

# Working for Growth and Recovery in the Community



## The Walkinstown Greenhills Resource Centre ANNUAL REPORT 2017

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# **WALKINSTOWN GREENHILLS RESOURCE CENTRE**

## **Annual Report 2017**

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## The Chairperson's Report

I am very pleased to introduce this Annual Report outlining the work of the Walkinstown Greenhills Resource Centres (WGRC) in 2017. The service was founded as a result of the concern of local people about the selling and misuse of illegal drugs in our local areas and the centre continues to develop responses to this complex and demanding problem within the community.

The WGRC continues to be an essential resource to the communities of Walkinstown and Greenhills. The Centre provides a comprehensive range of support services and initiatives. These include such vital services as Citizens Information, Substance Misuse Treatment and Rehabilitation, Family and Mental Health Support, Men's Shed and Education and Training. Our work also raises awareness in our local communities of the many impacts of drugs misuse.

In 2017 the organisation continued to strengthen and consolidate the work of the Centre. There were a number of personnel changes both in relation to staff and board members which introduced new energy and new thinking to the organisation. This was very welcome and a great addition to the Centre.

The organisation undertook a number of new projects in 2017 such as the development of an Adolescent Support Service and the provision of 'Well Connected' a drop-in space for those with mental health difficulties. In addition, the STORM training, SMART Recovery Programme for people seeking abstinence from addictive behaviours and the CKU Pilot Project which provides psychotherapy and counselling support to the East European members of our community were all further established in 2017. These are just some of the new areas of work developed and they will be elaborated upon further in the annual report.

I particularly wish to thank all the staff team, those that provided counselling, administration and reception, the student counsellors and the complementary therapists and all those that volunteer their time to support the work of the Resource Centre. One of the great strengths of the centre is the very warm welcome which everyone receives and although all the staff play a part in this I wish to commend the great work of our reception staff. The energy and commitment of the staff team to their work and the work of the centre is truly inspiring.

My final words of thanks are to my colleagues on the Board of Directors. We are very fortunate to have the benefit of their vast experience, their insight and understanding of the work is tremendous. Their willingness to give and their passion for the work of the Centre has been a major contribution to the Centre's success and I have no doubt that this will continue long into the future with the addition of new members to the Company and new Directors to the Board.

A very big thank you to all of you.

**Bernadette Stokes**  
**Chairperson**

## Community Drug Problems – The Context

Community drug problems occur when drug use has a direct negative impact on the quality of life of a whole community. A community drug problem emerges when a) there are a significant number of people engaging in problematic drug use in a particular area and b) the community does not have adequate resources to deal with the problems that arise.

The process and impact of community problem drug use has been explored in many studies over the years and they demonstrate a clear relationship between economic and social disadvantage, problem drug use and community drug problems –and indeed a range of other issues such as poor educational attainment, unemployment, poor health and crime. Given these links we have consistently advocated for policy responses to address the social and economic factors that contribute to community drug problems.

Although considerable attention has been paid to these issues, through social inclusion initiatives and other interventions, many social inequalities still persist often in small pockets of local authority estates, as have the drug problems related to them. These neighbourhoods and communities did not benefit from Ireland's economic success and throughout the period of austerity budgets their future wellbeing has been threatened and seriously undermined. Cuts in public, community and voluntary services and projects will affect all citizens but will have a greater impact on those in disadvantaged areas as they rely on those services more than other communities and have fewer of their own resources to draw upon.

In the context of a community drug problem services provided by public, voluntary and community organisations in the areas of childcare, youth, family support; and drug treatment and prevention are of particular importance as they provide tailored supports, activities and a range of other interventions such as the "special" CE schemes for people in drug rehabilitation which promote positive social behaviour and build resilience. All of these have been cut and the cuts have been particularly deep – with an estimated 29% reduction in government funding to drug projects between 2008 and 2012. These cuts are across the board, they are blunt and arbitrary with little or no consideration given to their potentially serious effects on individuals,

families or communities or of the inevitable downstream impact on other services such as health, childcare and criminal justice systems; and their unravelling of progress made to date.

