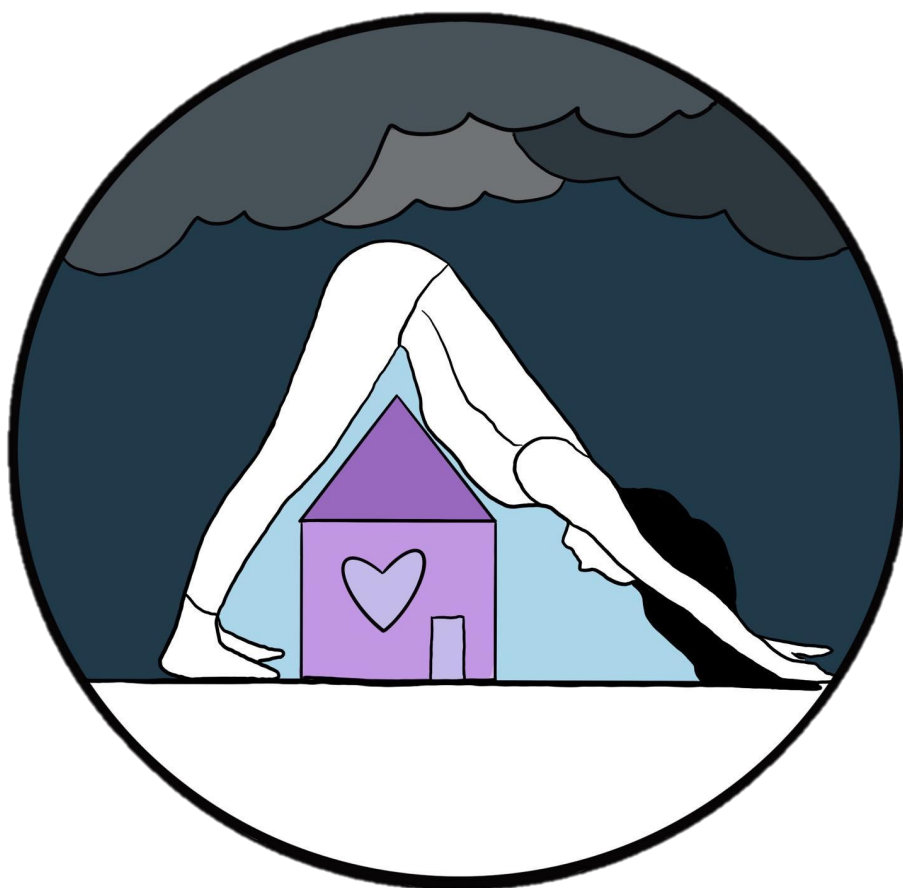


Addressing Inclusion of Women who Use Drugs in Shelters

Shelter services policy and procedures



2022



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Shelter policy

This policy and procedures document is to be read carefully by all shelter coordinators and volunteers prior to engagement with the shelter. Adjustments and additions reflecting local contexts can be added to the document. It is imperative that coordinators read and sign relevant forms ahead of commencing their coordinator duties.

Shelter admission criteria

Shelter services are for all those who identify as women, who are drug users **and** experiencing or feel threatened by violence (see glossary) **and/or** are experiencing homelessness. All shelter residents should be women or gender non-conforming people who use drugs and their children as per shelter capacity. The access to the shelter is anonymous¹ and free of charge. Admissions and address of shelter will be held and communicated only via the local coordinators once initial admission criteria have been established and if there is a bed available.

The local coordinator must be contacted prior to any admission – communication will be provided with a flyer (**Form 10**) explaining existence of shelter for outreach workers and other relevant service providers, with only e-mail and phone number of local coordinators. The shelter address must remain confidential and not communicable.

Access to shelter services will include the completion of a low threshold, private discussion of circumstances and any immediate referral needs 24 hours after arrival of the client. With client consent, this can involve supported (or client alone) use of a safety plan (**See Form 2**). Based on this discussion, shelter coordinators will offer services, if available, or offer referrals to more appropriate services in the community as available. Shelters will admit clients as per shelter capacity².

Maximum shelter capacity: Adults: Children:

Children

Children can be accepted in the shelters. “Children” refers to dependent minors only. Shelters will be available to clients with children in appropriately equipped rooms or separate facilities to enhance child safety. Primary responsibility for child safety will rest with the parent/guardian/client. (see Annex, **form 1** to be signed by coordinators and volunteers)

Length of stay

Length of stay for clients is anticipated at 15 days average maximum, but can be extended – upon evaluation of individual situations as assessed by the local coordinators. Variables include:

- The person has not secured a safe living arrangement
- There is an outstanding safety concern such as a lack of a protection plan or the person requires legal assistance before leaving the shelter
- There is no one on the waiting list to move in (under-capacity)

¹ A non-identifying code will be provided for each client

² No individual worker should face 24H/7 on-call responsibility.

Those who do not meet shelter access criteria

The shelter will refer those who do not meet the eligibility criteria to appropriate services as available. Shelters will have up-to-date referral information on local service providers.

If the shelter is full

When the shelter is full, clients will be offered registration on a waiting list and will be called once a free space is available. In the meantime, if possible, an assessment with the clients can be performed by phone or in person in relation to safety concerns and working with the person in an effort to find the most appropriate solution to support their safety while the shelter is not accessible. Waiting list clients will be designated a code which is used to temporarily store their phone number.

