

ANA LIFFEY DRUG PROJECT POOLE VOLUNTEER HANDBOOK



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David Poole

Ana Liffey's Volunteer Programme is named in honour of Dr. David Poole. David was Ana Liffey's longest serving volunteer. David served on the Ana Liffey's Council of Management from 1986 until his death in 2014. At Ana Liffey's staff conference in 2013 David's commitment to the Ana Liffey was recognized by the establishment of 'The Poole Volunteer Programme' and he was awarded a certificate for his volunteering service. David championed the involvement of volunteers at the Ana Liffey ensuring the inclusion of a specific action in the Ana Liffey's Strategic Plan 2012-2014 that would allow volunteerism to develop at Ana Liffey.

Foreword by the director

Many people start their working life in the charity sector through volunteerism. Our own volunteer programme, the Poole Volunteer Programme, is only recently established, but many of our staff in Ana Liffey started by giving their time in other relevant services. My own path is no exception.

I have been working in health and social services since 1993. At periods during my early career, I benefited from volunteering. Let me explain how I got started - in 1991, the UK was in the grip of an economic recession. I was working as an Assistant Photographer for a company specialising in Fine Art Photography, based in Christies Auction House in London. Business was slow and, to cut a long story short, redundancies were made. My role was one of the first to go. They made a lot of redundancies over the coming years and the organisation went through a tough time, but I'm pleased to say that the 95 year old company still survives to this day. However, I needed to find new work. Luckily, I managed to get a temporary contract with the London Borough of Greenwich Housing Department between Dec 1991 and April 1993.

During my time with the Housing Department, I had an interesting conversation with a friend of mine. He told me that he was considering volunteering in one of the City's homeless services. The idea of supporting people who were homeless; of getting work experience, of getting training, etc. sounded like a good idea to me. So I applied and was taken on as a volunteer project worker at the Centrepont "Off the Streets" Project on Dean Street in central London. It was a low threshold crisis shelter, providing support to young people experiencing street homelessness. I volunteered each

Sunday evening, for eight months, between April and November 1993. Each shift was led by a Project Worker with support from a volunteer team, comprised of a volunteer team leader and two volunteers. The volunteer's duties included welcoming the clients, making dinner, engaging socially during the evening (e.g. playing board games, chatting, watching TV, etc.), making beds, doing clients washing, cleaning and anything else that helped the project run smoothly - it was a very hands-on role. The staff member led on interventions with clients and volunteers supported them as appropriate. From my perspective as a volunteer this system worked just fine and it was a great way to get a really practical experience of working with people and managing difficult situations in a low threshold environment. I enjoyed the whole experience very much and quickly worked my way up to the role of volunteer team leader. I realised that this was what I wanted to do and set about working in similar environments across London.

People's motivation to volunteer varies. I appreciate that some people volunteer their time to help their community and others; to increase their self-esteem; to help out friends and make new friends; to enjoy something they love; etc. However, for me I went along because I was interested, it turned out to be a good way to get new experience and a new direction in my career. My early experiences as a volunteer were very formative and helped me on my way in my career. I can honestly say that, had it not been for volunteerism, my options in the sector would have been limited. Twenty years on, as the Director of the Ana Liffey, I recognize the value that volunteerism can add, and I am committed to ensuring that the Poole Volunteer Programme will be a success. Volunteerism is important at any time, but even more so during an economic recession – it provides an opportunity for the organisation and its clients to benefit from volunteers' time and commitment; equally, the volunteer gets real world work experience and skills. We ask a good deal from our volunteers – in order for volunteerism to be safe for everyone, volunteers need to be held to professional boundaries, standards and expectations. However, we give a lot in return, and hopefully in the future, people who volunteer with the Ana Liffey Drug Project can look back on the experience positively, as I can with my early experiences in London.

Thank you for taking the time to read about my experience and views on volunteerism. I look forward to working with the people who are willing to give up their time to work with us and support our clients over the coming years.

Kind regards,

Tony Duffin
Director
Ana Liffey Drug Project

Part 1 General ALDP Information



History of the Organisation

Since being established in 1982 in North Inner City Dublin, the Ana Liffey Drug Project (ALDP) has provided a 'Low Threshold - Harm Reduction' service to individuals who are experiencing problem substance use and their families.

The Ana Liffey Drug Project was the first 'low threshold – harm reduction' type service in Ireland. This model has gone on to be replicated throughout Ireland by many other organisations.

ALDP was originally set up as an alternative to the dominant abstinence based approach of the day. The project had two central founders, supported by local community members. Frank Brady, a Jesuit priest, was living

in a Jesuit community in the area, Frank immersed himself in the drug issue by spending time learning about different models for working with drug users and Mara de Lacy was a community worker, working in a co-operative in the Sean McDermott Street area in 1979, where her work brought her into contact with young people and their families. She had previous experience of issues around drug use from her experience of working in London in the early 1970s.

The project created a welcoming space where active drug users could look at their life and their options for positive change in a non-judgmental environment. The project espoused core principles of 'Respect, Welcome, Participation and Rights'. These principles still apply today.

In 1996, ALDP entered into a challenging period of transition that saw the project physically move from the Salvation Army premises in 13 Lower Abbey Street, to 112 Middle Abbey Street and finally to its new home at 48 Middle Abbey St in October 2003. During 2007 Ana Liffey expanded its services in Dublin expanding into 51 Middle Abbey St.

The Ana Liffey developed sectoral support services. These supports are now delivered by Ana Liffey's online and digital services team.

The Ana Liffey began to offer services outside of Dublin with a Needle and Syringe programme in the North East from October 2010. This was quickly followed by the development of a series of regional services around Ireland. These include the provision of an Outreach Service in the Midlands from January 2011, the management of an Open Access Service in Mullingar from October 2011 and the provision of wide range of services in the Mid-West Region from May 2012. The Ana Liffey continues to expand and develop its services nationwide.

ALDP Vision, Mission & Values

“Our vision is for a society where all people affected by problem substance use are treated with dignity and respect and have access to quality services.”

Mission Statement

Our mission is to work with people affected by problem substance use and the organisations that assist them. We do this to reduce harm to individuals and society, and to provide opportunities for development of those individuals and organisations.

Values

The Ana Liffey neither promotes nor denounces substance use but seeks to respond to the problem.

