



Northwest Regional  
Drugs Task Force

***North West Regional  
Drugs Task Force  
Operational  
Handbook  
2012***

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***North West Regional Drugs Task Force***

***Handbook***

**2012**

**INTRODUCTION TO THE REGIONAL DRUGS TASK FORCE**

**Brief History**

**October 1996**

Minister Pat Rabbitte introduces a document on measures to reduce the demand for drugs.

*“First report on the Ministerial Task Force on Measures to Reduce the Demand for Drugs 1996”*

This document has been seen as the white paper for the development of the National Drugs Strategy.

**1997**

Establishment of the Local Drugs Task Forces

To facilitate a more effective response to the drug problem in the areas experiencing the highest level of drug misuse.

**April 2000**

*“The Cabinet Committee on Social Inclusion requested that a review of the current National Drugs Strategy be undertaken. The overall objective of the review was to identify any gaps or deficiencies in the existing strategy and to develop revised strategies and, if necessary new arrangements through which to deliver them.” Foreword Minister of State, Eoin Ryan T.D. Irelands National Drugs Strategy 2001-2008*

**April 2001**

Having initiated the review process and decided that a new National Drugs Strategy would be drafted, the Cabinet Committee on Social Inclusion chaired by the Taoiseach, over saw the process and considered the principal issues as they arose. The final report of the Review Group - *Building on Experiences – National Strategy 2001 – 2008* – was considered by the Government in April 2001 and its findings and recommendations were approved. (Irish National Drugs Strategy 2001-2008 NDP)

As such, the Government has agreed that, for the period 2001-2008, the National Drugs Strategy shall be organised on the basis of the four themes of;

- *Supply Reduction*
- *Prevention*
- *Treatment*
- *Research*

With cross cutting structures ensuring local, regional and national co-ordination within and between pillars. (1.5 Ireland's national drugs strategy, NDP)

One of the key recommendations of the National Drugs Strategy 2001-2008, was the establishment of the Regional Drugs Task Forces throughout the Country. The Strategy proposes that Regional Drug Task Forces be set up in each of the 10 Health Board areas to develop appropriate policies to deal with drugs misuse in the regions. These bring together organisations in the statutory and voluntary sectors to work with local community and public representatives in developing local, targeted responses to illicit drug use (Local Drug Task Force handbook, NDST)

#### **2004 Mid Term Review of the National Drugs Strategy**

"National Drug Strategy progress report 2000 -2004"

#### **2005**

Development of North West Regional Drugs Task Force Three Year Strategic Plan 2005-2008

#### **2009**

Development of National Substance Misuse Strategy 2009 -2016 The drugs policy element of this Strategy has already been agreed and published as the 'interim' National Drugs Strategy 2009-2016. A Steering Group has been established to develop alcohol policies for an overall National Substance Misuse Strategy to cover the period up to 2016.

#### **2010**

Development of North West Regional Drugs Task Force Evaluation Process

#### **2011**

Development of North West Regional Drugs Task Force Three Year Strategic Plan 2011-2014

## TEN REGIONAL DRUGS TASK FORCES

### 2002 - Establishment of the Regional Drugs Task Forces

10 Regional Drugs Task force's aligned to the old Health board regions.

Midlands	Laois, Longford, Offaly and Westmeath
Mid-western	Clare, Limerick and Tipperary North
North Eastern	East Cavan, Louth, Meath and Monaghan
North Western	Donegal, Sligo, Leitrim and West Cavan
Southern	Cork and Kerry
South Eastern	Carlow, Kilkenny, Tipperary South, Waterford and Wexford
Western	Galway, Mayo and Roscommon
East Coast area	Dun Laoghaire, Rathdown and Wicklow
Northern area	North Dublin City and Fingal
South Western area	South Dublin City, South Dublin and Kildare

## OBJECTIVES OF THE REGIONAL DRUGS TASK FORCE

1. To reduce the availability of illicit drugs;
2. To promote throughout society, a greater awareness, understanding and clarity on the dangers of drug misuse;
3. To enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society;
4. To reduce the risk behaviour associated with drug misuse;
5. To reduce the harm caused by drug misuse to individuals, families and communities;

6. To have valid, timely and comparable data on the extent and nature of drug misuse in Ireland;
7. To strengthen existing partnership in and with communities and build new partnerships to tackle the problems of drug misuse.

## ROLE OF THE REGIONAL DRUGS TASK FORCES

National Drugs Strategy recognises the key role that Local and Regional Drugs Task Forces continue to play in addressing the drugs problem. It remains important, therefore, that they operate effectively at community level with clear objectives and in accordance with appropriate guiding principles.

### **Guiding principles for the operation of DTFs:**

#### ***Propriety***

DTFs will carry out their terms of reference (functions) with integrity and fairness and without self-interest or favouritism.

#### ***Responsiveness***

DTFs will be responsive to stakeholders' views and will consult with them in carrying out their functions.

#### ***Transparency***

DTFs will keep their stakeholders informed about their policies and actions.

#### ***Accountability***

DTFs will be accountable for the use of public monies provided to them.

#### ***Efficiency and effectiveness***

DTFs will have regard to the need for effectiveness and efficiency in carrying out their terms of reference (functions).

#### ***Partnership***

DTFs work in a spirit of partnership between the statutory, voluntary and community sectors.

## TERMS OF REFERENCE

The original terms of reference of the Drugs Task Forces required them to assess the extent and nature of the drug problem in their areas and to develop and monitor the implementation of action plans to respond to the problem as identified. The Drugs Task Forces' role is, by the use of an innovative and evidence-based approach in accordance with the National Drugs Strategy and in co-operation with the Drugs Advisory Group (DAG) and the Drugs policy Unit and the Drugs Programme Unit (DPU) in the Department of Health, to focus on the delivery of these objectives within a local/regional context so as to ensure the development of a coordinated and integrated response to drug misuse by:

- Creating and maintaining an up-to-date overview on the nature and extent of drug use and misuse and the services available in the area/region through the gathering of all relevant information from the organisations and services involved;
- To strengthen and support a community based focus to drug and alcohol misuse, mobilising an integrated cross-sectoral response at local level;
- To oversee and monitor the effectiveness of projects approved under action plans and make decisions on continued priorities having regard to current needs and available funding;

## TERMS OF REFERENCE NWRDTF SUB GROUPS

### 1.0 Decisions

Decisions taken must at all times comply with the procedures and authorisation levels set by the NWRDTF.

#### 1.1 Scope of decision making Sub- group:

The sub group has the right/responsibility to:

- Implement relevant actions as agreed within the Strategic Plan;
- Suggest variations to the Task Force Strategic Plan and issues rising from the Task Force table;
- Assess project proposal applications that are submitted to the Task Force under the prevention and education pillar or treatment and rehabilitation pillar and to make recommendations to the Task Force.



