
Ana Liffey Project

Progress Review 1989

Presented at the
Annual General Meeting
of the Project
Thursday 26th April 1990

Introduction

The year 1989 was a period of major change for the Ana Liffey Project. Most of these changes arose from the conclusions of a commissioned management consultant's report which was circulated in January 1989. The primary recommendations of this report were that the management committee be restructured in order to facilitate clearer and more decisive decision-making; that a new director be appointed; and that a review be undertaken of the project's services; and that a new voluntary fund-raising strategy be developed.

This report - *Ana Liffey Project - Progress Review 1989* - is primarily a summary of the progress made in the above recommendations and related matters.

(i) Management Restructuring

During an EGM of the project held last summer a number of proposals were agreed which have resulted in constitutional amendments to the project's Articles of Agreement. Effectively these amendments have reduced staff representation on management council from seven to four (two of whom being the director and the senior counsellor, if appointed)

(ii) Appointment of Director

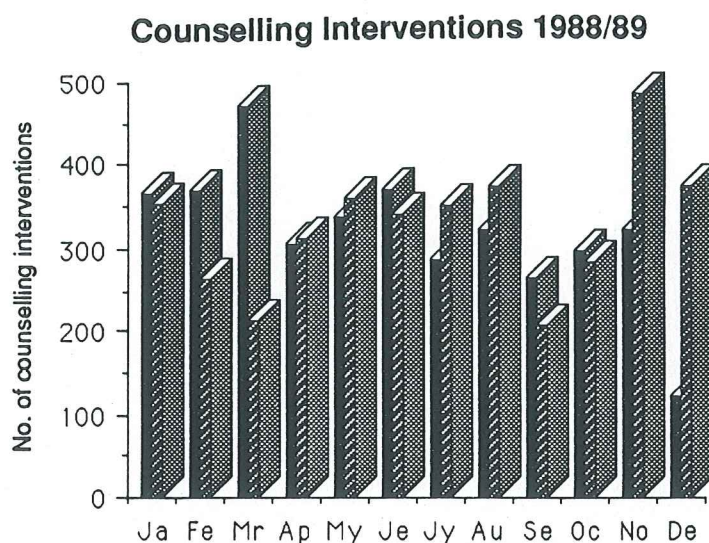
The position of Director was advertised in March 1989. Interviews took place in early May and the new Director was appointed to take up office on a full-time capacity from August 1989. In the period May-August the new Director undertook duties in a part-time capacity.

(iii) Service Review

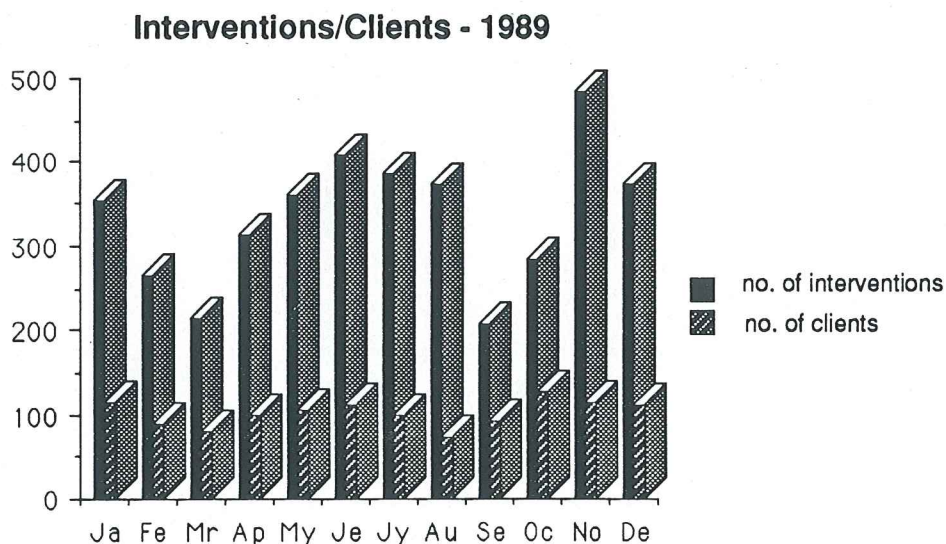
Between July and November 1989 the Ana Liffey Project engaged in a service review which involved a series of staff and management meetings, workshops and discussions with various personnel who are engaged in the funding and operation of drug treatment services. This review initially focused on a discussion document which was prepared and circulated by the Director and which was subsequently added to and amended by project personnel. The service review document was finalised and approved by Management Council in November 1989 and was circulated to the main funding authorities. Copies of this document are available from the project on request. A new leaflet which summarised the main points in the service review document has been prepared and is in current use.

