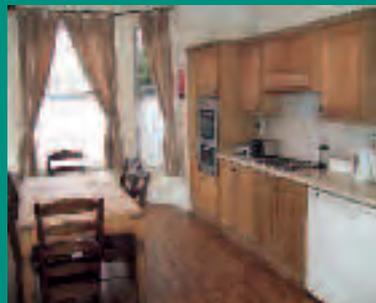


Strategic Plan 2007-2009



Strategic Plan 2007-2009



Contents

Foreword	03
Executive Summary	04
1. Policy Context for Peter McVerry Trust Services	06
1.1 Our Policy Context	06
1.2 Homelessness	06
1.3 Drug Misuse	07
1.4 Other Relevant Contexts	08
1.5 Concluding Remarks on Policy Contexts	10
2. Mission Statement and Guiding Principles	12
2.1 Mission Statement	12
2.2 Our Aims and Objectives	12
2.3 Guiding Principles of Peter McVerry Trust	13
2.4 Underpinning Our Vision	13
3. Organisational Structure and Service Areas	16
3.1 Board and Management Structure	16
3.2 Overview of Service Areas	17
3.3 Paving the Way for the Strategic Plan 2005 & 2006	18
4. Key Areas of Strategic Development to 2007 - 2009	20
4.1 Strategic Planning Process	20
4.2 Building Sustainability	20
4.3 Service Development	21
4.4 Targeting State Funding	24
4.5 Fundraising	24
4.6 Quality Assurance	24
4.7 Communications and Lobbying	24
4.8 Capital Development	25
4.9 Performance Measurement	25
4.10 Evaluation and Review	25
Appendix 1 - Views of Clients, Staff, Managers and Board	26
Appendix 2 - Overview of Fundraising Strategy	30
Appendix 3 - Overview of Communications and Lobbying Strategy	32
Appendix 4 - Measuring PMVT Performance	36

Foreword

Peter McVerry Trust (formerly known as the Arrupe Society) will be twenty-four years old on 23rd December next. In 1983, it began in an overcrowded three bedroom flat in Ballymun with up to fifteen young homeless people living there at any time. The staff consisted of myself - we had no money to employ anyone else. It was intended as a temporary response to a need that was growing more urgent every month, young homeless males who were sleeping on the streets due to a dearth of services and facilities. While hopelessly inadequate, it tried to offer friendship, support and a place to live to those who had nowhere else. In those twenty-four years, many changes have happened;

- Homelessness (and subsequently drug misuse) became major social issues to which we have tried to respond. We now provide two hostels for young people under 18, one hostel for young adults, a residential community drug detox service, two drug free residential aftercare projects, six apartments for independent living, an education day centre, an outreach, settlement and tenancy sustainment service and a drop-in centre. Almost fifty staff are employed to manage these services.
- The Child Care Act 1991 gave the Health Service Executive statutory responsibility for homeless children under 18 years of age, and subsequently services for that age group have substantially improved. As a result, our priority focus moved to young adults, for some of whom services remain very inadequate, or non-existent, and who, if they remain homeless for any length of time, can lose their motivation, their dignity and their hope.
- The profile of homelessness and drug misuse has changed to include an

increasing number of women and girls. All the most recent services that we have established are now open to both males and females.

- The name has changed! As the most frequent response by the public to the name "Arrupe Society" (named after a charismatic Jesuit Superior-General, Fr. Pedro Arrupe SJ) was "What? How do you spell that?" we decided to change the name (with reluctance on my part, it must be said) to the Peter McVerry Trust.

However, the service we provide has tried to remain the same - friendly, open to all, supportive, non-judgmental, with an understanding and empathy for the difficulties which many of these homeless young people have had to endure in their early years. We try to ensure that the dignity of each young homeless person is always respected. We try to be flexible, adapting our services to meet the new or changing needs of homeless young people.

We are very grateful to our fund-raising organisation, Welcome Home, which has supported us for the past eighteen years and without which we would not now exist. We are also very grateful to all those who have helped us with funds, or in other ways, which have made possible the expansion and development of our services.

Homelessness and drug misuse remain major social problems for our society and will, unfortunately, continue to be so for the foreseeable future. I suspect that, unfortunately, the Peter McVerry Trust will still be needed in another twenty-four years time.

Fr. Peter McVerry SJ

Executive Summary

Introduction

In 2005, the Arrupe Society changed its name to the Peter McVerry Trust and appointed a new CEO. With a continuing high level of demand for its services, the Trust hopes that the period from 2005 to 2009 will see an expansion in service provision. To support such an expansion, this Strategic Plan was prepared. It has been put together following discussion with all of the interests relevant to our work - service users, staff, managers, and Board members. The Plan also provides a benchmark against which we can measure our progress in the coming years.

Policy Context for Our Services

Problems such as homelessness and drug use are major ones in Dublin and the services provided by the Peter McVerry Trust exist in a wider context of national policy responses. These policies have been evolving in recent years and the Trust both complements national policies and aims to lead the way in certain areas.

For example, the emphasis in homelessness policy is now on providing longer-term accommodation options for homeless people, with the supports they require to move to independent living. On drug use, there is an appreciation that treatment is the

best long-term option and that more rehabilitation places are needed. These policy directions are consistent with our existing services in transitional housing, detox, aftercare and in the provision of training and education. There is also increased policy recognition of the linkage between homelessness, drug use, mental health problems, and contact with the criminal justice system. We plan to strengthen the different skills required in multi-disciplinary approaches in the coming years.



‘Peter McVerry Trust gave me the opportunity to get my life back on track by providing drug free accommodation and the support of a non-judgmental staff team.’

Service Areas and Proposed Development

The following represent some of the key actions that we will undertake in the period to 2009:

- Having re-opened the Avoca Aftercare Project, ensure sustainability of this project and develop service agreements with treatment services and day programmes.
- Having re-opened the Lantern detoxification project, expand its multidisciplinary team, extend its horticulture service, and deepen co-operation with the Department of Social and Family Affairs and the HSE in relation to this project.
- With the Cabra Aftercare Project, secure a property to ensure project sustainability and implement service level agreements with move-on accommodation providers.
- Introduce weekly case management meetings between the different day services.
- Review the after-hours service of the Outreach and Settlement team.
- Manage the development of the new Education, Training and

Development service, with additional provision of a linked nurse service.

- Develop new best practice protocols for the Referral and Assessment Service.
- Work with the Homeless Agency to (re)evaluate our transitional residential service.
- Increase the number of accommodation units in our tenancy sustainment service from 6 to 20 by the end of 2009.
- Ensure we have an experienced senior management team to lead on service development, human resources and funding.
- Put in place a comprehensive set of HR and training policies across the organisation.
- Ensure good communication in the organisation through a regular newsletter and through other tools and techniques.
- Put in place IT systems both to support our day-to-day activities and to enable the collection of statistics to allow us to monitor and improve services.
- Ensure a professional fundraising plan to ensure the Trust has access to the financial resources it

will need to implement this ambitious Strategic Plan.

- Conduct a full Mid-term Review of progress in implementing this Strategic Plan.

Peter McVerry Trust is undergoing a process of change as it reorganises and expands to meet the needs of its service users. Implementation of this Plan will continue this change. This change creates new opportunities for the organisation to fulfil its core mission and we commit to adopting best practice approaches in taking these opportunities. In implementing this Strategic Plan in the coming years, we reiterate our continued commitment to the core mission, values and principles that have sustained the Peter McVerry Trust (and before it the Arrupe Society) since its foundation in 1983.

1. Policy Context for Peter McVerry Trust Services

1.1 Our Policy Context

The services of the Peter McVerry Trust operate in the context of a number of policy areas, in particular homelessness and drug use but also other relevant areas. Before moving to discuss the plans of the Trust in the coming years, this section of the Strategic Plan provides information on key aspects of these policy areas and how we fit with, and complement, them.

