress which should be reviewed regularly. I see it as an enabling rather than regulating document, providing a context for the work of the Drugs Task Forces. Matters of detail can be addressed in guidelines and procedures which will issue from time to time from the Office of the Minister for Drugs and the Drugs Advisory Group.

I wish the Drugs Task Forces every success. I commend their members for their dedication and commitment and I look forward to continued co-operation with them to achieve to the greatest extent possible the strategic aims of the National Drugs Strategy between now and 2016.

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Pat Carey, T.D.  
Minister for Community, Equality and Gaeltacht Affairs.

February 2011

# Drugs Task Forces

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## INTRODUCTION

This handbook has been developed within the context of the institutional structures recommended under the National Drugs Strategy 2009-2016 and within the overall framework of the National Social Inclusion Plan 2007-2016. It sets out the role of the Drug Task Forces within the national and local framework required to address the existing and emerging threats from problem drug use.

The handbook sets out the following aspects of Task Force processes:

- Role of the Task Force
- Composition
- Role and Nomination Process of Members
- Supports
- Monitoring/ Evaluation/ Mainstreaming of Projects

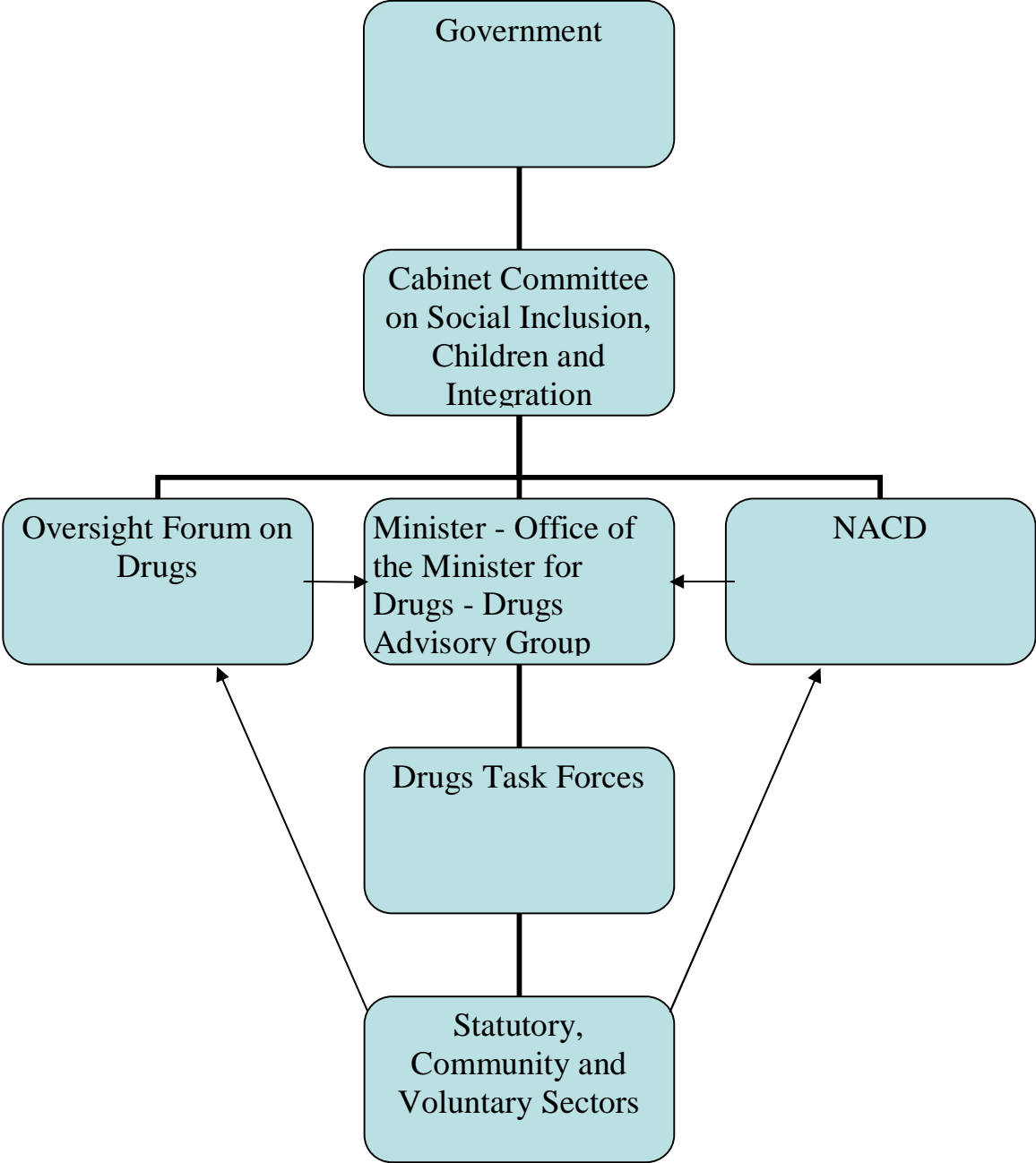
It has been developed by the Drugs Advisory Group (DAG) following consultation with Local and Regional Drugs Task Forces, Statutory Agencies and the Community and Voluntary sectors. It may be subject to amendment. Amendments may arise in particular from the further implementation of certain actions in the National Drugs Strategy 2009-2016, in particular in relation to co-ordination.

The overall strategic objective of the National Drugs Strategy 2009–2016 is to continue to tackle the harm caused to individuals and society by the misuse of drugs, through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research.

The following are the overall aims of the Strategy:

- To create a safer society through the reduction of the supply and availability of drugs for illicit use;
- To minimise problem drug use throughout society;
- To provide appropriate and timely substance treatment and rehabilitation services (including harm reduction services) tailored to individual needs;
- To ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance use in Ireland; and
- To have in place an efficient and effective framework for implementing the National Substance Misuse Strategy.

# National Drugs Strategy Structure



A wide range of statutory, community and voluntary sector organisations are currently involved in delivering the National Drugs Strategy at national, regional and local levels. Since the inception of Drugs Task Forces in 1997, it is clear that effective action against drugs requires a sustained, coordinated effort across a range of Government Departments and Agencies working alongside community and voluntary services. The National Drugs Strategy 2009-2016 has put in place a new coordinating structure to oversee the implementation of the strategy. The new strategy considers that engagement on the drugs issue with the Cabinet Committee on Social Inclusion, on a regular basis, is vital. The new structure will continue to allow issues of critical importance emerging at community level to inform Government through the established link with the Cabinet Committee on Social Inclusion.

### **Drugs Advisory Group**

The primary function of the DAG is to advise the Minister/Minister of State on operational and policy matters relating to the National Drugs Strategy 2009 – 2016, working to:

- support and drive the implementation of the NDS, primarily at local and regional levels;
- ensure effective co-ordination between Departments and Agencies, including their timely input into operational and policy developments so as to positively influence programme and resource allocations in relation to drugs issues;
- facilitate and support the engagement of the community and voluntary sectors in their roles in the NDS;
- oversee and support the work of the Local and Regional Drugs Task Forces, ensure that policy is informed by their work and provide a liaison, reporting and representational role between the Task Forces and the Office of the Minister for Drugs; and
- support the work of the Oversight Forum on Drugs and provide such reports to it as may be necessary from time to time.

As part of the above, the Group will provide appropriate input into:

- the development of an overall performance management framework to assess and monitor progress across the National Drugs Strategy;
- identifying and prioritising the budgets of their Departments/Agencies for drug-related initiatives in the context of the annual Estimates process;
- the incorporation by Departments/Agencies of the contribution to the work of the National Drugs Strategy into their strategy statements, business plans and annual reports;
- the production of twice yearly reports from Departments/Agencies on drug-related expenditure, outputs and outcomes;
- the production of twice-yearly reports on expenditure and activity from drugs task forces, in the context of their ongoing liaison roles; and
- the production of an annual report on progress under the NDS.

In this way it is intended that progress in advancing the Strategy will be supported, and issues and/or blockages arising will be identified and addressed.



### **Office of the Minister for Drugs**

The Office of the Minister for Drugs (OMD) within the Department of Community, Equality & Gaeltacht Affairs has been established to facilitate greater coherence in policy - making and service delivery. Its purpose is to support and drive the ongoing implementation of the NDS, while respecting the various lead roles and statutory responsibilities of the Departments/agencies involved. Some of the key features of the Office include national co-ordination of the interagency implementation; policy development informed by the work of all the coordinating structures; and supporting the work of Drugs Task Forces. The OMD will also ensure that effective links continue with other key coordinating bodies such as the NACD and the NDRIC.

### **Oversight Forum on Drugs**

The Oversight Forum on Drugs (OFD) is chaired by the Minister/Minister of State with responsibility for Drugs Strategy and is comprised of senior representatives from all sectors and Government Departments and Agencies. It's primary role is the high - level monitoring of progress being achieved across the Strategy. Its Terms of Reference are to:

- address operational difficulties and blockages in implementing the NDS and agree on appropriate ways forward to overcome these difficulties;
- monitor progress on associated mainline services with a view to influencing outcomes;
- to provide any reports on existing actions and details/rationale of future plans sought by the Minister of State, as chairperson of the Forum;
- consider developments in drugs policies, and in dealing with problem drug use generally, at EU and international level; and
- to discuss and agree, as far as possible, on the approach to drugs issues at the Cabinet Committee on Social Inclusion, Children and Integration.