Confidentiality

The shelter will protect the privacy and confidentiality of all clients who access shelter services including current and former clients. **See form 1.**

- The shelter will not confirm admission, disclose the whereabouts, or provide any information about clients, unless there is an imminent risk to the client or others as required by law
- Shelter coordinators will obtain informed consent from clients, prior to consulting with or providing referrals to other service providers.
- Any discussions (such as admission information and subsequent referrals etc) should take place privately in the client's room or during a stroll outdoors to ensure privacy.
- All information recorded or known about clients will not be shared with outside organizations without written client consent, unless required by law with subpoena or warrant³.

Informed consent

Written consent should be obtained from all clients and indicate the type of information, how, and with whom personal information may be shared. Clients may withdraw written consent at any time. **(See form 5).**

Record keeping

Information about clients, upon their acceptance, will be recorded anonymously using a code system **(See form 4)** in the notebook carried by local coordinators, which will be kept in a locked drawer to guard confidentiality and to avoid risks of theft or destruction.

Recorded information may be needed to support referrals, led by stated client needs and choices, with the offer of assistance from local coordinators⁴. Data will be recorded on computer for practical indication and donor reporting. The data recorded will be anonymous

³ Police cannot access any data on request; in any such case, coordinators would explain that no identifying data is kept and would also ask to see a court order or official documents that would authorise data access.

⁴ All local coordinators should have a list of relevant services and contact information

and will not contain any identifying information. Exit date is also recorded (**see form 6**). Records will be kept under lock and key for a time limit of 2 years after clients' departure⁵.

Shelter advertising

In many contexts, the specificity of the shelter being accessible for women who use drugs can bring safety implications if in public domain. The information will preferably be shared by word of mouth with selected services who are likely to be in contact with clients who would meet admission criteria. The shelter flyer will reflect only practical and necessary contact information without detailing location, to promote security (**see Form 10**).

Feedback and evaluation

Feedback is important. Shelter clients must be provided with an opportunity to express their concerns and/or complaints either anonymously or in discussion with the coordinator. The local coordinator has a duty to listen to and consider what is being said, and provide the client with a response (**see forms 7 and 8**). Responses may result in shelter procedure adjustments and improvements.

Safety issues

The shelter has written policy and procedure on how to support the safety and well-being of staff, volunteers, and clients attending the shelter. In the case of a security issue or urgent concern with a client, the written policy will include shelter-specific procedures, such as the availability of on-call staff and local emergency services.

General safety

- Clients are safe and secure within the facility and entrances are secured against unwanted entry.
- Emergency exits are visible and kept accessible, in case of fire for example
- Emergency numbers in case of fire or any medical emergency, are clearly and easily accessed

Child safety

Children accessing the shelter together with a parent are under the responsibility of their parent/guardian. For clients with dependants, the safety plan will take into consideration safety of children together with a parent. Local coordinators can assist the parent with informed consent for referrals for child well-being (eg health, nutrition...) as available.

All local coordinators and volunteers must read, understand and sign Annex 1 forms.

Workplace safety – housekeeping, hygiene and hazardous materials policy

Clients' participation in housekeeping tasks follow the Shelter "access and procedures". Particular attention is paid to the primary sources of household biohazards, kitchens and bathrooms. Clients are required to store personal toiletries in their bed area when not in use. Clients are assigned a set of bed sheets at intake for their use while in the shelter. The coordinators will organize, according to needs and no less than twice per month, the laundering of used bed sheets. New clients are issued freshly laundered sheets.

⁵ To be in accordance with laws/policies in place in each country

All hazardous materials (household cleaners, solvents, etc.) must be stored in a designated locked and secured location out of child reach. Shelters must put in place a roster for cleaning the premises, with a designated person each day to ensure the place remains clean.

Sharp safe disposal unit

In order to prevent sharp material being disposed in unsafe ways and to avoid needle stick injuries, a safe disposal unit will be installed in each bathroom/toilet in shelters. Information about the use of the safe disposal unit will be posted clearly visible next to the disposal. The units will be changed on a regular basis with contents processed as medical waste (**see Forms 12 and 13 to be printed**).

Overdose prevention

Naloxone, or Narcan, is a life-saving medication that counters the effects of an opioid overdose. Coordinator, volunteers and clients are trained to recognize the signs of drug overdose and can provide naloxone on site (**see Form 14** for decision tree).

First aid and rescue breathing training

Coordinator, volunteers and interested clients will be provided a first aid training including a part dedicated to rescue breathing intervention (support respiration with or without administering naloxone, as part of the overdose response protocol).

Critical incidents

All critical and disruptive incidents must be documented (**see Incident report form 9**).

For all incidents, the following process is to be followed:

- 1) Take any necessary emergency steps. Inform the shelter project officer as soon as possible. Complete the Incident Report Form, ensuring you document factual information rather than judgments/ opinions. Provide the form to the shelter project officer.
- 2) The local coordinator can elect as appropriate to initiate a critical incident stress debriefing session with the clients present.

Procedures

Dos:

- Look, listen and link: Be honest and trustworthy.
- Respect people's right to make their own decisions.
- Be aware of and set aside your own biases and prejudices.
- Make it clear to clients that even if they do not want any referral now, they can still access help in the future or make referrals directly for themselves.
- Respect privacy and keep the person's story confidential.
- Behave appropriately by considering the person's culture, age and gender.
- It is crucial that data is not only collected and reported, but also analysed with the goal of identifying where modifications may be beneficial.