Figure 1.1: Key Policy Contexts Underpinning Services of Peter McVerry Trust

1.2 Homelessness

The understanding of homelessness and how it arises has become more sophisticated in Ireland in the past decade. The Homeless Agency uses a typology which has been agreed at European level - Ethos: the European Typology on Homelessness and Housing Exclusion. This identifies a number of states relevant to homelessness, from people living in 'inadequate' housing (e.g. temporary or overcrowded accommodation); to those in 'insecure' housing (e.g. living under threat of eviction or violence); to those who are 'houseless' (e.g. those in dedicated accommodation for homeless people or being released from institutions); to



‘Having tried to detox so many times before I am in debt to Peter McVerry Trust where I was able to detox, get clean and then move onto further treatment.’

those who are 'roofless' (e.g. living rough or staying in night shelters). This continuum allows the Homeless Agency to intervene in a preventative as well as in a responsive way.

Estimates from March 2005 indicate that 1,361 households, representing 2,015 people (including 463 child dependents), reported being homeless. In addition, 346 households were in transitional programmes. The research found that 77% of households reported being homeless for six months or more, with significant numbers reporting that they were homeless for over three years. Other research has estimated that up to three in every four homeless people in Ireland are in the four local authority areas in the Dublin region.

The number of people experiencing homelessness has fallen in recent years due to extra short-term and 'emergency' accommodation options being put in place. In February 2007, the Homeless Agency Partnership launched *A Key to the Door*, its action plan on homelessness in Dublin 2007-2010. The Homeless Agency Partnership (which covers the four Dublin local authority areas) says that the work of *A Key to the Door* is "to build upon the safety net created by these services and to change the emphasis from providing services to

people who are homeless to moving people out of homelessness and into long-term housing, with whatever supports they require to maintain their homes".

In order to achieve this goal, the plan sets out three strategic aims;

- Prevent people from becoming homeless.
- Provide effective local based services that address the accommodation, housing, health and other needs of people who are homeless.
- Provide sufficient long-term housing and associated supports for people who are homeless, especially one-person households.

The work undertaken through the services of the Peter McVerry Trust supports the achievement of all three of these strategic aims.

The issue of homelessness is closely linked to housing policy and government policy as was set out by the Department of the Environment, Heritage and Local Government in its 2007 report *Delivering Homes, Sustaining Communities*. The report says that "the primary objective is now to provide transitional programmes, where necessary, and in due course long term accommodation with necessary care supports, to enable

people to move from emergency accommodation to independent living". The report also calls for a number of specific actions in relation to homelessness, to include;

- Interagency protocols to be developed so agencies provide more effective services to homeless people, people with addictions and people with mental health issues.
- Promotion of the role of the voluntary and co-operative sectors.
- Expansion in the provision of social housing in Ireland.

The Peter McVerry Trust is already undertaking a range of initiatives in relation to these issues, in advance of government policy. Our transitional housing, settlement and tenancy sustainment work provides holistic services to people to support a move towards independent living. As this Plan shows, we aim to develop these service areas further in the period to 2009.

1.3 Drug Misuse

By its nature, it is hard to source precise data on the use of illegal

drugs. However, drawing on multiple data sources, the 2004 Annual Review from the Merchants Quay Project estimated that there were 14,452 heroin users in Ireland, of whom 12,456 (86%) were in Dublin, with about half of these in treatment. It estimated that over 2,000 people were homeless drug users.

The National Drugs Strategy 2001-2008 states: "The prevalence of drug misuse among homeless people in Ireland is a particular problem...". A 2005 report which surveyed homeless people found that 52% had used drugs in the previous month, compared to 3% of the general population (NACD, 2005¹).

The National Drugs Strategy 2001-08 has four pillars; a reduction in the supply of drugs, prevention of drug use (including education and awareness), drug treatment (including rehabilitation and reduction), and research. The work of the Peter McVerry Trust fits in particular with the second and third of these pillars. The Strategy states: "People with drug problems should be encouraged at every opportunity to enter drug treatment, given the benefits that can accrue to them as individuals, as well as to the general community. For the future, every effort must be made to ensure that treatment is attractive and

accessible to all." This fits with our philosophy, not only of providing treatment, but of doing so in a way that respects the dignity of each individual person.

The Strategy says the following on 'half-way houses': "The need for half-way houses for recovering drug users, who are not already being treated in the community, was highlighted repeatedly during the public consultations and in the submissions to the review. An increased rate of relapse was associated with an immediate return to a drug-taking environment and, in this context, consideration should be given to establishing a network of half-way houses throughout the country." This recommendation fits with our ongoing work.

Following the 2005 Mid-term Review of the *National Drugs Strategy*, a Working Group was established to draw up a national strategy for drugs rehabilitation. The Drugs Rehabilitation Working Group published its report in May 2007, which noted a lack of coordination in helping recovering addicts in moving on from methadone maintenance. It said that the number of drug detoxification beds should be increased and the number of community employment (CE) places for recovering drug addicts should be increased by at least 30%.

The Peter McVerry Trust has long advocated more detox places and itself provides a HSE-approved detoxification service. Our work, as regards education and training, fits with the recommendation in relation to supports for former drug users in accessing the labour market.

As part of the national strategy to combat illegal drug use, a range of organisations - including Community Drug Teams and Local Drug Task Forces have been established. These will continue their work under the 2007-2013 National Development Plan. We interact with these organisations and with a network of other organisations (e.g. in the health services) supporting people who misuse drugs on an ongoing basis.

1.4 Other Relevant Contexts

1.4.1 Mental Health Issues

There is evidence that people who are homeless are more likely to have mental health problems. A survey of hostel dwellers in Inner City Dublin found that 52% experienced depression, 50% suffered from anxiety and 4% from other mental health illnesses². A 2001 report by the Dublin Simon Community³ found that one in four homeless people in Dublin suffered from mental illness. In 2003,

Amnesty Ireland's report, *Mental Illness-The Neglected Quarter, Homelessness* estimated that 75% of homeless people suffer mental health problems. There is also a link with substance abuse issues - e.g. in one Irish study of in-patients with schizophrenia, 39% fulfilled diagnostic criteria for a lifetime history of substance abuse.

It is clear that a much higher proportion of people who are homeless suffer from mental health issues as opposed to the wider population. The ongoing work of the Peter McVerry Trust shows that many people with a dual or multi-diagnosis, such as a homeless person with a mental illness who is also a drug user, do not receive adequate combined treatments.

Since the early 1980s, there has been a shift from institutional to community-based care for people with mental health problems. However, due to gaps in the community-based services, a proportion of those people experiencing mental illness become homeless. Reports such as the Amnesty report referenced above point out that support services for people who are homeless in Ireland and who have mental health problems are inadequate.

In 2006, the government published *A Vision for Change: Report of the*

Expert Group on Mental Health Policy. This contains a specific section on mental health services for homeless people and a further sub-section on mental health services for people with substance abuse problems. As regards homeless people, the report notes: "The statutory housing authorities in Ireland make negligible provision for the mentally ill. A direct consequence of this is that mental health services are currently funding and staffing over 3,000 places in over 400 residences for persons whose housing needs should more properly be the responsibility of the housing authorities." The report makes a number of recommendations, including that a range of suitable, affordable housing options be available to prevent the mentally ill becoming homeless. For both homeless people with mental health challenges, and for those with substance abuse problems and mental health challenges, there is to be an emphasis on locally-based community care approaches where possible, using outreach approaches and specialist teams (who would link to other services).

In so far as these approaches and multi-disciplinary teams exist, the services of the Peter McVerry Trust work closely with them in terms both of people entering and leaving services.

1.4.2 Criminal Justice Issues

People who are homeless and/or engaged in drug misuse often end up being involved with the criminal justice system, and *vice versa*. Irish research by Focus Ireland and PACE, a voluntary organisation dedicated to the welfare needs of ex-prisoners, has shown the links between criminal behaviour, homelessness and other problems relating to mental health, alcohol addiction and drug abuse, family dysfunction and histories of residential child care. Research has also shown that many of the people leaving prison in Ireland have no definite home to which they can go.

The link between the different issues is emphasised by recent UCD research which examined the psychological profile of 30 young offenders (average age 14.9 years). This found that, on average, each of these adolescent offenders met the criteria for 3.1 psychological disorders, e.g. separation anxiety, major depression, bipolar disorder and post-traumatic stress disorder, conduct disorder and substance abuse⁴. Mental health problems and getting in trouble with the law are therefore intertwined from an early age.