### **Drugs Advisory Group Liaison**

The role of the DAG Liaison person on the Drugs Task Force is:

- To attend meetings of the Drugs Task Force;
- Attend the Drugs Advisory Group meetings and raise relevant issues;
- To provide feedback to the Local/Regional Task Force on the work of the Drugs Advisory Group and on the work of the OMD in relation to the overall implementation of the National Drugs Strategy;
- To assist the Task Force in its work, through the provision of procedural and other appropriate advice;
- To bring information, ideas and proposals raised by the Task Forces to the attention of the Drugs Advisory Group and/or the Office of the Minister for Drugs, as appropriate, and provide feedback, as necessary;
- To highlight problems emerging which need the attention of the Drugs Advisory Group and/or the Office of the Minister for Drugs;
- To assist, as appropriate, where difficulties arise which cannot be resolved at local or regional level;
- To give advice to Drugs Task Force co-ordinators and chairpersons, as necessary; and
- To maintain an independent status - the liaison representative is not a voting member of the Task Force.

*Notes:*

It should be noted that contact between the liaison person and the Drugs Task Force is just one of a number of channels of communication between the Office of the Minister for Drugs and the Drugs Task Forces. Other channels include:

- Ongoing communication between the OMD and Drugs Task Force support staff regarding various operational matters (approval of funding, interim funding applications, etc.);
- Regular meetings between the OMD and the Chairpersons and Co-ordinators Networks;
- Attendance of the LDTF and RDTF Co-ordinators' Networks on DAG sub-committees.

### **Alcohol**

The Local and Regional Drugs Task Forces' role with respect to alcohol will be determined within the context of the development of the National Substance Misuse Strategy.

**A note on abbreviations - the following abbreviations are used throughout:**

<b>DTF</b>	Drugs Task Force
<b>LDTF</b>	Local Drugs Task Force
<b>RDTF</b>	Regional Drugs Task Force
<b>NDS</b>	National Drugs Strategy
<b>OMD</b>	Office of the Minister for Drugs

## SECTION I

### Role of Drugs Task Forces

The National Drugs Strategy recognises the key role that Local and Regional Drugs Task Forces continue to play in addressing the drugs problem. It remains important, therefore, that they operate effectively at community level with clear objectives and in accordance with appropriate guiding principles.

#### Guiding principles for the operation of DTFs

##### *Propriety*

- DTFs will carry out their terms of reference (functions) with integrity and fairness and without self-interest or favouritism.

##### *Responsiveness*

- DTFs will be responsive to stakeholders' views and will consult with them in carrying out their functions.

##### *Transparency*

- DTFs will keep their stakeholders informed about their policies and actions.

##### *Accountability*

- DTFs will be accountable for the use of public monies provided to them.

##### *Efficiency and effectiveness*

- DTFs will have regard to the need for effectiveness and efficiency in carrying out their terms of reference (functions).

##### *Partnership*

- DTFs work in a spirit of partnership between the statutory, voluntary and community sectors.

#### Terms of Reference

The original terms of reference of the Drugs Task Forces required them to assess the extent and nature of the drug problem in their areas and to develop and monitor the implementation of action plans to respond to the problem as identified. The Drugs Task Forces' role is, by the use of an innovative and evidence-based approach in accordance with the National Drugs Strategy and in co-operation with the Drugs Advisory Group (DAG) and the Office of the Minister for Drugs (OMD), to focus on the delivery of these objectives within a local/regional context so as to ensure the development of a co-ordinated and integrated response to drug misuse by:

- Creating and maintaining an up-to-date overview on the nature and extent of drug use and misuse and the services available in the area/region through the gathering of all relevant information from the organisations and services involved;

- To strengthen and support a community based focus to drug and alcohol misuse, mobilising an integrated cross-sectoral response at local level;
- To oversee and monitor the effectiveness of projects approved under action plans and make decisions on continued priorities having regard to current needs and available funding;
- Providing for the implementation of a local/regional strategy in the context of the National Drugs Strategy 2009 - 2016 through:
  - Identifying emerging strategic issues and developing proposals on policies or actions needed to address them;
  - Preparing updated action plans having regard to evidence available on the extent and specific location of illicit drug use in the area/region;
  - Seeking to influence the work of all relevant Statutory, Community and Voluntary service providers to improve services;
  - Identifying any barriers to the efficient delivery of services to clients in the Drugs Task Force area;
  - Developing Cross Task Force initiatives and networking arrangements for the exchange of information and experience with other Drugs Task Forces, as well as for the dissemination of best practice; and
  - Co-ordinating their activities with other relevant initiatives/programmes in the region, particularly those involved in responding to social disadvantage
- Monitoring and evaluating the implementation of projects with a view to their continued funding through State Agencies in accordance with agreed procedures;
- To ensure appropriate representation by the statutory, voluntary and community sectors on the Task Force & ensuring the appropriate induction and training of Task Force members;
- Drugs Task Forces also have a role in informing national policy formulation;
- To develop networking arrangements for the exchange of information and experience with other Task Forces, as well as the dissemination of best practice;
- To take account of and contribute to other initiatives aimed at improving social inclusion and tackling disadvantage: Young People's Facilities and Services Fund, Joint Policing Committees, Local Policing Fora, School Completion Programme, Revitalising Areas by Planning, Investment and Development (RAPID), Community Development Projects, and Area Partnerships;
- To provide such information, reports and proposals to the Office of the Minister for Drugs as may be necessary from time to time; and
- To regularly review its own operation and performance to ensure its continued effectiveness in fulfilling its Terms of Reference.

### **Accountability arrangements**

- Each DTF will develop a local three year strategy, reflecting local needs and circumstances, to support implementation of the national drugs strategy;
- Each year a DTF will identify priorities and actions (an operational plan) for the coming year, in line with nationally agreed priorities;
- Each DTF will report on its activities, and in particular on its effectiveness and efficiency, twice a year to the Office of the Minister for Drugs in accordance with guidelines published by the office;
- Each DTF will put in place accounting arrangements, based on receipted expenditure, in relation to any public funds disbursed by it and will report annually

on its expenditure of public monies. These arrangements to be in accordance with any guidelines issued by the OMD for administration and operational budgets.

### **Relationship between DTFs**

DTFs are to work closely together to promote networking arrangements, exchange information and experience and facilitate the dissemination of good practice with each other and other relevant bodies. There may be opportunities for some DTFs to tackle issues or develop services on a cross task force basis e.g. Dial to Stop Drug Dealing, rehabilitation services, etc..

Drugs Task Forces will continue to work within the following broad areas of responsibility:

The **LDTFs** will:

- continue to have the **primary** responsibility for the development and implementation of a local drugs strategy for their areas; and
- contribute to strategic planning, policy making and the development of services for the region as a whole.

The **RDTFs** will:

- co-ordinate the development of drug programmes and services in the **non-LDTF** parts of the region; and
- In conjunction with the LDTFs, co-ordinate strategic planning and policy making at regional level, including the development of services which might more effectively be delivered on a regional basis. These could include, for example, treatment referrals, services for travellers, homeless persons and sex workers involved in illicit drug use, training for drug workers, etc.

The status and boundaries of a Drugs Task Force will not be altered without prior consultation and negotiation with OMD.

## **Relationship between DTFs & Young People's Facilities & Services Fund (YPFSF)**

The YPFSF assists in the development of youth facilities and services in disadvantaged areas where a significant drug problem exists or has the potential to develop. The focus of the Fund, to date, has been on the 14 Local Drugs Task Force areas as well as Limerick, Waterford, Carlow and Galway, with the addition of Athlone, Dundalk, Wexford and Arklow in 2008. Local Development Groups comprising of representatives from the relevant Local Authority, the VEC and a Task Force representative, are responsible for overseeing the effective implementation of the plans. The Task Force should be regularly updated by its representative on the Development Groups on the implementation of the plans and development of youth based services. It should also be consulted in relation to any major changes or developments.

## **Media Protocol**

If any Task Force member is contacted directly by a member of the media to comment on the views of the Task Force, the concerned party should be referred to the Task Force Chairperson or Co-ordinator.

- The Chairperson, as an independent representative of the DTF, should deal with any contentious issues that may arise in this regard.
- The Chairperson or Coordinator should consult with the relevant Task Force members in relation to such media queries.

## **Operational Guidelines**

It is best practice that rules for the operation of Drugs Task Force meetings and sub-committee/working group meetings, outlining requirements around attendance and decision-making should also be agreed, in accordance with normal procedures and outlined in each Drugs Task Force's agreed Operational Procedures.