- Oversee the implementation of relevant projects agreed within the Task Force Strategy and /or Action Plan.

**The subgroup does not have the right to:**

- Speak to the media or the general public on behalf of the Task Force;

**The subgroup should revert to the Task Force when:**

- There is a conflict among the members of the subgroup that cannot be resolved within the subgroup;
- There is a irresolvable conflict of interest;
- On HR, legal, financial and contractual issues.

The subgroup minutes will remain open to review by all members of the Task Force.

## **1.2 The role of the Task Force in relation to the Sub - Group**

The Task Force will support the development and enhance the work of the subgroup. The Task Force will also conduct an independently facilitated annual review and planning session to this end.

### **REPORTING**

A short bullet point report<sup>1</sup> from the chairpersons of the Prevention and Education, Treatment and Rehabilitation subgroups and DTF County Committees will be given at each NWRDTF meeting.

### **REMIT OF THE GROUP**

- The mandate of the group comes from the NWRDTF.
- The work of the subgroup will be informed by best practice in drug prevention while also meeting the objectives of the OMD prevention and education strategy.
- To review all proposals directed to the subgroup by the NWRDTF in relation to Prevention and Education, and make recommendations regarding these proposals to the NWRDTF.
- The subgroups work will be focused primarily within the geographical spread of the NWRDTF.
- The subgroups will endeavour to ensure that effective communication occurs between the Task Force and the other subgroups.

## OBJECTIVES

- To establish and maintain a working group/steering group in conjunction with project promoters
- To be as inclusive as is practicable in its membership.
- Consult with and feedback to target groups.
- Promotion of best practice as per the Drugs Education Quality Standards in substance use education within the informal sector, and relevant Department of Education and Science guidelines and any other guidelines as deemed appropriate going forward as they may relate to the formal education sector.
- To make recommendations/proposals pertaining to drug prevention and education, treatment and rehabilitation to the NWRDTF and its Executive.
- Oversee the development, implementation of Prevention and Education, Treatment and Rehabilitation actions as defined by the NWRDTF within its action plan.
- Inform local, regional and national strategy in relation to Prevention and Education, Treatment and Rehabilitation objectives.
- The sub-groups will identify gaps and needs in the current provision of prevention and education, treatment and rehabilitation in the area, and work with the NWRDTF towards filling those gaps.

## MEMBERSHIP

Members will be understood to represent their organisation or constituent group. Therefore membership will be held by the organisations/nominating group of each relevant constituency, as opposed to individual representatives.

The Chair/Deputy Chair and general membership of the group will be reviewed on an annual basis. Written communication will issue annually to the individual representatives inviting them to review membership. An internal six monthly review of gaps in terms of membership will be conducted by the sub group with a view to identifying and addressing any emerging gaps.

The subgroup will only be chaired by a member of the RDTF, however if this is not possible the sub group should elect a chairperson from existing members. In the absence of the elected Chairperson the Vice Chairperson/another member of the group will be expected to assume the role in their absence.

The membership of the Prevention & Education, Treatment & Rehabilitation subgroups will at a minimum stand at 4 persons and will as far as possible consist of the following:

- Members of the NWRDTF whose skills would benefit the subgroup.
- Additional persons who are not members of the NWRDTF but have knowledge and expertise in the area of prevention and education, treatment and rehabilitation can be co-opted on to the Prevention and Education, and or the Treatment and Rehabilitation subgroup in an advisory capacity following consensus of the subgroup members.
- Any project with a prevention & education, treatment & rehabilitation focus that is funded by the NWRDTF will be required to nominate a representative to sit as a member on behalf of the organisation to sit on but not report to the subgroup .
- The Co-ordinator and other Task Force will be in attendance at the meetings.

## MEETINGS

**Frequency & Duration:** Education & Prevention, Treatment & Rehabilitation meetings will take place bi monthly. County Structure Committee meetings will be supported by NWRDTF staff to facilitate three meetings per year. County Committees can arrange additional meetings but these will not be supported by NWRDTF staff members. Meetings will not exceed one and a half hours duration, however, in order to cover any urgent business, a meeting may be extended by one half hour if agreed prior to or at the start of the meeting. Schedule of meetings for the year will be issued to all members at the beginning of each year.

**5.1 Quorum:** Quorum for the meetings will be 1/3 of the current committee with a minimum of 3 members, one of whom must be a member of the RDTF.

**5.2 Confidentiality:** Confidentiality must be adhered to at all times and the integrity of individual members and the NWRDTF must be observed.

**5.3 Attendance:** Absence from three consecutive meetings from the subgroups without apology will result in a written request being sent by the Chairperson, to that member asking them to clarify their position with regard to the sub-groups. If the issue is not resolved the NWRDTF will be informed by the Chairperson.

All NWRDTF members are entitled to attend any and all meetings of the sub- groups.

## GUIDING PRINCIPLES

- Ensure that there is a balance of representation across all sectors on the subgroup, with sensitivity to the geography of the region.
- Each individual should participate by sharing their sectors/constituencies/agencies relevant opinions (but not to the benefit of ones organisation) and experiences, and by listening to and considering the opinions of others.
- If an issue is being discussed where a conflict of interest for a representative/agency arises, that representative is expected to declare an interest and leave the meeting for the duration of that discussion.
- Ensure that each decision considers the best interests of service users.
- The subgroup in its custom and practice will promote an interagency approach to the Prevention and Education, Treatment and Rehabilitation agenda.
- The promotion of social inclusion will inform all relevant decisions of the subgroup.
- Particular care should be given to promote an appropriate gender balance.

## ROLE OF COUNTY COMMITTEES

The overarching role of the County Committee is to ensure the work of the North West Regional Drugs Task Force is relevant to local needs.

### **Functions:**

The functions of each County Committee are to provide a local forum within the North West Regional Drugs Task Force to:

- assist in the identification of needs and possible responses in relation to drug misuse in each county
- examine the current situation in each county in relation to the implementation of national and regional drugs strategies.
- support community and voluntary groups to respond to drugs issues in their communities.
- enable a two-way system of communication between local communities and the Regional Drugs Task Force.

**Membership:**

Membership of the County Committee should reflect in a balanced manner the five sectors that make up the North-West Regional Drugs Task Force, namely:

- State / government agencies
- Voluntary sector
- Community sector
- Public Representatives
- Local development companies

One of the functions of the county committee is to feed information from grass roots level to the NWRDTF and vice-versa, the committee will be open to greater numbers of community/voluntary groups. Membership of the county committee will be administered locally and any new groups may apply for membership at any time. The maximum number of members will be at the discretion of the county committee. In the event of a dispute in relation to membership of the county committee, the NWRDTF will make a final determination on the matter.

Meetings may also be attended by employees / appointed officers of the NWRDTF as required.

**Chairperson:**

- A chairperson will be appointed from the members of the County Committee. This Chairperson will represent the County Committee on the Task Force .

