FUSIONCPL
Working with Dublin 10

Fusion CPL
Strategic plan 2025-2029

METHOD

An Roinn Coimirce Sóisialaí
Department of Social Protection

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

BALLYFERMOT LOCAL DRUG & ALCOHOL TASK FORCE
Working with you

An tSeirbhís Phromhaidh
The Probation Service

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List of acronyms

CAB	Criminal Assets Bureau
CE	Community Employment
CPL	Community Prison Links
DCC	Dublin City Council
ED	Electoral District
IPS	Irish Prison Service
LDATF	Local Drugs and Alcohol Task Force
SA	Small Area

1. Introduction to strategic plan

1.1 FUSION CPL AND ITS AIMS

FusionCPL is a community addiction project based in Cherry Orchard, providing addiction support services to all genders aged eighteen and over who reside in Ballyfermot, Palmerstown, or Chapelizod.

Fusion CPL aims to

- Support individuals with a history of drug use to address their issues and encourage their return to the workforce, training, or education
- Assist incarcerated individuals in making productive use of their sentence and planning for release to prevent recidivism, homelessness, or return to chronic addiction
- Strengthen family connections through our specialised communications program for families with a parent in prison
- Support Special Category Community Employment (CE) integrated placements in the Dublin 10 area

There are three service components to the work of Fusion CPL:

1. Community Support Service

Supporting individuals from the local area who are drug-free or stable in their recovery journey.

2. Community Prison Links Service

Providing specialised support to local residents who are currently in custody, helping them make the best use of their sentence and plan for successful reintegration.

3. Reach Out Family Communications Programme

A comprehensive program delivered to parents and families with a family member in custody, consisting of five interlinked components:

- Child Interest Surveys
- Child Development Module
- Enhanced Communications Module
- Mentoring
- Trainee Workbooks

1.2 SERVICES PROVIDED

Fusion CPL delivers the following services:

- Key-working and one-to-one support
- Professional counselling services
- Holistic therapies
- Group work and peer support
- Rehabilitative Community Employment placements through independent CE projects

1.3 DEVELOPMENT OF THE STRATEGIC PLAN

This plan was developed between the months of June and September 2025.

Consultations were undertaken with Fusion CPL board and staff members and contracts; service users; funders; community organisations in the Ballyfermot area (particularly organisations delivering supports to those affected by addiction) and clients of Fusion CPL.

Consultations focused on the needs of the community, emerging and developing issues in relation to addiction; achievements of Fusion CPL over the period of the last strategic plan; strengths, weaknesses and opportunities and threats facing Fusion CPL; and recommendations for the strategic plan.

The methods included the following:

- One-to-one, semi-structured interviews comprised the main consultation method, and 15 individuals were interviewed.
- Three focus groups took place, and ten people took part in these
- Two short (online) surveys, which enabled individuals not available for other methods of consultation to take part. 11 individuals responded to these surveys.

A discussion document highlighting themes, proposed priority actions and a SCOT analysis, emerging from the consultations was circulated in advance of a planning half-day held with board and staff members present (six people in attendance).

This planning day explored potential actions and strategic pillars and gave rise to this draft strategic plan.

2. The community served by Fusion CPL

2.1 POPULATION OF BALLYFERMOT, PALMERSTOWN AND CHAPELIZOD

The communities served by Fusion CPL include Palmerstown (Dublin 20), Chapelizod (Dublin 20) and Cherry Orchard and wider Ballyfermot areas (Dublin 10).

These communities account for a population of 37,134 (census 2022) comparable in size to large urban areas such as Swords and Navan.

The population increase between 2016 and 2022 was 3.5%, which is slightly lower than the national average of 6%. However as we can see from the table below, some areas (electoral divisions) recorded a significant increase, in particular the Drumfinn and Cherry Orchard C electoral divisions (EDs). Most of these increases were accounted for by changes in housing development.[1]

Table 2.1 Electoral Divisions in Ballyfermot, Chapelizod and Palmerstown and their population in 2022 and 2016

Electoral Division (ED)	Pop 2016	Pop 2022	Pop change 2016-22
Cherry Orchard A	2,836	3,465	22.2%
Cherry Orchard B (Carna)	4,545	2,897	-36.3%
Cherry Orchard C	2,677	4,815	79.9%
Decies	3,588	2,713	-24.4%
Drumfinn	2,534	3,632	43.3%
Kilmainham A	2,657	2,646	-0.4%
Kylemore	2,836	2,557	-9.8%
Palmerstown Village	3,625	3,689	1.8%
Palmerstown West	7,521	7,323	-2.6%
Chapelizod	3,056	3,397	11.2%
Total	**35,875**	**37,134**	3.5%

In this profile, key socio-economic and demographic data for the main areas of service delivery is provided based on Census 2022 data, with some additional data available.

2.2 DEPRIVATION LEVELS

The *Pobal HP Deprivation Index* assigns a score of deprivation (based on relative deprivation) to the county, as well as to all of the EDs in the country.[2]

A score of less than 0 indicates some degree of relative deprivation, and a score of greater than 0 is a degree of relative affluence.[3]

[1] For example, Cherry Orchard is designated as a Strategic Development and Regeneration Area (SDRA) in the Dublin City Development Plan 2022-2028 and continues to experience significant housing development.
[2] This is based on an analysis of socio-economic indicators drawn from census data (these include family structure, education attainment and employment).
[3] For example, a score between 0 and -10 is classed as 'marginally below average'; between -10 and -20 is 'disadvantaged'; between -20 and -30 is very disadvantaged, and between -30 and -40 is extremely disadvantaged. Likewise, a score between 0 and 10 is 'marginally above average', between 10 and 20 is affluent, between 20 and 30 is very affluent, and between 30 and 40 is extremely affluent.

There are ten electoral divisions (EDs) in the Dublin 10 and Dublin 20 served by Fusion CPL. Eight of these areas are designated as 'disadvantaged' except for Palmerstown Village ('marginally below average') and Chapelizod ('marginally above average').

Eight of the ten EDs have recorded an increase in deprivation since 2016.

Across these ten EDs, there are 124 'small areas', which is the smallest geographic unit of census data. On average, each small area has a population of approximately 350 people.

From analysing the 'small areas' in both Dublin 20 (Palmerstown and Chapelizod) and Dublin 10 (Cherry Orchard/ Ballyfermot), we see that 58% of the total population are living in areas designated as disadvantaged or very disadvantaged (with 24% of the total population living in very disadvantaged areas).