## Trends in Community Drug Issues

WGRC is concerned with community drug problems of which it regards alcohol as a key component. This reality has not traditionally been reflected in national drug strategies which have focused on illicit drugs only. WGRC welcomes the commitment made by Government to incorporate alcohol and drugs into a national substance misuse strategy. Today alcohol is just one of a dizzying array of substances available. As well as there being a wider variety of drugs; these drugs are also more easily accessible and drug use has become an accepted and normal part of life among a wide population. Polydrug use is now the most dominant form of substance misuse and this is reflected in the numbers of people presenting for treatment, two thirds of whom have problems with more than one drug, most commonly cannabis, alcohol, cocaine and benzodiazepines.

Despite government investment in drug prevention education programmes and other efforts to reduce demand for drugs over a number of years, national prevalence studies show that rates have remained steady, with some slight increase in the rate of people who have ever used illicit drugs up from 24% to 27%. Whilst these studies are useful in tracking overall trends and making comparisons with other EU countries they do not reflect the reality on the ground.

Drug and alcohol use, particularly long term use, causes damage to mental and physical health and there is a strong association between drug use, suicide and accidental deaths and more people die from drug related deaths than on the roads every year. Access to a wider range of drugs by a wider range of populations has been facilitated by mobile and internet technologies so that many users do not have direct contact with dealers. This is not the case in disadvantaged communities where on-street drug-dealing continues to take place and many communities are besieged by violence and intimidation by drug gangs while their children are groomed for drug dealing and other criminal activities.

## Supporting Families, Children and Young People at Risk

There is now a strong body of evidence to indicate the risk factors to problematic drug use and other problematic behaviours and it is recommended that this information be used to target specific families and children in task force areas so that they can benefit from early intensive holistic and co-ordinated interventions. This form of targeting would ensure that those most at risk are targeted for interventions. This targeting must be subtle so that individual families and children are not stigmatised.

In the context of drug use and involvement of young people in drug use and drug gangs it is considered that the generalised education and information programmes would not be effective and the most appropriate and effective way to protect them from this activity is to build their confidence and esteem; and their ability to make sound judgements using available information. While understanding that these are core competencies fostered through the primary school curriculum and are basic to youth, community development and other interventions, these need to be expanded and reinforced to ensure that each child or young person at risk gets the necessary tailored support they require. To this end resources are required to ensure that there are programmes and interventions in place in schools and youth services in all task force areas, to encourage the development of these attributes.

## Building Community Resilience

In addition to supporting individuals within communities, tackling community drug problems requires strengthening of community infrastructure so that resilience is built across the whole community, creating social capital and setting in train the dismantling of the vicious cycle of deprivation and problem community drug use, with a virtuous cycle of stability, renewal and development. Weak social capital is one of the indicators to problem community drug use. Strong social capital and community engagement can help prevent it. Building community resilience is a core objective of community development and a range of activities take place in communities all over Ireland that contribute to community cohesion and active citizenship. It is these same activities that are most at risk and in many cases have disappeared in the current climate of austerity, where understandably the emphasis is on protecting frontline services, but this approach is limited in its vision.

Improving services without investing in community infrastructure and addressing the community dimensions of local needs and problems will simply not work. Community resilience is necessary to tackling the drug crisis but it cannot be done without a comprehensive approach of services, community development, improved physical infrastructure, commercial and public amenities and employment and recreational opportunities. It is proposed that this is the way forward and the Government is urged to take this approach and strengthen its resolve to tackle the drugs crisis in our communities.



## The Manager's Report

In 2016 the Walkinstown Greenhills Resource Centre (WGRC) continued to deliver services to individuals and families experiencing the very many challenges that come with drug and alcohol misuse and addiction. Apart from the addiction itself these challenges include issues such as broken relationships, debt, homelessness, mental health difficulties and criminal activities.