Don'ts:

- Don't exploit your relationship as a helper.
- Don't ask clients for any money or favour in exchange for helping them.
- Don't make false promises or give false information.
- Don't exaggerate your skills.
- Don't force help on people and don't be intrusive or pushy.
- Don't pressure people to tell you their stories.
- Don't share the person's story with others.
- Don't judge people for their actions or feelings.

Shelter residents have the right:

- To be treated with dignity and respect
- To be given the possibility to choose
- To privacy and confidentiality
- To non-discrimination
- To information (including all available referral service information and contact details)

The approach helps to promote client autonomy and the right to identify and express needs and wishes; it also reinforces capacity to make decisions about possible services

Intake

The shelter will have a simple, low threshold and casual approach to intake procedure, which includes the coordinators completing an intake form upon application for use of the shelter (this may be by phone, in person or via a referral) (**see form 4**). This information is limited to reasons for admittance (eligibility); the clients first name (used for the code), number of children also accessing the shelter, if any, and date of entrance.

Induction and orientation

Upon being admitted to the shelter or as soon as practicable thereafter, an orientation and induction should be implemented by the coordinators. This will involve welcoming, introducing to other clients, explaining the rules (**see form 3**) and the need to negotiate on the cleaning roster, and informing the client of the types of referrals that can be offered. Shelter rules (which should be kept to a minimum and introduced in a friendly way) and other client forms should be translated in local language, printed and displayed somewhere in the house.

The coordinator will also talk with client to explain the following:

- ✓ The shelters are unable to guarantee that police will not enter the premises
- ✓ Any illicit activity would be at clients' own risk
- ✓ Clients should respect the privacy, safety and dignity of other residents
- ✓ Clients must commit to never sharing the address or inviting people to the shelter
- ✓ Highlight list of emergency contact numbers.
- ✓ Explain house rules and show where they are displayed
- ✓ Explain and show feedback forms and the box to leave them if wishing to provide anonymous feedback

Safety planning

- ✓ Safety planning (**see form 2**) is an optional process that can only be made with the clients' informed consent and collaboration, with support from coordinators if requested.
- ✓ Safety plan is available for clients to fill by themselves alone, or with the support of coordinators if requested
- ✓ Local coordinators will keep a record in their notebook, anonymously, with a system of coding, to note information related to referrals (which partners/services referred to and feedback)
- ✓ Referral to appropriate services will be provided, based on clients' needs
- ✓ Clients' own assessment of their safety and risk levels must be primary.
- ✓ Clients must be listened to in a private and confidential setting
- ✓ No improbable or unrealistic promises should be made

Data collection

Notebooks will be used to record all other relevant information to assist with referrals and for shelter monitoring and evaluation. **At no stage is there a mandatory client interview.** However, notebooks, linked to client code, will be used to document relevant information such as referrals provided, any verbal client feedback and action taken, basic details (if disclosed) on the violence and/or homelessness experienced prior to admission.

Notes should be kept to a minimum and include relevant data only (that could be directly relevant to a referral or to shelter function) – eg type of violence (see glossary), whether or not a safety plan was completed, whether any violence was previously reported and documented, duration of homelessness prior to admission, client feedback about the shelter and action taken, etc.

As the shelters are evaluated both quantitatively and qualitatively, some clients might be approached for informed consent (**see Form 5**) to collaborate on anonymous case studies (where all identifying information would be altered ...) to document their journey prior to and during the shelter experience.

The offer of referrals, safety planning (**see Form 2**) and general induction to the house will be made within 24 hours of being admitted to the shelter. Information recorded in notebook will include a short description of the situation and will not include recording names or other identifying information. Clients will be identified with a code only, and all information will be confidential.

An exit form (**see form 6**) will be filled by the local coordinator and the client to ensure duty of care about the client's situation when leaving the shelter. When leaving the shelter, an evaluation form (**see form 7**) is available and can be filled, together with local coordinator along with the exit form.

Grievances

If clients have disagreements among each other, it is encouraged that they calmly attempt to resolve the dispute themselves. However, if this is not possible, the local coordinator is the focal person to facilitate resolution and report any misunderstandings or identified misfunctioning. A mediation meeting will be proposed, and a incident form will be filled (**See form 9**).

Shelter coordinators will work with clients to offer short and long-term priorities, and any supports required. It is acknowledged that clients may choose not to participate in this process.

If a client has a grievance with shelter coordination, they can either report it anonymously on the client feedback form (**See form 8**), or raise the issue directly with the coordinator.

Local coordinator and volunteer safety procedures

Safety is a top priority in several ways. If as local coordinator you feel or assess that:

- The person is a danger to yourself or others
- Property is being damaged
- Your feelings of personal safety have been violated
- You have exhausted all other options
- You are no longer in control of the situation
- The person is fixated on you
- Things appear to be escalating.

The local coordinator should immediately leave the room and, if needed, call for assistance.

It is advised that local coordinator, if alone in one room with a client, always be aware of and located nearest the exit door.

In the event of violent behaviour or shelter access breach:

Ensure your own personal safety first. If possible, involve a volunteer or another client either to assist you or to act as another set of eyes ready to act. If possible to do so without risk to yourself, ask the person who is acting out violently or breached shelter access rules (this could be an intrusion from a man or relatives to reach an actual client) to leave the shelter. If the individual will not leave, explain that the police will be called if they do not comply. If the person will still not leave, do not hesitate to call police. Provide feedback by filling an incident report form (**See form 9**).