The main features of the service review was the project's restatement of its commitment to a pragmatic, user-friendly response to problem drug users; the consolidation of the drop-in counselling service as the primary form of intervention; the introduction of client-access records; and the exploration of new and innovative methods for the self-organisation of problem drug users and their families. Since November project staff have undertaken appropriate adjustments in the organisation of project work which reflect the detail of the service review. In particular project staff have engaged in a process of ongoing evaluation which will continue as a priority in the coming year.

Use of Service: As is clear from accompanying tables, since April 1989 there has been a steady increase in the level and frequency of client use of the Ana Liffey Project's service.

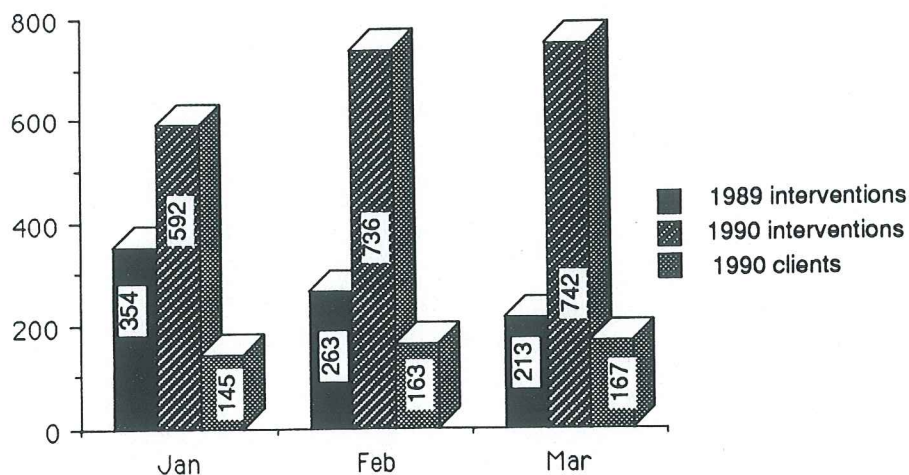


Graph 1 This graph shows the total numbers of counselling interventions by the project in the years 1988 and 1989. It is clear from the graph that while interventions in Jan-Mar 1989 were down on the previous year there was a steady increase from May to December. The November level of counselling interventions was the highest for the year.



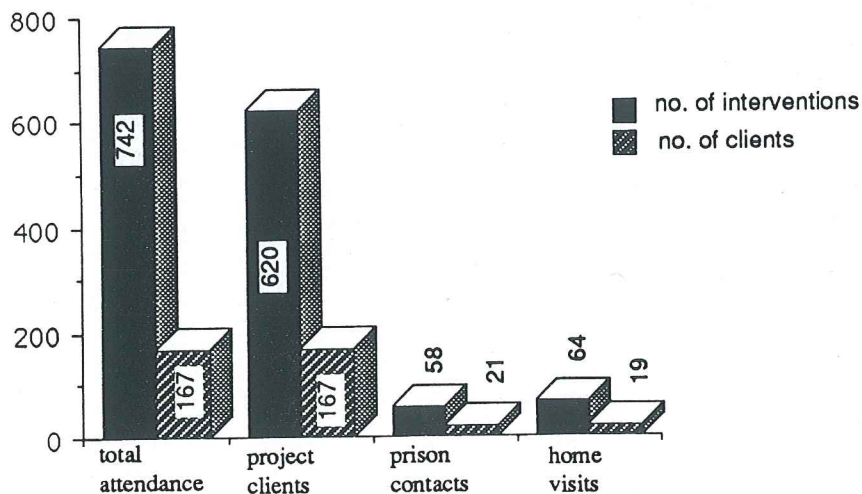
Graph 2 This graph shows the numbers of counselling interventions and the corresponding numbers of clients for the period Jan-Dec 1989. The figures are generally consistent for previous years, i.e. approximately 100 clients per month.