In this year 217 adults and children benefited directly from the range of services we offered. The primary focus of our day to day work is the provision of a service that responds to addiction by providing appropriate rehabilitation programmes. In this year service users sought support to deal with their addiction or that of a close family member or partner. Others sought help for issues of bereavement, separation, loss and mental health difficulties. The interventions that are offered are geared towards the objective of reducing the risk of future addiction. These interventions provide skills for life from the learning process of the therapeutic relationship and from the education and knowledge gleaned from the various other interventions provided such as holistic massage, family support work, keyworking and citizens information.

In 2016 we also provided additional training and education programmes that would assist the participants to manage their recovery more effectively and to avail of opportunities to progress into mainstream education and employment an example of which was the Health Care Course we ran in late 2015 which was completed by 12 participants over a three month period. This course was part funded by the Canal Communities Partnership and it is hoped that we can build upon this success by providing further training courses in the future.

We are funded almost exclusively by the Dublin 12 Local Drugs and Alcohol Task Force through the Department of Health and Children. This funding is directed at work that addresses drug and alcohol misuse through a range of pillars named by the National Drugs Strategy as; Education / Prevention; Supply Reduction; Treatment; Rehabilitation and Research. The work of the Resource Centre fits within the Rehabilitation pillar in the main while some elements of our work such as awareness raising fits within the Education /Prevention pillar.

In addition to this funding we secured additional resources from Electric Ireland which enabled the organisation to provide key resources to support the development of new services in the Dublin 12 area such as mental health and education; this work is of vital importance and we hope to develop this further in the coming year.

## **The Walkinstown Greenhills Resource Centre**

The need for a community based Resource Centre was identified in 1999. At that time some residents from the communities of Walkinstown and Greenhills were concerned about young people drinking in local parks and the use and selling of drugs in their areas.

They formed a working group that included representatives of the local Gardaí, Youth Services and Residents Groups. Research was carried out to identify possible responses to drugs misuse with local schools, local health centres and community representatives. From this work the Walkinstown Greenhills Resource Centre was founded with the aim to provide services and interventions that would assist the community to tackle the issue of drug misuse.

## **The Organisation's Aims and Objectives**

The overarching philosophy of the Walkinstown Greenhills Resource Centre is that by providing the individual in need with the appropriate intervention we build the capacity of the individual to recover and change their lives. This improvement for the individual changes the dynamic of the family in distress and in turn brings positive change for the community. This approach also informs the interventions offered by the Resource Centre to other members of the Walkinstown and Greenhills communities that seek help.

The aim of this project is captured in our mission statement which is “to assist the local community through a holistic approach to take responsibility for drug related issues and address the cause and symptoms of substance misuse in the area”.

We achieve this broad aim through five strands of work. At the first level we provide information, advice, support and referral service to our local communities. The next strand is our primary focus and it is the provision of direct one-to-one counselling for rehabilitation from addiction. We prioritise these clients and their families and also offer complementary therapies that support their recovery. In addition to this we support those affected by substance misuse through a keyworking approach which focusses on the specific needs of the person with a view to assisting them towards recovery and integration into mainstream society.

The primary focus of our Outreach work in this year was the provision of advice, information and support to the local community of Walkinstown and Greenhills. Our education and prevention work focussed on awareness raising around the risks of drugs misuse. This featured small group work, education through drama and the provision of information through local networks and services.

# Organisational Structure

Walkinstown Greenhills Resource Centre

## Board of Directors

Six Directors plus two in an advisory role

### Management & Administration Staff Team

Manager: Administrator: Receptionists:

### Sessional Team

6 Counsellors and 1 Complementary Therapist

### The Staff Team in 2016

Manager: John Davis

Key Worker: Ann Nugent

Project Worker: Dermot Phillips

Project Worker: Clare Smart

Project Worker: Jessica Keye

Financial Administrator: Tracy Hunt

Receptionists: Patricia Kearney & Beatrice Finn

Caretaker: Peter Mackey

### Volunteer Counsellors:

Pamela Kavanagh

Brendan Markey

Cathy Breslin

Breda Gleeson

### Student Counsellors:

Natalie May

Marie Donnerton

Brendan Gaynor

### Complementary Therapist:

Sonya Keogh

### General Assistant:

Patricia Bennett

## **An Overview of Services in 2017**

### **Introduction**

In this year two hundred and seven people from the communities of Walkinstown, Greenhills and the wider Dublin 12 areas benefitted directly from engagement with the services offered by the WGRC. For example seventy one clients engaged in a one-to-one therapeutic programme with a counsellor; the majority sought help in dealing with their addiction or that of a close family member; others sought help for issues of bereavement, separation and loss.

