

WHERE YOU'RE AT LOW THRESHOLD AND CHANGE



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DEPAUL IRELAND

Depaul Ireland Mission Statement /

Depaul Ireland offers homeless and disadvantaged people the opportunity to fulfill their potential and move towards an independent and positive future.

Depaul Ireland was established in Dublin in 2002 and in Belfast in 2005, the services we currently offer in Ireland are:

ROI services

New Name

Low threshold emergency service offering accommodation to long term homeless people with entrenched alcohol issues, based on a harm reduction approach.

Back Lane Hostel

A direct access emergency hostel accommodating 74 homeless men.

Clancy Nightshelter

Low threshold emergency service offering night accommodation for young people with active drug use issues.

Ballymun Case Management Team

Outreach & case management service working with people excluded from many other services affected by alcohol misuse and its related issues.

Sundial House

Long term housing offering supported accommodation to 30 homeless people with entrenched alcohol issues. The project is based on a harm reduction approach.

Tus Nua Apartments

High Support accommodation for women leaving prison or women with an offending history.

Health Initiative

Providing support within the projects for those with health related issues.

Community Befriending Programme (Back Lane)

Volunteering programme supporting those who have moved on from the services into the community.

NI services

Drive Ahead

Innovative training programme for young people to achieve their potential in a range of different areas.

Cloverhill

Temporary accommodation offering support and assistance for homeless families.

Castlehill

Temporary accommodation offering support to single people and couples.

Mater Dei

Temporary accommodation offering support and assistance for homeless families.

Stella Maris

Low threshold emergency service offering accommodation to long term homeless people with entrenched alcohol issues, based on a harm reduction approach.

Volunteering Programme (ROI and NI)

Encouraging local individuals to become involved with the organisation. The programme enables Depaul Ireland to offer a more multifaceted approach to our service provision. Also involving European volunteers on longer term placements through the European Voluntary Service.

Depaul Ireland belongs to a group structure called Depaul International which has services in the UK, Slovakia, Ukraine and recently the USA.

INTRO.

Welcome to the Depaul Ireland Good Practice Guide, 'Low Threshold and Change'.

I am delighted that we at Depaul Ireland have produced this good practice guide for low threshold services, operating within the principles of harm reduction. I believe that this way of working is very clearly at the heart of what Depaul Ireland does today in Ireland and is reflected in our values. Since our first service opened in Ireland in 2002 we have received a huge amount of interest in the services we deliver, our innovative models of working and more specifically the application of these models as a service provider. We hope therefore that this guide may be of use to others within our sector, our stakeholders and partners.

For too long in homeless services, practices existed whereby those who were the most in need of services, were those who were most likely to be excluded from services. With the introduction of low threshold working this is not the case. These services are designed to be accessible, specialist and to work with those who have experienced multiple exclusion.

This is a pragmatic way of working, clearly recognising each individual's potential. Importantly, it also promotes rights and responsibilities for all staff, service users and volunteers involved in our services.

At Depaul Ireland we are proud to take an active role in pioneering this way of working. We believe that it keeps us fresh, accessible and importantly, encourages us to look innovatively with our service users at how best we can support them to achieve their goals at a pace that is realistic for each of them.

Working within the homeless sectors both sides of the border in Ireland, we have a wider perspective on service provision, and it is clear to us that there is need for a low threshold approach to be adopted as part of a continuum of care.

We believe that it is not simply an approach for emergency services, but rather an effective and manageable way to work with people in long term supported accommodation and indeed within the community.

Additionally we do not view harm reduction as a way of working as unique only to drug users. We have also employed it effectively in managing a range of services for people with varying lifestyle choices and issues, for example in our work with long term alcohol misuse and street working.

WHO IS THE GUIDE FOR?

Internally

- This will be used as a training tool, to inform staff of our model of working.
- The guide will also be used as a measuring tool for us to check against and reflect on the work we are doing, to ensure that we remain true to our organisational values and ethos.
- Information for visitors and interested parties to explain the approach of our services and why we work in the way we do.

Externally

- We hope that it will demonstrate and explain to other providers, funders and supporters a little more about Depaul Ireland.
- To be used as a tool, in conjunction with other low threshold and harm reduction agencies in the homeless sector in Ireland, to promote best practice models.

