

# Walkinstown Greenhills Resource Centre

Working for Growth and Recovery in the Community



## Annual Report 2017



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# WALKINSTOWN GREENHILLS RESOURCE CENTRE

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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 Centre (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.

2017 proved to be another successful year for the Centre and I want to commend the staff and the board who continued to show their commitment in pursuit of delivering on the mission of WGRC. This is evident throughout this report.

A debt of gratitude is owed to our funders and supporters and thanks to their ongoing engagement and support in 2017 we met our budget targets. We were also in a position to collaborate with others to develop services and we are committed to enhancing these relationships for future growth.

I would like to thank the board for their support during the year, and on behalf of the board thank the staff, led by John, for their exceptional efforts and making WGRC an organisation to be proud of.

A very big thank you to all of you.

**Bernadette Stokes**  
**Chairperson, Board of Directors**

## The Manager's Report



In 2017 the Walkinstown Greenhills Resource Centre (WGRC) continued to deliver services to individuals and families experiencing the very many challenges that come with substance misuse and mental health difficulties. 2017 was a year in which WGRC achieved its primary objective of providing high standards of care to our participants, notwithstanding various challenges regarding resources.

In 2017 we completed our current strategic plan. Although we made good progress with implementing the plan, we were confined by the limitations and restrictions brought by the lack of additional funding needed to support the growing demands on our services.

We provided support services to 250 individuals in 2017, higher than all previous records. The primary focus of our day to day work is the provision of a service that responds to addiction by providing appropriate treatment and rehabilitation programmes. Polydrug use is the primary drug of choice, mainly prescribed drugs and alcohol. Since the recession has ceased and more people are back in employment we have experienced an increase in cocaine use. The service continues to grow from strength to strength but the level of alcohol users presenting highlights the need to re-establish specific programmes, such as 'Reduce the Use'. We will continue to work with our partners in securing adequate alcohol treatment for those who need it.

As our strategic plan came to an end, the new National Drug Strategy 2017 –2020 was rolled out. It is important for the government to invest in addressing addiction and the social-economic deprivation that surround it. We welcome a new national strategy but equally the resources to implement it will be essential into the future.

Many thanks to our dedicated staff who continue to provide a compassionate and empathic service to our participants. And finally, thank you to our board for their support, wisdom and oversight.

**John Davis**  
Manager



## 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.



# An Overview of Services in 2017

## Introduction

The WGRC is a community based voluntary organisation whose mission 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 the needs of the local community".*

The organisation is staffed by a team of highly professional and qualified personnel. WGRC provides a range of services to those with alcohol / substance misuse problems, those indirectly affected by substance misuse and those with broader mental health difficulties. Our aim is to provide a safe and confidential environment where the service user has an opportunity to work towards living a more satisfactory and productive life.

In this year 250 people from the surrounding community benefitted directly from engagement with WGRC services. For example, 172 clients engaged in one-to-one counselling / psychotherapy sessions; the majority sought help in dealing with their addiction or that of a close family member; others sought help for a range of mental health issues such as bereavement, separation, stress, anxiety and loss.

A further 77 service users were provided with support through group interventions under the headings of Family Support, Well Connected- Metal Health, SMART Recovery (Aftercare) and Mens Shed. In addition, we provided some new services in the form of Adolescent Support and Play Therapy. These services are very much in the early stage of development and their continuation will be contingent upon securing sufficient resources. Information, advice and support visits were provided to local services, schools and community groups.