In reviewing options in relation to people misusing drugs, the National Drugs Strategy notes: "When evaluated using a range of criteria,

including outcomes in health, social well-being, economic prosperity and levels of crime, drug treatment proves to be cost effective". The Peter McVerry Trust agrees that providing appropriate treatment for the (mostly young) people involved is not only in the best interest of the person themselves but is also likely to be the best route to reducing their criminal behaviour. We also co-operate on an ongoing basis with the Gardaí, the Prison Service and the Probation Service in relation to contact which they have with people who are availing of our services.

1.4.3 Wider Social Inclusion Policy Agenda

The issues being addressed by the Peter McVerry Trust exist in the context of a society in which a sizeable minority of citizens is socially excluded. Research on levels of poverty; early school leaving; lack of integration into the jobs market; poor health outcomes etc., all show that a portion of the Irish population is excluded from mainstream society. The issues facing these people are often multi-generational and concentrated in particular parts of our cities and towns.

Various national initiatives have been established to tackle this exclusion and, under the National Development Plan 2007-2013, A

Better Quality of Life for All, social inclusion is again set out as a core government priority. The NDP adopts the framework used in the *Towards 2016 Social Partnership Report* and in the 2007 *National Action Plan for Social Inclusion* (NAPS inclusion) of a life-cycle approach to social inclusion issues.

1.5 Concluding Remarks on Policy Context

The Homeless Agency's Action Plan for Dublin for 2007-2010 states:

"Homelessness is a complex social problem. The most fundamental need of people experiencing homelessness is appropriate long-term housing. However, alongside the need for housing (and possibly a cause of that need) many people experiencing homelessness have health, mental health, addiction or other support needs that must be addressed in order for them to be able to maintain long-term housing. These supports may require intensive short-term assistance or they may require long-term support at the same time as long-term housing".

The increasing recognition by Irish policymakers that these issues are interlinked and complex is welcomed by the Peter McVerry

Trust. From our on-the-ground experience over many years, we have been attempting to respond to this reality, and we do so again in this Strategic Plan.

More specifically, this chapter has noted some of the many approaches being adopted by the statutory agencies dealing with one or other of the multiple issues facing the people who use the services of the Peter McVerry Trust. We work with these agencies on an ongoing basis and are fully aware of these strategies and how they are evolving over time. This Plan is designed to fit with and complement these strategies in the coming years.

1 National Advisory Committee on Drugs (NACD), *Drug Use Among the Homeless Population in Ireland*, Dublin, NACD, 2005.

2. ERHA and RCSI (2001), *The Health of Hostel Dwelling Men in Dublin: Perceived Health Status, Lifestyle and Health Care Utilisation of Homeless Men in South Inner-city Hostels*

3. Dublin Simon Community (2001), 'Are our homeless hostels unofficial asylums for the mentally ill?'

4. Research conducted by Jennifer Hayes, UCD, quoted in *The Irish Times*, Health Supplement, 1st May 2007

2. Mission Statement and Guiding Principles

2.1 Mission Statement

Peter McVerry Trust is committed to reducing homelessness, drug misuse and social disadvantage through its provision of housing and support services. Peter McVerry Trust provides its services, which are tailored to the needs of the individual, within a framework of equal opportunities, dignity, and respect.

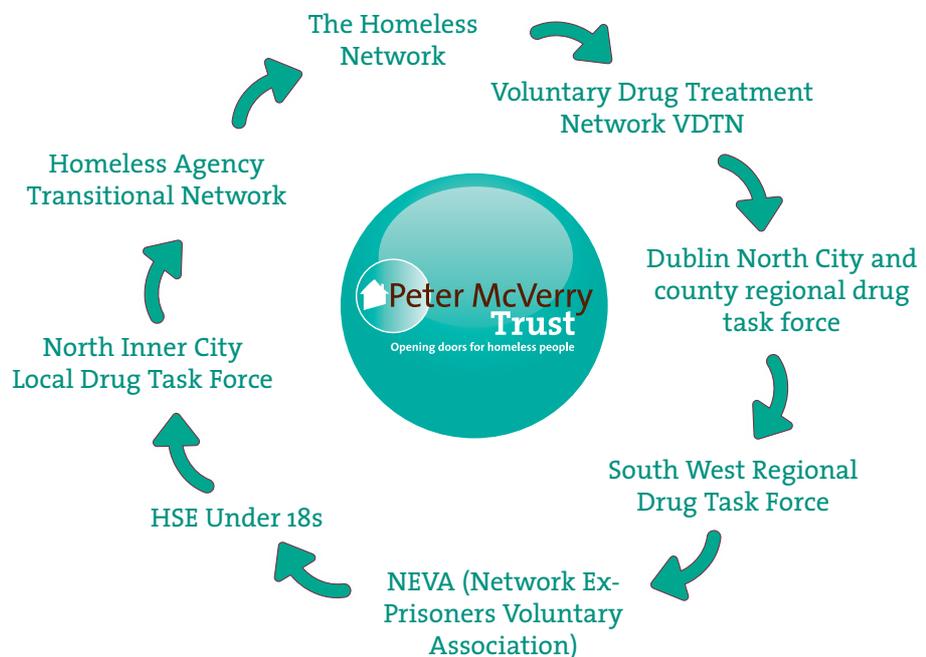
free environment and to target those most marginalised in society through its service provision.

- Participants are treated with respect from the outset and are actively encouraged to be involved in all aspects of their own care plan.
- Peter McVerry Trust emphasises every individual's personal choice and responsibility.
- Peter McVerry Trust endeavours to assist each person to re-establish himself or herself in the community and their move towards greater independence.

2.2 Our Aims and Objectives

- Peter McVerry Trust aims to provide a safe, challenging and supportive drug

The Trust is currently involved in the following networks:



‘Being able to go to the stabilisation programme every day and not have to hang around the streets gives me a purpose and goal and helps me to look at my drug use and do something about it.’

2.3 Guiding Principles of Peter McVerry Trust

Underpinning our aims and objectives and in the delivery of the services offered by Peter McVerry Trust, we adhere to the following values:

- We endeavour to operate a non-judgmental approach to participants.
- We endeavour to hold an unconditional positive regard for all participants.
- We recognise that each person has individual personal needs.
- We recognise that each person is unique in their own right.
- We recognise the ability of each person to bring about change.
- We recognise the importance of respect for young people to enhance such changes.
- We recognise the importance of trustful relationships and the time it takes to build such relationships.
- We recognise the importance of confidentiality.

2.4 Underpinning Our Vision

2.4.1 Continuum of Care Model

Peter McVerry Trust provides a range of services through a continuum of care model, based on the principles of respect and dignity. The continuum of care model aims to provide a range of services to clients to facilitate their journey into mainstream society, addressing their diverse range of needs along the way.

2.4.2 The Homeless Agency Competency Framework

The Homeless Agency Competency Framework is a working manual and toolkit for the Homeless Services Sector. It has been designed to assist managers across the sector in recruiting and promoting professional and competent staff who will have the skills and competencies to serve the sector. It ensures that effective and consistent standards are upheld in the sector. It also raises the awareness of prospective workers of the competencies that are required to work in the sector. Peter McVerry Trust has been involved in the roll-out of the Framework to date and is committed to this on-going work in partnership with the Homeless Agency.

2.4.3 Interagency Model of Working

Peter McVerry Trust understands the importance of interagency working in order to improve co-ordination of service delivery, eliminate gaps in services, assist in client progression between agencies and decrease duplication of services. The Trust is committed to developing its formal and informal links with other relevant services with the aim of improving client needs.

2.4.4 Historical Inter-Agency Partnerships

Peter McVerry Trust has supported the following initiatives from their establishment and continues to support them in their operation:

- Balcurreis Boys' Home - Mission Statement

“Balcurreis Boys' Home aims to work with young people in our care to support them as they develop the skills that will ultimately allow them to live independent lives. BBH will continue to support the young person when they move on from our care through our needs-based continual care service. We will provide a safe living environment for five young people, three of whom will be from the Ballymun area at any one time.”

