

KEVIN O'DONNELL, SHELTER TRUST

1. Introduction of regular open access clinic for drug and alcohol use

- (a) An example of inter agency co-operation - it has led to better communication with Alcohol and Drug Service and been well-used by Shelter clients.
- (b) It is an attempt to bring the service to the service users. It helps those who would otherwise find it difficult to keep appointments, those with chaotic lifestyles.
- (c) Residents can walk in or be referred by staff. Staff can follow up with support for health needs including substance misuse.
- (d) There is also an open access psychiatric clinic.
- (e) Negotiations have been commenced with GPs to provide a general health clinic. Many clients may have problems with GP charges and previous debts incurred with their own GP.

2. Issues of disclosure of drug use

- (a) Drug use is an illegal activity and so is much more secretive than alcohol use. Clients may admit to staff that they are using. Confidences are respected but use of drugs on the premises cannot be condoned.
- (b) Fitpaks are provided in the interests of harm reduction and safe use of needles but clients are told that they mustn't use on the premises.

3. Inter agency collaboration

- (a) Regular communication takes place with ADS and other agencies dealing with the homeless.
- (b) There are regular case conferences where information is shared on drug use and other trends.
- (c) Confidentiality and data protection issues are addressed by attempting to secure client consent for disclosure of information to other agencies.
- (d) Consent is not often turned down. If this does occur, the denial will be disclosed to other agencies.

4. Service developments

- (a) **Resettlement support** - Shelter is developing support for those who move on from the hostels to assist in living in the community.
- (b) **Young people** - Increasing numbers of homeless 16- 25 age group with drug-related issues. Issues of access to benefit, housing employment, family relationships. Priority is being given to ensure that young people don't stay in a homeless hostel for

long periods of time.

- (c) **Individual room occupancy** - developed at Midvale Road hostel - this is a particular benefit to those who are trying to address addiction issues who need their own space and the possibility of avoiding other users. Higher level of one to one work available here and better standard of accommodation. There is an improved record of avoiding relapse, staying clean and re-establishing links with their families. There are also plans to introduce single room occupancy at the emergency shelter in Kensington Place for those who have been long term homeless and living on the streets.

5. **Highlands Counselling course**

- (a) A specific alcohol and drugs counselling course has now been replaced by a general course, but with a large element of drug and alcohol issues retained.
- (b) Four or five staff are currently participating in the course. Off Island training is also used, together with off-island trainers brought over to the Island.

6. **Issue of unqualified homeless**

- (a) Emergency accommodation is available for a few nights only.
- (b) Some clients have been resident in Jersey for several years but are unable to prove length of residency having led a chaotic lifestyle for a number of years. They are effectively forced to stay in emergency accommodation. Legislation means that they cannot access the more secure single room occupancy at Midvale Road. Two spaces are currently available to non qualified persons. [It was suggested by the Chairman that a renewed application should be made to the Housing Committee for further non-qualified spaces.]