A further thirty five people were provided with support interventions under the headings of parental support for teenagers; crisis interventions for individuals and families; complementary therapies and stress management programmes. We provided education and support programmes for thirty seven parents and teenagers that were at particular risk. Information, advice and support visits were provided to local services, schools and community groups.

### **Information advice and referral**

At the WGRC the Key Worker helps the service-user to identify the particular support they need at the time they engage with us by offering information and advice. They are then supported to identify what short and longer-term supports are possible and appropriate in their current circumstances.

If the service-user presents with issues that relate to the misuse of drugs, alcohol, bereavement or family distress they are then engaged in an initial interview. The Key Work interview is the first step in identifying the type of counselling, complementary therapy or support programme that the WGRC can offer the person.

At times referrals are made to other agencies if the Resource Centre does not have the capacity to respond to the particular client or if for example there is an appropriate service nearer to where they live; additional supports are provided by our Project Worker who is a trained Counsellor.

The Key Worker and Project Worker also make available information on a broad range of services and supports that are provided by statutory and voluntary agencies in our local communities. The Resource Centre has formal and informal links with local Health Centres, Home School Liaison Officers, Social Workers, Community Gardaí, the Citizens' Information service and the local Money Advice Bureau Service (MABS).

## **Counselling and Complementary Therapies**

As noted above the WGRC employs 2 trained counsellors and a keyworker and makes use of the services of final year student counsellors which is a tremendous resource to the centre. It is one of the strengths of the service that a range of therapeutic approaches are on offer. Members of the team have been trained in approaches that are informed by for example the Schools of Psychodynamics, Humanist-Existential and Cognitive Behavioural Therapies.

Complementary therapies are another response to addiction or distress that the WGRC offers to those that attend the service. The therapies on offer include Reiki, Acupuncture, Holistic and Indian Head Massage as well as advice on the management of stress.

## **Raising Awareness of Drug Misuse in Dublin 12**

Each year the staff team of the WGRC are involved in raising awareness of drugs misuse in particular during the Dublin 12 Local Drugs Task Force's Drugs Awareness Week. In 2016 the team were involved in promoting Drug Awareness Week through the provision of outreach information, awareness raising workshops and participation in a range of awareness raising events throughout the week.

WGRC worked closely with the actor and dramatist Sean Rowan to devise and promote a drama event for the community. The play was a one act solo performance staged in Fr. Kitt Court Community Hall. As the attendance for this play was low it is hoped to stage the play again in 2017. The play was very well received and raised a lot of discussion on the night it was performed.

## **Developments and Programmes in 2017**

### **CKU Counselling Service**

CKU-Centre for Counselling and Therapy and WGRC entered into a service level agreement in January 2015 having identified a need to provide help and support for the members of new communities (mainly Polish people) living in the Walkinstown and Greenhills area. The service has continued to be provided throughout 2016 and it is hoped that funding can be sourced to secure this service into the future. The majority of those from Eastern European Countries living in this area do not speak English and this is a significant barrier to them accessing support to address their substance misuse.

### **Aims & Objectives**

The main aim of collaboration between CKU and WGRC is to provide professional help and support for those addicted and their families in order to prevent their social exclusion in the Walkinstown and Greenhills area. The mission includes prevention of addictions, raising awareness that alcohol, psychoactive substances and gambling dependence have diverse effects on physical and mental health and social functioning. We believe that addiction limits a person's freedom, their responsibility for their own choices, for their own fate, and the fate of their loved ones.