What this means:

- We support people to reduce harm
- We respond to people's needs
- We recognise the potential of the people we work with
- We provide evidence based responses
- We are innovative

The Ana Liffey believes in the rights and responsibilities.

What this means:

- We support people to know their rights
- We encourage people to take responsibility
- We treat all people who come into contact with Ana Liffey with dignity and respect.

The Ana Liffey is pragmatic.

What this means:

- We turn words into actions
- What matters is what we do
- We identify, take and manage risks
- We are solution focused
- We deliver on our commitments.

The Ana Liffey aims to make a positive contribution to society.

What this means:

- We actively engage in the promotion of a partnership approach
- We are open and accountable
- We are a quality led organisation and a leader in good professional practice
- We have a local, national and international perspective.

The ALDP aims to take a wider role in society:

What this means:

- We believe in partnership.
- We aim to be open and accountable.
- We strive to be a quality led organisation.
- We have a local, national and international perspective.

Work of ALDP

Work of ALDP Dublin teams

- Open Access
- Key working and Case Management
- Medical Services - full time nurse qualified project worker and Safetynet Surgery
- Harm reduction groups
- Treatment options groups
- Pre-entry Programme in conjunction with Coolmine T.C.
- Family Support
- Assertive Outreach
- Adult literacy & Computer literacy
- Communications – Fetac Level 4 accredited
- Needle and syringe program
- Men's Prison Programme in Mount joy Prison
- Arrest Referral

Work of ALDP Midlands Covering County's, Laois, Offaly, Westmeath, Longford)

- Open access
- Key Working & Case Management
- Peer Support Programme
- Crisis Intervention
- Needle and syringe program
- Assertive Outreach
- Traveller Specific Outreach
- Family Therapy to Under 18's and their family
- Clinical Psychologist service to Under 18's
- Prison visits

Work of ALDP Mid-Western Region (Based in Limerick) Covering County's Clare, North Tipperary, Limerick

- Key Working & Case Management
- Crisis Intervention
- Needle and syringe program
- Assertive Outreach
- Treatment options group
- Pre-entry to helping women recover group
- Pre-entry to Coolmine therapeutic community group
- Prison visits

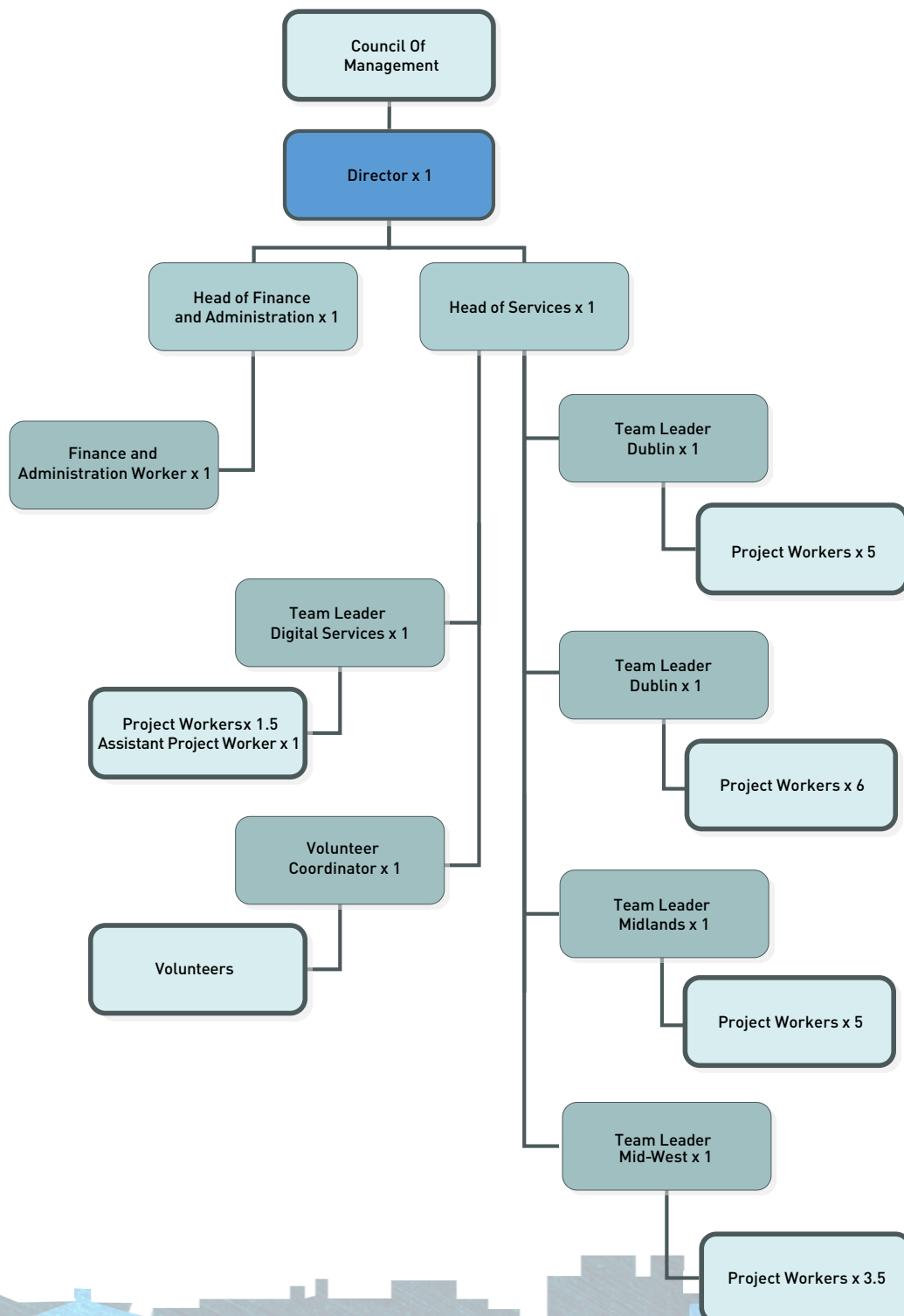
Work of ALDP Online and Digital services team

- Development & management of drugs.ie
- Quality standards support work
- Online live helper
- Community detox

Structure of the Organisation

The ALDP structure is arranged in to a series of teams led by Team Leaders. These are two Dublin Teams, a Midlands Team and a Mid-West Team which deliver our local services; and an Online and Digital Services Team which deliver our sectoral support and most of our national services. These Teams are supported by an Finance and Administration worker, a Volunteer Co-ordinator and a senior management team. The Ana Liffey is a registered charity and a company limited by guarantee. It is governed by a Council of Management.