The following is a list of some of the agencies with whom the Trust works:



• Belvedere Social Services - Mission Statement

“To enable young people to move from statutory care placements to independent living by providing information, advice, individual support, structured programmes and developing skills, confidence and self-esteem of the young people in the context of providing semi-independent accommodation. Belvedere Social Services offers semi-independent accommodation for six young people 17-19 years old at entry, and an outreach service to ex-residents.”

• BOND Project - Mission Statement

“BOND is a community based initiative in Blanchardstown, which seeks to support the integration of young people involved in offending behaviour and/or young people leaving prison. This is achieved by challenging the young person's offending behaviour and focusing/directing them into appropriate supports in the community. BOND Project offers a range of services including transitional accommodation for six young people aged 18 years or over, who are returning to the community of Blanchardstown from prison or places of detention.”

Our commitment to these partnerships and initiatives will remain strong under this Strategic Plan.

2.4.5 Commitment to Quality Assurance

In the provision of all of our services, and in our other activities, the Peter McVerry Trust is committed to a high level of quality. We view a commitment to good practice in all that we do as ultimately being linked to our commitment to the participants in our service areas.

The Peter McVerry Trust is currently developing two quality assurance tools:

- **Putting People First - a good practice handbook for homeless services** - published by the Homeless Initiative in 1999, this good practice handbook outlines standards and performance indicators for some homeless services, including organisational standards.
- **QuADS - Quality in Alcohol and Drug Standards** - The QuADS Organisational Standards Manual for Alcohol and Drug Treatment Services was developed by the joint Alcohol Concern/Standing Conference on Drug Abuse project funded by the Department of Health and supported by the

UK Anti Drugs Co-ordination Unit. The QuADS standards provide criteria against which alcohol and drug treatment services can assess and develop their practice and place a particular emphasis on good staff training.

As an organisation with a voluntary element to its work, we do not see 'voluntary' and 'good practice' as in any way incompatible. We expect paid and unpaid staff alike to demonstrate respect and commitment to all participants and to their work. Our internal training will reflect this commitment.

2.4.6 Commitment to Measuring Our Performance

As a professional organisation, it is important that our performance and outputs are measured and monitored. Good quality information and data allow us to measure our actual outputs against our planned outputs, allow us to benchmark against other organisations providing similar services, facilitate ongoing service improvements, and allow us to show our funders how we have used the funding provided. The Peter McVerry Trust already gathers data in relation to a number of areas of our service. Under this strategy, we will expand this data collection, and use of this data to support the management and Board of the PMVT. (See also Sections 4.9 and Appendix 4.)

2.4.7 Working to Achieve Wider Change

The main focus of the Peter McVerry Trust is the delivery of services (see Section 3.2). However, we are conscious that the services we offer are just one part of a jigsaw of services (mainly but not exclusively state-provided) that our clients interact with. The work of the Trust provides us with a perspective, and with specific insights, that may allow us to provide learning for other service providers, e.g. in areas relating to health, criminal justice, drug use, homelessness or other areas.

To this end, and in line with our history, the Peter McVerry Trust will continue to contribute in a constructive way to public debates on issues that affect the people with whom we work. This will mean communicating information about our ongoing work and making other focused, evidence-based interventions where appropriate. (See also Section 4.7 and Appendix 3).

3. Organisational Structure and Service Areas

3.1 Board and Management Structure

The structure of the PMVT is shown below.



3.2 Overview of Service Areas

Service:	Narrative:
Referral & Assessment:	This is the first point of contact for those accessing many of Peter McVerry Trust services. The Referral and Assessment Worker responds to all initial enquires regarding the Trust's services as well as assessing each person for referral to an appropriate service.
Outreach Service:	This outreach service is underpinned by a harm reduction approach. Every effort is made to source emergency accommodation and address any urgent needs, whilst offering support to access appropriate services to help people gain the life skills needed to live independently.
Open Access Service:	This drop-in day centre offers ongoing support, advice and advocacy for those who are homeless. The team also provide support to people who wish to move on to other services, providing opportunities for progression. Fr. Peter McVerry's office and the Outreach Team are based here.
Education, Training & Development Service:	This core day service responds to the varied needs of young homeless people. The centre operates a stabilisation programme as well as a diverse programme of educational and training activities. One-to-one support is also offered to participants to help them to gain the life skills and coping mechanisms they need to live independently and to break the cycle of homelessness.
Residential Transitional Service:	This service provides accommodation for those over the age of 18 years. Individuals are given support to address the issues which have contributed to their homelessness, to link with the Trust's other services and to progress from here to more independent accommodation. This service can accommodate 6 people.
Residential Community Detoxification Service:	This service, which is approved by the HSE, provides 25% of all community detox beds in Dublin. The six-week residential programme provides a safe and stable environment for people who wish to detoxify from methadone. Residents participate in a two-tier model, which is based on relapse prevention and a therapeutic horticulture programme, in conjunction with one-to-one key working with the individual. The property is based in north County Dublin and can accommodate 7 people.
Residential Aftercare Service:	This service provides aftercare accommodation for individuals who require secure and stable accommodation to maintain their recovery and provide an opportunity for continued personal development. We accept referrals from individuals who have completed a residential drug treatment programme or who are drug free and in need of aftercare support. All participants engage in drug free day programmes while living in the houses. Within the projects, personal development plans are designed for each individual, allowing them to develop independent living skills and coping mechanisms within a safe and structured environment. Two facilities can accommodate ten people.
Settlement & Tenancy Sustainment Service:	This service has access to suitable move-on accommodation for those who have successfully completed an aftercare programme and/or have acquired the skills needed for independent living. Support is provided for those moving into their own homes to help sustain tenancies, live independently and re-integrate into the community.
Head Office, Mountjoy Square:	The following staff and functions are located here: CEO; Head of Services; Head of HR, Training and Development; Fundraising Department; IT Manager; Office Manager and administration.

3.3 Paving the Way for the Strategic Plan 2005 & 2006

This Strategic Plan relates to the 2007 to 2009 period. However, the Plan builds on a range of important actions undertaken during 2005 and 2006 which laid the foundations for this Plan. Selected key actions from this period are listed in the sub-sections below.

3.3.1 Building Sustainability

- Introduction and development of a dedicated support and supervision system for staff & management teams through monthly supervision.
- Introduction and development of a continuum of care model with procedures to ensure transfer of relevant information and to minimise duplication.
- Through regular and effective use of management and team meetings, the newsletter and other tools, we will ensure effective communication throughout the organisation.

3.3.2 Human Resources and Training

- Induction programme for all new staff.

- Facilitation of the training of managers in the competency framework.

3.3.3 Service Development

Aftercare Project:

- Recruitment, induction and training of a dedicated staff team to work in the projects.
- Refurbishment of premises to meet Health & Safety standards in line with best practice.
- Reopening of Avoca aftercare project.
- Engaged Architect to draw up plans for the future expansion of the facility to increase capacity by 29%, including costings.
- Refurbishment of Cabra premises to meet Health & Safety standards in line with best practice.

Lantern Residential Community Detox Service:

- Recruitment, induction and training of a dedicated staff team to work in the project. Refurbishment of premises to meet Health & Safety standards in line with best practice including renovation of barn structure to include gym, group room, manager's office and storage room.

- Reopening of Lantern Community Detox Service.
- Introduction of horticulture programme to complement existing therapeutic programme.
- Development of the land in conjunction with residents' horticulture programme.

Outreach Service:

- Recruitment, induction and training of a dedicated outreach team to work with the most vulnerable clients in the Trust.
- Initial placement of the outreach team in Sherrard Street to ensure greater links between Open Access, Outreach and all other PMVT Services.

Education, Training & Development Service:

- Establish a new core day service to provide educational and training opportunities as well as one-to-one support to participants to help break the cycle of homelessness.
- Offer a diverse range of programmes and activities in response to the needs of participants.

Referral & Assessment:

- Recruitment, induction and training of a Referral & Assessment Worker
- To centralise the PMVT referral process.
- Initial placement of the Referral Worker in Head Office.
- The streamlining and standardisation of the referral and assessment form to ensure they are client friendly and transparent.

Transitional Residential Service:

- Transfer line management structure from Fr. Peter McVerry to the Trust.
- Reduction of staff team in line with comparative projects in the Trust.
- Refurbishment of premises to meet Health & Safety standards in line with best practice.
- Homeless Agency Evaluation of PMVT Transitional Facility.