CKU and WGRC very much recognise the structural barriers which exist and serve to prevent those within the new communities coming forward for treatment. These are language barriers, cultural differences, perceived and real prejudice as well as lack of representation within the workforce which reflects back the diversity of those in need.

The demand for CKU services has increased. We experience a high volume of calls from Walkinstown and the Dublin 12 area. In 2016 CKU has provided over 112 individual sessions.

The number of new clients using the service in 2016 is 22. The service was initially for two hours every week. However, due to an increase in the numbers of service users the service was extended to three hours every week. This data demonstrates the need to continue this service into the future.

## Smart Recovery

In 2017 Bray Community Addiction Team (BCAT) under the guidance of SMART Recovery in the USA sought expressions of interest from Local Drug and Alcohol Task Forces and addiction services wishing to participate in the SMART Recovery Pilot. The Dublin 12 Local Drug & Alcohol Task Force agreed to sponsor WGRC to take part in the pilot programme and in the Summer training was undertaken by three members of the WGRC team.

The Pilot is year 1 of a three year work-plan which aims to bring SMART Recovery to a place where it is a self-sustaining vibrant network of a mix of professional and peer-led meetings with its own governing body and national infrastructure.

The Pilot aims to train and support front line workers to kick start SMART Recovery meetings in their communities thereby increasing choice in mutual aid options for people seeking abstinence from addictive behaviours.

The process and outcomes of the Pilot will inform the future growth of SMART Recovery in Ireland.

## Specific Objectives

The Pilot seeks to achieve the following objectives:-

- a) Raise the profile of SMART Recovery
- b) Provide choice in mutual aid options for people seeking abstinence from addictive behaviours
- c) Recruit 'Champions' in selected sites who will support the implementation of the pilot
- d) Train front-line workers as SMART Recovery Facilitators
- e) Support facilitators to set up meetings within their area/agency with the goal being to work to a strategy of having the meetings peer led over time
- f) Support facilitators through supervision/peer discussions
- g) Have 2 SMART Recovery meetings established within a 12 month period
- h) Report on the process and outcomes of the Pilot to inform future development

## STORM Training Initiative

STORM refers to Skills Based Training on Risk Management of Suicide and Self Injury. STORM training is comprised of 2 training packages: Suicide Prevention Training: 2 full-days; Self Injury Management Training: 1 full day. STORM Suicide Prevention training must first be completed in order to undertake STORM Self Injury training.

**STORM** Training is delivered using a range of media and includes: group work, demonstration of skills, use of video recorded role play and feedback, translation into practice and discussion. The content of the training is delivered through a skills based model of training underpinned by Adult Learning Theory. Research found that the model:

- Increased knowledge and skills.
- Improved attitudes to self-harm mitigation.
- Improved confidence in assessing risk and safety planning.

Staff rated the training highly, finding it useful and relevant as well as providing invaluable debriefing and networking opportunities.

STORM templates and worksheets accompany each of the modules and provide a structure by which STORM can be incorporated into Case Management Systems. STORM Suicide Prevention Training focuses on developing, through rehearsal, the skills needed to assess and manage a person at risk of suicide in the short and medium term. STORM trained workers are equipped to deal with the immediate crisis and also to work longer term with the individual. The aim of the training is to give workers very practical skills to a) make an in-depth assessment of a person's risk of suicide b) to put measures in place to keep them safe in the critical 72 hour period of crisis c) once the crisis has averted to support the person to learn new problem solving skills d) to develop crisis prevention skills and a crisis prevention plan with the person so that the risk of suicide is reduced into the future.

STORM Self Injury Management Training gives frontline workers key skills in assessing and crisis managing self injury among their clients. The training looks at attitudes to self-injury, the relationship of self-injury to suicide, exploring emotional and psychological states in the lead up to a crisis, skills in harm minimisation, and developing alternative coping strategies. STORM training allows frontline workers to give comprehensive support to their clients who may be at risk of suicide or self –injury. The potential offered by the STORM Programme was recognised by the Dublin 12 Local Drug & Alcohol Task Force and they secured the licence to deliver STORM training in Dublin 12 and throughout 2015 WGRC in conjunction with other Dublin 12 organisations has delivered this training on three occasions.