Burnout prevention

In order to prevent burnout among staff and volunteers, some strategies are in place:

- Realistic work goals
- Realistic working hours (and if overtime, process in place to recover)
- Sufficient leave
- Professional development plan in place
- Regular team meetings and debriefing opportunities

Check list for coordinators

- ☐ Translate the house rules and stick them on the wall (where it is the most appropriate, either the entrance or the kitchen)
- ☐ Sign the staff confidentiality and the children safety declaration form and to send it back to project officer
- ☐ Print the forms: consent form, exit form, evaluation and feedback forms, incident report form, referral list with contact information, and safety plan to be made available to all clients.
- ☐ Follow the regulations in place in each country concerning procedures in case of fire and adjust accordingly (fire extinguishers in the shelter, fire alarms/smoke detectors, etc....), and print them out in local language in a visible place
- ☐ Prepare and install a box for client feedback forms to be left (box should be thin enough to prevent anyone to take out the filled forms, just the possibility to insert them) – in the event that clients prefer to provide such feedback anonymously.
- ☐ Support preparing a roster of designated clients to clean the shelter, organise sheet laundry, organise payment of utilities and monitor shelter assets
- ☐ Manage awareness raising of the service among relevant potential referral partners, build the referral network and coordinate client led referrals
- ☐ Build or link with a stakeholder oversight mechanism
- ☐ Coordinate admissions, induction and exit of clients, collect and safely store data.
- ☐ Ensure the well-being of the clients, be available in person and by phone at times defined in advance
- ☐ Produce a monthly report using reporting template (**See form 11**)
- ☐ Guarantee the confidentiality and the privacy of the clients at each stage of the process, and after the clients have left

Glossary – GBV definitions

Physical violence:	Any act which causes physical harm as a result of unlawful physical force. Physical violence can take the form of, among others, serious and minor assault, deprivation of liberty and manslaughter.
Sexual violence:	Any sexual act performed on an individual without their consent. Sexual violence can take the form of rape or sexual assault.
Psychological violence:	Any act which causes psychological harm to an individual. Psychological violence can take the form of, for example, coercion, defamation, verbal insult or harassment.
Economic violence:	Any act or behaviour which causes economic harm to an individual. Economic violence can take the form of, for example, property damage, restricting access to financial resources, education or the labour market, or not complying with economic responsibilities, such as alimony.
IPV:	Intimate Partner Violence

Annex

1. Staff confidentiality, code of conduct and child safety declaration

Child safety declaration

Child safeguarding: take appropriate measures to ensure that staff, experts, contracted third parties, operations, projects and programmes do not harm children, meaning protect children from violence and promote their best interest. This means that children's exposure to violence is minimized and any concerns about children's safety are reported to the appropriate authorities and appropriate support is provided for the children involved. Furthermore, safeguarding also refers to strengthening children's resilience in the face of risky or violent situations.

Children have the right to live in a supportive, protective and caring environment. Their safety, privacy and their rights to be properly informed, to be heard and participate in procedures and decisions that concern them shall be safeguarded and ensured.

Professional boundaries and mandatory code of conduct

Professional boundaries are established to safeguard the professional integrity, the correct detachment and the proper relationship between a support worker and a beneficiary, and they are based on a mandatory code of conduct.

The following boundaries and rules apply to and bind local coordinators and volunteers and dictate their duty to never ignore or omit to report any concern, suspected violation or violation of the current safeguarding policy principles and arrangements:

- Coordinators/volunteers and other clients should never be left alone with a child in a private space for any reason without supervision.
- A child should never be used as an interpreter or similar role (such as assisting with an interview, social history etc.)
- Do not hug, kiss or touch children.

Shelter policy does not allow paid or unpaid staff to give gifts/money to or receive gifts/money from resident, women or children. However, gifts may be provided by the organization as part of a planned activity.

Signed this _____ day of _____ 20_____

Name: _____

Signature: _____

Confidentiality statement

I..... understand and agree that the following conditions shall apply to my position:

1. I shall act in a professional manner in the performance of my duties as a Volunteer / employee during the shelter project;
2. I understand that confidential information may not be discussed outside the shelter or related projects;
3. I understand that any information, recorded or not, received or acquired in connection with my duties in any way is considered confidential and as such may not be divulged in any way. Confidential information includes all information with regards to clients and their family members or other caregivers involved in the shelter project, as well as that of their children and extended family members;
4. All information shared or obtained about clients and their family members or caregivers and / or their families' circumstances before or during the shelter project shall be held in confidence by me at all times.
5. I will not make any statements to the media or any persons not directly involved in the shelter project, as well as of their children and other family members, before, during or after my involvement in the said programme.
6. I understand that I am fully responsible to adhere to all aspects of this oath and failing to do so may lead to my being summarily relieved of any duties related to the shelter project.
7. I am committed not to share the address of the shelter with people other than shelter clients.

Signed this _____ day of _____ 20_____

Name: _____

Signature: _____

2. Safety plan

The safety plan is a set of measures and strategies that aim to increase women and children's safety and must be designed with the survivor. Each safety plan is unique. Safety involves more than assessing the potential for future assault. It is about increasing space for action: the protection of human dignity, freedom and the right to live a life without violence.

This is your own private safety plan

The following steps are my plan for increasing my safety and preparing for possible further violence. In the case of intimate partner violence, or from other perpetrators (male/female relatives, friends, police, vigilante groups, clients) although I do not have control over perpetrators' violence, I do have a choice about how I respond and how to get myself (and my children) to safety.