DTFs should have appropriate operational guidelines in place to support their work. These Guidelines should include the following:

- Meetings of the DTF will be held at least once a month;
- A quorum for meetings will be one third of the membership of the DTF;
- A special meeting of the DTF may be called at the request of a quorum of the members;
- Generally, decisions of the DTF will be taken by consensus;
- Where a consensus cannot be achieved, a vote will be taken;
- The Chair shall have the casting vote in the case of a split vote;
- Decisions will be recorded as decisions of the DTF and individual positions should be noted.

## **DTF Sub-Committees**

While it will be a matter for each DTF to determine its precise structures/working arrangements, it is envisaged that it may wish to establish a number of sub-committees to progress its work and support the Task Forces in the implementation of its strategy. These may be set up on a thematic and/or geographic basis, this being a matter for the

DTF to determine having regard to local circumstances. Thematic sub-groups based around the pillars of the NDS work better than geographic sub-groups.

In relation to Sub-Groups:

- They should report back to their Task Forces and are not decision making bodies unless specifically mandated by the Task Force to be so;
- The chairperson of the sub-group should be a member of the Task Force but sub-groups may co-opt appropriate outside members as they see fit to assist in their work;
- All Sectors (where appropriate) Community, Public, Statutory and Voluntary, should be represented; and
- They should have agreed Terms of Reference.

## **SECTION II**

### **Composition of Drug Task Forces**

#### **Membership of the DTFs**

Membership must include Community representatives, Voluntary representatives and key Statutory Agencies. Each DTF should be chaired by an independent chairperson and should include representation from the following sectors/agencies:

- Community Sector
- Voluntary Sector
- Public Representatives
- Department of Education and Skills/VEC
- FÁS
- Garda Síochána
- Health Service Executive
- Local Authorities
- Probation Service
- Revenue Commissioners (Customs & Excise Division)
- Department of Social Protection
- Area Based Leader Partnership Companies/Community Development projects
- City/County Development Boards
- Service Users
- Communities of Interest

Task Forces may wish to consider seeking representation (at Task Force or Sub Group level) from other sources in light of their own needs and the needs of the communities they serve.

#### **Community Sector**

Community representatives, to a maximum of six, should be nominated to each Drugs Task Force following extensive consultation among local community groups and community fora. Nominations for representatives should be based on the following criteria:

- Having an appropriate and adequate geographic spread of representation for the area;
- Giving priority to groups with a strong track record in community development;



- Nominating individuals who have the relevant knowledge and experience of the drugs issue necessary to play a full and productive role on the Drugs Task Force; and
- Nominating representatives who have the active support of the communities they represent.

These criteria continue to apply when replacing community representatives for any reason, e.g. at the end of their term, resignations, etc.

### **Voluntary Sector**

Voluntary representatives are nominated as set out in Section IV (Pg. 28). Criteria for nomination will include:

- Giving priority to groups with a strong track record in drug treatment, rehabilitation or prevention and who are working in the area;
- Nominating individuals who have the relevant knowledge and experience of the drugs issue necessary to play a full and productive role on the Drugs Task Force; and
- Recognising the need for representatives to report to the voluntary drug sector as a whole rather than solely to their own voluntary agency.

### **Statutory Agencies**

Departments/Agencies, in nominating their representatives, are required to take account of the need to nominate persons who are at a sufficiently senior level, or have access to people in their organisation who are in a position to influence policy. Departments/Agencies are also required to ensure that their representatives' work with the Task Forces is seen as part of their core duties and that they have the necessary time available to them to enable them to undertake their role effectively (see Section III Pg. 22). To ensure a strong and active role by the statutory sector, it is important that statutory representatives have proper organisational supports and the necessary back-up arrangements.

### **Elected Representatives**

The participation of elected representatives, on the same basis as other members, allows them to bring their considerable experience and intimate knowledge of the area to bear on the process. It also affords them an opportunity to influence the drugs strategy being developed by the Task Force for the area and to gain community support for it.

### **Service Users**

It is important that the views of service users are represented on the Drugs Task Forces. They have a unique perspective on the policies/services being developed. The active participation by service users at Drugs Task Force or Sub Group level is to be encouraged and facilitated to add to the knowledge base of the Drugs Task Forces and

help to focus on practical actions of direct benefit to those for whom the services are being provided.

To facilitate such participation, it will be necessary to develop service users fora, building on the work by DTF projects and service providers around their own service user participation structures, from which representatives can be nominated to the DTF. Each Drugs Task Forces should endeavour to establish a forum for its area/region, making it a key priority for development workers to develop and support such a forum in each Task Force area. Other forms of representation for the needs of service users should be in place where such fora have not yet been established.

### **Communities of interest**

The 'communities of interest' involved in any initiative can vary, depending on the issue being addressed and to the extent to which it impacts on them. It will be a matter for each DTF to agree locally or regionally how groups representing communities of interest will participate in the work. The remit of organisations from the voluntary and community sectors, already represented, is to address the extent to which the problems involving these client groups impact on the area.

### **LDTFs & RDTFs**

In areas where Regional Drugs Task Forces & Local Drugs Task Forces co-exist it is important that there is ongoing co-operation and co-ordination and close links maintained.

### **City/County Development Boards**

Similarly, the City/County Development Boards, who are responsible for developing a co-ordinated strategy for the social, economic and cultural development of their areas, may also be invited to participate in the work of the DTFs. This participation could be through the Social Inclusion Measures Groups, which operate under their aegis, through the Directors of Community & Enterprise.

### **Duration of Appointment/Review of Representation**

There are no formal guidelines regarding the term of office of appointees to Drugs Task Forces. Generally, their tenure should be such as to ensure continuity and consistency in the approach of the Drugs Task Force in responding to the drug problem in its area (see Section IV Pg. 28).

In this regard, statutory representatives continue to be nominated to the Drugs Task Forces by their agencies, having regard to those agencies' responsibilities towards the initiative as outlined in Section III (Pg. 22).

Drugs Task Forces are required to ensure that appropriate procedures are in place to assist them with the election of the Chairperson and the appointment of members to the Task Force. A regular review of representation will take place. Rules for attendance at Drugs Task Force meetings and sub-committee/working group meetings, and for decision-making and confidentiality of proceedings, should also be

agreed, in accordance with normal procedures. Drugs Task Force members should sign a commitment to abide by these rules.

## **SECTION III**

### **Role of Drugs Task Force Members**

The Drugs Task Forces are given a key role by the Government in responding to the drug problem. Their composition reflects the need to ensure locally-based responses that complement existing or planned drug programmes and services. In this context, the part played by individual Drugs Task Force members in representing their particular agencies or sectors is pivotal to the success of the initiative and demands active participation in all the Drugs Task Force's work, including decision-making. The establishment of the DTFs gives the statutory, community and voluntary sectors, as well as public representatives, a unique opportunity to work together in preparing and implementing an integrated strategy to address the issues relating to drug use & misuse. This requires the development of shared values, which promote co-operation and collaboration. For this to happen, however, it is important that all involved are clear as to their roles and responsibilities.

It is the role of all DTF representatives to ensure that all relevant information available to their organisations should be provided to the DTF for the purpose of developing a 'Community Profile.' As outlined in the NACD Report "A Community Drugs Study: Developing Community Indicators for Problem Drug Use (2006)", this information could include:

- A profile of the range of drugs being used. Information from the HSE regarding Methadone Treatment Data and the Health Research Board regarding data from the National Drug Treatment Reporting System to feed into this profile;
- A profile of the local housing development, including warnings of and actual evictions and use of public spaces;
- A profile of the Drug Related Deaths in the area;
- A profile of crime and community safety in the region, for example, criminal justice issues (seizures, public order and anti-social arrests and charges, acquisitive crime, seizures/ number of cases sent for forensic analysis, Garda Data on known opiate users);
- Social Capital- Informal Social Support Networks: structure, density and size and composition by age, gender, ethnicity etc. Also a profile of community participation/volunteering; and
- School attendance.

#### **Chairperson**

The Chair is appointed by the Task Force for a three-year term. The Chairperson is a key figure and the success of the DTF will very much depend on the level of experience, commitment, skills and energy s/he can bring to the role. The Chairperson's independence must clearly be established and evident in the manner in which the business of the TF is conducted. It is important therefore, that the Chairperson appointed by the Task Force is not directly connected with any of the projects being funded by the Task Force. It is also important that there is complete transparency in the

arrangements put in place by DTFs for the selection process and appointment of Chairs. The Chairperson's role is to lead the Task Force and to facilitate its meetings.

### *Leading the Task Force*

The key responsibilities which arise here are:

- ensuring the Drugs Task Force works together towards achieving its aims;
- acting as spokesperson and representing the Drugs Task Force, as appropriate;
- overseeing the development, implementation and monitoring of an annual work programme by the Drugs Task Force;
- helping to resolve conflict; and
- convening meetings of the Executive Sub-Committee to make emergency decisions between meetings, where necessary, in accordance with procedures agreed by the Task Force

### *Facilitating meetings*

This involves:

- helping members to work well together in discussing and deciding issues;
- encouraging all members to participate fully and ensuring that they are heard;
- suggesting ways of dealing with conflict and ensuring that it is not ignored; and
- ensuring that members are aware of their responsibility to make meetings effective.

