Dublin North East Inner City (NEIC)

Assertive Case Management Team (ACMT)

Evaluation Report

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Evaluation Report

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North East Inner City (NEIC) Assertive Case Management Team Final Evaluation Report

1. Introduction

Following the Mulvey Report '*Creating a Brighter Future*'[1] and the Dolphin Report *Evaluation Report – Assertive Case Management Team Pilot*[2] it was decided by the North East Inner City (NEIC) Programme Implementation Board to extend the Ana Liffey Assertive Case Management Team and to target specific areas in the NEIC area, namely: Rutland St., Railway St. and Sheriff St.

Ana Liffey's Case Management Team (ACMT) has been operational in Dublin City centre since 2014. It delivers case management services on a proactive outreach basis to individuals, experiencing addiction issues, who previously had not engaged with or received adequate support from existing services. In order to extend the ACMT model of work to the NEIC area, three additional staff were recruited: one Team Leader and two Project Workers.

The NEIC ACMT targeted individuals in the NEIC area who were:

- Experiencing drug and alcohol misuse issues,
- Resident and /or congregating in the NEIC,
- Involved in anti-social behaviour in the area and/or
- Not currently effectively engaged with existing services.

The extension of the Ana Liffey's ACMT with the additional NEIC ACMT was agreed to for an initial 12 month period beginning in October 2017. Prior to the NEIC ACMT beginning Ana Liffey carried out a one month scoping exercise. This scoping exercise identified possible NEIC ACMT clients many of whom were leading chaotic lives due to addiction and related issues. These clients found it difficult to engage with and navigate across multiple service providers. In addition, due to the nature of their drug use and related issues, many of this client group did not fit the entry criteria of many community drug and detoxification services.

Most of the clients who participated in the NEIC ACMT were male with the average age being 31 years. Drug misuse centred on: alcohol, cannabis, cocaine, benzodiazepines (benzos), crack cocaine, and heroine. The budget for the extended team was €155,000. This provided for three contracted staff, operational costs and Ana Liffey Management Services. This equates to an approximate cost of €2,700 per client.

[1] K. Mulvey, (2017), *Dublin North East Inner City – Creating a Brighter Future – the Social and Economic Regeneration of Dublin's North East Inner City*.
[2] E. Dolphin, (2016), *Evaluation Report – Assertive Case Management Team Pilot*.

Ana Liffey had previously been successful in utilising the National Drug Rehabilitation Framework (NDRF)[3]process using a '*low threshold'* approach to progressing clients with similar circumstances to those in the NEIC. The NEIC ACMT were trained to implement the NDRF protocols with clients. They used the NDRF protocols underpinned by Ana Liffey ethos and values. This approach involved working with clients from where the client is at i.e. working in partnership with clients to identify their needs; supporting clients work through their action plans and to achieve their goals; having meeting times and venues which suit clients and being continuously proactive in supporting clients face multiple issues across their lives. The NEIC ACMT supports clients on a one to one basis to actively engage with multiple service providers and begin their difficult journey of recovery.

A NEIC ACMT Monitoring Group was established to monitor the progress of the project. This Group consisted of representatives from Dublin City Co., HSE Addiction Services, An Gardaí Síochána and the NEIC Programme Office. Ana Liffey Management attended meetings and presented monthly progress operational reports.

2. Summary of NEIC ACMT Outcomes

The key performance indicator for the NEIC ACMT was to assess and case manage 55 clients within a one year period. By the end of the year 58 clients had been assessed and case managed. 48 of these clients are still actively engaging with the service. To summarise, NEIC ACMT outcomes, 52 of the 58 clients who engaged in the project achieved one or more of their goals as identified in individual care plans. Below is a table summarising the most significant outcomes as evidenced for individual clients:

No. of clients	Significant Outcomes for Individual Clients
7	Cases closed due to being progressed to a new Case Manager in another service further along the Continuum of Care.
10	Completed detox either in the community or in a residential setting.
4	In Residential Drug Treatment Programmes.
2	In Community Detox Programmes.
3	Accessed Methadone for the first time.
2	Stabilised their drug use through methadone, engaged with their own care plans and completed drug diaries.
16	Accessed day programmes, either educational or drug stabilisation, which helped with personal development and provided structure in their lives.
3	Gained employment.
9	Accessed housing within homeless services, which they previously did not have access to.
3	Disengaged in an unplanned manner