## **Family Support Programme**

The organisation has successfully established a Family Support Group to provide support to members who are contending with the consequences of a family member's drug and/or alcohol misuse. There are 13 members in the group and they meet every Tuesday evening, supported by a family support worker who assists with facilitation and the organising of activities. In addition to the core work of peer led support, the group has developed a family support programme which covers a range of areas relating to personal development and education which is aimed at reducing the impact of addiction / substance misuse on the family as a whole.

## **D 12 Men's-Shed Development Group**

In the last year the D12 men's-shed has grown from strength to strength and currently has 20 to 25 men accessing the shed on a regular basis for peer support and positive socialising. Since the opening of the shed there has been great interest in the project and it has been promoted by the local church/community & employment centres / addiction services in the wider D12 community.

The Shed has made it easier for men to seek and ask for support around their mental / emotional & physical needs. To date we have had a lot of men and their families from the shed access our Centre for counselling, support and information. The shed has provided men the space to talk side by side about their problems; it provides them with an avenue in which to get support and it gives them a space to contribute to their community by engaging in pro social activities such as making buddy-benches for the local schools and planters for the local community.

The men have also created contacts with other groups in the community and are also engaged in music / social outing groups as well as facilitating workshops with WALK,s clients. To date the Shed is self-sustaining and is run and organised by a committed shed committee who have taken over the daily running of the shed and continues to develop the Shed further.

## Strengthening Families Programme

The Strengthening Families Programme (SFP) is a comprehensive and intensive intervention delivered to families typically involving fourteen 2 hour sessions. In each session, groups of parents and adolescents meet separately initially for an hour, before then joining together for larger family group sessions. The evening begins with everyone sharing a meal together. The parent sessions focus on rules, communication, rewarding healthy behaviour and accessing supports in the wider community. The adolescent sessions focus on issues such as building positive expectancies, stress management and peer relationships. There is much empirical evidence to indicate both short and long term benefits from the SFP have been demonstrated to be cost effective. Although initially developed in the United States, the SFP has been implemented in a wide range of cultural settings.

WGRC in collaboration with the Dublin 12 Drug & Alcohol Task Force and other stakeholders has been involved in the delivery and management of this programme since 2010. In 2015 the SFP was rolled out between September and December catering for 10 families, consisting of x children and x parents or guardians. The SFP requires that 6-8 trained facilitators are available from 3.30pm to 8.30pm, one day per week for 15 weeks, to deliver the programme and that a further 10-12 hours are devoted to the management of the programme through membership of the SFP Steering Committee. WGRC are pleased to support this programme, given its very clear and significant value to those who participate in it.

## Education & Training

The following training was provided to the staff, participants and volunteers of WGRC in 2017.

### **The Five Step Method:**

A brief psychosocial evidence based intervention to support family members in their own right who have a close relative with an alcohol or drug problem. The principles of the Five Step Method are as follows:

- The method is clearly focused on affected and concerned family members experiencing substance misuse of a relative within the family.
- The method takes a view of family members as ordinary people attempting to respond to highly stressful experiences.
- With the appropriate level of knowledge and support family members have the capacity to cope and respond to an addiction problem of a relative.

This was a very comprehensive training programme which involved two full days training and the audio recording of five sessions using the 5 Step Method for assessment. Four persons from WGRC undertook this training in 2016.

### **Seeking Safety Training:**

Seeking Safety is a present-focused therapy to help people attain safety from trauma / post- traumatic stress disorder (PTSD) and substance abuse. The training provided both client handouts and guidance for clinicians and was organised by the National Addiction Training Programme.

The treatment was designed for flexible use. It has been conducted in group and individual format; for women, men, and mixed-gender; using all topics or fewer topics; in a variety of settings (outpatient, inpatient, residential); and for both substance abuse and dependence. It has also been used with people who have a trauma history, but do not meet criteria for PTSD.