**Frequency of Meetings:**

- The committee will normally meet approximately three times per year, for no more than two hours per meeting.

In exceptional circumstances and with the agreement of members, the committee may meet more often than that as deemed necessary.

**Role of county committee members:**

- Actively take part in County Committee meetings and contribute to the effective operation and development of the committee on the basis of their experience and position.
- Assist the NWRDTF to link in with the wider community, and assist the wider community to link with the NWRDTF.

- Suggest any new ideas or innovations for the development of the work of the NWRDTF.
- Contribute to any reviews / evaluations of the work of the NWRDTF.

**The sub Committee does not have the right to:**

- Speak to the media or the general public on behalf of the Task Force without the prior approval of the Chairperson of the NWRDTF.

## MEMORANDUM OF ASSOCIATION OF NORTH WEST REGIONAL DRUGS TASK FORCE LIMITED

1. The name of the Company is North West Regional Drugs Task Force Limited. In this Memorandum the expression “company” means North West Regional Drugs Task Force Limited.
  
2. The main object for which the company is established is:
  - The overall aim is to develop and implement a drugs strategy for the area which co-ordinates all relevant programmes and addresses any gaps in services;
  
3. The object set out in Clause 2 is the main object of the company and all other listed hereafter are subsidiary and ancillary thereto:
  - a. To oversee and monitor the implementation of projects approved under the existing action plans;
  - b. To ensure the formal evaluation of these projects with a view to their “mainstreaming”, i.e. their continued funding through State Agencies in accordance with agreed procedures;
  - c. In accordance with agreed guidelines, to prepare updated action plans which:
    - update the area profile and take into account any changes in the drug problem since the preparation of their original plans;
    - ensure that emerging strategic issues are identified and policies or actions are proposed to address them; and
    - provide for the implementation of a local drugs strategy, in consultation with appropriate State Agencies and voluntary, community and residents groups;

**RDTF (operational guidelines):**

- To ensure appropriate representation by voluntary and community sectors on the Task Force;
- To identify any barriers to the efficient working of the Task Force;
- To develop networking arrangements for the exchange of information and experience with other Task Forces, as well as for the dissemination of best practice;
- To identify the training needs of Task Force members and take necessary steps to meet such needs through appropriate training courses, etc.;
- To take account of and contribute to other initiative aimed at tackling social disadvantage under the aegis of the Cabinet Committee on Social Inclusion, including the Integrated Services Process, the Area Partnerships, the Young People's Facilities and Services Fund and the Report of the Task Force on the Integration of the Local Government and Local Development systems; and
- To provide such information, reports and proposals to the National Drugs Strategy Team as may be requested from time to time;
- Further seven functions are: Information gathering and dissemination, strategic and policy development, development of local plans, evaluation, implementation and monitoring of plans, training and support, networking.

**The main aim/objectives of the PLC is to support the Task Force to carry out its aims and objectives inclusive of:**

4. To the extent that the same are essential or ancillary to the promotion or attainment of the main objects of the company as heretofore set out the company may exercise the following powers:

1. to furnish and provide the Company's property with such furniture, implements, machinery and conveniences as the company may think desirable.
2. to engage in any business or activity and to undertake, provide and carry out any service or contract of works provide any facility and carry out any research which is deemed necessary or advantageous in promoting objects of the company or for the purpose of generating capital or income to facilitate the furthering of the main objects of the company.

3. to purchase, take on a lease, exchange, hire or otherwise acquire any real or personal property that can be legally held, and any rights or privileges which the company may think necessary or convenient for the purpose of its undertaking.
4. to hire and employ all classes of person whose service may be considered necessary for the purpose of the company and to pay such persons in return for such services rendered to the company salaries, wages, gratuities and pensions.
5. to promote and further the objects of the company by conferences, public or private meetings, discussions, publications, conducting studies and surveys, and by such other means as may be deemed desirable or necessary.
6. to advertise and make known by any lawful means the company and its objects, purpose and aims by such means as may be deemed expedient, and to solicit, receive and hold donations, subscriptions and gifts and bequests of all kinds,
7. to purchase or otherwise acquire, hold as an investment and deal in any shares, debentures, stocks, treasury bonds, scrip bill, notes and other securities issued by any company or association or any supreme, municipal, local or other authority whatsoever,
8. to act as trustees of any property real or personal for any of the main objects of the company, or for any other purpose that may seem conducive to the attainment of the main objects of the company,
9. to invest and deal with the monies and property of the company not immediately required in such manner as may from time to time be determined.
10. to raise or borrow money, and to secure or discharge any debt or obligation binding on the company in such manner as may be thought fit and, in particular (without limitations), by the creation of charges or mortgages (whether legal or equitable) or floating charges upon the undertaking and all or any of the property and rights to the company both present and future, or by the creation and issue of such terms and conditions may be thought expedient of debentures, debenture stock or other securities of any description.



11. to guarantee the payment of any debts or the performance of any contract obligation of any company or association or undertaking or of any person and to give indemnities of all kinds either with or without the company receiving any consideration or benefit and to secure any such guarantee and any such charges or mortgages (whether legal or equitable) or floating charges or the issue of debentures charges upon all or any property and rights of the company both present and future.
12. to apply for, promote and obtain any Act of the Oireachtas, order or licence of any Minister of the Government of Ireland or other authority for enabling the company to carry any of its objects into effect or for any other purpose, which may seem calculated, directly or indirectly, to prejudice with company's interests,
13. to enter into any arrangement with governments or authorities (supreme, municipal, local or otherwise) or any corporations, companies or persons that may seem conducive to the attainment of the companies main objects, or to obtain from any such charters, contracts, decrees, rights, privileges or concessions which the company may think desirable, and to carry out exercise and comply with such charters, contracts, decrees, rights, privileges and concessions.
14. to pay for any expenses incurred in connection with the promotion, formation or incorporation of the company, or to the contract with any person, firm or company to pay the same.
15. to grant pensions, gratuities, allowances or charitable aid to any person who may have served the company as an employee, or to the wives, husbands, children or other dependents of such person provided that such pensions, gratuities, allowances or charitable aid shall be no more than provided by an occupational pension scheme and provided that such occupational pension scheme has been operated by the company and the beneficiary of the pensions, gratuities, allowances or charitable aid or their spouse or parent, has been a member of the occupational pension scheme while employed by the Company; and to make payments towards insurance and to form and contribute to provident and benefit funds for the benefit of any persons employed by the Company and to subscribe or guarantee money for charitable objects.