Ana Liffey Drug Project Organisational Structure



Part 2 Volunteering & Volunteers at ALDP

The Poole Volunteer Program was established for the following reasons.

- To expand the capacity of Ana Liffey to deliver services to our clients and partners in a cost efficient and sustainable manner.
- To expand the support services within the Ana Liffey including administration, communications and funding in a cost efficient and sustainable manner.
- To allow supporters of Ana Liffey to contribute to the aims of the organisation.
- To provide individuals with opportunities to learn about the work of the Ana Liffey and the experiences of our clients.
- To facilitate individuals to develop careers in the drugs sector or related sectors.
- To provide opportunities for Ana Liffey staff to develop their skills in managing personnel.

Volunteering roles at ALDP

ALDP Volunteer Receptionist

To act as a first point of contact for all clients, stakeholders and visitors to the Service.

Activities:

- Taking general telephone calls and message's
- Transferring calls
- Booking appointments with clients
- Forwarding emails and voice-mails to staff from the info@aldp.ie account.
- Database work
- Working on the front desk, welcoming visitors to the service and helping with enquiries
- Filing/Archiving
- Record keeping
- Record of post in and out

ALDP Assertive Outreach Volunteer

The assertive outreach function is as extension of our drop-in service established in order to expand people's willingness to use ALDP services and increase awareness of the service among potential users or those who may refer clients to us. We can provide friendly non-judgmental advice and support on the streets in the home or a location of the clients own choosing away from the centre-based service.

Services provided include:

- Meeting people where they are to offer service and information in a variety of locations (including home visits)
- Promotion of ALDP to those in need
- Advocacy
- Phone calls
- Referrals to ALDP and other services and brief solution-focused interventions
- To provide follow-up from previous meetings

ALDP Coolmine Assessment Support Volunteer

The role of the Volunteer is to participate in the staffing of Coolmine therapeutic community information sessions and to assist in the processing of Clients information upon application to Coolmine.

Activities:

- To participate in staffing the information session
- To welcome service users into the information sessions
- Data entry of clients details into the Coolmine programme
- Booking appointments with clients

- Database work
- Filing/Archiving
- Record keeping

ALDP Open Access Reception Volunteer

To act as a first point of contact for all clients, stake-holders and visitors to the Service.

Activities:

- Taking general telephone calls and messages
- Transferring calls
- Booking appointments with clients
- Database work
- Working on the front desk, welcoming visitors to the service and helping with enquiries
- Record keeping

ALDP Prison Support Volunteer

The role of the Prison Support Volunteer is to participate in the staffing of ALDP's prison in reach sessions and to assist in the delivery of the sessions.

Activities:

To participate in staffing the prison in reach sessions

To refer in-depth intervention pieces to staff member

To support the participants as they detox from Methadone and or other substances.

To deliver harm reduction information.

To engage with service users in a group setting

The Ana Liffey Drug Project's main focus is Harm Reduction, and work carried out by ALDP staff in Mountjoy includes a holistic educational approach to substance dependency, recovery and relapse prevention.

Open Access Drop In Volunteer

The role of the Open Access Volunteer is to participate in the staffing of the drop in service and service delivery.

The main tasks of the role are:

- To welcome service users into the drop-in
- To participate in staffing the drop-in area
- To engage with service users in a social setting,
- To help maintain cleanliness of the drop-in area
- To refer in-depth intervention/ client support needs to staff members.

Draft ALDP Volunteer policy outline

Purpose of the Volunteer policy

To provide guidance on all aspects of volunteering within Ana Liffey Drug Project
To provide specific guidance on recruitment, management and support of volunteers.

To whom the policy applies

Unless specifically stated, the standards in the policy applies to all volunteers in the ALDP organisation or volunteers undertaking tasks on behalf of ALDP.

Scope of the policy

The policy is intended for internal guidance only and does not constitute a binding contractual or personal agreement

The policy applies to all volunteers with Ana Liffey Drug Project.

The policy applies to all aspects of Ana Liffey's work.

Volunteer eligibility

Ana Liffey is committed to ensuring that volunteers will be recruited and treated equally regardless of gender, marital status, family status, sexual orientation, religion, age, disability, race, or membership of the Travelling community. Due to the nature of Ana Liffey's work, persons under the age of 18 will not be considered for volunteer positions in client facing services. No person will be prevented from volunteering with the Ana Liffey Drug Project merely because they have a criminal record or a history of substance use. All applications to volunteer with Ana Liffey will be considered on an individual basis taking into account:

- The individual's abilities, skills, experience and qualifications
- The type of work the individual could undertake
- The type of work the organisation has available
- The supports and structures needed to support the individual
- The nature of any conviction and its relevance to the work
- The length of time since any offending behaviour
- Any training or therapeutic input that has taken place since the offending behaviour.

Equal Opportunities

ALDP is committed to being an equal opportunities organisation. Volunteers will not be discriminated against on the grounds of gender, marital status, family status, age, race or ethnic origin, sexual orientation, religion or disability.