This plan is for _____

It is important to practice how you would get out of your house/apartment safely. What doors, windows, elevators, stairwells or fire escapes would you use? Consider which exits would be the safest and write down below how you would leave.

☐ If I decide to leave, I will: _____

☐ In order to leave quickly, I can keep my purse/wallet, my identification documents, my phone/phone charger ready and put them (place):

☐ I can tell (name) _____ about violence and ask to call for help if he/she hear suspicious noises coming from my home.

Another person I can tell (name):

☐ I can teach my children how to use the telephone and call for help (police/fire department)

☐ I can use a code word with my children and/or my friends so they can call for help. My code word is

☐ If I have to leave my home, I will go to

Decide this even if you think it won't be a next time

☐ If I can't go to the place above, I can go to

☐ When I suspect my partner/friend/relative/client will come to an argument with me, I will try to move to a space that is lowest risk, such as: _____

☐ I will use my judgement and intuition. If the situation is very serious, I can give my partner/friend/relative/client what they want to calm them down. I have to protect myself until I am/we are out of danger.

Do you have a safe place to keep the safety plan at home or with a friend?

Do you have a safe place to keep important numbers?

Safety when preparing to leave

A person may have to leave the residence shared with a partner/friend/relative/client. Leaving must be done with a careful plan in order to increase safety. A violent partner/friend/relative/client often strikes back if they believe that the person is leaving a relationship/living situation.

I can use some or all of the following safety strategies:

- ☐ I will leave money and an extra set of keys with _____ in case I have to leave quickly.
- ☐ I will keep copies of important documents (social security cards, birth certificates, ...)
- or _____ keys _____ at _____

- ☐ I will go to the bank and open a savings account by _____, to increase my independence.

Other things I can do to increase my independence include:

- ☐ If I use my cell phone, the following month the telephone bill may tell my partner/friend/relative those numbers that I called after I left. To keep my calls confidential, I must either use coins at a pay phone or use a calling card for a limited time when I first leave.

Other things I can do to increase my safety are:

- ☐ The local shelter number is _____. I can seek shelter and support by calling.
- ☐ I will check with _____ and _____ to see who would be able to let me stay with them or lend me some money.

Other ideas:

- ☐ I can leave extra clothes with/ or get clothes from _____.
- ☐ It's important to review my safety plan occasionally. How often will I sit down and review my safety plan? _____
- ☐ Ask a trusted friend or advocate to help me review my plan.

The person I will ask is:

- ☐ I will rehearse my escape plan and practice it (with my children) when safe to do so.

Sexual safety planning

- ☐ If I'm concerned that a partner/friend/relative/client may insist on engaging in sexual activity that I don't want to do; I can take the following steps to avoid having sex with them:

List steps:

1. _____
2. _____
3. _____

- ☐ If I am having sex that I don't want and am concerned that they may hurt me, I can take the following steps to protect myself.

List steps: 1. _____
2. _____
3. _____

I can also do the following things (*check all that apply*):

- ☐ Try to stay physically on top of the person during sexual activities so I can escape if I need to.
- ☐ Let the person clearly and calmly know that I don't want to have sex.
- ☐ Tell the person I need to go see a family member or friend who is in trouble.
- ☐ Have all my important personal belongings and my clothes in one place so I can leave quickly and figure out the easiest way to escape.
- ☐ Keep emergency cash or credit card in my purse to get a taxi or public transportation to a safe place.
- ☐ Text or call my contacts above to let them know I need a place to go to or ask them to meet me.

To protect myself from HIV or sexually transmitted infections and pregnancy with the person, I will:

(Describe Plan)

I can also do the following (*check all that apply*):

- ☐ I can ask the person to use a condom.
- ☐ I can use a female condom.
- ☐ I can avoid having vaginal or anal sex.
- ☐ I can use other forms of contraception (note: only male and female condoms are effective in preventing HIV or STIs)
- ☐ My own strategies can be:

If I had unprotected sex and think that I may have been exposed to HIV or think I may be pregnant, I can also (*check all that apply*):

- ☐ See my doctor or emergency care medical staff within 48 hours and ask them to start me on a dose of anti-retroviral medication to prevent getting HIV.
- ☐ Get tested for HIV and other STIs
- ☐ Go to the pharmacy to pick up emergency contraception⁶ within 5 days after intercourse to prevent pregnancy

Safety plan during sex work

- ☐ When I work, I know the area and my exit plans are:

☐ When I work, I inform this person _____ and this person _____ where I am going and when I expect to be back.

☐ When I work, I am usually in company of _____ and _____, and maybe _____.

They can take registration number of client's vehicles and they are aware to call _____ if they don't see me coming back.

- ☐ When going to work, I have condoms, lube, and all material that I need to keep safe

☐ When at work, I am dressed for safety (clothes I can keep on me when working/clothes that can't get stuck in car doors/avoid necklaces and too loose/tight jewelry, and wear comfortable shoes that are appropriate for running at all times)

☐ Wherever I work I am aware of escape routes and I don't let a client get between me and the nearest exit.