It is important that the Chairperson has the ability to bring together organisations and individuals from the different sectors to work as a team. It is also desirable that s/he has a knowledge and experience of social inclusion issues in the area/region, particularly as they relate to illicit drug use.

S/he must also be able to give an assurance of their availability in relation to time requirements necessary to carry out the job. This will entail attending meetings of the DTF and, where appropriate, meetings of its sub committees; attending national and regional meetings and conferences; as well as overseeing the effective implementation of the DTF's work programme, in conjunction with the Co-ordinator.

### **Vice-chairperson**

The vice-chairperson's role is to chair Drugs Task Force meetings in the absence of the chairperson.

Election of vice-chairperson should take place every three years following ratification of the chairperson.

The same person may hold the posts of chairperson or vice-chairperson for not more than three consecutive terms and the same person cannot hold a combination of these posts for more than four consecutive terms. In as far as practicable, arrangements

should be made so that the term of office of the chairperson and vice-chairperson do not terminate at the same time

### **Statutory Representatives**

Bringing Drugs Task Force projects to implementation stage and further developing the role of the Drugs Task Forces is a demanding task that requires significant support from the State Agencies. This needs on-going commitment, both at the level of the individual and the organisations they represent. Such commitment is essential if the various measures in the action plans are to be implemented and the plans themselves further developed.

Statutory representatives are expected to carry out their role in a proactive way, bringing information from their organisations to the Drugs Task Force and looking at ways in which their organisation can develop innovative local responses to the drug problem. They must be mandated to act on behalf of their agencies in the planning, implementation and monitoring of the Drugs Task Force action plan.

While statutory representatives have particular fields of expertise, they are expected to be familiar with all aspects of Drugs Task Force activities and the strategies being adopted to address the drug problem in their area. This enables them to participate actively in the work of the Drugs Task Force. The workload attached to DTF representation should be considered part of their core duties and adequate induction training provided to effectively carry out the duties as prescribed. Representatives must attend meetings regularly and involve themselves in other Drugs Task Force activities, including participation in sub committees and working groups as required.

This will also allow the DTFs to have a more direct input into the development of policies/practices at agency level. The statutory representatives will be expected to undertake a range of duties with the DTF, including:

- bringing relevant information from their organisations to the DTFs;
- assisting the development of appropriate responses to illicit drug use in the region;
- identifying and ensuring the effective implementation of interim-funded projects and other initiatives including acting as channel of funding for projects that fall within the remit of their organisations;
  
- monitoring projects being funded through their organisations and assisting with any issues that arise; there should be no undue delay in setting up projects which are approved funding. This includes the prompt processing of payments by State Agencies to project promoters, while at the same time ensuring the need for financial accountability and proper procedures. Project Promoters need to be aware of each organisation's funding, monitoring and reporting requirements and kept informed of any changes in those requirements. Statutory representatives should monitor the situation in relation to projects being funded through their own organisations and ensure that any emerging problems are highlighted at an early stage, so that appropriate remedial action can be initiated;

- updating the DTF on any relevant changes in organisation practices and/or reporting arrangements in a timely fashion;
- identifying and bringing to the attention of their agencies any proposed changes in policies/practices to ensure more effective coordination with other stakeholders.
- supporting project evaluations as required (Please also see Section VI below).

The above role description is generic. It will be necessary for individual agencies to define the precise role of their representatives, having regard to the manner in which they are best structured to participate in the work of the DTF. In defining this role, the following should be taken into account:

- the approximate amount of time allocated to the representative towards DTF work;
- the information that the agency will provide through the representative to enhance policy development and decision making within the DTF;
- the process for consulting the DTF on its own service plans/policies;
- the process for assimilating information and ideas from the DTF into its policies/practices.

The Drugs Task Force process provides a valuable opportunity to share ideas and experiences across a broad range of sectors and activities. Statutory representatives should actively engage with their counterparts on other Drugs Task Forces and representatives of other agencies, whenever possible, to maximise this potential benefit, broaden their understanding of the issues involved in addressing the drug problem and share best practice in relevant areas. The relevant DAG representative will also convene meetings to inform and support this process.

RDTFs have an additional communication issue as they service a wider geographical area. For example, numerous VECs could fall into one RDTF, while only one regional representative among them is nominated to the RDTF. Where this occurs, it is essential that there is a formal communication process to ensure that all representatives are informed. Where multiple branches of the same agency fall within the one RDTF, the development of a formal communication process between the branches should be established

### **Voluntary Representatives**

The voluntary sector makes a valuable contribution to the work of the DTFs. The experience gained by voluntary organisations from working directly with clients has enabled them to develop and promote innovative approaches to tackling illicit drug use. This, in turn, allows them to bring a unique perspective to the work of the DTFs.

The voluntary representatives should belong to voluntary agencies that are either servicing or located in the region/area. The Voluntary representatives should demonstrate a good knowledge of the local drug problem, as well as a commitment to dealing with it.

The role of the voluntary representative involves:

- providing information on the work of the DTF to the various voluntary organisations in the region to be done in a formalised manner through the local networks;
- organising discussion and debate on that work among those organisations;
- policy development; and
- providing feedback to the DTF.

### **Community Representatives**

People who are nominated as community representatives should be active within their communities, have some experience of local drugs issues and have a commitment to dealing with the problem. The extent of that experience will vary from area to area, as different communities are at different stages of development in responding to the drugs issue. However, as the work of the Drugs Task Forces continues, it is likely that the experience of newer representatives will increase, especially through their involvement with various projects and initiatives. Through their participation in the DTF, these representatives will:

- bring to its work an in-depth knowledge of the local drug problem;
- assist the development of policies/services based on a perspective gained from their involvement in the delivery of community-based services on the ground; and
- represent the view of the local community at the Drugs Task Force and keep their community informed on the Drugs Task Force's work.

It is essential that the expertise and experience of the community sector is clearly recognised by the other sectors involved.

It is recognised that community representatives are, in some instances, acting for communities where no adequate community structures exist. In representing the views of the local community, representatives will often have to deal with strongly divergent views. Therefore community representatives may require additional supports and training from DTFs to effectively fulfill this role.

The community representatives are not members of the Drugs Task Force as individuals, nor are they there to represent the interests of any particular organisation. Rather, they are nominated as persons who can represent the interests of the wider community. Their role, therefore, is to bring the view of the sector to the Drugs Task Force and keep their sector informed on the Drugs Task Force's work.

There are three key processes involved in carrying out that role:

- providing information to the local community;
- organising and facilitating discussion and debate in the local community; and
- providing feedback to the Task Force.

In order to represent the views of the local community sector, the representatives need to be able to feed information back to Drugs Task Force meetings in an effective way. This involves their active participation not only in full Drugs Task Force meetings but



also on any sub committees or working groups of the Drugs Task Force. Community representatives should also be part of any delegations to meet the DAG or other relevant bodies.

The community representatives should work together on summarising and presenting information to the Drugs Task Force and in promoting and arguing their case, where necessary.

### **Public Representatives**

Public representatives will bring their knowledge of the illicit drug problem in the areas they represent to the work of the DTF. As mentioned previously, they can also play an important role in consulting the local community on the DTF strategy and winning support for it.

In this context, it is important that they are fully apprised of the DTF strategy and the reasons underpinning it so that, if necessary, they can assist the DTF in overcoming local misapprehensions or fears around the provision of services. Representatives nominated to the DTF are expected to liaise with and encourage other public representatives in their areas to support its work.

### **Other Representatives**

The Partnership, Local Drugs Task Force and Social Inclusion Measures Group representatives will assist in ensuring greater co-ordination and co-operation between their respective organisations and the DTF.

They will be expected to keep the DTF informed of their strategies to address illicit drug use/social inclusion issues in their areas, as well as report back to their respective organisations on DTF activities. They will also be expected to assist the DTF in identifying/addressing areas of duplication or overlap in their respective strategies.

### **Role of DTF members as Project Promoters**

The community/voluntary representatives are not members of the Task Force as individuals, nor are they there to represent the interests of any particular organisation. Rather, they are appointed as persons who can represent the interests of the wider community/voluntary sectors. Their role, therefore, is to bring the view of these sectors to the Task Force and keep their sectors informed on the Task Force's work.

A number of DTF members are involved in the management of projects being funded through the DTFs.

Some voluntary representatives work with agencies that receive funding - additional to their core funding - to deliver specific interventions on behalf of the DTF. In the case of the community sector, in view of the small numbers willing to become involved in drug work, it is often those who are asked to assist in developing policy that are also the most willing to become involved in the delivery of services on the ground, either in a volunteer or salaried capacity. In some instances, State Agencies are the promoters of DTF projects.

It is important that these representatives continue to have an input to DTF work, particularly in the context of tapping their knowledge and expertise. However, there is equally a need for the representatives to differentiate between their roles as DTF members and project promoters so as to prevent a possible conflict of interest arising.

