



Office of the
Deputy Prime Minister

Creating sustainable communities



Home Office
BUILDING A SAFE, JUST
AND TOLERANT SOCIETY

HOUSING SUPPORT OPTIONS FOR PEOPLE WHO MISUSE SUBSTANCES

Guidance for Supporting People Commissioners and Officers

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Office of the Deputy Prime Minister
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ABOUT THIS GUIDANCE

Introduction

- 1) Substance misusers are a vulnerable group whose housing needs must be addressed as part of a package of interventions to control and prevent relapse into substance misuse, offending and homelessness. Substance misusers can lead chaotic lifestyles and are frequently poly-drug users, using a range of substances both illegal and licit. The group may have a range of needs and their substance misuse, which can sometimes be hidden, may not be identified as their primary need but be a complex need alongside other issues such as mental health, homelessness or leaving prison. The group is typified by complex vulnerabilities and housing support is highlighted here as one method successful in helping their return to independent living, alongside the provision of drug services. Individuals in accommodation with housing related support through the Supporting People programme can address their issues of personal safety and develop the goals necessary to encourage them to succeed in managing and reducing their substance misuse, to the benefit of both the individual and the community.
- 2) Supporting People Authorities and Commissioning Bodies are responsible for ensuring appropriate local provision of housing related support services are available for all vulnerable people. This guide aims to assist commissioners of Supporting People services in understanding housing related support needs of individuals with substance misuse problems.
- 3) This guide suggests how Supporting People teams can continue and develop work with providers, health and social services and other partners to identify and innovate service provision for this vulnerable group. This should include ensuring that services are strategically relevant, represent value for money and are based on an assessment of the needs of service users. In areas of dispersed or specialist need, this may include the provision of services on a cross-authority or a regional basis.
- 4) Commissioners need to be aware of and understand the range of services and methods of service delivery available to them. This enables informed judgements on how to best balance the needs of individual service users, provide a demand based range of local services, and, through cross-authority and regional working, to maximise the benefits delivered across the programme as a whole.
- 5) The guide shows how housing-related support fits into the continuum of care and support to address the needs of substance misusers. Effective support for the individual is likely to require a mixture of services some of which can be funded through Supporting People, and some of which may need to be agreed and negotiated with partners. Information on a range of services is included in this guide to allow commissioners to understand their options and inform discussions around joint commissioning of integrated service packages with partners such as Drug Action Teams (DATs).
- 6) In addition to its primary audience, this guidance is also relevant to Drug Action Teams, Crime and Disorder Reduction Partnerships (CDRPs), other (non-Supporting People) parts of Local Authorities (LA's) and organisations that link housing services to individuals with substance misuse problems. It is particularly relevant to officers in housing and homelessness departments, including those with responsibility for developing homelessness.
- 7) The term "substance misuse/r" is used throughout this guidance. The term misuse refers to the illegal or illicit drug taking or alcohol consumption which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. Substance misuse is therefore drug and/or alcohol taking which causes harm to the individual, their significant others or the wider community. For the

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context of this guidance it is presumed to have an adverse effect on an individual's ability to sustain independent living related to their need for housing related support.

- 8) This guidance is primarily concerned with the needs of adult substance misusers. For more information on Supporting People and Young People please consult the Youth Justice Board website:
<http://www.youth-justice-board.gov.uk/PractitionersPortal/Accommodation/>
- 9) Further copies of this guide can be found online at www.spkweb.org.uk under Subjects / Client Groups / People With Substance Misuse Problems.

Related guidance

- 10) Those who commission or provide housing related services for those who misuse substances will find the following key publications useful reference:
 - *"Tackling Drug Use in Rented Housing: a good practice guide"* (ODPM and Home Office, 2002)¹.
 - Guidance outlining the ways in which housing providers can balance the needs of problematic substance misusers with associated problems through regeneration and tackling behaviour, providing models of support and housing management.
 - *"Drugs services for homeless people: a good practice handbook"*(ODPM/Home Office/ NTA/ DH, 2002)².
 - Guidance on the commissioning and provision of drug services and associated housing for drug users who are homeless, focussing on those with the highest need but relevant to a range of service users with housing support needs.
 - *"Providing for the Housing Needs of Drug Interventions Programme Clients"* (ODPM/HO 2004)³
 - Briefing detailing the links which need to be made to the Drug Interventions Programme in providing for the housing needs of drug misusing offenders. Suitable accommodation and housing support will help with the completion of drug treatment and assist in the reduction of the likelihood of re-offending or relapse.
 - *"Models of Care for Adult Drug Misusers"* (NTA, 2002)⁴
 - The *Models of Care* documents aim to set out national frameworks for the commissioning of adult substance misuse treatment that is expected to be available in every part of England to meet the needs of diverse local communities
 - *"Models of Care for Alcohol Misusers"* (NTA, Forthcoming)
 - This document will 'set the scene' for alcohol treatment, set out national standards and service models for the care of alcohol misusers, as well as the integrated care pathways.
- 11) This guidance should be read in conjunction with other Supporting People Guidance on vulnerable groups such as Offenders and ex-Offenders and Mental Health. This document does not explore in detail effects or interventions for specific drugs as it is acknowledged that in the majority of cases individuals will have complex substance misuse histories and are more likely to be poly-drug users.