I would like to acknowledge the work that our staff and volunteers do every day in our services, in what can be at times a challenging environment, and thank them for this. I regularly hear words of support and appreciation for them from our service users.

I am delighted to be working with all our employees and supporters to ensure that we continue to maintain a low threshold and open approach in the work we do. I also know that Depaul Ireland will strive to remain innovative around harm reduction services in Ireland.

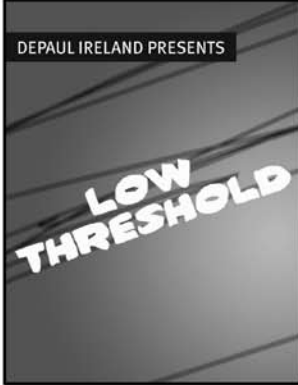
I would also like to acknowledge the influence of the work of Dr. Stanton Peele in the formation of this document and thank Fran Cassidy who we commissioned to write this original piece of work which will support the work of Depaul Ireland into the future.

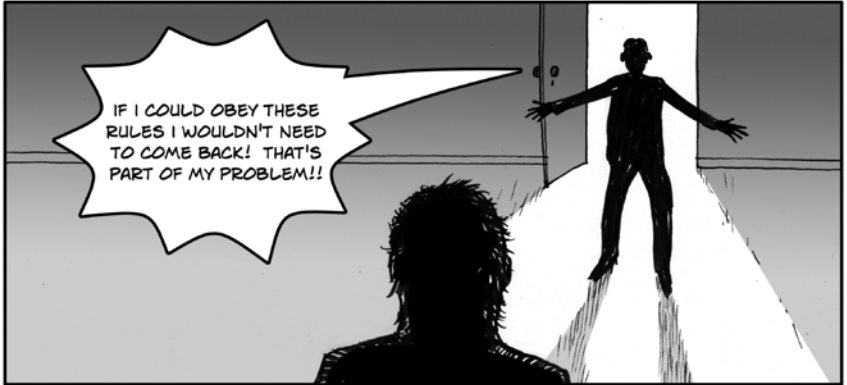
Kerry Anthony
Chief Executive Officer,
Depaul Ireland.

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LOW THRESHOLD





LOW THRESHOLD / AIM

The aim of low threshold is to consciously maintain the admittance requirements of a service at such a level that as few people as possible are denied access to that service. Every attempt will be made to build a mutually respectful relationship with the service user.

RATIONALE

The approach recognises that those who are the most difficult to work with are often those who need a service the most. The approach also recognises that there can be a temptation to gravitate towards those who are easier to work with and that conscious effort is often required to resist this.

The low threshold approach is crucial as the target groups are often demonstrably incapable of meeting the expectations and demands of effective service provision in less specialised services.

Abstinence or compliance with treatment or harm reduction approaches is always hoped for but is not an expectation or a pre-requisite of accessing a low threshold service.

OBJECTIVES

To maintain links and keep services open to those who may require them.

To create a culture of mutual respect.

To work with people despite their difficult behaviour.

To stick to policies that would broadly tolerate everything, except behaviour or practices that impinge on others' health and safety.

To ensure that exclusions or withdrawal of service is temporary.

To balance the need for consistency with the fact that people have different capacities of understanding and compliance.

To stabilise people's lives where possible, to the extent that they can move on to a "normal" higher threshold service.

PRACTICAL APPLICATIONS COULD BE

Ensuring that low threshold is incorporated in referral and exclusion policies.

Regularly reviewing the client groups' needs and ensuring that service response remains appropriate.

Low threshold approach from a management perspective.

Low threshold requires constant vigilance and effort on the part of management and staff. It is easier to raise the threshold than to lower it.

A low threshold environment can be stressful and place a lot of strain on staff. They should be adequately supported.

Sometimes a balance must be found between a low threshold approach and the operational requirements of the project, the comfort and safety of other service users and the strain on staff.

Low threshold approach from a staff perspective.

Staff require patience, tolerance and the willingness and ability to work in a sometimes stressful situation dealing with difficult behaviour.

Building a mutually respectful relationship with the service users where possible is considered the best basis for working with them.