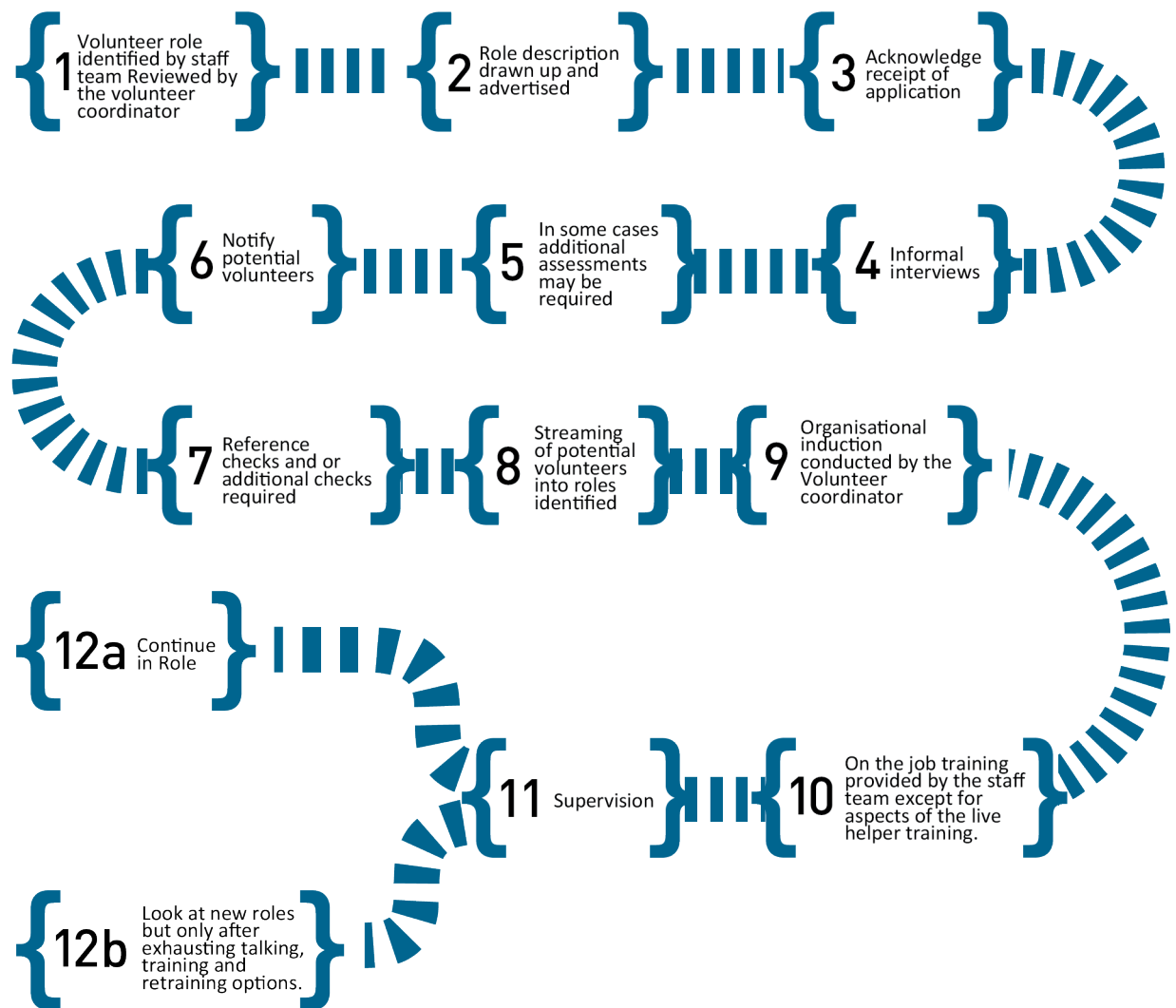
Volunteer/ Staff Working

Volunteer and staff are considered partners in implementing the mission and vision of the ALDP. The volunteer/ staff relationship is a complementary one. Volunteers will be under the direct supervision and guidance of staff members. It is essential for the proper operation of this relationship that each partner understands and respects the needs and abilities of the other.

Complaints

If you are not happy about something in the Ana Liffey Drug Project, we would like to know. If a volunteer feels they are being unfairly treated, they have the right to proceed with a grievance in line with the Grievance Policy. Complaints about a member of staff are taken very seriously. Ana Liffey Drug Project has a Code of Practice that sets standards for staff to work to.

Volunteer recruitment and selection process



Volunteer training and support

Volunteers will first take part in a process of induction with the volunteer coordinator this is defined as “the process of preparing the volunteer for a clear relationship with the organization”. After completing the induction process the volunteers will then be introduced to the worker who will be supporting and supervising them while they volunteer with the ALDP. The support worker or supervising worker will provide Training this is defined as “The process of preparing the volunteer to perform work for the organization. This will mostly be in the form of on the job training”.

In certain cases additional training will be required before a volunteer takes on the role, examples of this would include our online helper volunteer role. During the course of your time as a volunteer with the ALDP you will have access to additional training opportunities run by or for ALDP as they arise throughout the year. Also as volunteer roles evolve additional training and retraining will be delivered as required.

Volunteer management and Volunteer conduct

Day to day support and supervision of volunteers = **Staff assigned**

Internal team dynamics
e.g. issues between staff and volunteers = **Team leaders**

Difficulties not resolved by team leaders between staff and volunteers = **Volunteer Coordinator**

If it can't be resolved at this point = **Senior Management**

Volunteers conduct

- Confidentiality of service users
- Respect the values and aims of the organisation
- Be committed
- Be reliable and give the organization sufficient warning if unable to turn up
- Be punctual
- Attend essential training and support sessions
- Undertake the work to a high standard
- Be honest if issues or difficulties arise
- Adhere to our Dress code
- Professional boundaries be maintained at all times
- No buying and selling of items from clients
- Do not Sign any documentation for clients
- Don't take on extra work outside of your Volunteer session for clients without the prior direction and agreement of a staff member.

- Do not Exchange phone numbers with clients
- Do not Give your personal details to clients
- Do not give money or gifts equally do not accept either from clients.
- Do not store, carry or hold materials for clients.
- Do not impose your religious or political views on clients.
- Do not make any statement to the press or media about or on behalf of ALDP.

Insurance

All volunteers, Students and Interns are covered under Ana Liffey Drug project's Insurance policy to carry out the roles they have been assigned.

Health, Safety and Welfare guidelines for Volunteers

Every effort has been made to make your volunteering time at ALDP as safe as possible but due to the nature of the work of the organisation it is important to make you aware of the various health and safety factors associated with the work we do.

Manual handling

You are not required to carry out any form of lifting during your time volunteering with us at ALDP, unless you have first received manual handling training from ALDP and are willing to lift the object.

Violence in the workplace

In all cases the safety of employees involved, their colleagues and other service users is the first consideration. If you feel at any point the safety of anyone in the project is at risk, the manager on duty should be informed. For more information please read our violence in the workplace policy.

Occupational Needle Stick Injury

In the event of a staff member, locum worker or volunteer sustaining a needlestick injury, the following procedure must be followed IMMEDIATELY.

Person sustaining needle stick injury/staff member assisting them:

1. Don't panic. Seek assistance.
2. Treat the wound appropriately
 - a. Put on rubber gloves (if you are assisting a colleague who has sustained the needlestick injury)
 - b. Clean area with sterile swab and/or wash with soap and water
 - c. Encourage bleeding from the puncture wound, and continue to flush the wound with water.
 - d. Safely dispose of swab and gloves
3. Ensure a manager is informed
4. A manager will accompany the injured staff member to the nearest Hospital.