Accordingly, it will be necessary for each DTF to have appropriate procedures in place to ensure that representatives from organisations that apply for DTF funding are not involved in the process of determining which projects are recommended for funding. This would involve absencing themselves from the relevant part of meetings when matters of funding for their projects are being discussed/decided. Care needs to be taken that equivalence of consideration is given by a Task Force to funding applications from services that don't have representation at the Task Force.

In this way, these members can continue to bring their unique perspective, expertise and energy to the work of the DTFs - particularly those in direct contact with drug users - while at the same time avoiding any potential conflict of interest.

Please refer to the Operational Guidelines for Drugs Task Forces to further inform this process.

### **Networking**

Networking is an integral part of the process in that it allows the Drugs Task Forces to share their experiences and come to agreed solutions on common problems. Networking is facilitated in a number of ways as follows:

#### *Chairpersons Group*

The Chairpersons of the Task Forces hold ad-hoc meetings, as the need arises. Secretarial support and facilitation is available to them for this purpose. The DAG also meets the Chairpersons group periodically.

#### *Co-ordinators Group*

The Task Force co-ordinators have formed a network group which meets regularly to discuss matters of common interest. DAG meets regularly with this group.

#### *State Agency groups*

All statutory representatives should hold regular group meetings to ensure that individual concerns are addressed and that progress is monitored centrally. Statutory representatives are also expected to meet in plenary session as required, to ensure that a uniform drugs policy is reflected throughout all agencies and that there is an awareness of developments.

#### *DAG/OMD*

The relationship between the DAG/OMD and the Task Forces is perceived by all involved as being very important. The liaison person from the Group is integral to this.

#### *Community Representative*

A crucial part of the role of the community representative is their coming together to identify issues of common concern, so as to have a joint input and impact on policy development and to feedback issues of concern to the DAG community

representatives. They are supported in this networking by Citywide Drugs Crisis Campaign who co-ordinates the community representatives' networks.

### *Local Structures*

A key function of Drugs Task Forces is to raise awareness of the drugs issue in other local community structures to inform policy making and effective service provision especially those relating to social inclusion and tackling disadvantage. Equally the work of Drugs Task Forces should be fully informed by developments in other structures such as

- Local Development Companies (formerly Partnerships);
- Community Development Programme projects;
- RAPID Area Implementation Teams;
- YPFSF Development Groups;
- City & County Development Boards SIM Groups;
- Children's Services Committees;
- Local Homeless Fora;
- Joint Policing Committees;
- Local Policing Fora.

While it may not be possible to progress this through representation in all cases, other options include informal contacts and linkages and/or influencing/updating through statutory or other representatives where membership overlaps.

## **SECTION IV**

### **Nomination Process for Members of Task Forces**

The following is the nomination process for the various members.

#### **Chairperson**

The DTF chairperson will be elected directly by the DTF, although, in order to ensure that the most suitable person is selected, s/he need not necessarily be a representative of one of the participating bodies/sectors on the DTF. The criteria for nomination include: a relevant expertise, knowledge and experience of the drugs issue in the area and an assurance of the necessary time commitment to carry out the job. Task Forces should elect a vice-chairperson who is available to stand-in for the chairperson from time to time as required.

Where the term of chairperson is coming up for renewal, it is recommended that Task Forces give notice of this well in advance to allow Task Force members an opportunity to reflect on the stewardship of the chairperson and to contribute to a meaningful discussion on the matter if required.

#### **Statutory Sector**

Each Department/Agency will nominate one representative to each DTF. In this context, it would be important that the representatives either work in a relevant area within their organisations or have direct access to those who do. It is essential that they are at an appropriately senior level, so as to be able to influence policies/practices within their organisations.

It is a matter for each Task Force to determine which Departments are invited to become full Task Force members and which are invited to participate at sub-group level. However there is an onus on Task Forces to structure their meetings to most effectively utilise the time and expertise of members particularly around matters of strategic importance.

#### **Voluntary Sector**

##### **RDTFs**

The National Voluntary Drug Sector (NVDS) has established Voluntary Cluster groups in all ten Regional Drug Task Force areas. These cluster groups comprise representatives from all the voluntary sector agencies providing drug and/or alcohol services in the region or to the region. These cluster groups will be the nominating bodies for voluntary sector representatives on the RDTFs. Each cluster will nominate six persons to the Regional Drugs Task Forces who will be representative of the entire sector.

The term of office of the voluntary representatives on the Regional Drugs Task Forces will be two years.

## **Local Drugs Task Forces**

Voluntary agencies delivering substance misuse services in or to the LDTF area will be represented by a maximum of 2 representatives on LDTFs.

In order to strengthen Voluntary Sector representation on the Local TF's voluntary representatives will be appointed following consultation between local agencies serving the area. Criteria for appointment will include;

- Membership of local groups with a track record in provision of substance misuse services
- Appointing people who have the relevant knowledge and experience necessary to play a full and productive role on the Task Force
- Appointing representatives who have the active support of the local services
- Recognising the need for representatives to report to a local service network or cluster rather than their own agency.

The term of office of the Voluntary representatives on the LDTF will be two years.

The Voluntary and Community Sectors are committed to working together in supporting and networking their representatives on Task Forces.

## **Community Sector**

The community sector will nominate not more than 6 representatives to the DTF. Ideally, like their voluntary counterparts, community representatives should be nominated through community networks. These networks would not only provide those nominated with a mechanism to consult with colleagues from their sector, but also a mandate to represent their views at the DTF.

However, while work has commenced on the development of networks in RDTF areas, they remain largely undeveloped in most regions at present. RDTFs should actively support the development of existing networks involved in drug work and encourage the setting up of new ones. This work is to be supported by RDTF Development Workers. Future community sector nominations to the RDTFs could then come from these networks.

However, while work continues on the development of such networks, alternative arrangements for the nomination of community representatives may be required. Although, in areas where community groups/networks already exist or are in the process of being set up, it is essential that they play a role in the current nomination process. In such cases Task Forces may seek nominations from the County & City Development Boards or local Partnership structures which both facilitate community participation. In order to ensure that the most appropriate nominees are selected, the networks should ensure that those nominated:

- live in the area from which they are nominated;
- are fully committed to the aims and objectives of the DTF;
- are able to give an undertaking of the necessary time commitment to carry out the role effectively; and

- have a good knowledge and experience of local drug issues, based either on personal experience or from working on a drug project in the area.

The term of office of the community representatives will be two years.

### **Communities of Interest**

It is important to recognise that, in addition to area-based communities, there may also be communities of interest, who can play an important role in the work of the DTFs and their participation should also be facilitated. Communities of interest may include:

- Family Support Networks
- Travellers
- Lesbian Gay Bisexual Transgender (LGBT) Groups
- New Communities
- Homeless
- Prisoners
- Sex workers

It will be a matter for each DTF to agree locally or regionally how groups representing communities of interest will participate in the work of DTFs having regard to the remit of organisations from the voluntary and community sectors already represented and the extent to which the problems involving these client groups impact on the area.

### **Public Representatives**

A total of not more than 6 elected representatives will be nominated to the DTF. Public representatives should be drawn from relevant local authorities (County/City/Urban). Members of Dáil or Seanad Éireann may also be invited to become members.

At present, public representatives from County and City Councils may become members of Drugs Task Forces, at the invitation of the Task Force. Arrangements to facilitate the invitation of public representatives from Town Councils are currently being finalised with the Association of Municipal Authorities of Ireland.

The term of office of the public representatives will be two years.

### **Partnerships**

It is recommended that the Partnership managers in the region should form a network, which will nominate one representative to the DTF.

This representative will bring the collective views of the network to the DTF, as well as report back on DTF activities to the network. The individual managers, in turn, should report back to their respective Partnerships.

The Partnership Network will rotate its representative to the DTF at intervals to be agreed locally.

## **Duration of Appointment/Review of Representation**

Every effort should be made to ensure continuity and consistency in Drugs Task Force membership, however the need to reinvigorate the DTF and ensure a good geographical and representational spread should be taken into account. It is recommended that as part of their work plan each year, Drugs Task Forces would identify those members whose term of office is due to expire in the coming year and advise Drugs Task Force members accordingly. While statutory representatives continue to be nominated to the Drugs Task Forces by their agencies as vacancies arise, Drugs Task Forces should write to such agencies every two years to reaffirm statutory representatives. Normally, the Chairperson should have a term of office of three years, and a Chairperson should serve a maximum of three terms, four in exceptional circumstances.

It is equally essential that the chairperson and community/voluntary representatives continue to retain the confidence of both the Drugs Task Force and the sectors they represent. All members should make every effort to ensure that adequate notice is provided in cases where members are stepping down from their roles on Drugs Task Forces. It is desirable that replacements are put in place as quickly as possible to ensure continuity of representation and a period of overlap is provided for where possible to allow for induction and a smooth handover.

Drugs Task Forces are required to ensure that appropriate procedures are in place to assist them with the regular review of representation.

## **Induction, Training and Support for new Task Force Members**

Responsibility for induction of new members will lie with the Task Force Co-ordinator.