¹ www.drugs.gov.uk/ReportsandPublications/Communities/1034165785.

² www.drugs.gov.uk/ReportsandPublications/Communities/1039175501

³ <http://www.drugs.gov.uk/WorkPages/DrugInterventionsProgramme/WorkingwithDATs>

⁴ <http://www.nta.nhs.uk/programme/guidance/models.htm>

CHAPTER 1 - THE STRATEGIC FRAMEWORK

- 12) Housing is an important part of the National Drug Strategy and the National Reducing Re-offending Action Plan. Access to appropriate housing and support to sustain this housing can have a positive impact on problematic substance misuse and related problems. Some people experiencing substance misuse may find it difficult to manage and sustain housing unless adequate housing related support is in place.
- 13) Appropriate housing for substance misusers, together with necessary support, can have a positive impact on:
- Preventing tenancy breakdown
 - Physical and mental health
 - Preventing acquisitive crime and antisocial behaviour
 - Levels of substance misuse or sustaining abstinence post treatment
 - Access to services and treatment
 - Financial problems, including debt and arrears
 - Legal problems and contact with the Criminal Justice system
 - Relationship and family problems
 - Re-offending
 - Employment, educational and social issues.
- 14) For some, access to appropriate accommodation may be a catalyst to stabilising their drug use or entering treatment and can sustain clients prior to, in between, or following treatment through offering a safe environment. For others, housing related support or supported accommodation, depending on their needs, can maximise the benefits of substance misuse treatment or reduce relapse. Housing is essential as part of a package of support designed to reduce substance misuse and prevent re-offending. Housing support is critical to sustaining tenancies and maximising the long term effect of other interventions for clients with multiple needs.
- 15) Efforts to promote successful treatment rely on access to appropriate support and aftercare. Treatment interventions can be greatly hampered by a lack of access to appropriate accommodation. This is particularly true for efforts to rehabilitate ex-prisoners who are also drug misusers. Substance misusers often report that 'getting somewhere to live' is a primary need in supporting them to sustain and undertake treatment for their substance misuse.
- 16) Substance misusers should be considered as a very vulnerable group in the creation and delivery of strategies by Supporting People partnerships. It is essential that substance misusers are distinctly considered in all local strategies and that their needs are assessed as part of any mapping exercise, reflecting the links to other key local strategies on drugs and alcohol and associated homelessness and crime and disorder.
- 17) Commissioners should also bear in mind the community safety benefits of appropriate accommodation and support. This guidance provides advice and information on understanding demand and service requirements, and on work with stakeholders to address the housing support needs of substance misusers. By helping the individual to address substance misuse, services are also tackling and preventing a potential cause of community harm.