Settlement & Tenancy**Sustainment Service:**

- Identify donor(s) to fund acquisition of apartments for Tenancy Sustainment Service.

Finance:

- Consolidate operation of all income and expenditure through the Peter McVerry Trust Operations.
- Record all income and expenditure using TAS financial package.
- Streamline payroll system.

Fundraising and Communications:

- Recruitment, induction, and training of a fundraising manager.
- Develop a comprehensive 3 year fundraising strategy that will ensure the necessary resources to sustain the organisation beyond 2009 and enable us to complete all capital development projects and the necessary acquisitions outlined in this plan.
- Launch the first ever Peter McVerry Trust newsletter "Opening Doors".

4. Key Areas of Strategic Development 2007 - 2009

Action	Target
4.1 Strategic Planning Process	
<ul style="list-style-type: none"> Engage external consultant to carry out consultation process to inform Strategic Plan. 	2007
<ul style="list-style-type: none"> Consultation process with the Board, staff and participants. 	2007
<ul style="list-style-type: none"> Final draft prepared and circulated for feedback from staff. 	2007
<ul style="list-style-type: none"> Final draft ratified by the Board. 	2007
<ul style="list-style-type: none"> Strategic Plan published. 	2007
<ul style="list-style-type: none"> Conduct a Mid-term Review of the Strategic Plan. 	2007-2008
4.2 Building Sustainability	
<ul style="list-style-type: none"> Introduction of senior management team to lead on service development, human resources, and fundraising. 	2007
<ul style="list-style-type: none"> To develop the referral and assessment protocols in line with the Homeless Agency Assessment Tool. 	2007
<ul style="list-style-type: none"> Produce an Annual Report 2007. 	2008
<ul style="list-style-type: none"> Monitoring, tracking, and evaluating services through monthly manager reports. 	2007
4.2.1 Human Resources & Policy Development	
<ul style="list-style-type: none"> Introduction of competency framework across the organisation in line with roll-out from the Homeless Agency. 	2007-2009
<ul style="list-style-type: none"> Conduct a comprehensive audit of all HR policy and procedures in conjunction with Adare HRM. 	2007
<ul style="list-style-type: none"> Development of a comprehensive Health & Safety Statement and Staff Handbook to streamline standards to ensure all services are running to best practice. 	2007-ongoing
<ul style="list-style-type: none"> Development of a child protection policy and training for staff. 	2007
<ul style="list-style-type: none"> Create a positive and supportive working environment for all staff through effective HR provision throughout the organisation. 	2007
4.2.2 Training	
<ul style="list-style-type: none"> Conduct an audit and roll-out of an in-service training programme and focus on team development. 	2007
<ul style="list-style-type: none"> Respond to requests for training by providing a comprehensive in-service training programme for all staff. 	2007-2009
<ul style="list-style-type: none"> Support staff engaging in further education by implementing policies that are transparent, user friendly and sustainable across the organisation. 	2007-2009
4.2.3 Information Technology	
<ul style="list-style-type: none"> Introduce a centralised system for collation of statistics across the organisation in conjunction with the Homeless Agency LINK system. 	2007-2009

Action	Target
<ul style="list-style-type: none"> • Recruit an IT manager to cover all IT support, purchasing, servicing and development of our IT system to facilitate communication in the organisation. • Train all staff in IT in order to maximize our IT resource. • Establish and develop appropriate IT information systems to assist in communicating and recording data. • Ensure compliance with licenses for all computer hardware and software. 	<p>2007</p> <p>2007</p> <p>2008</p> <p>2007-2009</p>
<h3>4.3 Service Development</h3>	
<h4>4.3.1 Avoca Aftercare Project</h4>	
<ul style="list-style-type: none"> • Secure appropriate resources to proceed with draw-down of funding for expansion to increase capacity in aftercare. 	<p>2007-2009</p>
<ul style="list-style-type: none"> • Secure statutory funding to increase sustainability of this project. 	<p>2007</p>
<ul style="list-style-type: none"> • Develop and implement service level agreements with treatment services and day programmes. 	<p>2008</p>
<ul style="list-style-type: none"> • Develop and implement service level agreements with move-on accommodation providers. 	<p>2008</p>
<ul style="list-style-type: none"> • Assess and review the aftercare programme to incorporate a multi-faceted rehabilitation programme. 	<p>2007</p>
<ul style="list-style-type: none"> • Upgrade the kitchen and dining area in Avoca Aftercare Project. 	<p>2008</p>
<ul style="list-style-type: none"> • Update transport vehicle for Aftercare Service. 	<p>2007</p>
<h4>4.3.2 Lantern Residential Community Detox</h4>	
<ul style="list-style-type: none"> • Visit Portuguese model of rehabilitation to assist further development of horticulture programme. 	<p>2007</p>
<ul style="list-style-type: none"> • Continuously review therapeutic group programme in accordance with clients needs. 	<p>Ongoing-2009</p>
<ul style="list-style-type: none"> • Work with HSE to secure clinical governance and ensure adherence to best practice to maintain HSE approval. 	<p>2006-2009</p>
<ul style="list-style-type: none"> • Review and expand multidisciplinary team to include a psychotherapist, senior nurse, one-to-one counsellor, GP and staff nurses to respond to a wider client base. 	<p>2006-2009</p>
<ul style="list-style-type: none"> • Build on existing partnership with Social Welfare Departments to streamline transfer of social welfare benefit of clients entering the programme. 	<p>2007</p>
<ul style="list-style-type: none"> • Develop the methadone protocol, in conjunction with community GPs and pharmacies. 	<p>2008</p>
<ul style="list-style-type: none"> • Secure statutory funding to increase sustainability of project. 	<p>2008</p>
<ul style="list-style-type: none"> • Upgrade windows and shower areas in Residential Community Detox Service. 	<p>2008</p>
<h4>4.3.3 Cabra Aftercare Project</h4>	
<ul style="list-style-type: none"> • Recruitment, induction and training of dedicated staff team to work in the project. 	<p>2007</p>

Action	Target
<ul style="list-style-type: none"> • Reopening of Cabra Aftercare Project. 	2007
<ul style="list-style-type: none"> • Identify and secure a property in which to permanently base and operate this service in a sustainable way. 	2007
<ul style="list-style-type: none"> • Complete draw-down of funding for acquisition of permanent base and operate this service. 	2007
<ul style="list-style-type: none"> • Develop and implement service level agreements with treatment services and day programmes. 	2007
<ul style="list-style-type: none"> • Develop and implement service level agreements with move-on accommodation providers. 	2008
<ul style="list-style-type: none"> • Assess and review aftercare programme to incorporate a multi-faceted rehabilitation programme. 	2007
<p>4.3.4 Day Services</p>	
<ul style="list-style-type: none"> • Amalgamate the Education, Training and Development Service, Outreach Service, Settlement and Tenancy Sustainment Service and Referral and Assessment Service to ensure greater integration and provide a more streamlined services delivery to clients. 	2007
<ul style="list-style-type: none"> • Maximise service delivery to clients accessing the Open Access Service by increasing participation in the Day Programme. 	Ongoing-2009
<ul style="list-style-type: none"> • Introduce weekly case management meetings between the Day Services. 	2007
<p>4.3.5 Outreach Service</p>	
<ul style="list-style-type: none"> • Strengthening of Outreach Service in relation to resources. 	2007
<ul style="list-style-type: none"> • Review of location and connection with open access service. 	2007
<ul style="list-style-type: none"> • Review need for after hours service. 	2007
<ul style="list-style-type: none"> • Identify and secure a suitable property for a residential stabilisation facility and/or short stay residential placement to provide additional emergency accommodation options to those accessing the outreach service. 	2007-2009
<p>4.3.6 Education, Training & Development Service</p>	
<ul style="list-style-type: none"> • Review the role and function of the service after 6 months to ensure seamless integration into the Trust in meeting the needs of existing clients accessing services. 	2007
<ul style="list-style-type: none"> • Offer a nurse clinic to participants accessing PMVT Services. 	2007
<ul style="list-style-type: none"> • Establish a stabilisation programme to support existing clients accessing services within Peter McVerry Trust. 	2007
<ul style="list-style-type: none"> • Assess and review day service programme to ensure we meet the education, training and development needs of our most marginalised and vulnerable service users. 	2007
<p>4.3.7 Referral and Assessment Service</p>	
<ul style="list-style-type: none"> • Integrate Referral and Assessment Service into Day Services. 	2007
<ul style="list-style-type: none"> • Develop referral and assessment protocols in line with the Homeless Agency Assessment Tools. 	2007