A calm and consistent approach works best. If a worker says he/she will do something they should do it.

Service users' differing capacities to understand and act must be considered however.

Low threshold requires creativity and flexibility.

Low threshold approach from a service user perspective.

A service user has the right to be treated with respect at all times.

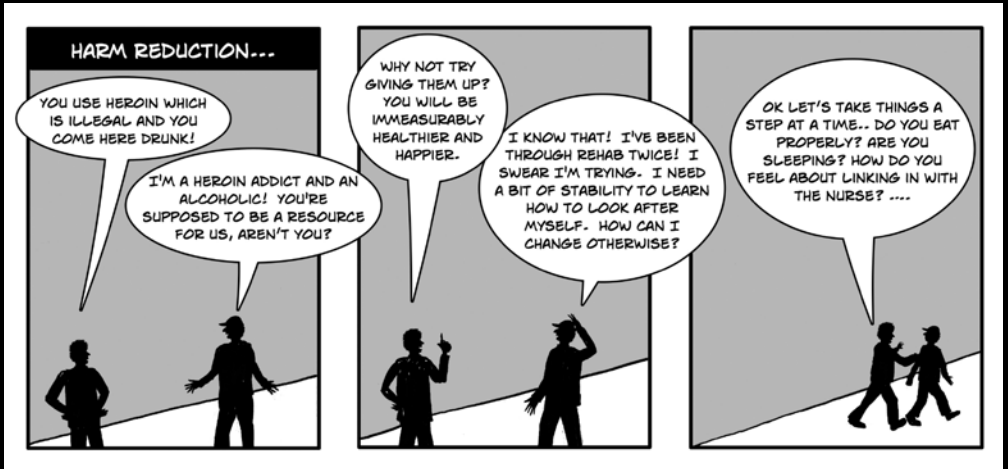
A service user is expected to treat staff and other service users with respect.

Violence and intimidation are absolutely unacceptable.

A service user is expected to follow local guidelines and rules.

Referral procedures should be clear.

HARM REDUCTION



HARM REDUCTION / AIM

To reduce drug and alcohol related harm where users are either unwilling or unable to stop using. This includes the reduction of health, social and other problems directly and indirectly related to drug/alcohol misuse.

RATIONALE

For people who misuse drugs or alcohol, abstinence is considered preferable as it is a healthier lifestyle, and a person who wishes to be abstinent should be encouraged and facilitated. Staff should ensure that service users are aware of available treatment routes.

However it is a social reality that some people are demonstrably unable or unwilling to achieve or maintain complete abstinence.

Alcohol or drug misuse cause varying degrees of harm, but it is possible and desirable to reduce and minimise this harm for the individual and for society.

OBJECTIVES

Promote any practice that maintains or improves a person's health or wellbeing.

Reduce drug/alcohol related accidents or criminality.

To give people accurate information in a non-judgmental way.

Practical interventions include:

Encourage people to eat and take care of themselves at a basic level.

Ensure people have access to appropriate health care.

Encourage people to take prescribed medication.

Support regular self administering of medication to control depression and other illnesses.

Access antibiotics as soon as possible so that more serious illnesses may be prevented.

Creatively encourage people to measure and decrease their drug/alcohol intake.

Encourage people to delay their first drink/ drug usage of the day.

To reduce the frequency of alcohol/drug use and prevent its escalation.

To reduce the amount of alcohol/drugs consumed on each occasion of use.

To reduce the use of dangerous combinations of drugs.

To promote safer modes of using drugs.

Proactively use overdose/relapse prevention education.

Harm reduction from a management perspective.

Management should ensure workers are aware of available treatment routes.

Management should ensure that workers have access to up to date and accurate information on harm reduction.

Management should ensure that the physical environment is conducive to reducing harm as far as is possible.

Under a harm reduction approach it is accepted that it is ultimately the individual's decision how pro-active they want to be in reducing their drug/alcohol intake. Management should ensure that service users are not excluded from a service if they are unwilling or unable to reduce their intake.

Harm reduction from a staff perspective.

Workers should present accurate information and may express their own beliefs, but they should not make judgments for people.

Workers should encourage and facilitate anything that lessens harm.