3 Doyle, J, Ivanovic, J (2010) *National Drug Rehabilitation Framework Document*, National Drug Rehabilitation Implementation Committee, Dublin, HSE. https://www.hse.ie/eng/services/publications/socialinclusion/national%20drugs%20rehabilitation%20framework. pdf

3. Summary of Evaluation Recommendations

1) Continue with Assertive Case Management (ACMT) Approach.
2) Continue with current Project Partners approach and Multi-Agency oversight.
3) Clarify and improve Continuum of Care Steps to support those with addiction issues.
4) Improve communications with clients and amongst agencies.
5) Continue to benchmark against SMART Project Objectives.
6) Improve measurements for Evidenced Based Practice.

4. Evaluation Approach

The aim of the evaluation was to assess the NEIC ACMT as outlined in the Service Level Agreement (SLA) between Ana Liffey Drug Project (ALDP) and Dublin City Council (DCC) / NEIC Programme Implementation Office. The NEIC ACMT objectives as outlined in the SLA were to:

1. Improve the social and health outcomes for the target group and
2. Reduce antisocial behaviour amongst the target cohort in the NEIC.

An action research approach to the NEIC ACMT evaluation was agreed at the outset. The purpose of action research is to support learning as the project evolves. An interim evaluation report identifying key learning points and recommendations was submitted in July. This final evaluation report concludes with similar recommendations.

Preparatory meetings for the evaluation began in March 2018. Information was then gathered from primary and secondary sources. The evaluator spent three days in July shadowing the NEIC ACMT. During this period and subsequently the evaluator engaged with clients and interviewed a number of key stakeholders. Consultative meetings were held with: NEIC Project Monitoring Group, an NEIC Staff Member, Ana Liffey CEO and Head of Services, NEIC ACMT, six clients and other service providers including a: Senior HSE Official, City Clinic Outreach Worker, Talbot Centre Therapist and Youth Worker. A local GP, Community Guard and Home School Liaison Officer were interviewed over the phone.

The NEIC ACMT were observed in their work, in one to ones and on outreach walks in the area. A review session was held with the Team. Interviews with stakeholders were informal, used open-ended questions and focused on:

- What is working well in the project?
- What could be improved? and
- What are the key learning points to date?

Additional reports reviewed as part of the evaluation process included the: NEIC ACMT Progress Reports, submitted to the NEIC ACMT Monitoring Group; additional project documentation and other relevant reports cited throughout this evaluation.

5. Project Context

Ana Liffey is a registered charity, established in 1982, with approximately 36 years experience of providing 'low threshold harm reduction' services. Ana Liffey provides a 'low threshold harm reduction' service to individuals who are experiencing problem substance use and their families. Assertive Case Management (ACM) is the practice of coordinating and managing the range of diverse services that are needed to positively impact an individual's future options, choice and well being. [4] In terms of a project partner Ana Liffey brought: experience, an ACMT track record, management capacity, independence, staff support and supervision to the project.

The capacity of the NEIC ACMT was critical; all three staff members have related third level qualifications and have approximately 10 years experience of working in addiction, homelessness and other related social services. The approach and capacity of both the organisation and the team is a critical success factor. The NEIC ACMT Staff consists of a Team Leader and two Project Workers (clients often refer to them as 'Key Workers'). The Team Leader provides day to day supervision and carries a case load of 15 clients. The Project Workers each carry a case load of up to 20 clients at any one time.

DCC provided a project office space on the ground floor of one of the apartment complexes in the area. The arrangement appears to work well. Ana Liffey central office provides additional meeting space, for group meetings and any other space requirements. The NEIC ACMT generally meet clients in their homes, in nearby cafes and accompany clients by foot, public transport or taxi to appointments. This arrangement works well for developing relationships with clients, community relationships in the apartment complex and providing staff with a private space in which to process their work, have team meetings and do administration.

In Assertive Case Management each client is provided with a Case Manager. The Case Manager begins by assessing the client, getting to know the client's circumstances and building a relationship with the client. An initial assessment is followed up with an individual client Care Plan which is actively supported by the Case Manager on a weekly basis, reviewed by the NEIC ACMT Staff monthly and assessed with Ana Liffey Management every six months. The use of a case management approach is in line with government policy.