New members are given a formal induction that includes:

- The Drugs Task Force Handbook;
- An induction meeting with the Chairperson and/or Co-ordinator; and
- A mentor: an experienced member of the Task Force who undertakes to provide ongoing information and support for the first six months of the new member's term.

## SECTION V

### Supports for Drugs Task Forces

A range of supports have been put in place to assist the Drugs Task Forces in their work.

#### Co-ordinator

A co-ordinator is appointed full-time to each Drugs Task Force. The co-ordinators are employed by the HSE who have responsibility for their conditions of employment and salaries. The co-ordinator, in conjunction with the DTF and its chairperson, plays a pivotal role in assisting the Drugs Task Force in developing and implementing its drug strategy. This necessitates him/her taking a pro-active role in driving the work of the Drugs Task Force and managing its day-to-day operation, including the provision of project and financial information. Some of the ways the co-ordinator supports the work of the Drugs Task Force include:

- to profile services and resources available in the local area to combat drugs;
- to ensure that the aims and objectives of the Drugs Task Force's action plans are met through ongoing review, updating, prioritisation and amendment, including the initiation of any research required to inform such reviews;
- to facilitate multi-sectoral collaboration through increased participation in the Drugs Task Force drug service provision within the area;
- To support the Drugs Task Force in reviewing emerging needs and prioritising responses and helping to oversee the effectiveness of Drugs Task Force funded projects;
- to disseminate information on local drugs issues, Drugs Task Force plans, services and other responses;
- to liaise with key interest groups, service providers, Government Departments and other relevant groups;
- to co-ordinate a range of activities of the Drugs Task Force

Where a vacancy arises, the Drugs Task Force should seek the HSE representative to immediately initiate recruitment procedures to appoint a replacement and to make arrangements for the interim. The HSE should work closely with the Drugs Task Force in the recruitment process which ideally should include the Drugs Task Force Chairperson or vice-chairperson on any interview panel.

The appropriate line manager within the Health Services Executive (HSE) will be the co-ordinator's line manager, dealing with all normal personnel matters (annual leave, sick leave, etc.).

#### Additional Support Staff

Additional support staff in the form of an RDTF Development Worker and Administrator is provided for through the DTF Operational Budget. In the case of the LDTFs, staff are normally employed on a distinct funding line.



The Development Worker has a vital role in developing and supporting community based projects and facilitating interagency work. The key responsibilities of this post are project support, support of community/voluntary representatives and development of community/voluntary networks, policy development and the development of service users fora. They also support sub committees and can assist in the provision of project and financial information of projects.

The key functions of the administrator include general office administration, financial monitoring of operational budget expenditure, meetings, keeping up to date on drugs/addiction information.

### **Operational Support Costs**

The HSE has primary responsibility for providing and maintaining adequate administrative supports to the Task Force co-ordinators. However a flexible approach is taken and the ability of other State Agencies to assist in the provision of back-up services and accommodation is explored, where appropriate, having regard to the level of services provided by those agencies in the area and particular needs of the Task Force.

Task Forces are also permitted to include in their action plans, proposals for whatever additional supports are necessary - within their financial resources - to enable them to implement the plans.

### **Administrative/Development Funding**

This funding will cover the costs of travel and subsistence, and childcare or carers costs for TF Chairpersons, community members and, in some instances, travel and subsistence for voluntary representatives, as well as other incidental expenses such as publishing DTF materials, advertising, public meetings, conferences, etc. It may also be used to provide "seed" funding to new and emerging community or voluntary groups as a precursor to involving them more actively in the Task Force's overall drugs strategy at a later date.

### **Travel Expenses**

Due to the size of some regions transport costs will inevitably vary for community representatives and, in some instances, voluntary representatives. In general

- Voluntary drug projects significantly funded by the State should be approached locally with a view to covering the costs of attendance at meetings from within their overall budget
- Where necessary, exceptional cases that arise from the voluntary sector, will be assessed by a group comprising the DTF coordinator, DAG liaison person and DTF chairperson.
- HSE standard travel rates and claim forms should be used when making applications for refund of expenses for chairpersons, community reps, voluntary reps and public reps.
- Standard HSE regulations/procedures will apply

- Public transport and shared travel arrangements should be encouraged where possible to keep down costs.
- In all cases claims for recoupment should be made only on the basis of vouched invoices or receipts.

### **Subsistence**

DTF meeting arrangements should ensure that payment of subsistence rates would not normally apply. However, meeting arrangements should include provision of refreshments for meeting participants as deemed necessary.

### **Family care costs for community representatives and DTF chairpersons:**

Expenses incurred in relation to the care of the young, sick or elderly persons, while members are attending Task Force business, may be recouped on the basis of vouched invoices or receipts. DAG acknowledges that there may be regional variations in the rates charged.

In all cases members are asked to seek preapproval in accordance with official regulations. The DTF Co-ordinator should work with members in this regard.

Each DTF Co-ordinator as part of their preparation of their administrative budget should estimate their needs to meet travel and family care expenses for community representatives.

### **Other Expenses**

Non routine expenses, including by chairpersons, must be agreed in advance by the Task Force.

### **Substitution Costs**

The underlying principle governing the membership of the RDTF by community representatives, like the LDTFs, is that they do so on a voluntary basis. Therefore, payments by way of salary, fee payments or loss of earnings or for giving up their own time to attend meetings etc. are ineligible for funding. The Voluntary Sector representatives will be mandated and resourced to attend meetings of the Task Force by agreement with the Voluntary Cluster for the region and the Project Service Provider from which they normally work. In most cases the employing Project will remunerate the voluntary representative to attend meetings. In some circumstances a local service provider may not be in a position to support a worker. In these cases recourse may be taken to the Task Force as described earlier.

### **Expenses for Public Representatives**

The Department of Community, Equality and Gaeltacht Affairs sanctioned expenses for Public Representatives up to an annual set limit per rep for attendance at Regional Drugs Task Force meetings. Expenses to be claimed from RDTF Co-ordinator.

## **Additional Supports**

### **Supports for Community Sector Representatives**

Community representatives have an important role in providing information to and consulting with local communities in relation to drugs issues, as well as re-assuring them that the Task Force is operating on the basis of genuine partnership. It is recognised that support and networking of community representatives needs to be encouraged. A crucial part of that role is their coming together to identify issues of common concern, so as to have a joint input and impact on policy development. They are assisted in this role by the TF Development Workers and by the DAG Community Representatives with assistance from Citywide Drugs Crisis Campaign with the process of establishing networks nationally, facilitating training and regular meetings of the Task Force community representatives. Where Community representatives are attending regional, national and network meetings as part of their role, the travel, subsistence and family care costs should be applied. Where possible, expenses should be kept to minimum e.g. holding sector meetings on the same day as TF meetings. Particular attention should be paid to supporting the community sector.

### **Supports for Voluntary Sector Representatives**

The National Voluntary Drug Sector (NVDS) has established a national network of voluntary clusters and a national representative body. This organisation provides the means for the sector to network nationally, support the local clusters and represent the interests of the sector on the various national fora whose remit includes substance misuse. All voluntary TF members would need to be part of this network.

### **Training**

Training for Task Force members is essential to the success of the initiative, particularly as representatives from the voluntary, community and statutory sectors are being asked to work together in a new and innovative setting. Task Forces should regularly identify the training and development needs of their members, with a view to determining how these needs can best be met.

### **Small Grants Fund**

The Small Grants Fund (RDTFs only) is designed primarily to respond to new situations not covered in the Task Force plans. While the budget may be used to respond to specific or unanticipated situations, it may also be used to provide "seed" funding to new or emerging community or voluntary groups, as a pre-cursor to involving them more actively in the Task Force's overall drugs strategy at a later date. Small Grants are only available to community and voluntary groups, excluding statutory organisations except in exceptional circumstances and evidenced by local community involvement, for drug-specific activities.

## **DAG Liaison**

The Liaison person from DAG is a support to the Drugs Task Force, and is a link between the work of the DTF and the DAG. Part of the role of the Liaison is to act as a conduit for information between the DTF and the DAG.

## **Advertising / Publications**

Projects funded under any initiative in the National Drug Strategy must acknowledge the Department of Community, Equality and Gaeltacht Affairs as a source of funding. This applies to both printed material and signage, as appropriate.

This provision must be included in all notifications of approval of funding to and from Channels of Funding/Project Promoters/Development Groups, etc:

- For the standard requirements with regard to the NDP, see [www.ndp.ie](http://www.ndp.ie).
- DTFs should acknowledge the role of the Department of Community, Equality and Gaeltacht Affairs in advertising / publications as, in Irish and/or English versions of the wording to be included is as follows –
- “Maoinithe ag an Roinn Gnothaí Pobail, Comhionannais agus Gaeltachta tríd an Tascfhorsa Reigiúnacha Drugaí (*cuí*).”

### **AND / OR**

“Funded by the Department of the Community, Equality and Gaeltacht Affairs through the

*(relevant)* Drugs Task Force.”

## **Signage Arrangements for Capital Projects**

For Capital Projects that have received funding under the Premises Initiative, arrangements are in place by the Department of Community, Equality and Gaeltacht Affairs for the recognition of Department funding by way of public signs.