In the Dublin 10 area, this rises to 79% of the population living in areas which are disadvantaged or very disadvantaged (with 29% living in areas which are very disadvantaged).

The 'small areas' that are most disadvantaged are located mainly in the Cherry Orchard areas, in the community in which Fusion CPL is located. For example, 64% of the population of Cherry Orchard C and 58% of Cherry Orchard A live in small areas which are 'very disadvantaged.

The map below compares the level of disadvantage in the small areas across the areas served by Fusion CPL between 2022 and 2016. The maps show the areas which have become more disadvantaged in this timeframe. The purple dot denotes the location of Fusion CPL in the Cherry Orchard Health Centre, on the boundary of Cherry Orchard A and Cherry Orchard C areas.

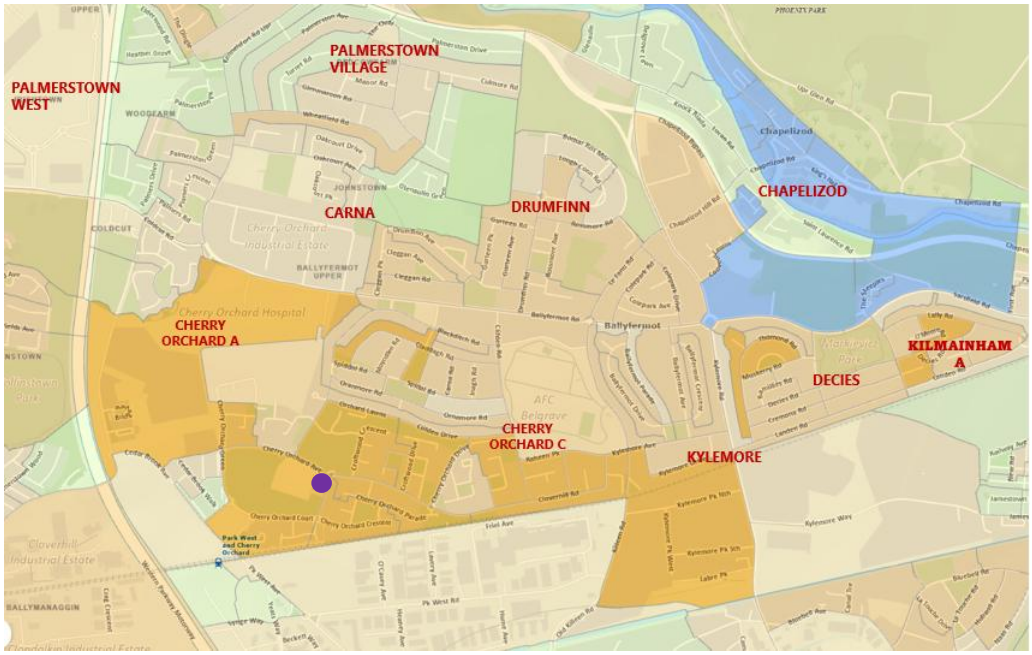

Figure 1 Deprivation status of the catchment area of Fusion CPL (HP Deprivation index based on Census 2022 data)

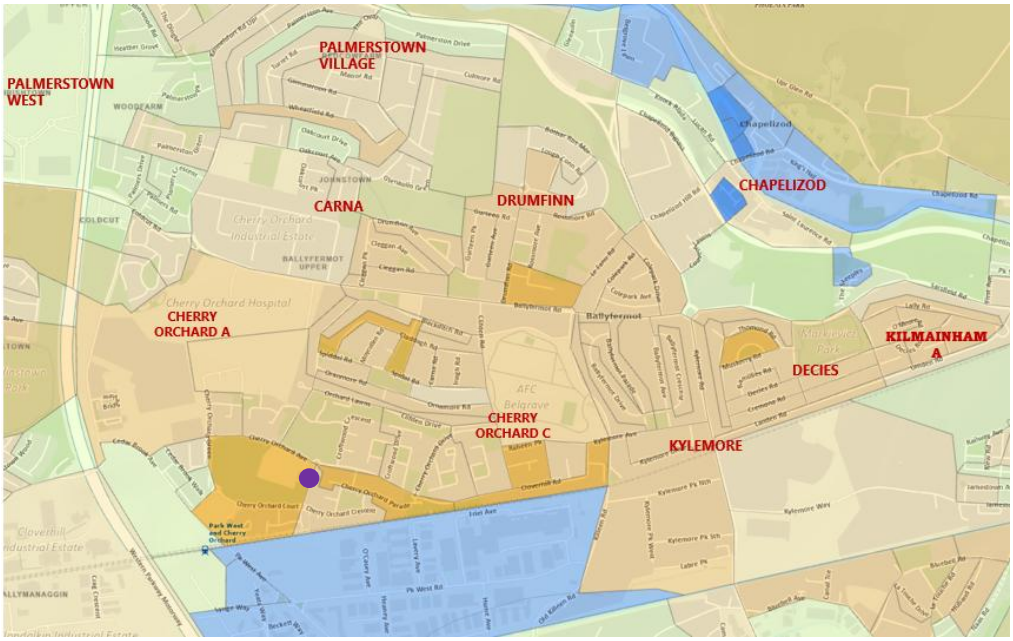

Figure 2 Deprivation status of the catchment area of Fusion CPL (HP Deprivation index based on Census 2016 data)

LEGEND	
	Affluent
	Marginally above
	Marginally below
	Disadvantaged
	Very disadvantaged
	Extremely disadvantaged

The table below outlines the neighbourhoods that experience the highest level of disadvantage in Fusion CPL's catchment area.[4] All of these areas are categorised as 'very disadvantaged' with some close to the 'extremely disadvantaged' category.[5]