Counselling Interventions (Jan-Mar 1990)



Graph 3 This graph shows the numbers of interventions for the first quarter of the years 1989 and 1990 and also the numbers of clients for the same period in 1990. The graph shows that the steady increase in project workload which was indicated in Graph 1 has continued into the first period of 1990.

Project Clients March 1990



Graph 4 This graph provides a breakdown of the work of the project in March 1990 according to project attendance, prison counselling and home visiting.

In November 1989 this increase was quite dramatic and has continued since. For this reason a table of counselling figures for the first quarter of 1990 is included. This level of client use of the project exceeds all previous available figures. It reflects an increased willingness among problem drug users to make greater use of appropriate services. It has been our experience that problem drug users, once provided with a good range of supports, are willing to come forward and deal with their problems in a responsible manner. The challenge for this project, for other services and for those charged with the responsibility of developing drug policies, is to ensure that a comprehensive range of drug treatment and rehabilitation services are fully available to respond to problem drug users.

(iv) Voluntary Fund-Raising

Through a series of meetings held with its finance committee in October and November 1989 a review was undertaken of the projects voluntary fund-raising. These discussions focused on the success or failure of previous fund-raising and on devising a strategy for future fund-raising ventures. The primary outcomes were that a voluntary fund-raising group would be built up gradually; that it would meet as an ideas group twice per annum; that its initial primary focus would be mail-shot appeals; and that other fund-raising ventures would only be undertaken when it was clear that backup personnel and resources were available. It was also agreed that voluntary fund-raising should be reviewed and evaluated on a regular basis.

(v) Statutory Funding

The future of the Ana Liffey Project as a drug treatment service depends on its capacity to attract an increased level of statutory funding. Since August 1989 the project has had a number of meetings with officials from the Department of Justice, the Department of Health and the Eastern Health Board, and on each occasion we have outlined our case for a major increase in statutory funding. Over the years the level of statutory funding has been minimal. In fact the project has relied heavily on voluntary fund-raising and it is true to say that it would not have survived as a service if it were not for the significant financial contribution which has come from the corporate and private sectors.

Obviously this level of corporate funding cannot continue indefinitely. The statutory sector must confront its responsibility in the development and funding of drugs services. In our recent meeting with the Minister for State at the Department of Health the project was reassured of its role in the future development of drugs services. However no state strategy or plan for the long term development of drug treatment services can happen without a more determined commitment to resources. Once again, as in previous years, the project reiterates its appeal to the statutory authorities to reexamine its level of commitment to this service and to provide a more realistic level of financial contribution. The future of the project, and of the service it provides depends on it.

(vi) Emergency Funding

In order for the project to undertake a comprehensive review of both its services and structures it was necessary for it to seek, as an interim measure, emergency funding from new sources. Two grants of £20,000 and £15,000 from the *People in Need Fund* and the

Aids Fund respectively were crucial in providing the project with the necessary space to undertake its reviews. The project is indebted to both of these funds and indeed to other non-statutory sources who also contributed generously to the projects work.

Conclusion

The primary achievement of the project over the last twelve months has been that it has stabilised its service and its funding. This achievement would not have been possible without the high level of commitment from project personnel. In particular, project staff have responded to a much increased demand on its service by project clients, while at the same time they have engaged in the very demanding, and time-consuming process of service evaluation and review. Change is not easy in any organisation. Over the last twelve months however, the staff in the Ana Liffey Project have undertaken the difficult process of change with remarkable commitment to the project itself, and perhaps more significantly, with a unique dedication to the project's client group.

In the coming year the priorities of the project will involve the continued improvement and development of its service. In particular we will seek to extend our work to drug users who are not currently in contact with drugs services. We will also provide further support to the development of self-help groups and to strengthening our links with the families of drug users. To engage these challenges effectively it would be useful if there were more public debate and dialogue on drug treatment policies. The project is committed to informing and influencing the drug policy-making process. For this reason we are hosting a public discussion forum - Drug Treatment Policies: the challenge of HIV - on Monday April 30th next in the Ernest Walton Theatre, Trinity College. In the coming months we hope to follow up this forum with other meetings, discussions and perhaps one or two publications.