## **SECTION VI**

### **Monitoring and Evaluation of Drugs Task Force projects**

#### **Financial Procedures**

Revised financial procedures, reporting by Drugs Task Forces to the Office of the Minister for Drugs and the future of mainstreaming are expected to be the subject of circulars from the Office of the Minister for Drugs to Task Forces from time to time during 2011. In the meantime, the principles set out below remain in place.

#### **Project Funding**

Funding is approved by the OMD on an annual basis. The first tranche of funding is called initial funding. Initial funding is approved on a 'pro rata' basis, based on the annual allocation approved for each project. After the initial funding has been expended projects then go through an interim funding process. It remains the intention of the Office of the Minister for Drugs that, unless specific difficulties emerge in relation to a particular project, it should continue to receive funding until it is evaluated formally and a decision is made on its continuation/mainstreaming. Interim funding is approved by the OMD on an annual basis.

If a Drugs Task Force wishes to reallocate funding between projects/actions, a proposal must be submitted to the OMD outlining the new project and the need for it, and why the funding is no longer required for what was originally approved. This proposal must be fully developed, discussed and approved at Drugs Task Force level, with full agreement of all parties, prior to submission to the OMD.

#### **Conditions Under Which Funding is Allocated**

Funding to support proposals is being made available subject to the following conditions:

- Funding will be allocated to support only those proposals specifically identified in the Drugs Task Force strategy, and named as those 'recommended' by the OMD, and approved for funding.
- Funding will be provided on the basis of supporting the projects initially for a period of one year. Projects which require funding to continue beyond one year will be reviewed by the Drugs Task Force prior to the end of that period in light of an evaluation of their effectiveness and impact on the drug problem in their area and taking account of whether funding should more appropriately be made available from a different source (through the DTF examination of the RDTF1/LDTF1 Form).

Continuation of funding via the OMD will be subject to a Government decision in relation to the process.

- Where a project is being funded on a one-year basis, as opposed to a once-off grant, the profile of expenditure for the year (appended to the RDTF1/LDTF1 Form) should be completed. In such cases, funding will be made available to the project promoter in advance instalments based on the profiles, which may be revised by the Funding Agency in consultation with the Drugs Task Force, in the light of the examination of the detailed proposals and costings.
- The project promoter must complete the RDTF1/LDTF1 Form and forward it to the Drugs Task Force, as well as furnishing any other information requested by the Task Force or the Funding Agency relevant to the proposal being funded.
- The project promoter must satisfy the Drugs Task Force that appropriate management and personnel arrangements are in place to ensure that the proposal for which funding has been allocated can be successfully completed.
- Salaries should be agreed with the DTF in accordance with the appropriate regulations and requirements of the channel of funding for that project.
- The project promoter must comply with the tax and accounting requirements of the State Agency through which the funding is being channelled;

Where the project promoter proposes to recruit staff in order to implement a proposal, it is expected that such posts will be filled through open competition. Where a project promoter proposes to depart from this practice, due to exceptional circumstances, the prior consent of the OMD should be sought.

- Normal public sector tendering arrangements should be applied as appropriate.
- Reallocation of funding: Drugs Task Forces cannot reallocate any funding that is not spent within the current year without seeking formal approval from the OMD.
- Administration fees by hosting agencies: as Drugs Task Forces are based on a partnership approach, hosting fees outside of actual administration costs for the administration of projects is not anticipated. In exceptional circumstances where such situations arise, such costs should be kept to a minimum in order to prioritise frontline services.

### **Role of the Funding Agency**

The role of the Funding Agency will be to:

- Ensure that the conditions under which funding has been approved are complied with;
- Enter into an agreement/contract with the project promoter in respect of the funding which is being allocated; and

- Ensure that the projects are commenced on a viable basis within a set period of the date of allocation, with any funding of the projects not commenced within the period being deemed to be de-committed. There must be a provision allowing for the recovery of any funding previously disbursed to de-committed projects.

Reports are submitted to the Task Force coordinator by the project promoter on a quarterly basis, or more regularly where appropriate. These reports record progress in relation to the project, as well as setting out the position in relation to expenditure and the drawdown of funding.

If it becomes apparent that problems are developing with a particular project, the statutory representative on the Task Force within whose remit the project falls should, in association with the co-ordinator, enquire into the difficulties and report back to the Task Force and State Agency. The Task Force as a whole must agree a position where continuing difficulties persist. Where appropriate, OMD should be consulted. Where there is any evidence or suggestion of financial impropriety, the State Agency should be informed immediately.

### **Mainstreaming**

The term mainstreaming refers to the process by which responsibility for the funding of a project funded on an interim basis by Drugs Task Forces transfers when the project is evaluated to the relevant State Agency, in accordance with the laid down procedures and protocols.

Projects will only be mainstreamed where they have been formally evaluated in accordance with the agreed criteria and, following this evaluation, there is a clear recommendation that they should continue. It would also be essential that any modifications recommended in the evaluation (i.e., amended operating procedures, etc.) be put in place prior to any project being mainstreamed.

Mainstreamed projects make a significant on-going contribution to the response to substance misuse problems in LDTF areas. To maintain the strategic links between Drugs Task Forces and mainstreamed projects, it is recommended that the relevant funding body brief the Task Force on the activity of the project on an annual basis.

## Appendix 1

### Drugs Task Force Areas

<b>TASK FORCE</b>	<b>AREAS COVERED</b>
Ballyfermot LDTF	Ballyfermot
Dublin 12 LDTF	Crumlin, Drimnagh, Kimmage & Walkinstown
Canal Communities LDTF	Bluebell, Inchicore & Rialto
South Inner City LDTF	Ringsend, Dublin 2 & 8
North Inner City LDTF	Dublin 1, 3 & 7 (part)
Ballymun LDTF	Ballymun
Finglas/Cabra LDTF	Finglas, Cabra
Dublin North East LDTF	Coolock, Darndale, Donnycarney & Killbarrack
Blanchardstown LDTF	Blanchardstown
Clondalkin LDTF	Clondalkin
Tallaght LDTF	Tallaght, Whitechurch
Dun Laoghaire Rathdown LDTF	Dun Laoghaire Rathdown
Bray LDTF	Bray
Cork City LDTF	Cork City
Midland RDTF	Laois, Longford, Offaly & Westmeath
Mid Western RDTF (incl. Limerick City Sub-Group)	Clare, Limerick, Limerick City & Tipperary NR
North Eastern RDTF	East Cavan, Louth, Meath & Monaghan
North Western RDTF	Donegal, Leitrim, Sligo & West Cavan
Southern RDTF	Cork & Kerry
South Eastern RDTF	Carlow, Kilkenny, Tipperary SR, Waterford & Wexford
Western RDTF	Galway, Mayo & Roscommon
East Coast RDTF	East Wicklow
North Dublin City & County RDTF	North Dublin City & Fingal
South Western RDTF	South & West Dublin City, South Count Dublin, Kildare & West Wicklow



## Appendix 2

### **Principles Governing Line Management of RDTF staff by HSE Regional Drug Task Force Co-ordinators**

- Employment Contracts for Development/Administrative staff will be clearly with a legal entity e.g. a Partnership Company/community based company (Host Employer) which can enter into legal contracts.
- The legal entity i.e. Partnership Company/Community based company (Host Employer) already have well established employment policies/procedures in place. At no time will HSE policies/procedures be used \*\*.
- Development/Administrative contract holders will be clearly advised they have no linkages with HSE other than line management in the first instance
- Issues arising from discharge of duties by Development/Administrative staff will be identified by the line manager (Drug Task Force Coordinator) and will be addressed as follows:

#### Informal resolution:

- Between the TF coordinator as line manager and post holder
- If unresolved, a meeting(s) involving the TF chairperson, TF coordinator and post holder

#### Formal process:

- If unresolved, the legal entity i.e. the partnership of community- based company employment mechanisms to be pursued
- Any dispute between the parties may subsequently be referred to national state industrial relations machinery.

\*\* - In the event of the TF choosing to become a legal entity and choosing to employ directly, it must ensure that it uses well-established employment policies. No staff will be employed until these are in place.