16. to draw, make, accept, endorse or issue promissory notes and other negotiable instruments,
17. to sell or dispose of the undertaking of property of the company or any part thereof for such consideration as the company may see fit, to sell, improve, manage, develop, exchange, lease, mortgage, charge, dispose of, turn to account or otherwise deal with all of the property and rights of the company.
18. to acquire and become registered proprietors of copyrights and trademarks and any other form of intellectual property,
19. to do all such lawful things as are incidental to the attainment of the above main objects or any of them.
20. The liability of the members is limited.
21. Every member of the company undertakes to contribute to the assets of the company in the event of the same being wound up during the time that he/she is a member, or within one year afterwards, for the payment of the debt and liabilities of the company contracted before the time at which he/she ceases to be a member, and of the costs, charges and expenses of winding up the same, and for the adjustment of the rights of the contributors amongst themselves such amount may be required, not exceeding one euro.

## EXECUTIVE COMMITTEE

The appointment of the Management Team (Executive Committee) was approved by the RDTF in March 2005. The Executive meet each month the Task Force is **not** meeting. The Committee advise on operational matters and make recommendations to the Task Force. The Executive Committee consists of the following sectors: Statutory, Community, Voluntary and Public representation.

## PROJECT EVALUATION SUB COMMITTEE

**The stated objective of the Review and Evaluation process was to: -**

- Identify priority issues / themes & emerging trends for the North West Region.
- Evaluate existing NWRDTF funded projects.
- Assess the effectiveness and relevance of existing process to the regions emerging priorities.
- In line with the National Drug Strategy 2009-2016 the process will also serve to identify current and emerging priority issues in the North West in the key areas of:
  - *Supply Reduction;*
  - *Prevention;*
  - *Treatment and Rehabilitation; and*
  - *Drug Misuse Prevalence (Research pillar)*

**The review and evaluation of existing projects focused on: -**

- *Relevance to the priorities and emerging needs in the North West;*
- *Assessing the effectiveness of projects in delivering on set objectives;*
- *Value for money.*

## NWRDTF ACCOUNTABILITY ARRANGEMENTS

- The NWRDTF has three year strategy, reflecting local needs and circumstances, which supports the implementation of the national drugs strategy;
- Annually the NWRDTF identifies priorities and actions (an Action plan) for the coming year, in line with nationally agreed priorities;
- The NWRDTF reports on its activities, and in particular on its effectiveness and efficiency, twice a yearly to the Drugs Programme Unit in accordance with guidelines published by the Unit;

The NWRDTF reports annually on its expenditure based on receipted expenditure, in relation to any public funds disbursed by it. These arrangements are in accordance with guidelines issued by the Drugs Programme Unit for administration and operational budgets.

## PRIORITIES FOR THE NATIONAL DRUGS STRATEGY

The overall strategic objective of the National Substance Misuse Strategy 2009–2016 is to continue to tackle the harm caused to individuals and society by the misuse of drugs, through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research.

### **The following are the overall aims of the Strategy:**

- To create a safer society through the reduction of the supply and availability of drugs for illicit use;
- To minimise problem drug use throughout society;
- To provide appropriate and timely substance treatment and rehabilitation services (including harm reduction services) tailored to individual needs;
- To ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance use in Ireland; and
- To have in place an efficient and effective framework for implementing the National Substance Misuse Strategy.

A wide range of statutory, community and voluntary sector organisations are currently involved in delivering the National Drugs Strategy at National, Regional and Local levels. Since the inception of Drugs Task Forces in 1997, it is clear that effective action against drugs requires a sustained, coordinated effort across a range of Government Departments and Agencies working alongside Community and Voluntary services. The National Substance Misuse Strategy 2009-2016 has put in place a new coordinating structure to oversee the implementation of the strategy. The new strategy considers that engagement on the drugs issue with the Cabinet Committee on Social Policy, on a regular basis, is vital. The new structure will continue to allow issues of critical importance emerging at community level to inform Government through the established link with the Cabinet Committee on Social Policy.

## DRUGS ADVISORY GROUP (DAG)

The primary function of the DAG is to advise the Minister/Minister of State on operational and policy matters relating to the National Drugs Strategy 2009 – 2016, working to:

- support and drive the implementation of the NDS, primarily at local and regional levels;
- ensure effective co-ordination between Departments and Agencies, including their timely input into operational and policy developments so as to positively influence programme and resource allocations in relation to drugs issues;
- facilitate and support the engagement of the Community and Voluntary sectors in their roles in the NDS;
- oversee and support the work of the Local and Regional Drugs Task Forces, ensure that policy is informed by their work and provide a liaison, reporting and representational role between the Task Forces and the Drugs Programme Unit; and
- support the work of the Oversight Forum on Drugs and provide such reports to it as may be necessary from time to time;

**As part of the above, the Group will provide appropriate input into:**

- the development of an overall performance management framework to assess and monitor progress across the National Drugs Strategy;
- identifying and prioritising the budgets of their Departments/Agencies for drug related initiatives in the context of the annual Estimates process;
- the incorporation by Departments/Agencies of the contribution to the work of the National Drugs Strategy into their strategy statements, business plans and annual reports;
- the production of twice yearly reports from Departments/Agencies on drug-related expenditure, outputs and outcomes;
- the production of twice-yearly reports on expenditure and activity from drugs task forces, in the context of their ongoing liaison roles; and the production of an annual report on progress under the NDS.

In this way it is intended that progress in advancing the Strategy will be supported, and issues and/or blockages arising will be identified and addressed.

## DRUGS POLICY UNIT / DRUGS PROGRAMMES UNIT

The Drugs Policy facilitates greater coherence in policy making and service delivery. Its purpose is to support and drive the ongoing implementation of the NDS, while respecting the various lead roles and statutory responsibilities of the Departments/agencies involved. Some of the key features include national co-ordination of the interagency implementation; policy development informed by the work of all the coordinating structures. The Unit also ensures that effective links continue with other key coordinating bodies such as the NACD and the NDRIC. The Drugs Programmes Unit oversees the management and administration of the financial allocation for Drugs Initiatives and manages the work of the Drugs Advisory Group, which supports the work of Drugs Task Forces.