The National Drug Strategy

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- 18) The Updated National Strategy published in December 2002 identified four key elements of drug intervention:
- Helping young people to resist drugs
 - Protecting communities from the harm caused by drugs
 - Providing effective drug treatment
 - Reducing the supply of drugs
- 19) 149 Drug Action Team partnerships (DATs), co-terminus with local authority boundaries (unitary or county) deliver the Strategy at the local level. They consist of representatives from relevant organisations (some of whom may not be co-terminus), including Primary Care Trusts, Social Services, Education Authorities, Police, Probation and Housing. Supporting People officers should already be aware of DATs and be linking with their work both formally and informally where possible.
- 20) DATs are provided with localised expert information and advice through Drug Reference Groups (DRGs) and other local forums such as user and care groups. DRGs consist of professionals with practical experience of tackling drug use, including treatment and housing professionals. Some DRGs have specific reference groups on issues such as housing to ensure that this element of the strategy is given appropriate attention.
- 21) There is no obligation on Drug Action Teams to include alcohol in their work programme, though many have chosen to do so. Where they have done so, they have often been renamed Drug and Alcohol Action Teams (DAATs) and are informed by Drug and Alcohol Reference Groups (DARGs). Much of the guidance in this document is equally applicable to the support needs of alcohol users, but is primarily focussed on the needs of drug users.
- 22) In recognition of the need to bring together the drug and crime agendas the Government is requiring DATs to integrate (in unitary authority areas) or work more closely (in two-tier areas) with Crime and Disorder Reduction Partnerships (CDRPs). Combined Drug and Crime/ Community Safety Teams in local areas share resources, give greater recognition to common interests and provide the framework to enable more effective delivery of the crime reduction and drugs agenda as required by the changes introduced by the Police Reform Act 2002. For the purpose of this guide these teams are described as local 'Partnerships' except where DATs are specifically referred to.
- 23) DAT commissioning groups, most often associated with the provision of local drug treatment, also consider the holistic package of support, including housing, to address the needs of substance misusers. These commissioning groups will be keen to link to Supporting People teams to ensure the local provision of supported housing for substance misusers exchange information and consider options for joint funding.
- 24) The Drug Interventions Programme (DIP, known, until September 2004, as the Criminal Justice Interventions Programme (CJIP)) is a large-scale programme, established as part of the Updated Drug Strategy 2002. Its principle focus is reduce drug related crime by engaging with problematic drug misusers and using a case management approach, moving them into appropriate treatment, retaining them in treatment and supporting them through and after treatment whether in a custodial or community setting. Managed by the DAT the Programme involves criminal justice and treatment agencies working together with other services to provide a tailored solution for adults - particularly those who misuse Class A drugs - who commit crime to fund their drug misuse.
- 25) The programme is designed to engage with a broad range of drug misusing offenders. It aims to prevent crime through early interventions as well as reduce crime levels by engaging the most problematic and prolific offenders. This begins at an offender's first point of contact with the criminal justice system through custody, court, sentence and beyond into

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resettlement. The Throughcare and Aftercare element addresses the needs of the drug misusing offender as part of a holistic package of support, linking in other services including housing, in the community. Appropriate aftercare, especially housing and housing support, greatly increases the likelihood that offenders will not relapse into drug misuse and re-offending.

- 26) All DAT areas have been funded to deliver Throughcare and Aftercare for the provision of services and management of drug misusing offenders from arrest through to sentence and beyond, returning and in the community. Criminal Justice Integrated Teams (CJITs) hold basic housing needs related information and, as part of their case management approach, attempt to address any housing needs of the drug misusing offender by referring to and accessing other services for them such as accommodation, Supporting People or other user support services.
- 27) Rent deposit schemes are being encouraged in order to assisting work with private sector accommodation providers, demonstrating a real commitment to working with them in returning DIP clients to independent living and addressing their drug related needs. Partnership working between Supporting People teams, housing teams and DATs should allow for housing support to be offered to drug users placed on a rent deposit scheme. This will encourage the achievement of targets for independent living, reducing re-offending and addressing drug related need.
- 28) Access to education and employment opportunities also increases the likelihood that offenders will not relapse into drug misuse and re-offending. As part of DIP Throughcare and Aftercare provision, DATs and Criminal Justice Integrated Teams (CJITs) are linking into the progress2work initiative. This is key Jobcentre Plus-led initiative providing tailored support for clients who have made sufficient progress in their recovery to be drug free or stabilised, but whose history of drug misuse is likely to be a significant factor in preventing them from getting or keeping work.

Other strategic partners

- 29) In addition to joint working with Drugs and Crime Partnership teams as described above, there are a number of other strategies and local partnerships that should play a role:
 - Local Authority Homelessness and Housing Departments
 - Probation/ Prisons/ National Offender Management Service (NOMS) through Regional Offender Managers
 - Primary Care Trusts (PCTs)
 - Local Strategic Partnerships (LSPs)
 - Local Authority Housing and Homelessness Strategies
 - Neighbourhood Renewal and regeneration programmes
 - Health Improvement Programmes
 - Youth Offending Teams (YOTs)
 - Regional Reducing re-offending and Resettlement plans

Supporting People and substance misuse

- 30) The Supporting People programme allows for a co-ordinated approach to housing related support for vulnerable groups such as problematic substance misusers, with the aim of improving quality of life through greater independence.
- 31) Supporting People services are part of a package of support for this vulnerable group. It is important that Supporting People funding is considered in tandem with other funding streams

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which are able to fund therapeutic care such as drug or alcohol treatment services. Joint funding options can be of huge benefit to services for services users higher and multiple needs. For substance misuse services, funding streams include:

- The Pooled Treatment Budget (DAT/ Department of Health)
- Safer Stronger Communities Fund (DAT/ CDRP/ ODPM)
- Drug Interventions Programme funding (DAT/ Home Office)
- Funds allocated in LAA areas (LA/ ODPM)