☐ I am trans sex worker, I know the area where I am going to work

☐ As I know the area, I am clear

☐ identifying

☐ Not identifying to my clients as a

transgender

☐ If I am attacked, I am aware I don't need to be heroic and if I can, I get away safely

☐ I can scream or use a whistle to attract the attention of others

Other strategies:

Tips

⁶ The emergency contraceptive pill regimens recommended by WHO are ulipristal acetate, levonorgestrel, or combined oral contraceptives (COCs) consisting of ethinyl estradiol plus levonorgestrel. (WHO. *Emergency Contraception*. 2021)

- In sex working situations, keep focused on the behaviour of the client and keep your eyes on your clients and their hands at all times.
- Take your mobile phone, charged and with credit; or a phone card; or some money if you don't have a mobile.
- Have a small amount of cash with you in case you don't make any money, or get dumped by a client and you need to use a payphone or get transport home.
- At night, try to work in fairly busy, well-lit areas. Also be aware of local policing activities
- Negotiate price and collect money upfront, have set time limits
- Do not allow unfamiliar dates to restrain you for any reason, even if this is their fetish

7,8,9

⁷ Overs C, Longo P. *Making Sex Work Safe*. Network of Sex Work Projects and AHRTAG, London, UK. 1997

⁸ "Super Hos Women in the Know", a project and resource guide by sex workers. Street Health and Regent Park Community Health Centre. 2010.

⁹ Wade A, Todd N, Coates L, Richardson C. *Supporting Northern Women – A Northwest Territories Family Violence Shelter Worker Training Program*. Health and social services Canada. 2010

3. House rules

- For the safety of all, clients must not invite anyone to visit the shelter and are required to keep the address strictly confidential -not to be shared with anyone. Any meetings with others can be arranged at other locations.
- All furniture, sheets and items from the shelter are needed for clients and can't be taken from the shelter – they remain shelter property.
- If there are any disagreements with other clients, please try to solve issues between yourselves. If it's not possible the local coordinator will, on request, mediate to resolve the conflict
- All are committed not to engage in any violent behaviours, verbally or physically. In case of not respecting this, clients could be warned or excluded from the shelter for a certain period of time.
- Pay attention to your belongings, you are responsible for them
- All weapons are strictly forbidden
- The shelter doesn't have a curfew. It is however requested all clients present to be quiet if arriving late at night or if another client is resting in a room¹⁰.
- Cleaning within the shelter is under the responsibility of each client– first her own space, and upon (rostered if needed) agreement arranged between clients, collective rooms (kitchen, bathroom/toilets, etc
- Personal belongings are the responsibility of each client – when clients exit the shelter they must take all personal belongings with them
- Self-support is encouraged between clients, as benevolent attitude towards each other
- Smoking only outdoors in designated area
- Emergency contact numbers (*please add*)

Coordinator:

Ambulance:

Fire:

Police:

¹⁰ Doors of shelters should be locked at night for safety reasons, each shelter will have to decide until what time women can access the shelter at evening/night hours

(consider use of template in excel format)

For code system: Use the first name (or nick name) of the person and add, in chronological order, a number. For example, first client is Alice, who will be Alice 1, if another client as the same name it will be AliceB2 (to add a letter from alphabet to distinguish they are 2 different persons).

[illegible]

5. Informed consent form

I understand that the personal information I provide is confidential. The release of any information regarding my involvement with the shelter may occur only with my written and signed consent (in this form), subject to certain limited exceptions. These are:

If shelter staff has reason to believe that a child needs protection, they are obligated (as are the general public) to inform Child care services;

If shelter staff has reason to believe that I am likely to cause serious physical harm to myself or another, they are obligated to inform the appropriate authorities (family doctor, police, etc.);

If shelter staff is required by court order to disclose specific records

For shelter evaluation purposes, I consent to be contacted by shelter staff to collaborate and answer more detailed questions about my life experience prior to and during my stay at the shelter.

I understand I can withdraw my written consent at any time.

Date_____

Client's code

Client's Signature or mark

6. Exit form

Date : _____

Code : _____

Destination	Referrals and follow up
<input type="checkbox"/> Individual housing (rental by the client) <input type="checkbox"/> Going back to initial home <input type="checkbox"/> Hotel room <input type="checkbox"/> Place not meant for housing (streets, parks, abandoned buildings) <input type="checkbox"/> Collective housing – shared place with friends, permanent <input type="checkbox"/> Collective housing – shared with friends-temporary <input type="checkbox"/> Staying or living with family, permanent <input type="checkbox"/> Staying or living with family, temporary <input type="checkbox"/> Other emergency shelter <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____ <input type="checkbox"/> Client doesn't know or refused to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Harm reduction services <input type="checkbox"/> HIV services (access to treatment) <input type="checkbox"/> HCV testing/treatment <input type="checkbox"/> TB treatment <input type="checkbox"/> Social services (appointment, follow-up) <input type="checkbox"/> Child care services (if relevant) <input type="checkbox"/> Emergency food assistance <input type="checkbox"/> GBV counselling <input type="checkbox"/> GBV clinical services <input type="checkbox"/> Self-support groups <input type="checkbox"/> Legal advice <input type="checkbox"/> General health care <input type="checkbox"/> Dental care <input type="checkbox"/> _____ Other: <input type="checkbox"/> Client doesn't know or refused to answer <input type="checkbox"/> Data not collected <input type="checkbox"/> Needs not covered _____

7. Evaluation form for shelter client

This is an anonymous questionnaire. Please do not put your name on it.

We value your feedback, and the answers you provide will be used to improve the services we provide at the shelter. Thank you in advance for taking the time to answer to the following questions.

I heard about this program through: _____

How long have you been at the shelter? ☐ 1-14 days ☐ 15-28 days ☐ 29-42 days ☐ more than 42 days

Please check the box under the response that best matches how you feel.