## OVERSIGHT FORUM ON DRUGS

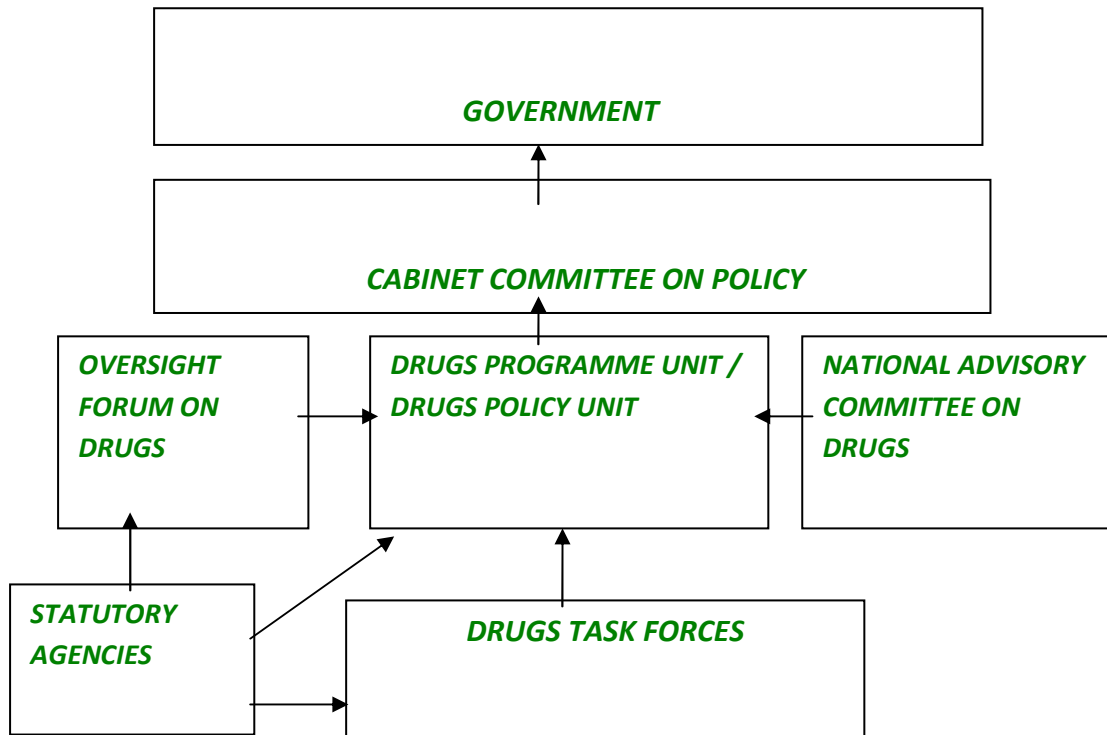
The Oversight Forum on Drugs (OFD) is chaired by the Minister/Minister of State with responsibility for Drugs Strategy and is comprised of senior representatives from all sectors and Government Departments and Agencies. Its primary role is the high level monitoring of progress being achieved across the Strategy.

### Terms of Reference:

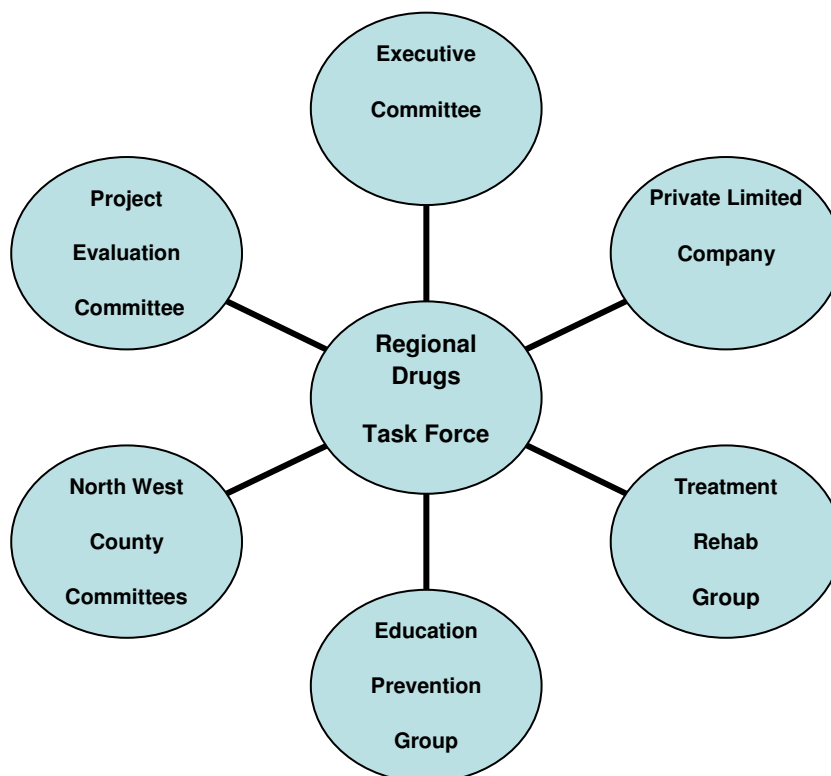
- address operational difficulties and blockages in implementing the NDS and agree on appropriate ways forward to overcome these difficulties;
- monitor progress on associated mainline services with a view to influencing outcomes;
- to provide any reports on existing actions and details/rationale of future plans sought by the Minister of State, as chairperson of the Forum;
- consider developments in drugs policies, and in dealing with problem drug use generally, at EU and international level; and
- to discuss and agree, as far as possible, on the approach to drugs issues at the Cabinet Committee on Social Policy.

## THE NATIONAL STRUCTURES

### ORGANISATIONAL STRUCTURE OF THE NATIONAL DRUGS STRATEGY 2009-2016



### NORTH WEST REGIONAL DRUGS TASK FORCE ORGANISATIONAL STRUCTURE



## THE FIVE PILLARS

- ***Supply reduction***
- ***Prevention***
- ***Treatment***
- ***Rehabilitation***
- ***Research***

The Task Force has set up a number of sub-groups and sub-committees to assist in the development and implementation of its plans, these sub-groups and sub committees work on particular themes or issues and can make recommendations to the task force, there are currently two sub-groups and five sub committees operating within its structure.

The membership of the sub-groups and sub committees is made up of membership of the Task Force plus individuals and representatives from other agencies identified by the Task Force. Each sub-group and sub committee must have at least one Task Force member who facilitates the group and reports back to the main Task Force meeting.

The sub-groups should meet four times a year excluding August and December, or as required and follow the same guidelines on agendas and minutes as the task force, County Committees should meet three times per year.

A written report from each sub-group is given at every task force meeting. The sub-group can recommend actions to the Task Force. If a specific decision is required on a recommendation from the sub-group a report providing a detailed brief on the recommendation is prepared by the sub-group chairperson. This report should be sent to the Co-ordinator at least one week prior to the main Task Force meeting in order to facilitate circulation to all task force members. In order to assist this process, it is recommended that sub-groups meet at least ten days prior to Task force.



## ROLES & RESPONSIBILITIES OF REGIONAL DRUGS TASK FORCE MEMBERS

The establishment of the RDTF's gives the Statutory, Community and Voluntary sectors, as well as Public Representatives, a unique opportunity to work together in preparing and implementing an integrated strategy to address illicit drug use at regional level. This requires the development of shared values, which promote co-operation and collaboration. For this to happen, however, it is important that all involved are clear as to their roles and responsibilities.

### ROLES

#### **Chairperson:**

The chairperson is a key figure and the success of the RDTF will very much depend on the level of experience, commitment, skills and energy s/he can bring to the role. The chairperson's role is to lead the Task Force and to facilitate its meetings. They should be independent of any funded projects, and preferably have no links with any of the task force partner agencies.