> '*Case Management aims to increase engagement with different services and to achieve common goals through providing an integrated care pathway for the service user. Evidence suggests that it is an effective approach to retaining people in treatment*.[5]

4 Ana Liffey http://www.aldp.ie/services/case_management accessed July 2018.

[5] Department of Health, (2017), *Reducing Harm, Supporting Recovery – a health-led response to drug and alcohol use in Ireland 2017-2025*. Pg.34.

6. Evaluation Findings

6.1 Assertive Case Management Approach

In the three day evaluation, the NEIC ACMT were observed engaging with clients in their homes, in cafes and on the streets. The Team appeared to have established good working relationships with the clients. The clients were welcoming and willing to engage with the evaluation. All six clients acknowledged that their lives had been chaotic and that they were not engaging, or were having difficulty engaging with services. They all said that the staff were critical in terms getting them to engage with and supporting them to continue engage with service providers on the difficult path to recovery. Quotes from clients include:

'It's great to have someone on my side'
'I get a high from attending an appointment'
'I used not to attend and then was afraid they would give out to me'
'When my key worker tells me that she will do something, she does'

In the evaluation process Project Workers were observed engaging with multiple service providers e.g.: doctors, nurses, secretaries, solicitors, barristers, detox centres, community gardaí, housing officers, youth workers and adult education organisers. They provided practical and emotional support to clients in terms of helping clients to engage with a range of services. An example of case work follows: the NEIC ACMT staff member was supporting a client to engage with a medical service. The client was scheduled to attend a highly specialist medical treatment. The client had no phone, poor literacy skills, is leading a chaotic life and treatment was critical for survival. The staff member liaised with the clinic and accompanied the client to the first treatment session which involved practical supports such as ensuring that the client was up on time and had eaten breakfast. The staff member also provided emotional support in terms of encouraging the client to engage in the process positively. The client said he would never have attended without support and is determined to be a positive role model in the community, to quote:

'I will show everybody in the community that I can succeed and that we deserve the treatment'.

The Project Worker, in this instance, plans to scale down client support as the client progresses through the treatment. Another Project Worker liaised with a solicitor and accompanied the client to court as he had previously not attended and is beginning to face the consequences. The NEIC ACMT have a difficult balancing act of providing high levels of support, challenging clients, and empowering clients to avail of services themselves. It is critical that there is a progression from a high level support to lower levels of support and onto higher threshold services, ultimately leading to client self-responsibility. The NEIC ACMT acknowledged this and noted the continuum of support.

Senior Ana Liffey project management support is critical for: project oversight; supervising case management; staff support and development; ensuring consistency of approach and that the project continues to be outcome focused. The targets and outcomes required by the NEIC Programme Monitoring Group also helped to ensure that the project remained focused.

Feedback from other service providers was also positive. Staff from other service providers including the: Community Gardaí , City Clinic Outreach Worker, Talbot Centre Therapist, Home School Liaison Officer, SWAN Youth Worker, local GP and HSE Official all acknowledged the challenges and complexity of building relationships with and providing support to this target group. The service providers all agreed that without the ACMT approach many of these clients would not access services.

The Community Guard found the immediate accessibility of the NEIC ACMT particularly useful. When meeting the target group on the streets, particularly young men, the Guard has an immediate referral point. One of the NEIC ACMT will answer the phone to the Guard, speak with the client on the spot and organise an appointment. If prison detention and hospital admissions can be avoided then, in the opinion of the Community Guard, the NEIC ACMT Model is excellent value for money. The NEIC area also appears to be a testing ground for new drugs e.g. crack cocaine. If trends can be tackled here and lessons learned then other areas in the country could benefit.

The HSE City Clinic Outreach Worker finds the additional support services of the NEIC ACMT helpful in supporting clients. City Clinic has approximately 800 clients and two outreach workers who work in the clinic, support clients and provide a range of other services i.e. needle exchange clinics. The NEIC ACMT supports vulnerable clients to continue to attend the clinic.

The Therapist from the Talbot Centre acknowledged the complex socio-economic, criminal and inter-generational problems in the area. She welcomed interagency referrals and one to one support provided by the NEIC ACMT in supporting client engagement. She highlighted the need for community responsibility, ownership and empowerment and that these values need to be embedded in statutory and community service provision in the area.