Action	Target
<ul style="list-style-type: none"> Promote the diverse range of services offered to PMVT to external stakeholders. 	2007
<ul style="list-style-type: none"> Relocate Referral and Assessment Service to Day Services premises. 	2007
<ul style="list-style-type: none"> Offer flexible assessment options to external agencies. 	Ongoing-2009
<ul style="list-style-type: none"> Develop and progress participation with other PMVT services by attending case management meetings on a regular basis. 	Ongoing-2009
<ul style="list-style-type: none"> Collect data and streamline collation of statistics in PMVT. 	2007-2008
<ul style="list-style-type: none"> Track and monitor clients from point of entry to PMVT services in line with continuum of care. 	2007-2009
<ul style="list-style-type: none"> Be available to all PMVT services to provide mental health assessments and advice to staff teams. 	2007-ongoing
4.3.8 Transitional Residential Service	
<ul style="list-style-type: none"> Introduce Health and Safety statement, policies and procedures and individual personal plans into operation of transitional service. 	2007
<ul style="list-style-type: none"> Prepare for recommendations as outlined by the Homeless Agency. 	2007
<ul style="list-style-type: none"> In line with the HA evaluation, review aims and objectives of service and programme offered, in consultation with staff team. 	2007
<ul style="list-style-type: none"> Engage architect to prepare drawings, plans and costings for total refurbishment. 	2007
<ul style="list-style-type: none"> Make relevant applications for funding for refurbishments. 	2007
<ul style="list-style-type: none"> Integrate staff team into wider organisation in response to consultation feedback. 	2007
<ul style="list-style-type: none"> Undertake second phase of Capital Development programme at Transitional Facility. 	Ongoing
4.3.9 Settlement & Tenancy Sustainment Service	
<ul style="list-style-type: none"> Launch Tenancy Sustainment Service and increase units from 6 to 20 by 2009. 	2007-2009
<ul style="list-style-type: none"> Ensure all clients have licensed tenancy agreements. 	2007
<ul style="list-style-type: none"> Ensure all clients have an assigned keyworker and ongoing care plan. 	2007
<ul style="list-style-type: none"> Establish links and develop partnership with local authorities and landlords to support seamless move into the community from tenancy sustainment. 	2007-2009
<ul style="list-style-type: none"> Promote positive relations with neighbouring residents to encourage an affirmative attitude to this service. 	2007
<ul style="list-style-type: none"> Work in partnership with Belvedere Social Services to prioritise their referral to this service above referrals from external agencies. 	2007-2009
<ul style="list-style-type: none"> Complete draw-down of funding for acquisition of 5 further one bed apartments for Tenancy Sustainment Service bringing capacity to a minimum of 16 units. 	2008
<ul style="list-style-type: none"> Identify and secure 5 appropriate accommodation units for participants with whom the Trust has a life long commitment. 	2007-2009

Action	Target
<ul style="list-style-type: none"> Identify donor(s) to fund further acquisition of 4 one bed apartments for Tenancy Sustainment Service bringing the capacity to a minimum of 20 units. <p>4.3.10 Associated Projects</p> <ul style="list-style-type: none"> Provide resources to support BOND's fundraising initiative on a pilot basis for 3 years. Support and assist Belvedere Social Services in their continued development and to assist them to provide care in line with best practice, ensuring resources of the Trust are available to them. Assist the Board of Balcurris Boys' Home in their transition plan for integration into Peter McVerry Trust. 	<p>2007-2009</p> <p>2007-2009</p> <p>Ongoing</p> <p>2007</p>
<p>4.4 Targeting State Funding</p> <ul style="list-style-type: none"> Securing State funding for Lantern Detox, Avoca Aftercare Project, Stabilisation programme and Outreach. 	<p>2008-2009</p>
<p>4.5 Fundraising</p> <ul style="list-style-type: none"> Targeting of the corporate and major giving sectors as in the fundraising strategy. Roll-out of all other fundraising appeals under the strategy. Consolidation of Welcome Home Christmas appeal with greater central input. Recruitment, induction and training of an additional fundraising officer. <p>See Appendix 2 - Overview of Fundraising Strategy</p>	<p>Ongoing-2009</p> <p>2007</p> <p>2007</p> <p>2007</p>
<p>4.6 Quality Assurance</p> <ul style="list-style-type: none"> Ensure Putting People First and QuADS quality assurance systems are fully adapted for use in PMVT. Review whether any further quality assurance tools or systems are required - ongoing monitoring and discussion with other partner agencies such as the Homeless Agency. 	<p>2008</p> <p>2007-2009</p>
<p>4.7 Communications and Lobbying</p> <ul style="list-style-type: none"> Launch the organisation's new Logo. Launch of the PMVT website. Publication of Open Door Newsletters bi-annually. Publication of information pamphlets on all PMVT services. Publication of the Strategic Plan. Review our wider contributions to public debate and develop a medium term lobbying strategy. <p>See Appendix 3 - Overview of Communications and Lobbying Strategy</p>	<p>2007</p> <p>2007</p> <p>2007-2009</p> <p>2007</p> <p>2007</p> <p>2009</p>

Action	Target
4.8 Capital Development	
<ul style="list-style-type: none"> Undertake the second phase of Capital Development programme at Transitional Facility. 	2007-2009
<ul style="list-style-type: none"> Complete draw-down of funding for acquisition of 5 further one-bed apartments for Tenancy Sustainment Service bringing the capacity to a minimum of 16 units. 	2007-2009
<ul style="list-style-type: none"> Identify and secure 5 appropriate accommodation units for participants with whom the Trust has a life long commitment. 	2007-2009
<ul style="list-style-type: none"> Identify and secure a suitable property for a residential stabilisation facility. 	2007-2009
<ul style="list-style-type: none"> Update transport vehicle for Aftercare Service. 	2007
<ul style="list-style-type: none"> Upgrade the kitchen and dining area in Avoca Aftercare Project. 	2008
<ul style="list-style-type: none"> Upgrade the windows and shower areas in the Residential Community Detox Service. 	2008-2009
<ul style="list-style-type: none"> Identify donor(s) to fund the further acquisition of 4 one-bed apartments for Tenancy Sustainment Service bringing the capacity to a minimum of 20 units. 	2007-2009
4.9 Performance Measurement	
<ul style="list-style-type: none"> Review existing indicator data being gathered and fill any gaps to ensure the measuring and monitoring systems meet EU best practice standards. 	2008
<ul style="list-style-type: none"> Adopt LINK information system in consultation and partnership with the Homeless Agency, subject to data protections. 	2007, 2008
<ul style="list-style-type: none"> Extend ways in which the satisfaction of both staff and clients is measured. 	2008
4.10 Evaluation and Review	
<ul style="list-style-type: none"> Annual Report will form the basis for a mid-term internal evaluation of the operations of the Trust. 	2008
<ul style="list-style-type: none"> Head of Services will lead on an annual internal evaluation of the services. 	4th Quarter Annually
<ul style="list-style-type: none"> The centralised system for collation of statistics across the organisation will be used to monitor, track and evaluate the services and produce quantifiable reports for internal and external purposes. 	4th Quarter Annually
<ul style="list-style-type: none"> Participant reference groups will feed into evaluation of the services to ensure the views of participants shape the policy and direction of PMVT. 	4th Quarter Annually
<ul style="list-style-type: none"> Head of HR Training & Development will conduct an audit of the HR and administration forms and evaluate the streamlining process across the organisation. 	2007 and 4th Quarter Annually
<ul style="list-style-type: none"> Head of Services and Head of HR Training & Development will conduct an evaluation of the Health & Safety Statement, Staff Handbook and Project Operations Manuals. 	2007 and 4th Quarter Annually
<ul style="list-style-type: none"> Mid-term Review of the Strategic Plan. 	2nd Quarter 2008

Appendix 1 - Views of Clients, Staff, Managers and Board

Consultation Process

As part of the preparation work for this strategic plan, the Peter McVerry Trust asked an independent consultant to obtain the views of the different stakeholders of the Trust. This process, undertaken in January 2007, involved:

- Meetings with Fr. Peter McVerry and with the CEO of the PMVT;
- Meetings through six groups with 32 other members of staff, supplemented by telephone input from three staff members;

- Telephone interviews with seven Board members of the Trust;
- Discussions with eight service users, in two groups.