For more information please read our occupational needle stick injury policy.

Occupational Exposure to Blood/Body Fluids

In the event of anyone being exposed to blood or body fluids as per this policy, the following procedure must be followed IMMEDIATELY.

Person exposed to blood / bodily fluids:

1. Don't panic. Seek assistance.
2. Treat the exposure appropriately:
 - a: If you are splashed on the skin wash the area well with soap and water.
 - b: If you have been bitten wash the area well with soap and water
 - c: If you are splashed in the eyes, mouth or nose rinse well with water
3. Ensure a manager is informed
4. A manager will accompany the person exposed to the nearest Hospital.

For more information please read our occupational exposure to blood/body fluids policy.

Death of a service user

Ana Liffey Drug Project is committed to ensuring a respectful, immediate and appropriate response for service users, staff, volunteers and management in the event of a death within the service. If faced with a service users death while volunteering with ALDP it is important that you seek the support of your support worker and/or volunteer coordinator at the earliest opportunity.

Critical incidents

What is a 'critical incident'?

A critical incident need not be a dramatic event: usually it is an incident which has significance for you. It is often an event which made you stop and think, or one that raised questions for you. It may have made you question an aspect of your beliefs, values, attitude or behaviour. It is an incident which in some way has had a significant impact on your personal and professional learning. In the ALDP setting a critical incident might include:

- An aspect of your project or group work that went particularly well
- An aspect of your project or group work that proved difficult
- A piece of work that you found particularly demanding
- A piece of work which increased your awareness, or challenged your understanding, of social justice issues; or an incident involving conflict, hostility, aggression or criticism.
- A critical incident might also include:
 - A medical emergency
 - An unusual condition
 - A difficult situation
 - A communication problem (eg. with a client or colleague)
 - An interaction with a client which made an impression on you (either positive or negative)
 - An incident that made you feel inadequate in some way
 - A time when you felt confronted; or an incident which made you think differently, or caused you to question your assumptions or beliefs.

Critical incidents may relate to issues of communication, knowledge, treatment, culture, relationships, emotions or beliefs. If faced with a critical incident while volunteering with ALDP it is important that you seek support from your support worker or volunteer coordinator at the earliest opportunity.

Managing disclosure

As a volunteer, one of the difficult situations you may be faced with is an client disclosing information of a personal nature, that you are either uncomfortable about, or feel is out of your depth to deal with it. There are a number of reasons why may this occur such as; the service user is confiding to you as a volunteer of the ALDP regarding a difficult personal problem, the service user may not have any other support mechanisms, or the service user may have a low social awareness.

A few points to consider:

Appreciate that this may be the first time the service user has disclosed this issue to anyone, and it may have taken them a great deal of courage to bring this topic up with you. It is an indication of their trust of you that this has occurred. By disclosing the information to you, it does not mean that you are obliged to involve yourself in a situation that may make you feel uncomfortable, or to offer advice or strategies in an area in which you either are not confident or not skilled. You also are not a “counsellor” to the service user, It is important that you recognise the issue and the importance to them even though you are not going to handle it yourself - try saying something like, “thank you for trusting me with this information, I can see that this is very important to you I can see that this has been causing you a great deal of trouble for a long time now I can see that you are very distressed / upset / angry etc. I really want to help you, however I am not a counsellor or an expert on these things, so while I am willing to listen to you and help you in any way I can, I think that a ALDP project worker would be the best person to assist you with this type of problem. This communicates that you have taken them and their issues seriously and have their best interests in mind.

Service User Confidentiality Policy

1. Policy Statement

- Ana Liffey Drug Project is committed to providing the best possible service to our service users. As part of this commitment Ana Liffey Drug Project takes seriously the confidentiality of those who use our services.

2. Purpose

- To ensure that the confidentiality of people using our services is protected in a consistent and appropriate manner.
- To support staff in their duties regarding confidentiality.
- To give service users the knowledge needed to make informed decisions. This includes knowledge of the circumstances in which ALDP may be obliged to extend confidentiality.
- To clarify for all stakeholders the occasions when confidentiality may be extended.

3. Scope

- This policy covers confidentiality. ALDP understands confidentiality to mean that no information regarding a service user shall be given to any party external to the ALDP staff and management without that service user’s prior express and informed consent to disclose such information, except under circumstances as outlined in this policy
- This policy covers all people working under the banner of the ALDP. This includes all ALDP staff, locums and volunteers. This policy applies to these groups both inside and outside work. It also includes persons from other agencies conducting in reach services in ALDP.

4. General

- Confidentiality can never be absolute. Absolute confidentiality should never be promised.
- All service users are to be made aware of the project's confidentiality policy when they first enter the service, or as soon as possible thereafter.
- All service users have the right to have a copy of any information held regarding them by ALDP. This must be requested in writing by the service user. ALDP staff should assist the service user in this if necessary. Any requests for information from a service user must be dealt with by the Services Co-ordinator. ALDP will endeavour to meet all such requests within 10 working days.
- Confidentiality is between a service user and the organisation, unless it falls into a situation where confidentiality may be extended. It is never between a service user and an individual member of staff.
- ALDP will not pass on ANY information regarding a service user to ANY third party, except in the following cases:
 - Where consent has already been obtained as per the terms of this policy
 - Where ALDP is legally obliged to extend confidentiality
 - Where a decision is taken by ALDP management to extend confidentiality as per the terms of this policy
- All service users have the right to withdraw confidentiality at any time, except in cases where information has been disclosed which may require confidentiality to be extended as per the terms of this policy
- All files on service users are to be kept in a secure place in the project
- In addition to this policy, ALDP also strives to uphold confidentiality in line with relevant statutory provisions

For more information please read our service user confidentiality policy.

Principles for Best Practice in Child Protection

The ALDP will uphold the following Children First principles, as follows: The welfare of children is of paramount importance. A balance will be struck between protecting children and respecting the rights and needs of parents/carers and families. Where there is any conflict, the child's welfare will come first. Children will be listened to and taken seriously, giving consideration to their age and level of understanding. Early intervention and support will be provided to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection. Parents/carers will be respected and will be consulted and involved in matters concerning their family. Actions taken to protect a child, including assessment, will not cause the child unnecessary distress. Any action will first of all consider the overall needs of the child. Intervention will not deal with the child in isolation. The child will be seen in a family setting. The criminal dimension of any action cannot be ignored. Children should only be separated from parents/carers when all alternative means of protecting them have been exhausted. Effective prevention, detection and treatment of child abuse requires a coordinated multi-disciplinary approach. Appropriate training will be provided for staff to ensure effective child protection policy and procedures are followed. The ALDP will promote the welfare of children and families through early intervention and support, particularly where they are vulnerable or at risk of not receiving adequate care or protection.