The Home School Liaison Officer recommended a drug school education programme, targeting vulnerable children at seven/eight years of age. She finds the ACMT helpful in affirming her concerns if a parent/carer appears to have a drug misuse issue. The Team will confirm behaviour patterns and she has a low-threshold immediate referral point.

The Youth Worker expressed the view that visible, accessible street work is critical and that the team are now accepted in the area. He expressed the view that the area should not have an oversupply of street workers but that the level is about right. He also stressed the importance of interagency referrals and collaborative working.

The GP acknowledged that 'low threshold' services like Ana Liffey are critical for this group to begin to engage. The community detox programme is challenging for clients, more GPs need to provide it and there needs to be a consistency of approach and shared understanding amongst support workers.

6.2 Continuum of Care Steps

Many of clients being supported by the NEIC ACMT are poly drug users, using a combination of legal and illegal substances. Some also have dual diagnosis such as addiction and mental health issues. This combination of multiple drug use and dual diagnosis is part of a national and international trend[6]. This complexity along with socio-economic and environmental issues such as: intergenerational unemployment, low levels of educational attainment, criminality, poor self-esteem and low area reputational status, present very complex and difficult problems to resolve.

The Department of Health Report, '*Reducing Harm, Supporting Recovery – a health-led response to drug and alcohol use in Ireland (2017-2025)*' acknowledges these complexities, it states:

> '*The recognition that no one service can cater for the needs of the service user is key to improving health and social outcomes for people who experience harm as a result of substance misuse*'[7].

Clients that participated in this evaluation had a very strong desire to become drug free. Of the six clients interviewed, four had strong family support. Some said that they were the only one in their family to have a drug problem and other family members, including many of their children, are leading stable lives with jobs. The clients all came from the immediate area and have extended family and social networks in the area. This can be an advantage in terms of support and a disadvantage in terms of a feeling that they are surrounded by other users.

Most of the NEIC ACMT clients were male, the average age was 31 years. It would appear that drug usage, amongst this group, starts in the early teens, progressing to minor drug dealing, leading to addiction and subsequent criminal related issues. By the time they have reached their late 20's health, social and criminal justice issues are looming. They have also matured and realise the importance of engaging with the services.

The Continuum of Care Model for drug recovery can be summarised as: prevention, support, stabilisation, detox, rehabilitation and aftercare. The NEIC ACMT, with a low threshold approach, focuses on the initial steps with clients who have a drug misuse problem within a context of support i.e. one to one engagement, assessment, case management, multiple service engagement, stabilisation and referral to community detox and rehabilitation programmes.

There are a range of other statutory and community service providers in the NEIC area providing supports along this continuum of care. Supports are both 'low threshold' programmes which make minimal demands on individuals in terms of access to services and 'high threshold' programmes which make more stringent demands.

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[6] European Monitoring Centre for Drugs and Drug Addiction, (2018), *European Drug Report, Trends and Developments*.

[7] Department of Health,(2017), *Reducing Harm, Supporting Recovery – a health-led response to drug and alcohol use in Ireland 2017-2025*.

Clients in this evaluation all expressed frustration in terms of progressing along the Continuum of Care. The views expressed by clients included:

- They want clearer; more consistent and more widely recognised progression steps through the continuum of care i.e. prevention, support, stabilisation, detox, rehabilitation and aftercare in both community and residential settings.
- Clearer timeframes; more detox, rehabilitation and aftercare beds; longer stays; less gaps in service progression and better integrated care plans.
- Criteria for access to 'high threshold' services are perceived to be too stringent, unclear and inconsistent.
- 'High threshold' services are difficult to access because of dual diagnosis i.e. have to be almost drug free to access detox centres and are on necessary prescribed mental health medication which makes them ineligible.
- More pharmacies and GPs to provide stabilisation and community detox services, as opposed to doing this in methadone clinics, clients can then avoid other users during this difficult process.
- Clients expressed a desire to get off methadone, some are on methadone for more than 20 years and cannot understand why they cannot get off it. They feel prescriptions are just being renewed.
- Counselling is perceived to be ineffective, clients are worried about confidentiality and having the 'right' counsellor.
- Support in the prison service was praised as it provides a break from street addiction.
- Practical local education programmes (in prison and in the community) were seen as very positive e.g. keeping a diary to structure your day, adult literacy programmes.
- Acknowledgement that it is very difficult to become drug free in their community setting. With a prevalent drug and crime related culture, it is too easy to slip back. More residential units, although expensive, should be considered and examined if it is a more sustainable long-term solution.