Table 2.2 Most disadvantaged small areas in Fusion CPL's catchment area

Address	Score	ED	SA Code
Blackditch Rd., Claddagh Green	-29.96	CARNA	268039006
Croftwood Gardens, Drive, Cherry Orchard Ave., Cherry Orchard Drive.	-26.84	Cherry Orchard C	268040011
Raheen Park (part of), Raheen Drive, Cloverhill Road (part of)	-26.50	Cherry Orchard C	268040010
Cherry Orchard Cres., Way, Park, Parade	-25.86	Cherry Orchard C	268040002
Cloverhill Road	-25.37	Cherry Orchard C	268040007
Cherry Orchard Ave., St Oliver's Pk., Wheatfield Prison, Elmdale Pk., Bridgeview.	-24.79	Cherry Orchard A	268038001
Kylemore Park North, South, West, Labre Park, Kylemore Drive	-23.14	Kylemore	268095001
Muskerry Road, Thomond Road	-22.29	Decies	268057006
Cherry Orchard Drive (Part of), Ave., Croftwood Green Park	-22.15	Cherry Orchard C	268040012
Thomond Road	-22.11	Decies	268057010
Croftwood Grove, Crescent, Cherry Orchard Meadow, Lawns	-21.77	Cherry Orchard C	268040006
Cherry Orchard Ave, Way, Parade, Gallanstown Lawns	-21.66	Cherry Orchard C	268040001
Cloverhill Drive, Raheen Park, Raheen Drive	-21.14	Cherry Orchard C	268040009
Lally Rd., Decies Rd., O'Moore Rd	-20.77	Kilmainham A	268083008
Landon Rd., O'Hogan Rd., Decies Rd	-20.55	Kilmainham A	268083005
Cherry Orchard Ave., Green, Court., Grove, St Ultan's NS, Banville Pk.	-20.28	Cherry Orchard A	268038002

[4] This does not include the very disadvantaged areas in Palmerstown West, as these are located to the West of the M50 and while the ED is named as Palmerstown, these areas are part of the general Clondalkin area.

[5] Extremely disadvantaged is indicated by a deprivation score of -30 or lower.

2.3 SOCIO-ECONOMIC PROFILE OF BALLYFERMOT AND CHERRY ORCHARD

Age profile

The Ballyfermot, Palmerstown and Chapelizod area has a slightly smaller proportion of its population aged under 19 years (23.4%) compared with the state (26.2%) For all age groups between 20 and 39 years, it is higher than that of the State: 29.5% of the population are aged between 20-39 years compared with 25.6%.

Other age groups are broadly similar to that of the State, although there are differences across the areas. For example in the Carna and Cherry Orchard C areas, 31.3% of the population are aged between 20 and 39 years.[6]

Table 2.3 Age profile (Ballyfermot Palmerstown Chapelizod) compared with the State (2022)

Age range	Number	% of pop	Corresponding State %
0 -3 years	1,446	3.9%	4.5%
4-7 years	1,578	4.2%	5.1%
8-10 years	1,383	3.7%	4.2%
11-15 years	2,425	6.5%	7.2%
16-19 years	1,855	5.0%	5.2%
20 - 24 years	2,433	6.6%	6.0%
25 - 29 years	2,532	6.8%	5.7%
30 – 34 years	2,929	7.9%	6.5%
35 - 39 years	3,056	8.2%	7.4%
40 - 44 years	2,811	7.6%	8.0%
45 - 49 years	2,378	6.4%	7.3%
50 - 54 years	2,264	6.1%	6.6%
55 - 59 years	2,283	6.1%	6.0%
60 - 64 years	2,275	6.1%	5.3%
65 - 69 years	1,818	4.9%	4.6%
70 - 74 years	1,449	3.9%	3.9%
75 – 79 years	870	2.3%	3.0%
80 - 84 years	650	1.8%	1.9%
85 years and over	699	1.9%	1.6%

Ethnicity and new communities

Ethnicity in the areas is broadly similar to that of the State: the White Irish ethnic category in the area accounts for 76.5% of the population, compared with 76% for the State (according to Census 2022). There is a slightly higher percentage of the population who are members of the Traveller community (1%) compared with the State (0.6%). Most of the Traveller population live in the Ballyfermot area.

There is a lower proportion of the population in the categories of 'any other White background' and 'Asian or Asian Irish.'

[6] Cherry Orchard is also an area with a relatively young population, however, Wheatfield and Cloverhill prisons are located in this ED, and so its population ages will be skewed by the prison population.

Household structure

11.5% of households in the State are households with children which are headed by one parent. The comparable figure is 19.1% (in the three areas of Ballyfermot, Chapelizod and Palmerstown), and in Ballyfermot it is twice the rate of the State (22%).

The area has a marginally higher proportion of one person households (24%) compared with the State (23.1%).

In terms of the individual EDs, this figure is significantly higher: 30% of households in Cherry Orchard A and 28% in Cherry Orchard C are headed by a lone parent. The percentage of households headed by a lone parent is a strong indicator of disadvantage, as one-parent family (OPF) households are particularly associated with poverty: people in OPF households continue to have the lowest disposable income out of all households in the State. The SILC report (2022) confirms consistent poverty in OPF rose to 14.1%, almost thrice that of the general population (5%). The 'State of the Nation's Children Report' (2022) found 15.2% of children were at-risk-of poverty (from 13.6% in 2021).

In the areas with an older age profile, the percentage of families headed by one parent is lower, but one person households are higher: for example, in Drumfinn, 28.4% are households are one person, and in Kilmainham A, 31.8% of households are one person households, significantly higher than the state figure.

Education attainment

In 2022, the area reported a significantly lower level of education attainment compared with that of the State. 18% of the population (aged 15+ years) in the three areas were educated to primary level only or had no formal education (compared to 9.8% in the State). In the Ballyfemot area, this is even higher – the comparable figure is 21.1%.

17.5% of those who have left school had an education attainment to 'lower second level' (compared with 13.2% in the state).

At the higher end of education attainment, 33.8% of the State's population (whose education has ceased) have an education attainment of ordinary bachelor's degree or higher. The corresponding figure for the area is 19% and for Ballyfermot (all EDs), it is 12.8%

However, in the very disadvantaged small areas, the extent of education disadvantage is stark. This shows that in the most disadvantage small areas in Carna, over 40% of those over 15 who have left school completed their education with no more than primary school. In the same area, the corresponding figure for those who have received a third level education is 9%.

Home ownership and tenure

In 2022, 21% of households rented from the local authority (the area spans both Dublin City Council and South Dublin County Council), 2.5 times that of the State. This is three-quarters of households in the Ballyfermot area. A higher-than-average number of households rented from voluntary housing bodies – taken together this amounts to more than 23% of households (the comparable figure for the state being just under 10%). The area has a lower proportion of its population renting from a private landlord (13.7%) compared with the State (18%). Principal economic status

Principal economic status

The principal economic status of communities will be relatively dynamic and since Census 2022, is likely to have changed. However, by comparing data for the area and the State in 2022, we get some insight into the socio-economic circumstances of the area.

Census results recorded 53% of the population (aged over 15 years) at work – this is slightly lower than the figure for the state (56.1%). Short-term unemployment is higher than that of the state, and long-term unemployment (4%) is significantly higher than the state (2.6%).