This process allowed for a wide range of views to be gathered on the services offered by the Trust and on how the Trust should evolve in the coming years. The consultant reported that all stakeholders had been open and willing to comment on the different aspects of the work and operation of the Trust.



The different views obtained were fed back to senior management and have informed all aspects of this plan. This section gives a flavour of the views obtained on issues affecting the Trust as a whole (i.e. it does not present views on individual service areas but presents a subset of the views collected on the wider issues).

Vision for Peter McVerry Trust

Staff expressed the following views as regards how they would like to see the Peter McVerry Trust in five years time:

- That it is professional, a centre of excellence, providing a consistently good service, with an orientation towards action not talking.
- That it works with the most vulnerable and the most marginalised. 'That the Peter McVerry Trust will help you when nobody else will'. 'That we don't turn people away.' This was emphasised by staff, by Board members and by service users.
- That it is genuinely client centred. 'That we meet people where they are.' That it is non-judgemental and is driven by people, not by profit or business objectives.
- 'That I would have no hesitation in referring a family member there if they required one of the services.' That it supports clients in making progress, whatever that means for them.
- That the Trust is not afraid to speak out on issues that affect its clients.
- 'That it is a fun place to work.'
- 'That we make a difference (even small) to people's lives.' One person said: "If we do this, it will be the real long-term legacy of Fr. Peter McVerry."

Staff were also asked what it should be like to work for the Trust in five years time. The following answers were received:

- 'That we undertake challenging, pioneering and innovative work.'
- 'That we are like a family, that we support each other, that we work as a team, without factions.' 'That 'management' does not become distant from other staff. That we feel part of the Peter McVerry Trust and not just employees in our own service area.'
- 'That we are treated well. That we are valued. That we are respected.' That people tend to stay here - low staff turnover.
- 'That we continuously change and re-skill to meet the requirements of the target group.'
- 'That people work here for the right reasons and care a lot about what they do.'

The discussions with clients of the Peter McVerry Trust indicated that the fact that the Trust works with the most marginalised was also very important to them. In talking about the Open Access service, one client commented that this support was very important in helping people to persevere with their individual efforts to make changes in their lives.

Clients made similar points in relation to the education and training provided, i.e. it ensured that people had a structure to their day. "You are not left roaming around", as one person commented.

Other points made by clients in relation to positive current aspects of the work of the Trust, which they would like to see built into the Trust's future vision, were:

- Clients continue to be treated as people and as adults;
- Having clear rules and guidelines for services, consistently applied;

- Continuity of staff, insofar as this is possible, while a person is accessing the services, i.e. to minimise the number of different staff members that the client has to get to know, and who have to get to know them.

Gaps in Service Areas and Handover between Services

Views on Possible Gaps in Service Areas

In terms of comments on the services offered by the Trust, the idea of the 'continuum of care' was supported by all service areas. A number of suggestions were made as regards possible gaps in the service areas.

- Need for a 'stabilisation' place where people (drug free or not) could go for a period to consider options away from their normal environment. This would include former clients who subsequently have a 'slip' but who wish to be drug free.
- There was discussion as to whether there should be an additional service i.e. supported housing for high dependency participants.

- If affordable, weekend outreach support would be useful for clients.
- There was a feeling that the criteria for entering the detoxification programme are unnecessarily high.
- Provision of 'holistic' services as part of the various services of the Trust, such as acupuncture, massage, meditation, reflexology, aromatherapy etc.
- Access to expertise on mental health issues and support in dealing with these issues was mentioned by several service areas. There is a perception that this is an important client group for the PMVT (dual diagnosis clients) and that more expertise is needed here.
- Possible occasional publication of research or views on issues affecting the client groups of the Trust.

Handover between Services

- While there is a continuum of care offered across the Trust, it was suggested that the movement between services could be improved - e.g. waiting lists between services.
- Linked to this was the question of the 'handover' of a client from

one PMVT service to another. We aim to ensure that the handover process is a smooth transition for the client with the relevant keyworkers being involved to ensure this happens.

- As regards the handover of people to external organisations, this can be problematic as people often slip back after being passed on.
- It will be the role of the referral and assessment worker to track clients' progression when they move out of PMVT services.

Issues relating to Human Resources

- There was a positive attitude towards training and professional development across the services. It was felt that the PMVT should aim for best practice in this regard.
- Given the level of internal expertise in the organisation, it was suggested that cross-training could be set up internally.
- It was stated that training should be open to relief staff.
- Staff in several service areas expressed a desire to have external supervision as they deal with difficult issues on an ongoing basis. Some of these needs may

be met by managers but there may also be a requirement for back-up external support.

- There is a need to review policies in line with other organisations within the sector particularly in the area of provision for pensions, sick leave and maternity leave.
- There was a sense that it is important to integrate the long service PMVT staff (i.e. those working there for more than two or three years) and the new staff that have joined more recently.

Office Procedures and Processes

IT and Data Issues

- There was agreement that it would be good to track usage of the different services and to track people as they move between services. There was also interest in providing data on people 'before' and 'after' to show how the PMVT services help people. There is an issue of the linkage of any internal system to the data system of outside agencies, e.g. the Homeless Agency.
- It was suggested that the implementation of this Plan itself be measured.

- The idea of a Users' Group was suggested, with perhaps a service user sitting on the Trust Board in the medium term.

Internal Communications

- An internal newsletter was seen to be a good idea, but not enough on its own. Face-to-face contact is also needed. Some structured away days a few times a year could be good, combining the communication of information on services and the organisation; learning; and space for social interaction.
- Some level of work exchange between services was seen as a good idea.
- We should continue to ensure that planned change be accompanied by a consultation process as this practice was experienced positively by staff.
- Ongoing contact with, and input from, senior managers is important, across the different services and sites.

5. This was undertaken by Finbar McDonnell of Hibernian Consulting Ltd.

Appendix 2 - Overview of Fundraising Strategy

Fundraising and Communications Strategy - Overview

Purpose of the strategy

The purpose of the fundraising and communications strategy for the Peter McVerry Trust is to develop a comprehensive approach that identifies and sets out the process, sources and activities for realising the financial needs of the organisation as well as increase awareness about the charity's work. The strategy and objectives have been informed by past fundraising experiences and a SWOT analysis.

This plan aims to ensure better targeting of funders and the highest possibility of funding success through realistic and achievable target setting. The strategy aims to highlight the need for a shared

responsibility for fundraising and for a structured communications approach.

Objectives

The objectives for this strategy are two-fold, encompassing Fundraising and Communications.

Fundraising Mission Statement

To provide an expert and professional fundraising approach that is recognised as a key function of the organisation. All fundraising will operate within charity law guidelines and in an honest and transparent way, which maintains public confidence in the organisation.

Fundraising Objectives

- Establish an expert fundraising operation as a core function of the organisation.



- Increase level of fundraising income to €2.5 million over four years to cover operational costs and retain a reserve fund (4 months running costs).
- Develop new sources of funding through a targeted market approach.
- Ensure all fundraising activity is coordinated and managed through the fundraising office.

Strategy

Introduction

In response to the set objectives the Fundraising Strategy and Communications Strategy will offer individual plans of action, however, it should be recognised that these will overlap and aim to benefit each other. The Fundraising Strategy is not solely about bringing in income but must do so within the context of the organisation, and the Communications Strategy should leverage all fundraising efforts.

Fundraising Strategy

Fundraising operation

To achieve the fundraising objectives the following strategic aims will be implemented:

- Establish clear job descriptions, roles and responsibilities within the fundraising office.

- Build expert team, offer training opportunities.
- Develop volunteer support base.
- Develop realistic targets and fundraising budget.
- Make effective use of fundraising database and other IT resources.
- Develop comprehensive policies and procedures.