Many of these issues were also identified in the government's strategy of *Reducing Harm, Supporting Recovery* (2017), these include:

- '*Service users want a sense of choice and to have a say in their treatment options.*
- *A belief that there are significant blocks in the system for people who have both a mental health and addiction issue.*
- *Standardising referral processes and lowering the entry criteria for accessing residential treatment services, while ensuring appropriate levels of clinical governance, would make it easier for people with more complex needs to access treatment. The development of residential services that can cater for the needs of those who use a variety of substances will be particularly important in this context*'[8].

Many of the issues identified by the NEIC ACMT Clients were also highlighted by service providers. Progression from stabilisation, to detox and onto recovery is not clear, consistent, nor easy to access. The Continuum of Care Steps needs to be improved, better access facilitated, evidence based practice embedded by all agencies and information more widely disseminated.

[8]Department of Health, (2017), *Reducing Harm, Supporting Recovery – a health-led response to drug and alcohol use in Ireland 2017-2025*.

6.3 Evidence Based Practice

From the outset the NEIC ACMT was target driven notwithstanding the complexities of working with a very vulnerable target group and the difficulty of measuring a range of outcomes. This target driven approach led to the project to being more focused, less inclined to drift and more accountable. The NEIC Programme Implementation Board, the Project Monitoring Group, and Ana Liffey all embraced this approach. However the project was difficult to evaluate in terms of:

- Objectives being broad and difficult to measure.
- Base line information and evidence based practice difficult to access.

The project objectives were to: improve the social and health outcomes for the target group and reduce antisocial behaviour amongst the target group in the area. Before the project is extended clearer, more specific objectives with more robust measurement tools need to be developed. This combined with clearer roles and responsibilities along the continuum of care for all key statutory and community service providers is needed. In addition, the NEIC client group could be used as a baseline group, over a three year period, to assess the impact of the continuum of care.

Using numbers of referrals into and out of the ACMT service and numbers and levels of client service engagement are a start in terms of measuring client social and health outcomes. The NEIC ACMT met its key performance targets. The Team was focused and worked hard to establish strong relationships with clients, the local community and other service providers whilst still achieving its targets. This gives baseline information for future projects. Longer studies should take place to measure the lasting impact of the project and assess the continuum of care.

Measuring rates of antisocial behaviour amongst the client group was not directly captured in this study. However, there is evidence, through case work, that clients improved their engagement with the judicial system, community gardaí and that they tended to be at home more frequently while engaging with services and addressing addiction issues. These actions combined to lessen the time clients had to engage in anti-social behaviour and the relationships with the NEIC Team were useful in terms of raising awareness of the impact of antisocial behaviour. Using PULSE Reports to track levels of antisocial behaviour was pragmatic but clients did not want to participate in this type of information sharing. PULSE Reports had been used in the previous ACMT Pilot Project[9]. Considering the level of mistrust in the NEIC community and concerns regarding safety and confidentiality this reticence is understandable. This issue should be reviewed to identify the benefits PULSE information brings to project and if a workable solution or alternative can be found. Other statutory and community organisations in the area are also responsible for tackling antisocial behaviour. This project could to contribute to a broader multi-agency study measuring rates of antisocial behaviour.

Doing door-to-door surveys by the NEIC ACMT should be examined. Now that community relationships are established it may be more feasible to do this type of activity, it may unearth a new client cohort or wider community needs and could be a joint initiative with another agency, with a wider remit.

[9] E. Dolphin, (2016), *Evaluation Report – Assertive Case Management Team Pilot*.

Local, national and international evidence based best practice needs to be gathered and disseminated. Accurate baseline data assessing the extent of the demand for services in the area needs to be gathered. Research into what approaches to recovery, over the past twenty years in the NEIC area, have worked well should be available. Clients and service providers need to know what proven pathways to recovery look like. Consideration should be given to establishing a formal relationship with a Third Level School of Public Health. It could track the NEIC client group over the next three years, measure impact, assess the continuum of care and inter-agency collaboration.