7.7% are unable to work due to sickness or disability, significantly higher than the figure for the State (4.6%). For the Ballyfermot community, an even higher proportion of those aged 15+ years are unable to work arising from sickness and disability (at 8.4%).

In the most disadvantaged areas, the rate of unemployment (particularly long-term unemployment) is significantly higher. For example, in parts of Cherry Orchard C, the rate of long-term unemployment is up to 9.3% of those aged 15+ years.

Similarly in parts of Cherry Orchard A, C and Carna, those who are unable to work because of sickness or disability is over 11% of the working age population.

Health

A lower proportion of the population regard their health as very good compared to the State (43.% in all areas compared to 53.2% for the State), and more people report their health as bad (2.2%) compared to the State (1.4%).

Almost twice as many people in the area did not state their health status (11.9%) compared with the State as a whole (6.7%) in Census 2022.

2.4 HOUSING DEVELOPMENTS

The census 2022 data indicated that the Ballyfermot area served by Fusion was over 22,725, and the total catchment area was 37,134.

Since 2022, significant housing developments have been completed across the three areas, resulting in an additional 562 housing units. Of these, 312 are social homes. However, in the forthcoming years, far higher development is projected to take place, particularly in the Cherry Orchard and wider Ballyfermot areas.

For example, the Dublin City Development Plan 2022-2028 sets out 17 Strategic Development Regeneration Areas (SDRAs). One of these SDRAs is the Cherry Orchard and Park West area (SDRA4), an area of 49 hectares, and with a development capacity of 2,500 – 3,100 units.[7] This projection does not include some of the large-scale plans for Ballyfermot, including the De La Salle Lands, where development is currently underway.

These will mean that the overall population in Fusion CPL's immediate community will increase significantly, leading to a potential increase in demand for its services.

This section outlines some proposed and current housing developments.

[7] Dublin City Council (2022) Development Plan 2022 – 2028. Chapter 13: Strategic Development Regeneration Areas

RECENT DEVELOPMENTS COMPLETED (POST 2022)

312 social homes have been delivered in Ballyfermot and Chapelizod through the following developments. An additional 250 rental units (build to rent) have been developed in Palmerstown. These are outlined below.

Cornamona Court, Dublin 10

61 social housing units were developed in 2023 by Dublin City Council on Cornamona Court on the Kylemore Road. All are social homes.

Chapelizod Hill Road, Dublin 20

180 apartment units (one, two and three bed) social housing units, located on Chapelizod Hill Road (off Kylemore Road).

Palmers Gate, Palmerstown, Dublin 20

Palmers Gate is a private rented sector development consisting of 250 apartment units (one and two beds) located across five separate blocks. It was completed in 2023.

Springvale apartments, Chapelizod, Dublin 20

Springvale comprises 71 one, two, and three-bedroom apartments that delivered by Dublin City Council as social homes in Chapelizod.

HOUSING UNITS UNDER CONSTRUCTION

The figures below include 478 social homes currently under construction. An additional 567 are constructed under the local authority's 'cost rental' targets.

De La Salle Lands, Ballyfermot

The De La Salle lands are located in the former primary school in lower Ballyfermot. This is a large-scale development of 927 apartment, duplex and triplex units, across eight apartment blocks. The development includes 418 social homes.

The social housing will be managed by the Iveagh Trust, and 207 units are currently under construction and due for completion by end 2025. A further 83 units are being acquired through Part V of the Planning and Development Act and are due for completion by Q4, 2025.

Teach San Labhrás

This development will consist of consists of 23 studio, one-bed and two-bed apartments. These will be managed by Oaklee Housing and are currently under construction (due for completion in Q3, 2025). All are social homes. A further four units will be acquired through Part V of the Planning and Development Act and are due for completion by Q3, 2025.

Cherry Orchard Point

Cherry Orchard Point (Phase 1) involves the development of 708 units (of which 161 are social homes and 547 are cost rental). Just under half are two bed units (349 units), the remainder being one bed (242) or three bed (69). The development is currently under construction, with a full completion date of Q3, 2028.

HOMES AT DETAILED DESIGN AND PLANNING STAGE

The following developments are anticipated for completion within a 3-4 year timeframe (and beyond). They include 309 social homes, all in the Cherry Orchard area.

Cherry orchard local area plan (LAP) Site one

This comprises 172 social homes (31 two bed and 141 three bed units) developed by DCC. They are due for completion by Q3 2028.

Cherry Orchard point Phase 2

Cherry Orchard Point comprises 137 social homes (31 two and 106 three bed units) which are due for completion by Q3 2029.

HOUSES AT PRE-PLANNING STAGE

Name of development	No units	Completion date
Cherry Orchard Site 2	140	TBC
Cherry Orchard Point phase 3	247	Q4 2029
Sarsfield Road	176	
Labre Park	12[8]	Q2 2028
Total	**575**	

2.5 ADDICTION AND RECOVERY SERVICES IN DUBLIN 10

The table below includes both addiction-dedicated services (alcohol and/or drugs) and services which have a particular focus on supporting those experiencing addiction and their families as part of their overall work with the community of Dublin 10).

There would be many other organisations that are available to and work with individuals, families and communities experiencing addiction, including community groups and community centres, youth services, and Family Resource Centres.

Table 2.4 Addiction support services located in the Dublin 10 and their primary focus

	Active drug use	Detox	Treatment	Rehabilitation & Recovery[9]	Supports for families
Ballyfermot Advance Project Community Drug Team	■		■		
Ballyfermot STAR, Realt Nua, Realt na Clann	■			■	■
Fusion CPL				■	
Adolescent Addiction Service[10]					■
Cuan Dara[11]		■			
Blue Door					■
Familibase					■
Matt Talbot Community Trust				■	
Careers Edge (Liffey Valley Partnership)				■	
Fellowship programmes: NA, AA, CA (Narcotics, Alcohol & Cocaine Anonymous)	■		■	■	■

[8] Plus 19 existing units for regeneration.
[9] Including after-care, key working, counselling, education and employment supports.
[10] Bridge House
[11] The service will shortly move to the site of the former Loman's Hospital, but will remain accessible to communities served by Fusion CPL.

3. Consultation process findings

3.1 DRUG TRENDS AND PATTERNS OF USE SINCE LAST STRATEGIC PLAN

in terms of drug usage, heroin and opioids were once dominant – but have now been eclipsed by crack cocaine, tablets, and stronger cannabis. As a result, those taking part in methadone maintenance programmes are now largely older people, aged in their 50s and 60s, rather than younger people.