Because of the services I received through the shelter....:

1. I feel more supported
☐ very much/a lot ☐ some what ☐ a little ☐ not at all
2. I am more aware of community resources/services I might need.
☐ very much/a lot ☐ some what ☐ a little ☐ not at all
3. I know more about my choices and options.
☐ very much/a lot ☐ some what ☐ a little ☐ not at all
4. I have a better understanding of common reactions to domestic violence.
☐ very much/a lot ☐ some what ☐ a little ☐ not at all
5. I know more ways to plan for my safety.
☐ very much/a lot ☐ some what ☐ a little ☐ not at all
6. I identified people I can turn to for help and support.
☐ very much/a lot ☐ some what ☐ a little ☐ not at all
7. I have a plan to help me meet my financial and housing needs.
☐ very much/a lot ☐ some what ☐ a little ☐ not at all
8. I feel more in control of my life.
☐ very much/a lot ☐ some what ☐ a little ☐ not at all

If you had children with you please answer:

My child(ren) has(ve) learned who to call and when to get help when necessary.

☐very much/a lot ☐some what ☐a little ☐not at all

I am: ☐18-29 ☐30-44 ☐45-64 ☐65 and over

I am a person with (please check all that apply):

- ☐a physical disability
- ☐an emotional/psychiatric disability
- ☐a hearing disability
- ☐an alcohol/chemical dependence
- ☐a visual disability
- ☐a learning/developmental disability
- ☐a cognitive disability
- ☐other disability
- ☐no disability

Any additional comments/suggestions or statements?

This information will remain anonymous. Thank you again for taking the time to fill this out — we will use your comments to continue to improve our services at the shelter!

8. Feedback form

Today's date: _____

You stayed at the shelter for some time, thanks if you want to share or express your comments, thoughts, ideas and anything you find relevant below. It is also the place to speak out about concerns you have or difficulties you faced during your stay about the shelter:

Thank you for taking the time to fill this out Thanks to leave the form once filled in the box as indicated at the entrance room

Shelter follow-up:

Date: _____

Coordinator's answers and follow-up

9. Incident report form

Name and role of person completing this form:

Signature of person completing this form:

Date:

Incident

Date and time of incident:

Name/s or client code/s of person/s involved:

Description of incident:

Witnesses (include contact details):

Injury (if applicable)

Description of injuries (including parts/sides of the body affected):

Reporting of the Incident

Incident reported to:

Date:

How (this form, in person, email, phone):

Follow up action

Descriptions of actions to be taken:

10. Flyer



A short -term shelter is available for women and gender non-conforming people who are experiencing or feel threatened by violence and/or are experiencing homelessness.

The shelter has a set client capacity with limited capacity to include dependent children.

To make a referral to this service, it is necessary to first contact the local coordinator to ensure admission criteria are met, to reserve a bed and provide entry information.

Contact of local coordinator: *phone number and email address to insert:*

Working time/hours to call the coordinator *(to add):*

11. Monthly report

Country/Project:	Month/Period:
Produced by:	Submitted on:

Essential facts/Summary of period reviewed:

Issues requiring response from project officer and/or pending:

Challenges/events/next steps to come:

Activities

Number of women accommodated last month – figures with age profile, length of stay, needs expressed referrals made, overdoses (if occurred, which answers, etc...)

Points to watch

Woman asking to stay few months in shelter, partners or friends entering the shelter, disputes among residents, cleaning roster etc...

Solutions envisaged

Shelter's organization

How women cope together the life in shelter – self-support, discussion, etc...Peers' involvement?

Networking**Partners**

New partners identified for support/referral

On-going relations with current partners/request/new possibilities, etc....

Donations (what, how secured, from whom?)

Meetings attended

Other issues

Ex: request from neighbourhood?

Logistics/budget/human resources issue to discuss?

12. Sharp disposal units do's and don'ts



Sharps Disposal Do's and Don'ts

Do's...

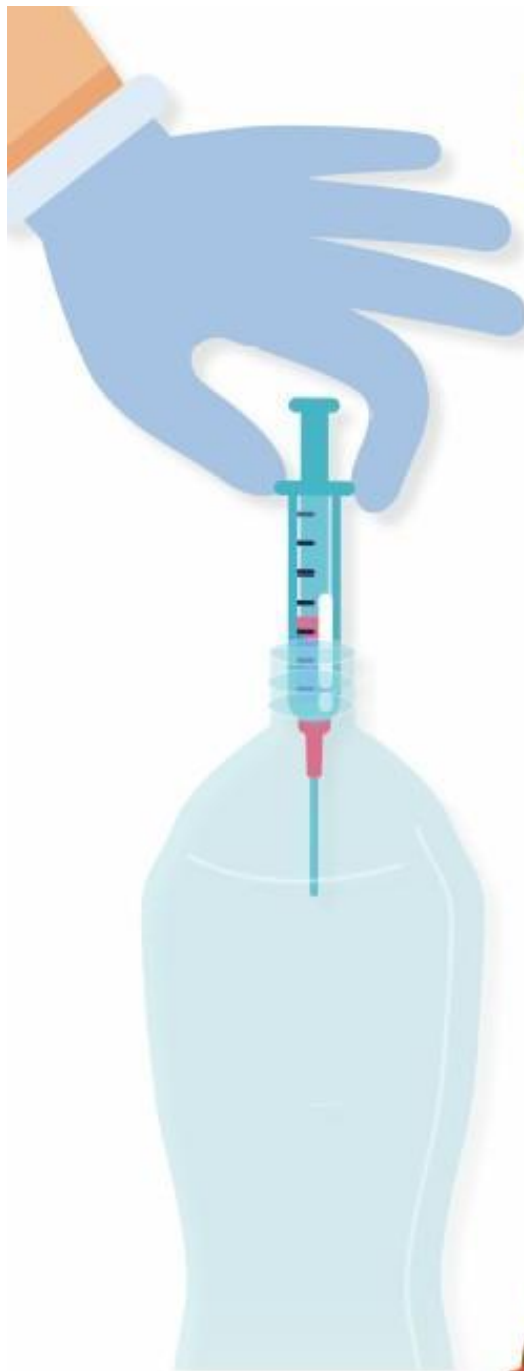
- ✓ Do...Place used needles and other sharps in a sharps disposal container or in another hard sided container with a lid (and label "Household sharps do not recycle or throw in trash")
- ✓ Do...Keep all needles and other sharps and sharps disposal containers out of reach of children and pets.
- ✓ Do...Teach children not to pick up needles and to tell an adult if they find one.
- ✓ Do...Pick up improperly discarded sharps with latex gloves, tweezers or tongs with the tip pointing away from you.
- ✓ Do...Dispose of sharps in a community drop box, harm reduction agency, pharmacy (when available) or Interior Health public health centre, mental health and substance use, or primary care site.
- ✓ Do...Wash your hands thoroughly with soap and water after disposal.