## Service Provision

Figure 1 –Participant Statistics 2017

77 Participants  
attended group  
sessions

172 Participants  
attended 1-1  
appointments

133 Participants  
were new to  
the service

250 Participants  
used our services  
in 2017

# Service Provision

<b>Problem Drug/Alcohol users</b>	<b>Based on information gathered via assessment and one-one sessions in 2017</b>	
Number of cases treated for problem drug/alcohol use	118	
Number of persons availing of support services	132	
Number new to the drug / alcohol service	89	
Number of previous participants	29	
Number new to the support services	44	
Number of previous participants	88	
Gender	49% Female 51% Male	
Main source of substance abuse	Alcohol & Drugs	39%
	Drugs	38%
	Alcohol	23%
Number reporting use of more than one substance	53	
Main support service availed of by the participant	24 Concerned Person	9.5%
	118 Substance Misuse	48%
	66 Mental Health	26%
	29 Advocacy	11.5%
	13 Other	6%
Average age of service users	39	



<b>Group Based Support</b>	<b>Based on information gathered via EcASS data collection system in 2017</b>
Number attending family support group	16 Family Support Group
Number attending Mens shed	34 Mens Shed Development Group
Number attending WRAP Programme	12 WRAP 6 week programme
Number attending SMART Programme	8 SMART Aftercare Programme
Number attending mental health group	4 Well Connected Mental Health Drop-In
New Participants in group work	14 Mens Shed 6 WRAP Programme 8 SMART Programme
Previous Participants	16 Family Support Group 20 Mens Shed 6 WRAP Programme
Gender Breakdown of Group Participation	44 male = 60% 30 female = 40%

## Drug Misuse Service

The Drug Misuse Service in WGRC provides an opportunity to engage in a process that helps the participant to identify what blocks them emotionally from making progress with their substance use or mental health issue. WGRC Drug Misuse Service offers a combination of different therapeutic and holistic interventions for those presenting with problem drug and alcohol use.

Participants who access the service are likely to use a combination of different drugs such as cocaine and its derivatives, tablets (valium, zimovane), stimulants, alcohol, opiates such as heroin and methadone, and cannabis in all forms.

A lot of the time it is word of mouth that brings new participants into the service, usually a friend or relative will have accessed the service and have had a positive experience in dealing with their addiction and recommend to others that they attend. In the past year there has been an increase in people attending with both addiction and mental health, and this has led to an increased demand on the service. Other source of referrals are from local GP's, psychiatric & mental health services, local addiction services and local schools.