Cannabis is now frequently cited as a primary drug by clients – this was not the case in 2019. Cannabis is stronger now (higher THU), and more clients recognise this as a problem.

These patterns of drug use have implications for clients around training participation and motivation: when people were on methadone programmes, they were able to engage with Community Employment (CE), but there is a greater sense now that people with problem cannabis use are struggling with motivation.

Higher cost of drugs is another issues that arose in the consultation process: cocaine and crack cocaine are more expensive, and this leads to an increased risk of drug debt and consequent impacts on families. There is also a sense that young people are increasingly vulnerable to being used to move drugs and engage in dealing.

Drug debt and intimidation was felt to be on the rise, and there was a view that intimidation and threats start when even less is owed than might have been the case previously. This affects clients and families. The DRIVE initiative is in place, but the issue persists.

Fusion continues to work with people who are relapsing or partial relapsing when previously they might have been referred to other services – this supports continuity of engagement.

3.2 EMPLOYMENT AND ADDICTION

More clients are now maintaining employment to a greater extent than before. This may influence patterns of use, help-seeking etc. However, these clients still carry shame and stigma, regardless of their ability to work.

In general, client journeys are viewed as increasingly complex, with family impacts, shame, hidden drug use, and financial pressure all in play. These dynamics need to inform service delivery.

3.3 GENDER ISSUES

Gender issues identified focused on the impacts on women: there can be a heavy emotional burden on women, particularly women who themselves are children of those who have experienced addiction, and are now experiencing addiction and raising children in difficult circumstances.

Women with children often fear that their children will be taken into care, and this can lead to a reluctance to engage with services, or disclose their addiction. Childcare issues were also noted, whereby limited childcare often presents as a barrier to engagement in some activities for women.

3.4 VIEWS ON SERVICE AND SUPPORTS DELIVERED

Fusion CPL is very well regarded among clients and community organisations alike, and the expertise, commitment and close working relationships that it fosters with community organisations was highly regarded.

In this section, the views of clients who were surveyed are summarised. Eight clients completed a survey.[12] All who were consulted believed that Fusion CPL were meeting their needs either very well or quite well, with 75% stating that the service meets their needs very well. In addition, 100% of clients surveyed said that they would recommend Fusion CPL to someone else in recovery.

Clients were asked to consider the supports that are most important to them, by ranking them in importance from 1 to 6. Counselling, holistic therapies (e.g., yoga and reiki) and one-to-one support and key working were all ranked as the three most important supports accessed. These were followed by social and group activities (overall fourth in importance), employment and training support (e.g., Community Employment) in fifth, and support to access other services in the area in sixth.

Clients were also asked to consider what they would like to see more of, over the next three years, and ranked these in order of importance. The highest priority was given equally to the two options of 'more counselling' and 'more access to holistic therapies'. This was followed by 'new holistic therapies', 'new group programmes' (such as aftercare and recovery groups), 'more one-to-one work and key working' and finally, 'more opportunities for training and employment' (e.g. Community Employment).

Some clients added some additional comments at the end of the survey. These revealed the high regard they have for the service, remarking that it is a 'brilliant service…well done all', and another noting it as an' amazing service'.

3.5 SERVICE NEEDS

According to those consulted, there is a general need for more recovery and after-care supports. This includes stabilisation groups (preparation for treatment/rehabilitation) and after-care groups for those in recovery. It was noted that Fusion CPL is planning to deliver an after-care group.

Expanded holistic therapy programmes (more therapies[13], delivered continuously to clients would be welcome, as would day trips and social activities[14] as well as access to 'retreat' on an overnight basis for clients

The need for prevention-focused programmes around substance use and violence was noted, as well as a view that Fusion would be well-placed to address this need. Other prevention work noted was the need for an awareness campaign on the impacts of drug use (cocaine, crack cocaine, cannabis with high THU) which could be undertaken on a collaborative basis with other services.

[12] Note, this did not include clients in custody.
[13] Examples included laughing yoga, sound baths, meditation, dance classes.
[14] Examples including sailing and outdoor activities.

3.6 ACCESS TO WIDER SERVICES AND OTHER ISSUES

Loneliness can be a major issue for those in recovery. Moreover, domestic abuse, unsupportive partners, and generational trauma are recurring issues.

Clients also often carry intense guilt and stress about their lives and families.

Mental health issues are not being addressed and there is limited inter-agency engagement between mental health services and addiction services. For example, addiction services cannot refer directly to mental health services (addiction services must first contact GPs). In spite of policy measures to address the issue, dual diagnosis needs of clients are not being addressed, and mental health services are referring to addiction services rather than providing supports to clients with a dual diagnosis.

In addition, counselling is a prerequisite for accessing some residential treatment programmes – which can be a barrier to access, given limited availability of counselling. There is a continued need for additional counselling services for clients.

More collaboration, referrals and networking with Dublin 10 services have become an increasing feature of inter-agency relationships and service delivery in the area since the last strategic plan. The Treatment and Rehabilitative (T&R) network of Ballyfermot LDATF will advance plans for the delivery of aftercare supports including: 1) a stabilisation group for preparation for rehabilitation and 2) an aftercare for those in recovery (which Fusion CPL may co-facilitate with other agencies.

4. Strategic plan 2025-2028

4.1 VISION

A thriving, resilient community where individuals those affected by addiction and in custody receive comprehensive support to rebuild their lives.

4.2 MISSION STATEMENT

To develop and support treatment and rehabilitation pathways for people seeking to address addictive lifestyles.

We do this through three strands of our work:

- Community Support Service: supporting individuals from the local area who are drug-free or stable in their recovery journey.
- Community Prison Links Service: providing specialised support to local residents who are currently in custody, helping them make the best use of their sentence and plan for successful reintegration.
- Reach Out Family Communications Programme: a comprehensive programme delivered to parents and families with a family member in custody.

4.3 OUR CORE VALUES AND PRINCIPLES

- **Inclusive:** we strive to ensure that the needs of all the community can be met in a welcoming service
- **Empathy and care:** everyone has their own story of recovery – we accept them where they are at when they come in
- **Dignity and respect**: We treat all individuals with respect in a supportive, confidential environment
- **Empowerment**: We support individuals to reach their full potential in recovery and future employment/education goals
- **Transparency**: We demonstrate accountability in our practice and organizational systems
- **Professional Boundaries**: We maintain clear, appropriate boundaries between staff and service users
- **Confidentiality**: We offer confidential services within legal constraints

4.4 STRATEGIC PILLARS AND ACTIONS

There are two strategic pillars. These relate to 1) addressing the needs of clients, families and community and 2) building a strong, sustainable organisational.