Definition and Recognition of Child Abuse

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse.

Recognising Child Abuse

The ability to recognise child abuse depends on:

Willingness to accept the possibility of its existence Knowledge Information

Child abuse is not always visible. The recognition of abuse normally runs along three stages:

1. Considering the possibility (e.g. noticing a suspicious injury, child appears distressed without a clear reason or shows unusual behavioural problems).
2. Observing Signs of Abuse (e.g. a cluster or patterns of signs, direct or indirect disclosures by the child).
3. Recording of information Establish the grounds for concern by obtaining as much detailed information as possible (record observations including dates, times, names, locations, etc).

Reporting Child Protection Concerns:

Early intervention in cases of suspected child abuse may reduce the risk of serious harm to a child in the future. Persons unsure about the validity of their concerns may discuss them with a health board social worker or public health nurse. This may enable them to decide whether or not to make a formal report.

The Protection for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to person who report child abuse 'reasonably and in good faith' to a designated officer of the health board.

Any person who suspects that a child is being abused, or is at risk of abuse, has a responsibility to report their concerns to the health board. Reasonable grounds for concern could be:

- An indication from a child that s/he was abused;
- A statement from a person who witnessed abuse;
- An illness, injury or behaviour consistent with abuse;
- A symptom which may not in itself be totally consistent with abuse, but which is supported by corroborative evidence of deliberate harm or negligence;
- Consistent signs of neglect over a period of time.

Note: A suspicion, which is not supported by objective signs of abuse, would not constitute a reasonable suspicion, or reasonable grounds for concern.

Procedures for Reporting Suspected Abuse

1. A report should be made initially to the Director who will bring the matter to the attention of the Health Board. If the Director takes the decision not to refer the matter to the Health Board, the staff member may make the report directly to the Health Board if s/he is still concerned for the safety and wellbeing of the child.
2. A report should be made to the health board's duty social worker in person, by phone or in writing.
3. It is considered most helpful if personal contact is made with the duty social worker by the person who first witnessed or suspected the alleged child abuse.
4. In the event of an emergency or the non-availability of health board staff, a report may be made to An Gardaí Siochana at any Gardaí station. Under no circumstances should a child be left in a dangerous situation pending health board intervention.

Note: a template for the Standard Reporting procedure is available from Children First. Any professional who suspects child abuse should inform the family if a report is likely

to be submitted to the health board or An Gardaí Siochana, unless doing so is likely to endanger the child.

When Children Should Not Attend the Project

Parents/carers should be asked not to bring their child(ren) to the Project under the following circumstances:

- Their child is suffering from any air-borne infection, e.g. flu
- If their child is suffering from any skin infection, e.g. impetigo
- For the first 3 days of treatment with an antibiotic

What to Do if a Child Becomes Ill at the Project

The parent/carer must be contacted immediately. If they cannot be reached, then the named 'contact person in case of emergency' will be contacted. If the child becomes seriously ill whilst in the care of Project staff, the Project's GP or an ambulance should be called. Parents should then be contacted immediately.

Behaviour Management

All children are treated with respect. Behaviour will be managed cognisant of age and development. Slapping or verbal abuse is not permitted by staff, parents, visitors or children.

All children are encouraged and praised. The following steps should normally be taken to manage the behaviour of children:

- Remove the child from the situation calmly;
- Explain to them why their behaviour is unacceptable and listen to what they have to say;
- Remain with them until they are ready to return to the group.

Part 3: Starting your Volunteer Role with ALDP

Welcome to ALDP to help you settle in to your volunteer role with us please take the time to make sure you are comfortable with all the aspects of the role you have taken with us. And that you are happy with the level of induction and training you have received prior to commencing your duties, if you are not get in touch with the volunteer coordinator at the earliest opportunity to discuss any additional support you may require.

On your first day you will get the chance to meet everyone that you will be working with after this you will be given the Tour of The Premises when you will be shown where everything is e.g. first aid kit etc... after this you will settle in to your Initial Assignment. During this phase you will begin the process of on the job training. At the end of the first day we will review the day with you looking at what went well for you and if there was a hiccup or two, we will explain what was done wrong and how to correct it. We will then confirm your next time slot with us

Volunteer Guidelines Do's and Don'ts

Don't

- Offer advice on professional matters (i.e. legal, health)
- Be judgemental
- Be negative or bring your own problems
- Stay in a situation you are uncomfortable with
- Carry out tasks you are uncomfortable with
- Feel obliged to solve the personal problems of the clients
- Feel responsible for the decisions or actions of the clients you work with
- Bring excessive amounts of cash or jewellery with you while volunteering with ALDP

Do

- Be cheerful and positive
- Listen and show an interest in the client
- Be consistent and reliable
- Deal with issues in a confidential way
- Pace yourself in terms of time energy and commitment avoid burnout
- Be mindful of your boundaries
- Seek support from volunteer coordinator when needed
- Dress appropriately for the role you are involved in (e.g. if your part of a street work team in winter wear warm clothing/waterproof and comfortable footwear.)

Volunteer support & supervision: a note to supervisors

All volunteers need support and supervision. The form that this takes will vary widely. For example volunteers at a one off event will need different support to a long term volunteer. What is important is that it is appropriate to the role, and the individual volunteer.

The point is to remember that everyone is an individual. Some volunteers will need a lot of help and support from their organisation. Some people may need a little extra training or on the job coaching. Other volunteers may lack confidence, and need reassurance that they are doing things correctly.

Supervision meetings may not be appropriate for all models of volunteer involvement, but for many volunteers it is the best way of ensuring that they get a chance to give and receive feedback. They offer the chance for an open two way conversation about the volunteers work.

Avoid it being seen as an appraisal - many people will have the workplace model in their head, and images of being grilled by the boss. Reassure volunteers that it's a chance to talk in a private space, and that it's as much about you listening to the volunteer as you talking to them.