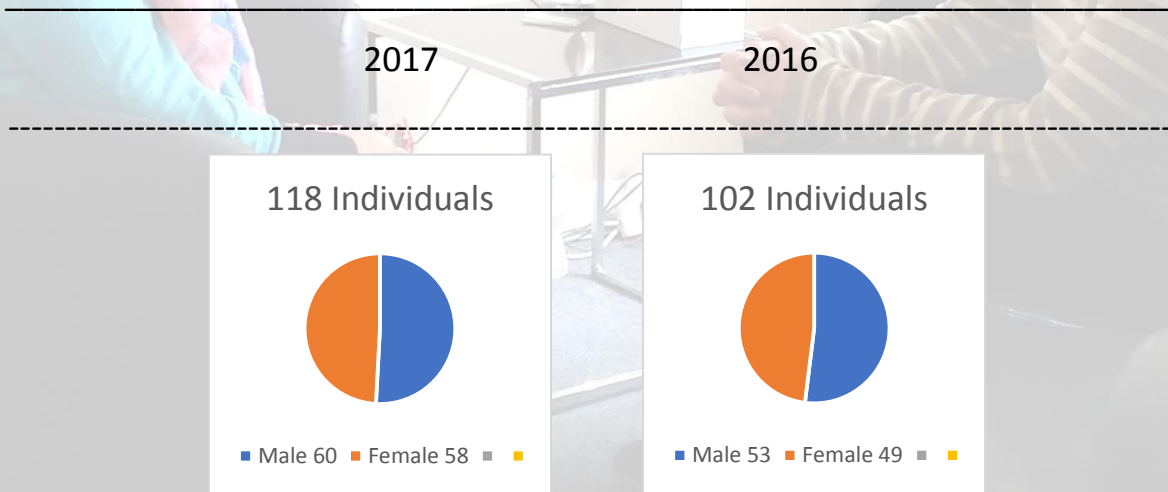
### **One to One: Therapeutic Support**

We utilise a combination of different intervention models such as Cognitive Behavioural Therapy (CBT), Community Reinforcement Approach (CRA) and Motivational Interviewing (MI) within the service. The aim of using these varied interventions is to help the person to begin to change the drug or alcohol usage or to stop completely if that is what they want to achieve. It is also to explore the thought patterns that led to drug misuse and addictive behaviours in the past, and what effective strategies they can put in place, so as to ensure the risk of relapse diminishes in the future. The sessions are structured, goal oriented and focused on immediate problem solving.

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

In 2017 the counselling service was accessed by 118 participants. Of those who stayed with the process 80% reported making progress with improved emotional and physical well-being as well as reduced substance use be it drug or alcohol or a combination of substances.

Attendance at sessions increased by 13% in 2017, due to the robust assessment and case management process throughout the organisation.



### Outcomes

- 52 participants reduced or ceased substance use
- 88 participants reported improved mental health
- 44 reported improved physical well-being
- 48 reported improved self- esteem and confidence
- 53 reported improved quality of life



## Family Support Service

WGRC family support service has developed to support and respond to the needs of the family members who have been affected by substance misuse. Their concerns range from relationship difficulties to debt, intimidation, bereavement, loss and financial issues, etc.

*"I learned to control my anger and not get pulled into their world"*

Family members engaged in family support groups using the 5 step method. The 5 step method is a brief psychosocial intervention to support family members who have a close relative with an alcohol or drug problem. The family members participating in these groups reported a reduction in the strain they had been experiencing. Other benefits of the groups were improvements in coping mechanisms, increased self - esteem and strength, reduced stress levels and reduced negative patterns of behaviour.

*"All of us that have someone addicted to drugs cope the same way at first as we don't know any other way"*

The family support groups are linked into the National Family Support Network which provides opportunities for networking with similar groups. The shared learning, exchange of information and respite this provides is of great benefit to the family support groups.

The WGRC family service offers one to one support as well as group support.

### Outcomes - One to One Support

- 10 participants reported decreased negative patterns of behaviour
- 12 participants reported reduced stress levels
- 8 participants completed the 5 –Step Method
- 12 participants reported an improvement in family relationships
- 10 participants reported an increased understanding of addiction
- 11 participants reported improved living skills

- 12 participants reported reduced anxiety

## Group Support

- 1 WRAP (Wellness Recovery Action Planning) Group – 8 participants (all female)
- 1 Family Support Group – 16 participants (all female)
- 1 Interim Family Support Group – 8 participants (all female)
- 1 SMART Aftercare Group – 8 participants (7 male, 1 female)

- 14 participants reported reduced stress levels
- 9 participants reported an increased knowledge of addiction
- 14 participants reported improved coping responses
- 13 participants reported enhanced social supports
- 10 participants reported reduced anxiety
- 12 participants reported improved family relationships
- 12 participants reported decreased negative patterns of behaviour

## Adolescent Support Service

The adolescent support service is a direct response to a demand from parents, guardians, home school liaison officers, youth workers and young persons. The purpose of the project is to provide education and personal developments training to equip vulnerable young persons to acquire the skills, qualities and attitudes consistent with being resilient. It is envisaged that this intervention will enable the vulnerable adolescent to improve their mental health and better negotiate the stress and anxiety of their daily lives. The Adolescent Support Service has been keenly embraced by local schools, with home school liaison officers being a principle source of referral. The service has engaged 22 adolescents throughout the year, ranging in age from 13 to 17 years.

## Our Approach

Our approach is to build upon individual strengths and acknowledge the central role of the adolescent in decision making. The active participation of families is built into each intervention plan ensuring that our work makes lasting differences in the life of each adolescent we work with.