Strategic pillar 1: Deliver responsive, evidence-based supports that address the needs of individuals, families, and communities impacted by addiction and imprisonment

Strategic pillar 2: Build a strong, sustainable organisation with the governance, resources, workforce, and profile needed to effectively meet community needs.

The actions associated with both are outlined below.

STRATEGIC PILLAR 1: Deliver responsive, evidence-based supports that address the needs of individuals, families, and communities impacted by addiction and imprisonment

ACTION 1: MEET THE NEEDS OF PEOPLE IN OUR COMMUNITY WHO ARE IN CUSTODY

- Relaunch the CPL programme with a greater focus on community interventions for the new prison links worker role
- Refocus the CPL programme to research and identify evidence-based supports that reduce recidivism, identify service gaps, and deliver targeted community-based interventions that strengthen reintegration and reduce recidivism
- Explore opportunities for capturing data on the incidence of imprisonment among the Dublin 10 population (to evidence the need for ongoing work targeting those in custody)
- Prepare funding proposals to sustain this programme beyond 2025, to include new sources of Statutory funding and engage with senior managers in these agencies

ACTION 2: SUPPORT PEOPLE WITH ADDICTION NEEDS IN BALLYFERMOT, CHAPELIZOD AND PALMERSTOWN

- Expand the range and availability of therapies[15] offered to clients through training and upskilling of staff
- Maintain existing services at a level which will enable Fusion to meet the needs of the expanding population in the communities that we serve (through identifying potential service demand and associated staffing requirements)
- Implement a framework including progress and outcome indicators to track client progress and long-term outcomes[16] to measure the impacts of Fusion's programmes on rates of recidivism and recovery
- Explore the feasibility of facilitating the expansion of community-based addiction supports in Fusion's premises (Alcoholics Anonymous and other twelve-step programmes)
- Develop new group supports for clients.

ACTION 3: SUPPORT FAMILY COMMUNICATION FOR THOSE IN CUSTODY THROUGH TRAINING AND MENTOR SUPPORT

- Continue to deliver the Reach-Out programme
- Complete the external evaluation of the Reach Out programme
- Develop a model of practice which can be replicated nationally
- Develop tools for the delivery of the Reach-Out programme

[15] Mindfulness, reiki, acupuncture and reflexology.
[16] This will include employment, and participation on CE schemes

STRATEGIC PILLAR 2: Build a strong, sustainable organisation with the governance, resources, workforce, and profile needed to effectively meet community needs

ACTION 1: SEEK SUSTAINABLE FUNDING TO ENSURE SERVICE DELIVERY

- Maintain core funding, including HSE, Probation Service funding, Dept of Social Protection
- Explore widen sources of funding in order to increase service delivery (including staffing roles), for example:
    - Philanthropic Sources (including Rethink Ireland)
    - Shared Island Initiative
    - Community Assets Bureau (CAB) Safety Fund
    - Irish Prison Service (IPS) and Pobal funding for Community Prison Links (CPL) work

ACTION 2: ENSURE THAT THE HIGHEST STANDARDS OF CORPORATE GOVERNANCE ARE MET

- Review organisational policies on scheduled basis to maintain Fusion's best practices
- Identify governance structure needs (e.g., skills audit)
- Recruit additional board members

ACTION 3: COMMUNICATIONS AND PROFILE

- Develop a communications plan which will consider the following:
    - Renaming of the organisation, with associated new branding and logo
    - Explore awareness and profile-raising activities required with new population centres
    - Continue networking activities of Fusion and explore new networking opportunities (e.g., Public Participation Network and Policing Partnership)

ACTION 4: STAFF SUPPORTS

- Manage the key worker caseload on an ongoing basis
- Recruit new Community Employment (CE) roles to support the administration and the key work functions, and extend the delivery of holistic therapies

5. Delivering the plan

Strategic pillar 1: Deliver responsive, evidence-based supports that address the needs of individuals, families, and communities impacted by addiction and imprisonment

ACTION 1: MEET THE NEEDS OF PEOPLE IN OUR COMMUNITY WHO ARE IN CUSTODY

Sub-actions	Details
▪ Relaunch the CPL programme with a greater focus on community interventions for the new prison links worker role	▪ Revise the job description for prison links worker ▪ Refocus the workplan with a greater emphasis on post-release supports
▪ Refocus the CPL programme to research and identify evidence-based supports that reduce recidivism, identify service gaps, and deliver targeted community-based interventions that strengthen reintegration and reduce recidivism	▪ Research national and international prison–community support programmes that have demonstrated impact on reducing recidivism. ▪ Identify current strengths, challenges, and gaps in existing supports (prison, community) to highlight unmet needs and opportunities for the CPL. ▪ Develop a targeted intervention framework based on identified gaps to meet the needs of those transitioning from custody to community. ▪ Monitor and evaluate new supports to test effectiveness in reducing reoffending. ▪ Embed monitoring and outcome tracking (short-term engagement/progress indicators and long-term recidivism outcomes) to measure programme impact and inform ongoing refinement. ▪ Build collaborative pathways with justice, health, housing, and employment services to ensure continuity of care and address the broader determinants of recidivism.
▪ Explore opportunities for capturing data on the incidence of imprisonment among the Dublin 10 population (to evidence the need for ongoing work targeting those in custody)	▪ Engage with the IPS statistics section to establish the availability of data on the numbers in custody from D10 to establish the rate of imprisonment compared with other areas of Dublin. ▪ Use 'proxy indicators' for risk of imprisonment (e.g. rates of deprivation in Cherry Orchard) to highlight need for prison-based interventions (where detailed area-based data is not available).
▪ Prepare funding proposals to sustain this programme beyond 2025, to include new sources of Statutory funding and engage with senior managers in these agencies	▪ Develop list of potential funders, to include IPS ▪ Engage in discussions for funding with staff at senior level (Director General) based on the model of the programme identified above.