Another issue for consideration is mainstreaming this project. It would appear that this type of client group will continue to need practical and emotional ACMT approach to engage with services. The ACMT approach is: easy to assess i.e. low threshold; cost effective; pragmatic and aligned to the National Drug Rehabilitation Framework. Using an agency such as Ana Liffey to provide specialist low threshold client street level engagement and act as a conduit to other services in the area, whilst being result driven, is a good model of support for this client group which has the potential to be mainstreamed.

7. Evaluation Recommendations

1. Continue with the Assertive Case Management (ACM) Approach

   Using the ACMT approach clients are practically and emotionally supported to engage with a wide range of services. Based on feedback from clients and service providers it is clear that the ACMT approach provides an effective and efficient use of limited medical, legal, housing, educational, vocational and community resources. The ACMT approach is: flexible (staff work to suit clients), local (in the apartment complex, accessible/on the streets), practical (the staff meet clients on-the-spot and then navigate the system and arrange appointments) and result driven (targets met). It ensures that clients engage with multiple service providers simultaneously.

   Using a low threshold agency, as a conduit, to multiple complex supports for vulnerable clients provides is a holistic, logical and cost effective approach. Consideration should be given to continuing the NEIC ACMT for a further two years and to use this client group as a baseline group to assess the continuum of care.

2. Continue with current project partner approach and multi-agency oversight

   The result driven nature of the NEIC Programme Implementation Board provides good discipline for community and statutory projects. With the newly formed NEIC Programme Implementation Board Addiction Sub-Group additional policy, operational and impact issues can be further addressed. The blend of professions and perspectives on the NEIC ACMT Project Monitoring Group of: Dublin City Council, HSE and An Gardaí Síochana works well. This Group tracked progress on a monthly basis and reported back to the NEIC Programme Implementation Board. Ana Liffey Drug Project has: the organisational capacity, experience of working with the client group, developed strong relationships with the client group and the wider community and embraced the results driven approach of this initiative.

3. Clarify and improve Continuum of Care Steps to support those with addiction issues.

   The Continuum of Care Steps, incorporating: prevention, support, stabilisation, detox, rehabilitation and aftercare need to be strengthened, easier to identify, easier to access, more streamlined and better communicated to clients and amongst support agencies. Multiple statutory and community service providers are mandated to support this target group. Service Providers need to be clearer in terms of specific roles, responsibilities and ensure that integrated care pathways are delivered.

   Special consideration should be given to the Continuum of Care Steps available to clients in the NEIC area. They have a unique set of circumstances and successful role models should be visible in this community. All stakeholders in this process need to have a shared vision, clearer areas of responsibility, be accountable and believe that recovery for this client group is possible.

4. Improve Communications with clients and amongst agencies.

   Communications between agencies and clients and between Continuum of Care Agencies needs to improve. Specific areas of responsibility within the continuum of care need to be clarified and widely disseminated. Both clients and agencies need to be clear about individual agency responsibilities, entry criteria to services and service transition points along the continuum of care. A simple messaging campaign outlining the steps and supports to recovery with clear agency and client responsibilities should be developed and widely disseminated. This would help clarity and improve consistency and accountability.

5. Continue to benchmark against SMART Objectives

   Develop and benchmark against SMART (specific, measurable, achievable, realistic and within a given time frame) objectives for not only the NEIC ACMT but also for other statutory and community service providers supporting this client group along the continuum of care. Ensure a client centred and result driven approach is part of all statutory and community services to this client group.

6. Embed Evidenced Based Practice

   Gather and disseminate best local, national and international evidence on pathways to recovery. Embed a culture of evidence based practice in all statutory and community led projects supporting this client group. Consider establishing a formal relationship with a Third Level School of Public Health to assess impact. Celebrate success and promote positive role models in the community.

Researcher & Author
Patricia Hunt, Organisational Development Consultant, B.Soc. Sc., M.Sc. Ed. & Training Mgt.

Patricia has worked in the area of social policy development and practice for the past thirty years. She has worked with a range of organisations including government departments, local authorities, local area partnerships and NGOs. Patricia's expertise is in the areas of: policy development, governance, strategic planning, evaluation and social enterprise. Patricia was founder director of a number of social enterprises and is currently a director of Philanthropy Ireland, Hunt Museums Trust and a member of DCU Visual Arts Working Group.