The service aims to intervene to provide the adolescent with the necessary supports to promote psychological resilience and maintain their psychological well-being regardless of social or emotional background. Anyone concerned about an adolescent aged between 12 and under 18 years can make a referral to the service.

The service involves the therapist working with the adolescent through many of the typical challenges of this life stage, such as exam stress, self-esteem issues, sexual identity and sexual exploration.

## Outcomes

The aim of the project is to provide a wide range of supports and interventions that will assist the target group in the following ways;

- 12 participants reported an improvement in family relationships
- 6 participants reported greater integration within the community
- 5 participants reported the breaking down of isolation
- 8 participants reported a strengthening of their confidence and self-esteem
- 6 participants reported an improvement in social and interpersonal skills
- 4 participants reported greater self-awareness and personal development

## Aftercare

In 2017 the Aftercare service continued to provide support to a group of male and female persons who have decided to live a substance free lifestyle and need a safe environment in order to learn how to deal with life issues and share the struggle of staying substance free. The Aftercare group make use of the SMART Recovery approach which aims increase choice in mutual aid options for people seeking abstinence from addictive behaviours. It is a mix of professional and peer-led meetings with its own governing body and national infrastructure.

Within the year a total of 10 males and 3 females attended 40 process groups. The combination of talking seriously about the struggle to live substance free as well as sharing the lighter side and generally just being around other like-minded individuals provided group members with an opportunity to connect with themselves and be seen by others in a different way. This provides a rich learning environment for the group members and strengthens the trust and group bond amongst members.



## Mental Health

As participants presented with increasing mental health issues, we responded by providing a drop- in facility, 'Well Connected', which enabled participants to come together and offer mutual support and information on services and activities available. The "Well Connected" drop in space is modelled on the Gateway Project in Rathmines and aims to replicate the member led ethos of the organisation, which identifies peer support for people with self- experience of mental health and recovery as crucial to its long- term success.

The "Well Connected" initiative aims to support the integration of people into the social, cultural, educational and working life of the community. It works to address social exclusion and disadvantage faced by many people with experiences of mental ill health and works in partnership to promote mental health wellbeing and recovery in the community.

## Group Support

### WRAP – Wellness Recovery Action Planning

WGRC ran a 6 week course in Wellness Recovery Action Planning (WRAP) as part of our mental health programme. This course was very well received and further WRAP sessions are planned throughout 2018. The WRAP course was attended by 9 participants and helped those involved to:

- Discover their own simple, safe Wellness Tools
- Develop a list of things to do every day to stay as well as possible
- Identify upsetting events, early warning signs and using Wellness Tools develop action plans for responding to crisis situations.
- Be guided through the process of developing a Crisis Plan
- Introduce participants to Post Crisis Planning

## Feedback from Group Work Participants

"I feel I have grown in confidence a lot by doing this group, I would have never felt able to speak in front of other people about my experience of mental illness".

"I have become more confident, happy, at ease with who I am, learned to take more responsibility, and most importantly capable of dealing with setbacks with alcohol".

"It's great to have a place where I can just drop in and have a cup of tea and a chat with people I can talk to about my problems. If I am having a bad day it's a real benefit"

"I have learned that no matter what problems I might face in life, I can overcome them with a bit of self-belief and not to be afraid to ask for support".



## **MINDFULNESS- A Mindfulness Approach to Mental Health**

As participants presented with increasing mental health issues, we responded by running a group support / intervention that enables participants to learn to cope with the many stresses in their lives. This approach fosters the capacity to observe, with an open, curious and non-judgmental mind, how stress and negative thoughts play out, moment by moment, in the body, thoughts and emotions.

This eight week intervention is tailored to participants who typically have experienced trauma in their lives and may be struggling with mental health issues. It encourages participants to reside in the present moment, and to bring awareness to the consequences of their actions and to the 'story' that their minds persistently generate. With these skills, they are able to 'reframe' their past and present lives, building psychological safety, balance and resilience.