#### **Vice-chairperson:**

The same person may hold the posts of chairperson and vice-chairperson for not more than three consecutive terms and the same person cannot hold a combination of these posts for more than four consecutive terms. In as far as practicable, arrangements should be made so that the term of office of the chairperson and vice-chairperson do not terminate at the same time. The Vice-Chair will act as the Chairperson in his/her absence.

#### **Statutory Representatives:**

Statutory representatives are expected to carry out their role in a proactive way, bringing information from their organisations to the Task Force and looking at ways in which their organisation can develop innovative local responses to the drug problem. They must be mandated to act on behalf of their agencies in the planning, implementation and monitoring of the Task Force action plan.

**The statutory representatives will be expected to undertake a range of duties with the RDTF, including:**

- bringing relevant information from their organisations;
- assisting the development of appropriate responses to illicit drug use in the region;
- ensuring the effective implementation of proposals that fall within the remit of their agencies;
- monitoring projects being funded through their organisations and assisting with any issues that arise;

- Identifying and bringing to the attention of their agencies any proposed changes that need to be made to their policies/practices to enable them to work in a more co-ordinated fashion with other stakeholders;

The above role description is generic. It will be necessary for individual agencies to define the precise role of their representatives, having regard to the manner in which they are best structured to participate in the work of the RDTF. In defining this role, the agency should indicate the precise contribution of its representatives in terms of:

- the approximate amount of time allocated to the representative towards RDTF work;
- the information that the agency will provide through the representative to enhance policy development and decision making within the RDTF;
- the process for consulting the RDTF on its own service plans/policies;
- The process for assimilating information and ideas from the RDTF into its policies/practices;

### **Voluntary Representatives:**

The voluntary representatives should belong to voluntary agencies that are either servicing or actually located in the region. Obviously, this would mean that they would have a good knowledge of the local drug problem, as well as a commitment to dealing with it. The two key areas of voluntary involvement are prevention/awareness and treatment/rehabilitation.

#### **The role of the voluntary representative involves:**

- providing information on the work of the RDTF to the various voluntary organisations in the region to be done in a formalised manner through the 10 voluntary cluster groups;
- organising discussion and debate on that work among those organisations;
- policy development; and
- providing feedback to the RDTF;

### **Community Representatives:**

People who are nominated as community representatives should be active within their communities, have some experience of local drugs issues and have a commitment to dealing with the problem. Through their participation in the RDTF, these representatives will:

- bring to its work an in-depth knowledge of the local drug problem;

- assist the development of policies/services based on a perspective gained from their involvement in the delivery of community-based services on the ground; and
- Represent the view of the local community at the Task Force and keep their community informed on the Task Force's work.

### **Public Representatives:**

Public representatives will bring their knowledge of the illicit drug problem in the areas they represent to the work of the RDTF. As mentioned previously, they can also play an important role in consulting the local community on the RDTF strategy and winning support for it.

In this context, it is important that they are fully apprised of the RDTF strategy and the reasons underpinning. This will assist the RDTF in overcoming local misapprehensions or fears around the provision of services. Representatives nominated to the RDTF are expected to liaise with and encourage other public representatives in their areas to support its work.

The Association of Municipal Authorities in Ireland has expressed an interest with regard to the participation by Town Councils in NDS Structures in light of the prevalence of illicit drug taking in urban areas. Task Forces should consider making such an invitation when reviewing representation by Public Representatives.

### **Other Representatives:**

The Partnership, Local Drugs Task Force and Social Inclusion Measures Group representatives will assist in ensuring greater co-ordination and co-operation between their respective organisations and the RDTF.

They will be expected to keep the RDTF informed of their strategies to address illicit drug use/social inclusion issues in their areas, as well as report back to their respective organisations on RDTF activities. They will also be expected to assist the RDTF in identifying/addressing areas of duplication or overlap in their respective strategies.

## **CHAIRPERSON'S RESPONSIBILITIES**

### **Leading the Task Force:**

**The key responsibilities which arise here are:**

- facilitating the group to work together towards achieving the Task Force's aims;
- acting as spokesperson and representing the Task Force, as appropriate;

- helping the Task Force to develop policies and priorities and ensuring that it continues to operate to these;
- helping to resolve conflict; and
- Making emergency decisions between meetings, where necessary, in accordance with procedures agreed by the Task Force;

#### **Facilitating meetings:**

This involves:

- Helping members to work well together in discussing and deciding issues;
- Encouraging all members to participate fully and ensuring that they are heard;
- Suggesting ways of dealing with conflict and ensuring that it is not ignored;
- Ensuring that members are aware of their responsibility to make meetings effective;
- Keep order at meetings and make sure everyone has their say;
- Make sure that meetings are time managed;
- Ensure that decisions are made, and arrived at in a fair and orderly fashion;
- Summarise decisions made after each agenda item.
- Remain as impartial as possible;
- Follow up at meetings regarding decisions;
- Represent the organisation externally;
- A Chairperson Report (aims/objective/goals).

**The above applies to the Vice Chair or deputies equally.**

#### **RDTF STAFF RESPONSIBILITIES**

- To assist the RDTF and its Chairperson in providing leadership, guidance and management of the work of the Task Force, to ensure that the overall purpose and objectives of the Task Force are understood, supported and implemented by all participant agencies and representatives;
- To continue to profile all existing or planned services or resources available in the Task Force area to address the drugs issue;
- To ensure that the aims and objectives of the Task Force's action plans are met through ongoing review, updating, prioritisation and amendment, including the initiation of any research required to inform such reviews;

- Assist in RDTF engagement with the wider community through the organization of community meetings, occasional information events and the production of bulletins and newsletters.
- To assist in the financial management of the RDTF administrative budget;

#### **RDTF staff responsibilities in preparation for Task Force meetings:**

- Plan meetings with the Chairperson.
- Assist in the planning of agendas.
- Prepare and circulate the minutes for the meeting & proposed agenda.
- Make the arrangements for the meeting – venue, etc.
- Deal with correspondence.
- Make arrangements to ensure that membership records are up to date.
- An activity report to be prepared for each meeting.

#### **TASK FORCE MEMBERS' RESPONSIBILITIES**

- Members have a general responsibility to prepare for meetings, read any correspondence in advance and take an active part in meetings.
- North West Regional Drugs Task Force Members have a responsibility to make a useful contribution to discussions and meaningfully take part in decision making.
- Members can be asked to get involved in working groups.  
Work of such groups will be returned to the members for approval and ratification.  
Members are ambassadors for the NW-RDTF. They should actively promote the work of the organisation in any appropriate forum and at any appropriate opportunity.
- Members will be expected to follow up on decisions/actions taken at meetings in consultation with the secretary, chairperson or North West Regional Drugs Task Force as agreed.
- The nominating body can appoint available substitute members. The names of substitutes shall be notified to the Chair in advance. Those who are nominated as substitutes will have full voting rights.
- In the event of a member failing to attend three consecutive meetings, the appropriate nominating body will be formally requested to review their ability to fulfil the obligation to attend.