## The Key Principles of Seeking Safety are:

- 1) **Safety** as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions)
- 2) **Integrated** treatment (working on both PTSD and substance abuse at the same time)
- 3) **A focus on ideals** to counteract the loss of ideals in both PTSD and substance abuse
- 4) **Four content areas:** cognitive, behavioral, interpersonal, case management
- 5) **Attention to clinician processes** (helping clinicians work on counter transference, self-care, and other issues)

## Structured Intervention Programme

The WGRC recognises the ongoing need for information and education around drug misuse and to address this need we provided a series of workshops and information sessions on a wide range of topics relating to the broad area of drug misuse. These sessions were provided by experienced practitioners and were well received by our service users.

The training was run over a six week period and covered such topics as Managing Stress, Tobacco Use & Nicotine Addiction and Information on the Effects of Alcohol / Weed and Benzodiazepines. The training was aimed at anyone over the age of 18 years living in the Dublin 12 area who have or had alcohol and addiction issues and was also suitable for their family members.

## Policy & Interagency Work

The WGRC are actively engaged in the following policy related working groups and Sub-committees of the Dublin 12 Local Drug and Alcohol Task Force.

- The Steering Committee of the Strengthening Families Programme
- The Steering Committee of the Dublin 12 Alcohol Strategy
- The Interagency and Collaboration Sub-Committee of D12 Task Force
- The Steering Committee of the FROST (Detoxification) Programme
- The Dublin 12 Projects Forum
- The Dublin 12 Community Mental Health Forum

During 2016 support was given to and received from a wide range of agencies such as; Addiction Response Crumlin (ARC); Ciall; MABS; WALK; Local Schools and Youth Services; Local Social Work Services; Meitheal; TÚSLA; Local Gardaí; Local Health Care Professionals; the Rathmines Pembroke Partnership; the Canal Communities Partnership; the Jobs Initiative team; the Liberties Recycling Training Programme; the Local Employment Service; Dublin 12 Congress and Local Youth Organisations; the Brú, Clay, St. Bosco Youth Centre and Crumlin Youthreach. Particular thanks for support are also due to the Community Gardaí in Crumlin who provided the transport for day trips for members of our Family Support Group. Thanks are also due to all those local services and local volunteers who support the organisation every year and contribute to its development. Finally, a sincere thanks to all those involved in the Dublin 12 Local Drug & Alcohol Task Force, for their support throughout the year.

## Walkinstown Greenhills Resource Centre Limited

### **DIRECTORS**

CHAIRPERSON

Bernadette Stokes

TREASURER

Vivian Mahady

VICE CHAIRPERSON

Pat Needham

Fintan Warfield

Irene Fay

SECRETARY

Suzanne McEaney

AUDITORS

Creeley Fleming & Company  
19 The Exchange  
Calmount Park  
Ballymount  
Dublin 12

SOLICITOR

Bourke & Company 167/171,  
Drimnagh Road  
Walkinstown  
Dublin 12

BANKERS

Bank of Ireland  
Walkinstown  
Dublin 12.

COMPANY REGISTRATION NUMBER

334239

## INCOME & EXPENDITURE 2016

Income and Expenditure Account for the year ended 31<sup>st</sup> December 2016

	2016	2015
	€	€
Income	281,759	250,090
Administrative expenses (257,842)		(288,264)
	-----	-----
<b>Deficit for year on ordinary activities before interest</b>	(6,505)	(7,752)
Interest payable and similar charges	(324)	(332)
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<b>Deficit for year on ordinary activities</b>	(6,829)	(8,084)
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The income and deficit relate to continuing operations as no businesses were acquired or disposed of in 2016 or 2015.

A separate Statement of Total Recognised Gains and Losses is not required as there are none other than those reflected in the Income and Expenditure Account.

## Appendix 1

# Mission Statement

**“The Mission Statement of WGRC is to empower and support the people of Walkinstown and Greenhills to work in solidarity to tackle the causes and symptoms of substance misuse and in so doing develop responses to meet the needs of the local community”.**