The group sessions encourage participants to be as present as possible to whatever is happening in the moment, rather than ignoring, suppressing, escaping or trying to conquer their physical or psychological pain. It is this unwavering focus on the present that promotes healing.



## D12 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 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 Mens Shed.

## 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 Unites States, the SFP has been implemented in a wide range of cultural settings.



The SFP is designed to address difficulties that arise in families, by increasing family strengths, young people and children's social competencies and improving positive parenting skills. Families who complete the SFP say they feel happier, closer and better able to cope with problems; they communicate better, talk more, spend more quality time together and are more resilient. These positive effects endure long after they have completed the SFP.

"It made me realise what my kids were going through, and what a teenager's life is like. And i learned that i had to listen to them" -Ruth, SFP participant.

"Life was extremely hectic for us then, and even the meal was something good, relaxing: a bit of fun in what was a really dark time...but all the children really looked forward to it, it really was like a little outing for them" Anna, SFP participant.

"I reckon it brought us closer together. I reckon it showed the children that they could actually talk to me about stuff, that they could tell me stuff" -Linda, SFP participant.

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 2017 the SFP was rolled out between September and December catering for 8 families, consisting of 15 children and 10 parents / 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.

## Policy & Interagency Work



The WGRC are actively engaged in the following policy and interagency 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 2017 support was given to and received from a wide range of agencies such as; Dublin 12 Local Drug & Alcohol Task Force, Addiction Response Crumlin (ARC); MABS; Citizens Information Centre, WALK; Local Schools and Youth Services; Local Social Work Services; Meitheal; TÚSLA; Local Gardaí; Local Health Care Professionals; the Dublin South City Partnership; the Jobs Initiative team; the Liberties Recycling Training Programme; the Local Employment Service; the Dublin Volunteer Centre, Local Dublin 12 Congress and Local Youth Organisations; the Brú, Clay, St. Bosco Youth Centre and Crumlin Youthreach.

## **Governance**

### **Achieving Compliance with the Governance Code**

In 2016 the WGRC Board of Management started the journey to compliance with the Governance Code, which is a voluntary code of good practice for the charity, community and voluntary sectors in Ireland. In 2017 we have implemented the elements outstanding in our journey to compliance and are delighted to announce that we have achieved our goal.

The Governance Code is a code of practice for good governance of community, voluntary and charitable organisations in Ireland. Governance refers to how an organisation is run, directed and controlled. Good governance means that an organisation will develop and put in place policies and procedures that will make sure the organisation runs effectively.

### **The Audit & Finance sub-committee**

The role of the Audit and Finance Sub-committee is to inform policy at Board level and to ensure that the organisation operates in a transparent and accountable way by monitoring and reviewing company policy, procedures, financial controls and systems. This ensures that we operate in an efficient and effective manner. The sub-committee assess financial risks to the organisation as part of their remit and report and make recommendations to the Board.

### **Charities Regulatory Authority & Charitable Tax Exemption**

The company has been granted charitable tax exemption by the Revenue Commissioners and are registered with the Charities Act 2009.



## Pay Scales

Walkinstown Greenhills Resource Centre are a section 39 funded agency and as such, our pay policy has always been to pay salaries in line with HSE consolidated pay scales as much as possible. There are no employees whose total remuneration paid for the year (including taxable benefits in kind, redundancy payments and employer pension costs) exceeded €60,000.

## Board Review

It is the role of the Governance Sub-committee to monitor and oversee both Board recruitment and performance. The Governance Sub-committee has carried out this role very effectively and further work on reviewing roles and responsibilities of board members will be undertaken in 2018. Reviewing the Board and Chairpersons performance is embedded as an essential part of good governance and the continuous development ethos of the whole service.