## GOVERNANCE

### Guiding Principles:

*Drawing upon the Nolan Principles (UK) & Corporate Governance Association of Ireland:*

- **LEADERSHIP:** Effective & collectively ensures delivery of its objects, sets its strategic direction and upholds its values.
- **ACCOUNTABILITY:** Collectively responsible and accountable for ensuring and monitoring that the organisation is performing well, is solvent, and complies with all its obligations.
- **RESPONSIBILITIES:** Clear responsibilities and functions, and should compose and organise itself to discharge them effectively.
- **REVIEW AND RENEWAL:** The Board should periodically review its own and the organisation's effectiveness, and take any necessary steps to ensure that both continue to work well
- **DELEGATION:** The Board should set out the functions of subcommittees, officers, other staff and agents in clear delegated authorities, and should monitor their performance.
- **INTEGRITY:** The Board and members should act according to high ethical standards, and ensure that conflicts of interest are properly dealt with.
- **BOARD OPENNESS:** The Board should be open, responsive and accountable to its users, beneficiaries, members, partners and others with an interest in its work.

## PRINCIPLES OF CONDUCT

- **Selflessness**
  - Take decisions solely in the public interest.
- **Integrity**
  - Do not place yourself under any financial or other obligation to outside organisations etc that might influence you in the performance of official duties.
- **Objectivity**
  - Choices to be made on merit, including making appointments, awarding contracts.
- **Accountability and Stewardship**
  - Be accountable for decisions and actions and submit to appropriate scrutiny.
- **Openness**
  - Be as open as possible about all decisions and actions taken and give reasons for decisions.
- **Honesty**

- Declare private interests relating to public duties and take steps to resolve any conflicts arising.
- **Leadership**
  - Promote and support Principles by example.

## DECLARATION OF INTERESTS

- Maintain and allow public access to register of Members' interests.
- **Interests that impact on, or may be thought to impact on, your role as a Member:**
  - Financial interests - Employment, Shares, Contracts, Land;
  - Non financial interests relevant to the DTF;
  - Notify changes to interests/new interests to Chairman/Co-ordinator.
- Need for material transactions with related parties to be disclosed in financial statements.
- **Is there an interest?**
  - Includes interests of spouses, relatives and friends
- **Is that interest prejudicial?**
  - What would a reasonable and objective observer with knowledge of all the relevant facts think?
  - Not all personal interests are prejudicial interests – likely to harm ability to judge the public interest;
  - In cases of doubt, clarification to be obtained in advance of meeting;
- **If prejudicial, declare interest and withdraw:**
  - All financial interests are prima facie prejudicial;
  - Not if the interest is so remote or insignificant that a reasonable person would not see it as likely to effect any influence;
  - Distinguish between general discussions and discussions where there might be a specific benefit;
  - If you do not withdraw, Chairman should intervene;
- **Making a Declaration:**
  - Scrutinise agenda in advance of meeting;
  - If unsure, discuss with Chairman;
  - Declare at outset or as soon as reasonably practical;
  - Disclosure should be recorded in the minutes;

## CONFLICTS OF INTEREST – GRANTS/TENDERS

- **Members with a prejudicial interest:**
  - Members must complete a Conflict of Interest Disclosure and Declaration Form on a yearly basis;
  - Should not get involved in the setting of criteria for the award of grants/tenders etc;
  - Should not be on the Grants (or other) Committee if they are significant or habitual recipients or likely to be;
  - Should not receive papers relating to their application in advance of the meeting;
  - Should be absent for the discussion and decision;
  - Should not use their position to try and improperly influence the decision in their absence;
  - Should not comment inside or outside meeting;
- **Robust and objective assessment processes should be in place:**
  - Ensure level playing field with no advantage (real or perceived) given to bodies with RDTF representation;
  - Member's interest should be described fully in the project assessment report;
  - Robust and objective after care and payment release;
- **Transparency in assessment**
  - Bids should be assessed on the basis of criteria set down well in advance of the bidding process;
- Any Appeals Process should be independent;

## CONDUCT

- Where the issue of removal of a RDTF member arises, the chairperson should mediate at a regional level to attempt to resolve the issue regionally. If this is not desirable, the RDTF can request the Drugs Programme Unit for assistance to either take a direct role in resolving the situation, or to involve external mediation.
- Where this is not possible, a special meeting should be held, of which all RDTF members are notified, where a member can be voted out on a two-thirds vote.



- **Confidentiality:**

- Members should not leak information that is confidential or obtained through privileged access;
- “Information” includes facts, advice and opinions in written and unwritten form;

## NOMINATION PROCESS

### **Nomination process for Task Force representatives:**

#### **Chairperson:**

The RDTF chairperson will be elected directly by the RDTF, although, in order to ensure that the most suitable person is selected, she/he need not necessarily be a representative of one of the participating bodies/sectors on the RDTF. The criteria for nomination include: a relevant expertise, knowledge and experience of the drugs issue in the area and an assurance of the necessary time commitment to carry out the job. The term of office of the chairperson will be three years. Task Forces should elect a vice-chairperson who is available to stand-in for the chairperson from time to time as required.

#### **Statutory Sector:**

Each Department/Agency will nominate one representative to each RDTF. In this context, it would be important that the representatives either work in a relevant area within their organisations or have direct access to those who do. It would also be important that they are at an appropriately senior level, so as to be able to influence policies/practices within their organisations.

It is a matter for each Task Force to determine which Departments are invited to become full Task Force members and which are invited to participate at sub-group level. However there is an onus on Task Forces to structure their meetings to most effectively utilise the time and expertise of members particularly around matters of strategic importance.

**The term of office of the statutory representatives will be two years.**

#### **Voluntary Sector:**

The voluntary sector will nominate not more than 6 representatives to the RDTF. These should represent both the treatment/rehabilitation and education/prevention perspectives.

The National Voluntary Drug Sector (NVDS) has established Voluntary Cluster groups in all ten Regional Drug Task Force areas. These cluster groups comprise representatives from all the voluntary sector agencies providing drug and/or alcohol services in the region or to the region. These cluster groups will be the nominating bodies for voluntary sector representatives on the RDTFs. Each

cluster will nominate six persons to the Regional Drugs Task Forces who will be representative of the entire sector.

**The term of office of the voluntary representatives will be two years.**

### **Community Sector:**

The Community Sector will nominate not more than six members to the RDTF. Ideally, like their Voluntary counterparts, community members should be nominated through community networks. These networks would not only provide those nominated with a mechanism to consult with colleagues from their sector, but also a mandate to represent their views at the RDTF.