Increase funding

In order to substantially increase the fundraising income, a number of strategic aims will occur:

- Develop a fundraising database to target existing donors more efficiently and effectively, as well as record new donors and track campaigns.
- Develop new fundraising campaigns.
- Offer increased support to community groups who are fundraising on our behalf.
- Aim to increase level of regular giving and build a base of loyal supporters.
- Merge existing fundraising appeals to ensure they are reaching their potential.

New sources of funding

The fundraising history research and SWOT analysis clearly identifies the scope for developing new funding opportunities. This will be achieved by:

- Developing appeals which will specifically target new supporters.
- Researching and identifying untapped grants/trusts.
- Develop new funding opportunities from companies.
- Draw on the contacts and expertise of PMVT stakeholders.

Coordinated approach to fundraising

It is essential to maintain visibility of fundraising opportunities therefore all fundraising efforts must be reported through and managed by the fundraising office. This ensures that efforts are not duplicated and any opportunities are exploited to their full potential.

Welcome Home and Calcutta Run Committees

- Schedule regular meetings of all the relevant parties involved in fundraising activity to support and assist fundraising efforts.
- Develop reporting structures for communicating potential opportunities.

Appendix 3 - Overview of Communications and Lobbying Strategy

Communications Strategy

Communications Mission Statement

To strive to improve public knowledge about the charity's work, providing clarity about the organisation's aims and priorities. To develop greater brand awareness and ensure that all information communicated about the charity is consistent.

Communications Objectives

- Increase awareness about the work of PMVT.
- Develop brand identity.
- Enhance and build relationships with various publics.

- Maintain a transparent and open communications approach both internally and externally, regularly communicating our fundraising goals.

Elements of Communications Strategy

Increase awareness

The mission of the charity must be clear across all levels of the organisation and to its publics, demonstrating a focused and professional approach.

- Develop informative literature on all services.
- Create a website and ensure linkage to Welcome Home and Calcutta Run sites.



- Introduce a consistent brand approach across all material produced.
- Produce regular newsletters.
- Develop relationships with journalists and other media professionals.
- Focus on improving donor communications.

Brand identity

- Establish a logo and strapline.
- Organise stationery, marketing material for the charity.
- Ensure all material produced in association with the charity carries PMVT logo and strapline.

Build relationships

- Record accurate information on database to build profiles on existing supporters and help aid donor cultivation.
- Offer support and information to all enquiries in an efficient and friendly manner.
- Develop new support by offering new appeals to target markets.
- Offer support and guidance to existing fundraising committees.

Internal and external communication

- Develop newsletter to be distributed widely to supporters, stakeholders etc.
- Develop use of email system to inform and update staff of fundraising developments.
- Ensure all published material is approved in advance.
- Set up regular meetings with staff and provide fundraising progress reports.
- Ensure regular press releases are sent to press updating them of developments.
- Ensure website and all literature produced contains accurate information and is up to date.

Lobbying Strategy

- Review our current contributions to wider public debate.
- Assess how we can build on the data being generated by our internal monitoring system, and by the frontline experiences of our staff, to provide useful insights for other organisations - for example, can we build on this data and information to produce occasional research papers?
- Assess our membership of wider networks, at both Irish and international level, to see if there are others we should join to share our experiences and learning.
- Review how this wider communications strategy links to our ongoing communications work in terms of website, fundraising etc. and to our communications work with local communities in areas where our services are located. Develop a more detailed, medium-term lobbying strategy.

Communications Strategy: Implementation Plan - Examples

Task	Proposed activities	Time frame	Expected outcome
Develop literature	Design and write literature to cover all services as well as produce regular newsletters for supporters.	Sept-Dec 2007 Newsletter (bi-annual)	Help inform people about the work of the charity. The newsletter will aid the promotion of new events as well as thank supporters, and keep people abreast of new developments.
Brand building	Introduce logo and strapline across all material.	Aug - onwards	Public will instantly recognise the charity and its purpose.
Marketing material	Liaise with designers and suppliers to create stationery, banners and other fundraising materials.	Sept-Dec 2006	Exhibit professionalism and help market fundraising events and promote the charity to full effect.
Website	Develop website. Ensure linkage between Welcome Home and Calcutta Run sites.	Sept-Oct 2006	Useful communications tool, inform site visitors of charity's work and provide ways of supporting - including an on-line donation facility.
Build donor profiles	Use new fundraising database to record accurate information on donors.	Ongoing	Allow for more effective targeting of funders.
Improve internal communication	Email updates in the organisation. Staff newsletters distributed (set up a committee to manage staff newsletter). Provide information for staff noticeboards. Invite staff to meetings to remind them of the fundraising goals. Visit services to discuss fundraising strategy.	Ongoing Visit services Jan-Feb each year to discuss fundraising aims and objectives.	All staff should be able to present the case for support.

Appendix 4 - Measuring PMVT Performance

The Peter McVerry Trust is committed to measuring and monitoring its work on an ongoing basis. This will be done to facilitate the ongoing improvement of services, to provide information to allow the management and the Board to fulfil their functions, and to allow for benchmarking with other organisations providing similar services. The production of good monitoring data also facilitates the evaluation of our work.

Indicator System

Our broad model of performance indicators follows the system recommended by European

Commission for the evaluation of any socio-economic programme⁶. This system distinguishes between four kinds of indicators:

- 1. Resource indicators** provide information on the financial, human, organisational and other means used to implement programmes. We measure this mainly through our budgeting processes.
- 2. Output indicators** represent the product of our activity, i.e. what is 'bought' for the expenditure incurred. At present, we measure the numbers accessing our services, where these clients have been referred from, what supports clients



avail of when in our services, and the numbers completing our programmes.

3. **Result indicators** represent the immediate outcomes obtained from our work, i.e. while people are still in contact with us. At present, we measure the outcomes achieved by clients while in our services. We also track where people are referred to after they leave the PMVT services.
4. **Impact indicators** represent the longer term consequences of our work. Impacts are harder to measure as they occur after clients leave our services. However, PMVT will undertake some follow-up work to track the long term impact on clients.

At present, therefore, a certain amount of good indicator information is being collected by the PMVT and this facilitates ongoing monitoring of services. However, there are some gaps across the four areas listed above and we plan to start collecting data in these areas during the period of this strategic plan. Also, by comparing our outputs to our resources in a systematic way, we plan to develop benchmark indicators which we can use to compare our services with similar services elsewhere.

LINK Information System

The PMVT will plan to implement an information system called LINK during the life of this strategic plan. This is a client integrated information system which was developed in 2001 by the Homeless Agency. The Agency uses the system to improve and develop services and their delivery within and across the homeless sector to clients and to ensure they receive a continuum of care based on an accurate and up to date assessment of their needs. The system tracks and shares information between named agencies on key interventions and outcomes by recording in a single database specified and clearly defined information on clients and their use of services.

Our use of the LINK system will be subject to data protection laws and good practice. The Peter McVerry Trust began discussions with the Homeless Agency as regards the use of the LINK system in the first half of 2007.

Measuring Satisfaction

As part of our collection of indicator information, we will collect information on the levels of satisfaction of both staff members

and clients. In relation to the former, we currently collect information via performance reviews, ongoing supervision of staff and from exit interviews. In addition to continuing with these measures, we plan to add the method of staff satisfaction questionnaires (to be submitted in a way that will protect the anonymity of staff) during the life of this Plan. Staff views will also be gathered as part of any interim evaluation of this Plan (as they were in its preparation).

As regards clients, information on satisfaction is currently gathered via the key working process and from the exit interviews undertaken as clients leave the services. Under this Plan, as with staff members, we would propose to also gather feedback via questionnaires which can be submitted in a way to protect the anonymity of clients, and through client focus groups when the Plan's progress is being evaluated.

6. See *Evaluation of Socio-economic Development: The Guide* - at <http://www.evaled.info/downloads.aspx>







Contact details

29, Mountjoy Square, Dublin 1
T: 01 8230776 F: 01 8230778
E: info@pmvtrust.ie W: www.pmvtrust.ie

Peter McVerry Trust Ltd. registration no. 98934. Charity no. CHY 7256