# WGRC Organisational Structure

Sub-Committees

- Finance
- Governance
- 

Board of Directors

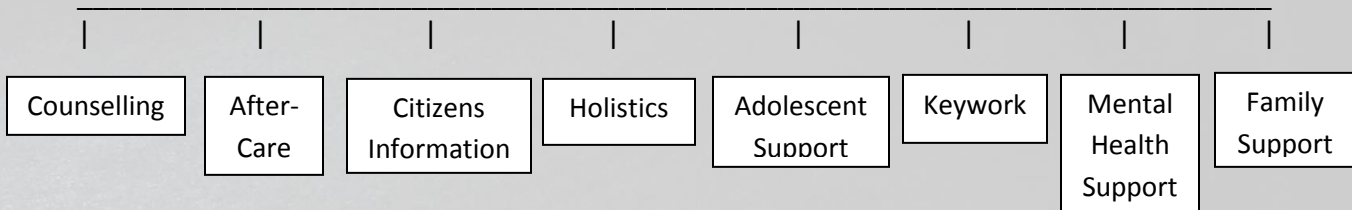
Executive in Attendance

General Manager

Client Services Team Leader

Operations Team

Staff



# Organisational Structure

## Walkinstown Greenhills Resource Centre

### Board of Directors

Nine Directors plus one in an advisory role

### The Staff Team in 2017

Manager: John Davis

Team Leader: Dermot Phillips / Viv Rooney

Key Worker: Ann Nugent

Project Worker: Pamela Kavanagh

Project Worker: Jessica Keye

Financial Administrator: Tracy Hunt

Receptionists: Patricia Kearney & Beatrice Finn

Caretaker: Martin Daly

### Volunteer Counsellors:

Pamela Kavanagh

Cathy Breslin

Breda Gleeson

### Student Counsellors:

Natalie May

Paul Gahan

Monica Grogan

### Complementary Therapist:

Sonya Keogh

### General Assistant:

Patricia Bennett

# Walkinstown Greenhills Resource Centre Limited

## DIRECTORS

### CHAIRPERSON

Bernadette Stokes

### TREASURER

Suzanne McEneaney

### VICE CHAIRPERSON

Vivian Mahady

### SECRETARY

Des Kinch

Fintan Warfield

Susan McAuley

Liz Bramble

Kenneth O' Connell

Tommy Coombes

Aoife Fitzgerald

Advisory Role (D12 Local Drug Task Force)

### 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 2017

	2017	2016
	€	€
Income	253,119	
281,759		
Expenditure	(249,068)	(288,589)
	-----	-----
<b>Surplus / (deficit) for the year</b>	<b>4,051</b>	<b>(6,830)</b>
 Total Comprehensive Income (6,830)		 4,051
	-----	-----
Non-Current Assets		
Property, plant and equipment	3,341	4,676
Current Assets		
Receivables	3,710	8,565
Cash and cash equivalents	33,893	28,248
	Retained Surplus	Total
<b>At 1<sup>st</sup> January 2016</b>	<b>42,123</b>	<b>42,123</b>
Deficit for the year	<u>(6,830)</u>	<u>(6,830)</u>
<b>At 31<sup>st</sup> December 2016</b>	<b>35,293</b>	<b>35,293</b>
Surplus for the year	4,051	4,051
<b>At 31<sup>st</sup> December 2017</b>		<b>39,344</b>
<b>39,344</b>		



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.

## Acknowledgements

The Board of WGRC would like to thank all the organisations and people who make it possible for us to provide services in Dublin 12. It could not be done without their help and support.

- Dublin 12 Local Drug & Alcohol Task Force
- The Health Service Executive
- ESB Energy for Generations Fund
- Dublin South City Partnership
- Dublin City Council
- The Dublin 12 Community
- Dublin 12 Congress
- Voluntary fundraisers
- Local Community, Voluntary and Statutory Agencies
- WGRC Staff and Volunteers
- WGRC Participants

# THANK YOU!



## **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”.**