However, while work has commenced on the development of such networks, they remain largely under developed in most regions at present. RDTF's should actively support the development of existing networks involved in drug work and encourage the setting up of new ones. This work is to be supported by RDFT Development workers. Future community sector nominations to the RDTF could then come from these networks.

However, while work continues on the development of such networks, alternative arrangements for the nomination of community members may be required. Although, in areas where community groups/networks exist or are in the process of being set up, it is essential that they play a role in the current nomination process. In such cases Task Forces may seek nominations from the County & City Development boards of Local Partnership structures which both facilitate community participation.

**In order to ensure that the most appropriate nominees are selected, the networks should ensure that those nominated:**

1. Live in the area which they are nominated.
2. Are fully committed to the aims and objectives of the RDTF.
3. Are able to give an undertaking of the necessary time commitments to carry out the role effectively.
4. Have a good knowledge and experience of local substance misuse issues, based either in personal experience or from working on a drug project in the area.

**The term of office of the community representatives will be two years.**

It is important to recognise that, in addition to area-based communities, there may also be communities of interest, who can play an important role in the work of the RDTF and their participation should be facilitated. Communities of interest may include;

1. Travellers, such as Traveller Drug Specific Initiative (PAVEE Point), TDSI, ITWF, Irish traveller Movement.
2. Gay, lesbian and transgender (LGBT) groups, and;
3. New Communities, relevant organisations include The National Consultative Committee on Racism and Interculturalism.
4. Service Users.

**The term of office from communities of interest will be two years.**

#### COMMUNITY REPRESENTATIVES EXPENSES/TRAVEL

Each RDTF Co-ordinator as part of their preparation of their administrative budget should estimate there needs to meet travel and family care of Community Representatives. Where a particularly difficulty is experienced in relation to an individual voluntary representative their needs should also be included for consideration as part of the budget submission.

##### **Travel expenses:**

The OMD recognises that due to the size of some Health Board Regions transport costs will inevitably vary for community representatives and in some instances, Voluntary representatives.

#### IN GENERAL

1. Employer's particularly state agencies funded through the State and Voluntary drug projects significantly funded by the State should be approached locally with a view to covering the costs of attendance at meetings from within their overall budget.
2. Where necessary, exceptional cases that arise from the Voluntary sector will be assessed by groups comprising the RDFT co-ordinator, DAG liaison person and the RDTF Chairperson.
3. Standard HSE rates should apply to all claims.

4. Standard HSE regulations re production of insurance certificates, indemnification of the board to prevent liability claims will apply.
5. Any additional insurance costs incurred by Community Representatives e.g. self-employed, carers, homemakers, etc in indemnifying the board to prevent any subsequent liability claims should be met from the budget.
6. Shared travel arrangements should be encouraged where possible to keep down costs.
7. In all cases claims for recoupment should be made only on the basis of vouched invoices or receipt. Note:

**RDTF standard travel claim forms should be used when making applications for refund of expenses.**

### **SUBSISTENCE**

RDTF meeting arrangements should ensure that payments of subsistence rates would not normally apply. However, meeting arrangements should include provision of refreshments for meeting participants as deemed necessary.

### **FAMILY CARE COSTS**

Expenses incurred in relation to the care of the young, sick or elderly persons, while members are attending Task Force business, may be recouped on the basis for vouched invoices and receipts. The team acknowledges that there may be regional variations in the rates charged.

**In all cases members are required to seek the clearance of the Task Force Chairperson before incurring the expense.**

Each RDTF Co-ordinator as part of their preparation of their administrative budget should estimate their needs to meet travel and family care expenses for community representatives.

### **SUBSTITUTION COSTS**

The underlying principle governing the membership of the RDTF by community representatives, like the LDTFs, is that they do so on a voluntary basis. Therefore, payments by way of salary, fee payments or loss of earnings or for giving up their own time to attend meetings etc. are ineligible for funding. The Voluntary

Sector representatives will be mandated and resourced to attend meetings of the Task Force by agreement with the Voluntary Cluster for the region and the Project Service Provider from which they normally work.

In most cases the employing Project will remunerate the voluntary representative to attend meetings. In some circumstances a local service provider may not be in a position to support a worker. In these cases recourse may be taken to the Task Force as described earlier.

#### **EXPENSES FOR PUBLIC REPRESENTATIVES**

The Department of Community, Rural and Gaeltacht Affairs sanctioned expenses for Public Representatives up to a limit of €1,125 per annum per rep for attendance at Regional Drugs Task Force meetings; travel expenses should be claimed from the local authority in the first instance. Expenses not covered by the local authority can be claimed from RDTF Co-ordinator using the enclosed form.

#### **TRAVEL / OUT OF POCKET EXPENSES POLICY**

This organisation appreciates its employees /volunteer's right to be reimbursed for any / all expenses incurred during and in relation to the fulfilment of their duties. To this end, the organisation will refund any such expenses once a legitimate claim is submitted on the appropriate claim form and endorsed by the coordinator. Travel and subsistence rates will be communicated to each employee on commencement of employment by the coordinator.

#### **TRAVEL / OUT OF POCKET EXPENSES PROCEDURE**

Travel Expenses paid out for company business can be reclaimed on submission of a mileage form and requisition form to the Office Administrator. These will then be treated according to Expenditure Procedure herein per mile and subsistence rates are as follows:

#### **TRAVEL RATES**

**Will apply as per RDTF appendix 1**

## **SUPPORTS FOR COMMUNITY SECTOR**

Community Representatives have an important role in providing information to and consulting with local communities in relation to drug issues, and to impart information from the work of the Task Forces back to their communities. A crucial part of that role is in their coming together to identify issues of common concern, so as to have a joint input and impact on policy development.

They are assisted in this role by the NDS Community Representatives, a Regional Development Worker and assistance from Citywide with the process of establishing networks nationally, facilitating training and regular meetings of the Task Force Community Representatives. Where Community representatives are attending regional and national meetings as part of their role, the travel, subsistence and family care costs should be applied.

## **TRAINING**

Training for Task Force members is essential to the success of the initiative, particularly as representatives from the Voluntary, Community and Statutory sectors are being asked to work together in a new and innovative setting. Task Forces should regularly identify the training and development needs of their members, with a view to determining how these needs can best be met.

## APPENDIX 1

### TRAVEL RATES 2012

Official Motor Travel in a Calendar Year	Engine Capacity up to 1,200CC	Engine Capacity 1,201 to 1,500CC	Engine Capacity 1,501 and over
	Cent	Cent	Cent
Up to 4,000	64.51	76.94	97.95
4,001 and over	34.91	39.14	47.36

### Subsistence Allowance

Night Allowance			Day Allowance	
Normal Rate	Reduced Rate	Detention Rate	10 hours or more	Over 5 hours up to 10 hours
€	€	€	€	€
108.99	100.48	54.48	33.61	13.71