ALDP Volunteer supervision template form

Whenever someone is assigned to supervise volunteers, the Volunteer Coordinator must make sure that this individual must act as the “supervisor” of the volunteer, and must provide a link to the organization and its work. This means that the staff member must accept responsibility for ensuring that the volunteer is provided with work and working conditions that enable the volunteer to both be and feel successful.

Volunteer Role: _____

Name of Volunteer: _____

Name of Supervisor: _____

Date: _____

What has been going well?

What hasn't?

What training or support do you need?

Are there any areas of our work you'd like to move into?

Supervisor Name: _____

Volunteer Name: _____

Releasing Volunteers

From time to time there comes a point at which the relationship between volunteer and the organisation cannot continue. This may happen at any stage - during recruitment, selection, interviewing, training, induction, when the volunteer has started their work or after a period of volunteering.

‘Counselling out’, what is it?

Is a way of enabling a volunteer to see that it is not appropriate for them to do, or continue to do, voluntary work within the organisation.

How is the decision made?

There can be several reasons for volunteers being asked to leave, or not being accepted to, an organisation. These may include:

- Not meeting the criteria as set out in person specifications and/or job descriptions.
- Inappropriate behaviour (e.g. embezzling funds, assaulting a client etc.)
- Continued absence or unreliability.
- Refusing to attend training.
- Refusing to give suitable references, disclose past convictions etc.
- Certain convictions (e.g. child abuse etc.).
- Knowingly giving false information.
- Expressing views and attitudes, which are racist, homophobic, sexist etc.
- Refusing to accept and adopt the ‘ethos’ of the organisation.
- Self-selection (or deselecting), for whatever reason (s), by the volunteer themselves.

It should be made clear once more at this point, that whatever the reason for not continuing to work with a volunteer, ALDP should endeavour to involve this person in the decision making process as much as possible.

Possible ways to address this situation?

Talking

The obvious starting point with regard to any issue or problem concerning volunteers is to discuss the matter with them. Many misunderstandings can be resolved through talking and listening!

Training

This may enable someone to develop in order to become more skilled and knowledgeable, and thus more suitable, to do the role. The training may be additional to that which the volunteer has already received, or could be specialised and focused on a specific topic. However, ALDP need to be wary of spending too much time and resources on retraining and should ideally place a time limit on it.

Offering alternatives

There could be one or several reasons why a volunteer is deemed unsuitable for a specific role. Yet, given the opportunity, the same volunteer may prove more than adequate at achieving other tasks. In other words, attempts should be made to offer volunteers alternative opportunities. Again, further training may be needed but investing the time and effort will, hopefully, bring rewards. If no alternative roles can be found, it is possible to refer the volunteer on to another organisation. This could be another voluntary organisation which is deemed more suitable or somewhere such as a Volunteer Ireland where a prospective volunteer could look at a much wider range of opportunities.]

Exit interview and questionnaire

When a volunteer is leaving ALDP they are requested to complete an exit questionnaire. The questionnaire endeavours to ascertain: how they found the volunteering experience and suggestions on improvements the organisation could make to improve how it operates. An exit interview may also take place

Part 4: Appendices

Appendix 1 Volunteer Agreement

Volunteers are an important and valued part of Ana Liffey Drug Project. Ana Liffey Drug Project is committed to promoting positive volunteering arrangements that meet the needs of service users, the volunteer and the organisation. This agreement sets out what you can expect from us, and what we hope from you.

Volunteer Name:							
Title of the volunteering role:							
Supervisor name and role:							
Supervision frequency:		Every six weeks <input type="checkbox"/>		Every eight weeks <input type="checkbox"/>			
Starting Date:							
Finishing / Review Date:							
Volunteering location:							
Volunteering Days and Hours:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Tasks to be Undertaken:							
1.							
2.							
3.							
4.							
5.							

Volunteer's Name:	_____	Date:	_____
Supervisor's Name:	_____	Date:	_____
Volunteer Coordinator's Name:	_____	Date:	_____

Appendix 2 Contact list within ALDP

Building	ALDP phone list	Extension		Midlands	CADs Tullamore	450	057 932 0725		
				Mullingar	Staff Office 1	460	044 933 8508		
51	Main reception	301			Staff Office 2	463	01 9603005		
51	Reception 2	302			Open access	465	085 8684739	467	01 960 3005
51	Kitchen (grd floor)	303			Yvonne Canning		085 7521868	753	
51	Kitchen (2nd floor)	307			Mick Forde		085 2746598	754	
51	Surgery	305			Caroline McDermott		085 75 19858	755	
51	Group room 1	306			Martin McManus		085 7892293	756	
51	Staff office 1	310			Family Therapist		085 7404788		
51	Staff office 2	312							
	Outreach phone		087 7127059						
				Limerick	General		061 292001		
48	Basement	213			Rachel Conway	601	085 1559158	701	01 960 3009
48	Basement kitchen	214			Leanne Byrne	602	085 1436981	703	
48	Staff office	212			Declan Dennehy	604	085 1559598	704	
48	Reception	203			Aoife Marshall	603	085 8357546	750	
48	Duty room	201			Shane Laffan		085 7537073	751	
48-51	JM Burr	422							
	Daryl Mahon	313		Dublin	Main phoneline	01 878 6899			
	Tony Duffin	206	01 960 3000	Limerick	Main phoneline	1800 786828			
	Dawn Russell	314	01 960 3001	Mullingar	Main phoneline	044 933 8508			
	Michael Moriarty	208	01 960 3002		Fax 48	01 878 6828			
	Joe Mac Giolla Riogh	207	01 878 6899		Fax 51	01 874 6637			
	Andy Osborn	421	01 960 3003						
	Nicola Corrigan	217	01 960 3004						
	Eamon Whyte	423							
	Nicki Killeen	210	01 960 3010						
	Peter McGeough	219	01 9603012						
	Paul Duff		0858748554						
	Ross McNulty		085 8748560						

Appendix 3 abbreviations and jargon

ALDP:	Ana Liffey Drug Project
NSP:	Needle & Syringe Program
QuADS:	Quality Standards in Alcohol and Drugs Services
NGO:	Non-Governmental Organisation
NSEP:	Needle Syringe Exchange Program
ORW:	Outreach Worker
TF:	Drugs Task Force
LDTF:	Local Drugs Task Force
RDTF:	Regional Drugs Task Force
NDS:	National Drugs Strategy
OMD:	Office of the Minister for Drugs
CRA:	Community Reinforcement Approach
RAPID:	Revitalising Areas by Planning, Investment and Development
OST:	Opioid Substitution Therapy
PEP:	Post Exposure Prophylaxis
RTI:	Reproductive Tract Infection
SOP:	Standard Operating Procedure
STI:	Sexually Transmitted Infections
AIDS:	Acquired Immuno deficiency Syndrome
HCV:	Hepatitis C Virus
HIV:	Human Immuno deficiency Virus
HRG:	High Risk Group
IDU:	Injecting Drug User
IEC:	Information Education and Communication

Appendix 4 Glossary of Slang Terms

Please note that this glossary is by no means complete. New terms will continuously be created, whilst others will become obsolete. There will also be local variations of some of these terms.