- ✓ Do...Contact a sharps retrieval and disposal service in your community if you are uncomfortable picking up sharps yourself.
- ✓ Do...Visit Interior Health's Safe Needle Disposal webpage for more information.

Don'ts...

- ✗ Do not put sharps in the garbage.
- ✗ Do not put sharps in the recycling bin.
- ✗ Do not put sharps in the toilet or down the drain.
- ✗ Do not toss sharps on the ground.
- ✗ Do not try to remove or break off the tip of a needle or re-cap it if used by another person.

13. How to safely dispose of needles



How to SAFELY DISPOSE OF NEEDLES & other drug use supplies

SAFE NEEDLE DISPOSAL

- Pick up the needle by the centre of the barrel using work/latex gloves or tongs if available.
- Do not try to replace the cap on the needle, snap, break or bend the needle.
- Place the needle (sharp end first) into a metal or hard plastic container that has a lid—such as a product or drink bottle.
- Replace cap on container firmly and label it.
- Wash hands thoroughly with soap and water.
- Drop off the sealed container at your local health unit or at a community drop box.

IF YOU ARE PRICKED BY A NEEDLE

- Wash the pricked area with soap and warm water.
- Go to your nearest emergency room for medical attention

SAFE DRUG USE SUPPLIES DISPOSAL

- Pick up supplies—such as cookers, stems or pipes using work or latex gloves.
- Place items into double plastic bags, tie-off and dispose in the garbage.
- Wash hands thoroughly with soap and water.



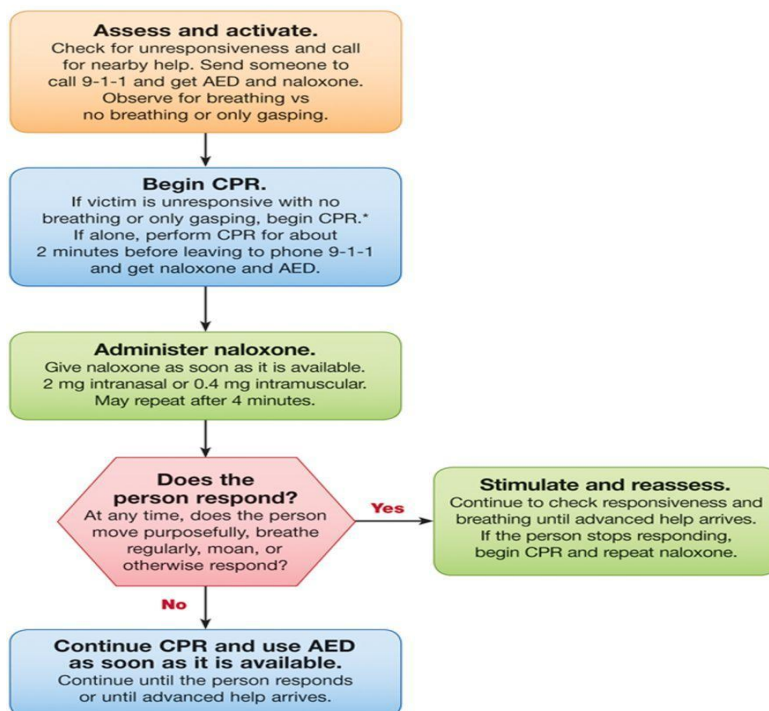
**Find out if there is a
community drop box
in your area by contacting
your municipal office.**

Adapted from Vancouver Island Health Authority.

14. Overdose decision tree

Overdose response intervention protocol– decision tree.

Opioid-Associated Life-Threatening Emergency (Adult) Algorithm—New 2015



*CPR technique based on rescuer's level of training.
© 2015 American Heart Association

On-line naloxone training

[Opioid Overdose Prevention Training \(schoolhealthny.com\)](http://schoolhealthny.com)¹¹

¹¹ Recognizing a life-threatening opioid overdose and using an opioid agonist. New York Statewide School Health Services Centre. 2015