ACTION 2: SUPPORT PEOPLE WITH ADDICTION NEEDS IN BALLYFERMOT, CHAPELIZOD AND PALMERSTOWN

Sub-actions	Details
▪ Expand the range and availability of therapies offered to clients (to include mindfulness, reiki, acupuncture and reflexology) through training and upskilling of CE staff roles.	▪ Implement a training plan with existing staff and CE roles for the delivery of a wider range of holistic therapies ▪ Expand availability of existing therapies to existing clients ▪ Introduce new therapies which can enhance rehabilitation outcomes for clients (evidence-based)
▪ Maintain existing services at a level which will enable Fusion to meet the needs of the expanding population in the communities that we serve.	▪ Monitor and project the need for Fusion over the next three years (through monitoring housing developments and population change) ▪ Identify new staffing levels required to meet this need (reception, key workers, counselling, and holistic therapies(
▪ Implement a framework including progress and outcome indicators to track client progress and long-term outcomes[17] to measure the impacts of Fusion's programmes on rates of recidivism and recovery.	▪ Identify a set of progress indicators (e.g., programme engagement, remaining drug free, skills development) and outcome indicators (e.g., reduced reoffending, sustained periods drug free, housing stability, employment, improved wellbeing). ▪ Engage staff, clients, and key stakeholders to ensure the framework is realistic and relevant and reflects priorities. ▪ Implement tools and systems (e.g., data collection templates, client feedback surveys) to capture progress and outcome data consistently. ▪ Pilot the framework with selected programmes, refine based on learning, and roll out organisation-wide. ▪ Integrate data monitoring and reporting into regular organisational reviews, governance reports, and funder reporting. ▪ Analyse and share findings to demonstrate impact on recovery and recidivism, guide service improvements, and strengthen funding cases. ▪ Review and update the framework
▪ Explore the feasibility of facilitating the expansion of community-based addiction supports in Fusion's premises (Alcoholics Anonymous and other twelve-step programmes).	▪ Identify potential space and operational requirements for making available space to 12 Step Programmes ▪ Reach out to AA, NA and other programmes to explore needs and options available
▪ Develop new group supports for clients.	▪ Develop proposals for an after-care group through the Treatment and Rehabilitation subgroup of the Ballyfermot LDATF ▪ Reintroduce the 'Reduce-the-use' group.[18]

[17] This will include employment, and participation on CE schemes

[18] Reduce The Use is a cognitive-behavioural programme to help support people who wish to work on their substance use or other problematic behaviours. The programme aims to facilitate new insights into problematic drug or alcohol use.

ACTION 3: SUPPORT FAMILY COMMUNICATION FOR THOSE IN CUSTODY THROUGH TRAINING AND MENTOR SUPPORT

Sub-actions	Details
▪ Continue to deliver the Reach-Out programme.	▪ Continue to deliver the programme in-house in the short to medium term ▪ Complete the evaluation of the Reach-Out programme
▪ Develop a model of practice which can be replicated nationally.	▪ Complete the evaluation of the Reach-Out programme ▪ Develop tools for the delivery of the Reach-Out programme ▪ Explore potential for the delivery of the programme on a wider geographical basis by a national/ partner organisation ▪ Maintain ownership of the Reach-Out license

STRATEGIC PILLAR 2: Build a strong, sustainable organisation with the governance, resources, workforce, and profile needed to effectively meet community needs

ACTION 1: SEEK SUSTAINABLE FUNDING TO ENSURE SERVICE DELIVERY

Sub-actions	Details
▪ Maintain current core funding and explore wider sources of funding in order to increase service delivery (including staffing roles),	▪ Philanthropic Sources (including Rethink Ireland) ▪ Shared Island Initiative ▪ Community Assets Bureau (CAB) Safety Fund ▪ Irish Prison Service (IPS) and Pobal funding for Community Prison Links work

ACTION 2: ENSURE THAT THE HIGHEST STANDARDS OF CORPORATE GOVERNANCE ARE MET

Sub-actions	Details
▪ Review organisational policies on scheduled basis to maintain Fusion's best practices	▪ Develop a policy review schedule (e.g., over the course of the plan) that covers all existing organisational policies. ▪ Develop a policy review template and revise policies according to the schedule ▪ Revise a central policy register with review dates for all policies
▪ Identify governance structure needs (e.g., skills audit)	▪ Develop and approve a board skills matrix reflecting the competencies required for Fusion's strategic direction. ▪ Conduct a skills audit of current board ▪ Identify gaps in expertise and establish plan to meet gaps (member training, development, recruitment).
▪ Recruit additional board members	▪ Develop and approve a recruitment plan and timeline to include skills and experience required ▪ Prepare recruitment materials — position descriptions, information pack, etc. ▪ Use appropriate networks and platforms to attract candidates and put in place selection process

	▪ Provide induction and onboarding for new members.

ACTION 3: COMMUNICATIONS AND PROFILE

Sub-actions	Details
▪ Develop a communications plan	▪ Establish a subcommittee of board and staff with a terms of reference to develop objectives for a communication plan ▪ Consider the following: o Renaming of the organisation, with associated new branding and logo o Explore awareness and profile-raising activities required with new population centres o Continue networking activities of Fusion and explore new networking opportunities (e.g., Public Participation Network and Policing Partnership) ▪ Draft communication plan with resource implications ▪ Finalise communication plan

ACTION 4: STAFF SUPPORTS

Sub-actions	Details
▪ Manage the project workers caseload on an ongoing basis	▪ Review caseload and demand for services ▪ Seek additional resources to alleviate workload for project workers in administration areas
▪ Recruit new Community Employment roles to support the administration and key worker functions and to deliver holistic therapies	▪ Identify CE projects who could second roles ▪ Draw up a job description for new CE role(s) ▪ Put in place induction and training programme for new workers in collaboration with CE supervisor
▪ Train and upskill CE roles post recruitment	▪ Develop training programme for new workers in collaboration with CE supervisor

APPENDIX 1 DETAILED DEMOGRAPHIC PROFILE

The tables below are all drawn from an analysis of Census 2022 for the areas of Ballyfermot, Chapelizod and Palmerstown. These three areas are represented by 10 Electoral Divisions (EDs) and 124 small areas.