Remember - many of these terms/slang can often refer to activities totally unrelated to drug use so do not conclude that drugs or drug use is being referred to on the basis of this glossary alone.

Acid: LSD

Acid Head: LSD user

Back Flush: to wash out a syringe with blood

Bag: container for drugs, usually paper fold of heroin

Bang: to inject drugs (as in bang up heroin)

Barrel: syringe

Blanks: poor quality drugs

Blow: cannabis, cocaine, heroin

Bombed out: under the influence of drugs

Brown Sugar: heroin

Bum Trip/Bummer: no good, unpleasant

Burn: a rip-off or fraud

Bust: to execute a search warrant

Buzz: pleasurable sensation or high from drugs

C: cocaine

Carrier: supplier of drugs; usually someone who delivers drugs for someone else

Charlie: cocaine

Chasing the Dragon: smoking heroin

Clean: to achieve drug-free state

Coke: cocaine

Cold Turkey: withdrawal from drugs, usually without medical help

Come down: withdrawal effects

Come off: stop taking drugs

Cook up: prepare drugs for injection

Crack: cocaine in a form for smoking

Crash/Crash out: to pass out, to go to sleep

Cut: to dilute powdered drugs by adding an inert substance to increase bulk

DFs: DF118 (Dihydrocodeine tablets)

DS: drug squad

Dabble: using small irregular amounts of drugs in a non-dependent manner

Deal: buy or sell drugs; name for the purchased drugs

Dealer: seller of drugs

Detox: coming off drugs

Dope: a drug, specifically cannabis, or in some areas heroin

Dragon: heroin

Draw: to smoke a drug by chasing, especially heroin

Drop: take LSD

Drying out: detoxing from drugs, usually alcohol

E: ecstasy

Ecstasy: MDMA

ESB: Ecstasy

Fix: injection

Flake out: to lose consciousness

Flint's: small container of crack cocaine rocks

Flushing: drawing blood back into syringe or cleaning syringe with needle

Fold: small paper fold containing deal of a drug, usually heroin

Freak out: psychedelic experience, used loosely to mean a wild time

Free Basing: method of smoking cocaine

Ganja: cannabis

Gear: a drug, usually heroin

Go Down: receive a prison sentence

Goof (off): doze off after taking a drug, usually heroin

Grass: cannabis

H: heroin

Hash/Hashish: cannabis resin

Hemp: cannabis

Hep: Hepatitis

Herb: cannabis

High: feeling good, in a state of euphoria

Hit/Hit-Up: to inject drugs

Hooked: physically or psychologically dependent

Horse: heroin

Joint: cannabis cigarette

Junkie: drug taker/drug addict, usually to heroin

Kicking: to abandon a drug habit

Leb: cannabis resin, allegedly from the Lebanon

Mainline: to inject drugs intravenously

Mickey Finn: various cocktails of drugs and alcohol

Microdot: tiny tablet containing LSD

Molly: methadone

Monkey: morphine

Moroccan: cannabis resin allegedly from Morocco

Nicked: arrested

OD: overdose

Out of it: feeling strongly the effects of heroin or other drugs

Phy: Physeptone (brand name for methadone)

Poppers: Alkyl Nitrites including Amyl and Butyl

Pot: cannabis

Pusher: dealer of drugs

Reefer: cannabis cigarette

Rehab: residential rehabilitation house for drug misusers

Resin: cannabis

Rip off: a con, swindle or bad deal in the drugs world

Roach: home-made filter for cannabis cigarette, usually small piece of rolled up cardboard

Rocks: heroin, also cocaine

Rush: immediate pleasurable effect from an injection

Score: buy drugs

Script: prescription

Shit: cannabis or heroin (depending on local slang)

Shooting gallery: place for communal injection

Shoot up: inject drugs

Skag: heroin

Skin Popping: subcutaneous injection or intra dermal, i.e. injecting under the skin

Skins: cigarette papers

Smack: heroin

Snort: to sniff drugs, i.e. to inhale through the nose

Snow: cocaine

Snowball: injection cocktail of heroin and cocaine

SnowBlow: contains the drug mephedrone

Speedball: injection cocktail of heroin and amphetamine

Speedbomb: wrap of amphetamine taken with liquid

Speed: amphetamine

Spike: hypodermic needle

Spliff: cannabis cigarette

Stash: to hide, also reserve stock of drugs

Stoned: under the influence of drugs

Strung Out: suffering from the effects of heroin withdrawal

Tab: tablet, particularly LSD

Take a trip: take LSD

Tea: cannabis

Toke: to smoke cannabis

Track marks: scars left by continuous/regular injections of drugs

Trip: effects of LSD

Turn on: injecting heroin (fix)

Upper: amphetamine or other member of the stimulant group of drugs

User: someone who uses drugs, usually taken to mean heroin

Using: taking drugs, usually heroin

Virus: reference to HIV

Wash up: preparing cocaine into crack

Weed: cannabis

White stuff: white powder substances such as cocaine or morphine

Wired: under the influence of drugs

Works: syringe

Wrap: small fold of drugs, usually heroin

XTC: ecstasy (MDMA)

Yokes: ecstasy tablets

Appendix 5 Record of Training

Name: _____

Course	Dates	Trainer	Signature

The production and structure of this volunteer handbook could not have been made possible without the help and assistance from the following:

Depaul Ireland
ALONE
Volunteer Ireland

Materials researched and referenced were from the following sources:

<http://www.volunteer.ie/resources/factsheets-guides>

www.energizeinc.com

Volunteer Management, 2nd Edition Steve McCurley & Rick Lynch

The internal archive of the Ana Liffey Drugs Project