## Appendix 3

### Goodbody Expenditure Review Process Indicators

#### DTF Board Meetings: Number and hours of DTF board meetings attended by sectors

<b>Total no of Meetings</b>	
Statutory reps	
Community reps	
Voluntary reps	
Co-ordinator	
Political reps	
Chairperson	
NDST Liaison	
Partnership	
<b>Total no. of <u>hours</u> spent at meetings</b>	

#### DTF Sub-Committee Meetings: Number and hours of DTF board meetings attended by sectors

<b>Total Number of meetings</b>	
Voluntary reps	
Community reps	
Statutory reps	
Coordinator	
Chairperson	
Political reps	
Partnership	
NDST Liaison	
<b>Avg No of <u>hours</u> spent at meetings</b>	

#### Overall DTF stakeholder satisfaction rating:

Satisfaction	
Strongly satisfied	
Somewhat satisfied	
Undecided	
Somewhat dissatisfied	
Strongly dissatisfied	
No opinion	

**DTF Coordinator External Meetings: The annual number of non-project related meetings attended by the DTF Coordinator with entities external to the Task Force**

RDTF (including subgroups)	
Partnership (including Sub-Groups)	
RAPID	
Coordinators' Network	
Cohesion Group/Local Dev Gp/Councils/CDP/SIMS	
NDST	
NDST Liaison	
SCP	
Coordinator and Chairs Network	
Project Committees/steering groups/management Groups	
Chairperson	
Staff/ Management Liaison	
Workshops	
Drug Education Programme	
CE Working Group	
Networks: Vol/Educational	
Prison Link	
Citywide	
HSE	
Community Forum	
Maynooth	
Research committee	
Website development	
Law Centre	
CDYSB	
Equal	
Other	
<b>TOTAL No. of Meetings</b>	

## **Appendix 4**

### **Procedures for Mainstreaming (pre 2010)**

#### **Evaluation Process**

The projects will be evaluated centrally once they have been piloted. The process shall be:

- Examine the objectives of the projects selected and the extent to which these have been achieved.
- Measure the outputs and, as far as practicable, the outcomes of the projects.
- Provide an assessment report on the overall effectiveness of each project with particular reference to:
  - The achievements of the projects relative to the National Drugs Strategy pillars;
  - The level and nature of services provided;
  - Whether those services meet the defined needs of the Drugs Task Force areas as outlined in their plans;
  - The numbers attending, levels of attendees and the assistance provided by project.
  - The quality of that assistance; including the participants/service users own experience and perceptions.
  - The legal, financial and budgetary, and management structures of projects and their adequacies.
  - The identification of any critical factors (external and internal) affecting the delivery of the services.
  - The value for money being achieved.

#### **Protocols/Guidelines for Mainstreaming**

The following protocols/guidelines have been developed to provide a platform on which project promoters and State Agencies can enter into an arrangement for the continued operation and funding of projects on a mutually acceptable basis.

It is vitally important that both sides' rights and responsibilities are acknowledged and respected. The origins and ethos of individual projects should not be lost sight of. Equally, the expertise of State Agencies should be seen as an asset, while their responsibilities in relation to auditing of funding, etc. must also be recognised.

The following are the protocols which must be observed if the mainstreaming process is to work effectively:

- prior to mainstreaming, a contract/agreement should be drawn up between the project promoter and the State Agency and witnessed by the Drugs Task Force, which will outline the service to be delivered by the project and the funding, supports, etc. to be provided by the agency;
- the introduction of changes to the project - either in terms of funding, nature, type or scale - can only be done following consultation between the three parties involved, i.e. the project promoter, the State Agency and the Drugs Task Force;

- the project promoter must respect the responsibility of the State Agency to account for Exchequer funding and must, therefore, comply with the agency's reporting and auditing requirements; and
- the State Agency must be assured that funding at an agreed level will be transferred to it simultaneously with its taking over responsibility for the project.

## Appendix 5

### **Drugs Task Force Action Plans: Possible Issues for Consideration**

#### **Action Plans**

Each Drugs Task Force should prepare an action plan to respond to the drug problem in their areas. Action plans should be designed to complement and add value to the drug programmes and services already being provided or planned by the State Agencies. The over-riding aim should be to provide a strategic, co-ordinated response to the drug problem in the Task Force area, through the development of a single, integrated plan, which all organisations and agencies - statutory, voluntary and community - support and are committed to implementing. A comprehensive consultation process is essential when preparing the plan. This should include consultation with local statutory, voluntary and community organisations which, although not represented on the Task Force, are nevertheless delivering programmes and services in the area relevant to addressing the overall drug problem. It is vitally important that local communities have an opportunity of inputting into the planning and development of proposals affecting their areas if they are to take ownership of the projects once they commence.

#### **Initiatives in the Action Plans**

The initiatives in the Task Force plans can be categorised under the broad themes of the pillars of the NDS. Examples of the types of measures funded include:

- research into the extent and nature of the local drug problem, with a view to assessing the needs of local drug misusers;
- the development of materials for delivering drug awareness messages relevant to local circumstances (e.g. videos, information leaflets, pamphlets, comics, painting books, etc.);
- the setting up of local information and advice centres for drug misusers and their families;
- measures to target special client groups which normal drug information services may not reach (e.g. Communities of Interest.);
- the establishment of Community Drug Teams, to provide a holistic, inter-agency response to the needs of local drug misusers;

#### **When developing plans the following considerations may be taken into account:**

- children involved in or at risk of becoming involved in drugs;
- the development of activities aimed at “at risk” children and young people outside the school setting (in youth clubs, etc.);
- the development and/or expansion of premises through which community-based drug programmes and services can be delivered;

- the provision of training for community groups and individuals, to enable them to work with drug misusers, their families & Community of Interest;
- the provision of training on drug issues for local services
- ensuring that drug misusers have access to a continuum of treatment/rehabilitation options to meet their diverse needs;
- the development of programmes and services for stabilised drug misusers, with the aim of fully re-integrating them into the community, including the use of initiatives, such as Community Employment, to achieve this aim;
- the provision of support for families or the extended families of drug misusers, through advice and assistance;
- to support and expand on the work of “link workers” to assist drug misusers at critical transitional periods (e.g. during prison sentences, moving from rehabilitation towards training/employment, etc.);
- the development of new or specific services to cater for the diverse needs of drug misusers (e.g. crèche facilities for single parents, residential drug treatment/rehabilitation centres where parents can bring their children with them, etc.);
- the establishment of mediation fora with a view to resolving local issues around supply in a balanced and equitable fashion.

The statutory representatives on the Task Force - while having regard to data protection and any other relevant legislation - should ensure that all relevant information available to their organisations is provided to the Task Force for this purpose. Where a Task Force proposes to conduct or commission research into the /nature, extent or prevalence of drug misuse in its area, it is important that it has regard to accepted norms for the conduct of such research, taking into account the need to produce objective, valid and comparable data. It would be important, therefore, that research is conducted on the basis of a standardised approach and the Health Research Board should be consulted for guidance on this issue.

### **Development and prioritisation of specific proposals to give effect to the strategy**

Having drafted a coherent strategy to respond to the local drug problem, the next step is to develop and prioritise a series of specific proposals to give effect to that strategy. In preparing these proposals, the Task Force should bear in mind that initiatives to fill gaps in service provision do not necessarily have to be funded through the Task Forces and the onus on State Agencies to deliver programmes and services in their own areas of responsibility remains. All proposals should be fully costed and prioritised. The Task Force should also pay particular attention to identifying any unnecessary overlap or duplication in current or planned service provision, proposals for the elimination of which should be agreed between the relevant parties and included in the plan.

### **Cross-Task Force issues**

In preparing its plan, the Task Force should identify issues which - while not impacting directly or exclusively on its area - are nevertheless important in developing an integrated, coherent response across all Task Force areas. An example of this is the issue of homeless drug users, a problem which some Task Force areas “export” while others “import”.

The Task Force should:

- identify which issues need to be examined in this context; and
- make recommendations as to how they might best be addressed. The Drugs Advisory Group will then consider these issues and - following further consultation with the Task Forces - will make recommendations to the Minister/Minister of State on the matter.

### **Evaluating /Assessing plans**

It is important that plans are **evaluated /assessed** to ensure that an effective response to the drug problem is being implemented in each area.

The following are the criteria which **will/may** be used to assess the updated plans:

- the extent to which the plan is area-based, integrated and maximises the use of existing resources;
- whether the measures proposed are additional and complementary to existing or planned programmes and services - statutory, voluntary and community - in the area;
- whether the proposed measures link effectively with complementary initiatives, existing or planned,
- whether the Task Force has clearly demonstrated a partnership approach to filling gaps in service provision and eliminating duplication or overlap;
- whether it has been clearly demonstrated that the proposed programmes and services meet the identified needs of the area, having regard to the extent and nature of the local drug problem, the diverse needs of the target group and the current or planned level of service provision;
- whether the proposed measures accord with the aims, objectives and targets of the overall initiative;
- the extent to which the proposed projects have the potential to be successfully mainstreamed following full piloting and evaluation;
- whether the promoters have demonstrated the capacity to deliver the proposed projects;
- whether the proposed projects are viable and sustainable;



- whether the plan incorporates new, innovative approaches in responding to the drug problem, which are capable of being replicated elsewhere;
- whether the proposed projects have been fully costed and prioritised;
- whether the proposed projects set out clear aims, objectives and targets, in terms of inputs and expected measurable outputs, outcomes and impacts;
- whether the Task Force has demonstrated a wide consultation process in the development of the plan; and
- the mechanisms proposed to ensure the effective implementation and monitoring of the approved proposals.

### **Information sessions**

Taking account of the experience gained to date is an important part of the preparation of the plans. Therefore, the Drug Advisory Group arranged a series of information sessions for the Task Forces to facilitate the dissemination of best practice under the various themes to be addressed in the plans.