Table A.1 EDs in Dublin 10 and 20 and their deprivation levels in 2022 and 2016

Electoral Divisions	Population 2022	Deprivation score 2016[19]	Deprivation score 2022
Cherry Orchard A[20]	3,465	-13.27	-16.53
Cherry Orchard B (Carna)	2,897	-14.96	-16.67
Cherry Orchard C	4,815	-10.94	-15.62
Decies	2,713	-15.18	-15.23
Drumfinn	3,632	-13.90	-13.47
Kilmainham A	2,646	-9.08	-10.04
Kylemore	2,557	-16.27	-15.16
Palmerstown West	7,323	-5.83	-10.14
Palmerstown Village	3,689	-2.53	-1.41
Chapelizod	3,397	9.47	7.66
Total	30,048		

Table A.2 Ethnicity (census 2022)

Census ethnicity category	Dublin 10 and 20	% of population	State
White Irish	28,183	76.50%	76.6%
White Irish Traveller	376	1.00%	0.6%
Any other White background	2146	5.80%	9.9%
Black or Black Irish	544	1.5%	1.5%
Asian or Asian Irish	906	2.5%	3.3%
Other ethnicity	602	1.6%	1.0%
Not stated	4,104	11.1%	6.2%

Table A.3 Education attainment (census 2022)

Level of education attainment	All areas	State
No formal education	4.4%	2.4%
Primary education	13.6%	7.4%
Lower secondary	17.5%	13.2%
Upper secondary	18.3%	18.1%
Technical or vocational qualification	7.6%	7.5%
Advanced Certificate/Completed apprenticeship	4.5%	5.6%
Higher certificate	4.6%	5.5%
Ordinary bachelor's degree or national diploma	4.7%	8.1%
Honours bachelor's degree, prof. qualification or both	7.6%	13.3%
Postgraduate diploma or degree	6.4%	11.2%
Doctorate (PhD) or higher	0.6%	1.1%

[19] A score between 0 and -10 is classed as 'marginally below average'; between -10 and -20 is 'disadvantaged'; between -20 and -20 is very disadvantaged and between -30 and -40 is extremely disadvantaged.

[20] One area in Cherry Orchard A includes the Cloverhill and Wheatfield prisons. In this small areas, there is a 79.9% male population, and the prison accounts for this disproportionate.

Table A.4 Household profile (2022) in Ballyfermot Chapelizod and Palmerstown (all EDs)			
Household type	**No. households**	**% households**	**State**
One person households	3,046	24.0%	23.1%
Married couple households	1,462	11.5%	14.9%
Cohabiting couple households	551	4.3%	4.3%
Married couple with children households	2,427	19.1%	29.4%
Cohabiting couple with children households	702	5.5%	4.3%
One parent family (father) with children households	255	2.0%	1.5%
One parent family (mother) and children households	1,721	13.5%	8.5%
Couple and others households	221	1.7%	1.5%
Couple with children and others households	390	3.1%	2.2%
One parent family (father) with children and others households	73	0.6%	0.3%
One parent family (mother) with children and others households	382	3.0%	1.2%
Two or more family units households	308	2.4%	1.2%
Non-family households and relations households	430	3.4%	2.2%
Two or more non-related persons households	749	5.9%	5.4%

Table A.5 Household housing tenure for the area (Census 2022)			
Household tenure	**No. households**	**% households**	**% State**
Owned with mortgage or loan	3,295	25.2%	28.9%
Owned outright	4,062	31.1%	37.0%
Rented from private landlord	1,787	13.7%	18.0%
Rented from Local Authority	2,731	20.9%	8.3%
Rented from vol. /co-op housing body	337	2.6%	1.6%
Occupied free of rent	149	1%	1.7%
Not stated	719	5%	4.4%

Table A.6 Principal economic status in the areas compared with State (census 2022)			
Principal economic status	**Numbers**	**%**	**State**
At work	16,332	53.0%	56.1%
Looking for first job	333	1.1%	0.8%
Short term unemployed	693	2.3%	1.7%
Long term unemployed	1,225	4.0%	2.6%
Student	2,789	9.1%	11.1%
Looking after home/ family	1,898	6.2%	6.6%
Retired	4,706	15.3%	15.9%
Unable to work due to sickness or disability	2,364	7.7%	4.6%
Other	455	1.5%	0.7%

Table A.7 Self-reported health status (census 2022)		
Health status	**All areas**	**State**
Very good	43.8%	53.2%
Good	30.6%	29.7%
Fair	11.1%	8.6%
Bad	2.2%	1.4%
Very Bad	0.5%	0.3%
Not stated	11.9%	6.7%

Table A.8 Principal Economic Status in the most disadvantaged small areas of Ballyfermot (census 2022)

ED in which SA is located	SA Code	Deprivation score	At work	Looking for first job	Short Term Unemp.	Long Term Unemp.	Student	Looking after home/family	Retired	Unable to work due to sickness or disability
CARNA	268039006	-29.96	32.3%	0.0%	2.2%	4.7%	5.6%	6.9%	34.1%	12.9%
CO C	268040011	-26.84	48.0%	2.6%	2.3%	7.0%	13.2%	9.9%	6.6%	10.3%
CO C	268040010	-26.50	44.8%	1.1%	3.9%	9.3%	8.5%	9.3%	10.7%	11.7%
CO C	268040002	-25.86	46.6%	3.3%	4.9%	6.5%	16.0%	7.5%	7.5%	7.2%
CO C	268040007	-25.37	42.8%	0.4%	3.1%	6.2%	12.8%	11.7%	12.5%	10.5%
CO A[21]	268038001	-24.79	37.6%	3.5%	4.2%	7.8%	8.8%	3.0%	3.4%	12.0%
Kylemore	268095001	-23.14	47.0%	0.7%	3.0%	7.0%	6.7%	8.1%	15.2%	11.9%
Decies	268057006	-22.29	42.6%	1.0%	0.5%	4.1%	5.1%	6.7%	28.2%	10.3%
CO C	268040012	-22.15	51.4%	1.7%	3.7%	6.2%	8.2%	6.5%	14.4%	7.9%
Decies	268057010	-22.11	46.5%	0.0%	3.5%	5.3%	5.9%	5.3%	24.7%	8.2%
CO C	268040006	-21.77	45.0%	2.2%	4.3%	6.1%	11.7%	12.1%	7.8%	10.0%
CO C	268040001	-21.66	51.9%	1.2%	1.9%	4.6%	7.3%	8.1%	12.7%	11.2%
CO C	268040009	-21.14	47.9%	2.8%	2.3%	5.1%	9.8%	8.4%	15.8%	7.0%
Kilmainham A	268083008	-20.77	50.0%	1.6%	3.7%	3.2%	4.7%	9.5%	18.9%	7.9%
Kilmainham A	268083005	-20.55	46.9%	1.9%	3.1%	5.0%	7.5%	6.9%	19.4%	8.1%
CO A	268038002	-20.28	48.6%	2.4%	3.0%	6.7%	13.7%	10.9%	3.0%	9.4%

[21] In this small area, 19.7% selected an 'other' option to describe their principal economic status. This very high level can be accounted for by the location of Wheatfield prison in this small area.