Even very minor improvements in a person's behaviour, or positive small steps should be encouraged and nurtured. This may be the most that they are capable of at this time.

Harm reduction is not an all or nothing approach and is not dependent on a person observing all or any behaviours and practices recommended to them.

Complacency and inappropriate perfectionism should be avoided. Humility and a willingness to accept people as they are constitute valuable professional skills.

Workers should be alert to windows of opportunity where service users may have a desire to change.

Staff should be aware of their own values and prejudices and ensure that these do not negatively impinge on the service's approach.

Counselling should be offered if and when desired.

Different people may have different desires and their capacity for change may vary.

People's desire and capacity for change can vary at different points within their lifetimes and are contingent on a variety of circumstances.

Taking care of oneself is a skill that can be taught and learned.

People who value themselves and whose self esteem is nurtured are more likely to attempt to minimise harm for themselves.

Harm reduction from a service user perspective.

While the advantages of reducing harm for oneself are obvious, it is accepted that it is a person's right to take on board as much as they want of the available harm reduction information and to proceed at their own pace.

It is not acceptable however for a service user to indulge in practices that may cause harm to others.

CHANGE

Staff should work pro-actively with people who are ready for change to draw up mutually agreed personalized plans. Plans should be realistic, and incorporate timelines. Plans should incorporate clear delineated pathways to the service users' goals and service users should be assisted and encouraged along these pathways. Service users should be assisted in coping with setbacks in the achievement of their goals including relapse and regression. Service users should be supported in developing the skills to maintain progress that they have made.



Harm reduction and low threshold models of working can be adapted to suit a variety of social support settings. There are of course challenges to promoting and rolling out the models for example:

WHEN THERE IS A CONFLICT BETWEEN LOW THRESHOLD AND HARM REDUCTION APPROACHES

A conflict between low threshold and harm reduction approaches can arise when a person refuses to partake in harm reduction within a service or even engages in behaviour that seems to increase the risk of harm to him/herself or others.

Generally, as harm reduction is voluntary for a service user, the low threshold ethos will mean that the person will not be excluded or have services withdrawn.

Exceptions would be made:

when a 'treatment' element is an integral part of a service user's entitlement to use a project and has been part of a contract entered into. When the behaviour endangers the safety of others.

When issues arise at an organisational level, remaining engaged in local, national and international forums around harm reduction and low threshold working can act as a support, enable the sharing of best practice and also guide new innovations.

IN CONCLUSION

Depaul Ireland have found that with strong partnerships and a commitment to consultation, the approach outlined in this guide can lead to inclusive, qualitative, value for money and needs-responsive services to some of the most marginalised groups within our communities. Enabling people to be safe, supported and make change, where they are at...

THANKS AND ACKNOWLEDGEMENTS

To Depaul Ireland staff and volunteers who work on a daily basis within these models to ensure a high quality and needs responsive service to those in most need of our support.

To Fran Cassidy, consultant, who wrote and compiled the detail of this guide and who made a considerable contribution to the training and promotion of the harm reduction and low threshold models of working within Depaul services.

To Tim Millen for illustrating this guide, Claire Mitchell for proof reading and Ciaran Hurson for design.

To the members of our Board of Trustees and our project based Steering Committees who support these models of working within our services that enable greater inclusiveness and hence greater potential for change for our client group.

Thanks to Dublin Bus for providing funding towards this publication.

To the funding bodies that support the core work of Depaul Ireland, which are: Homeless Agency, Northern Ireland Housing Executive (NIHE), Dublin City Council (DCC), Health Services Executive (HSE), Probation Service, Ballymun Regeneration Limited (BRL).

To other funders, sponsors and grant giving bodies.

Acknowledgement is given for the influence of the work of Dr. Stanton Peele in the production of this guide – see Smart Recovery News & Views, Summer 2002.

To the partners and networks of Depaul Ireland in the homeless sector both in Dublin, Belfast and nationally.

To friends and supporters of the work of Depaul Ireland, including members of the Vincentian family.

And finally to our current and past service users within Depaul Ireland who take part in and add to the communities within our various services.

If you are interested to learn more of the work of Depaul Ireland or would like more copies of this booklet then please contact:

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