- 32) To be most effective, Supporting People services should complement services that the DAT has responsibility for. The Supporting People team and local DAT should liaise closely. Where possible, Supporting People should be represented on DAT commissioning groups and DAT representatives should attend Supporting People Core Strategy Groups. This formal contact should be in addition to informal working for which it is helpful that both partnerships and Supporting People are within the same local authority boundaries.
- 33) Joint working agreements, joint commissioning frameworks or regular senior meetings support partnership working and the need to develop needs assessment tools and information sharing, contact and data gathering protocols and joint training for workers to develop cohesive working practices and case management strategies.
- 34) It is essential that DAT Treatment Plans, Homelessness Strategies, Supporting People Strategies for work with all substance misusers with housing need, and the work of CJITs are joined up locally. A drugs and housing group could for instance meet as part of both the Supporting People and DAT partnership. It may be helpful to include LA housing and homelessness departments in any such meeting. For the DAT partnership this could be on its commissioning group or a DRG specifically tasked with looking at housing, whilst as part of the Supporting People partnership this should be on its Core Strategy Group.
- 35) Supporting People teams need to work with other partnerships addressing the complex needs of substance misusers and especially consider cross-authority commissioning. Commissioning Bodies and DATs should in particular consider the opportunities for commissioning and providing services on a cross-authority and / or regional basis. This will be especially important where a specialist service is required, as this may not be viable or a priority within an individual authority but may be funded and managed jointly across a group of authorities. Some substance misusers, for example those leaving custody or residential rehabilitation may need support in areas where they have no other local connection, or are remote or transient, and will especially benefit from cross authority planning.
- 36) In addition where Supporting People teams require assistance joining up on cross authority or regional working with DATs, Government Office Regional Drug Teams will be able to assist in the development of this work, and should be considered for invitation to Regional Implementation Groups in order to facilitate the exchange of information and linking up of strategies.

Problematic substance misuse as a barrier to housing

- 37) Some problematic substance misusers experience greater difficulties in living independently without some degree of support. Having previous rent arrears, evictions for anti-social behaviour or being classed as otherwise intentionally homeless may mean that substance misusers experience problems in gaining another tenancy. Landlords may also believe that this group will be difficult tenants or not fully understand the particular issues surrounding drug use. Supporting People teams will wish to work with their DAT and housing colleagues in removing barriers to tenancies and ensuring that once accommodation is found it is appropriate and can be sustained, with the provision of housing support.

- 38) Methods of reducing the barriers to housing substance misusers include:
- Arrangement for payment of arrears
 - Certificated courses for substance users to show they have learned new coping mechanisms, such as 'good tenant schemes'
 - Rent deposit and rent guarantee schemes
 - Drug awareness training for landlords and generic housing workers
 - Risk assessment protocols for landlords and tenants

Supporting People can help individuals' access relevant services and skills for the first three of these. In addition, the availability of housing related support services more broadly can increase the willingness of landlords to consider housing substance misusers. Work with DAT partnerships will also allow the positive effects of substance misuse services on tenants to be highlighted.

Types of Substance Misuse

- 39) The term 'substance' misuse covers a range of substances. This includes "controlled drugs" (under the Misuse of Drugs Act 1971) such as heroin, cocaine, cannabis or amphetamines. Some substances, although not controlled under the Act, can still have an impact on a user's health and well being, including volatile substances, such as glues and aerosols. The needs of those with alcohol problems need to be addressed with equal importance in this context. Many persons will have complex needs in particular dual dependencies on alcohol and drugs.
- 40) While drug use cuts across race, class and gender, drug use generally and problematic drug misuse in particular is over-represented amongst certain groups. The groups with a high risk of drug misuse include:
- People living in areas of high social deprivation
 - People who are homeless or at risk of homelessness
 - People with mental health problems
 - People involved with the criminal justice system
 - Young people who have been looked after by local authorities

Levels of substance misuse amongst the single homeless and rough sleeping population are high and relapse amongst those who have undergone treatment more likely when housing is not suitable or stable. The groups above may have experienced chaotic lifestyles caused by their substance misuse or other related factors, such as offending or mental health problems.

- 41) There needs to be a wide spectrum of accommodation, care and support services to meet the diverse needs of substance misusers and the profiles of problematic substance misusers need to be taken into account. It is important to note that the majority of drug users cannot simply be labelled by their drug of choice. Invariably they are poly-drug users, using a range of drugs depending upon availability and need. Users of different drugs such as heroin and crack cocaine are frequently the same clients and services which deal with the needs of drug users should be set up appropriately to cope with the needs of the poly-drug using client.
- 42) Comprehensive policies for handling drug-related problems are essential for landlords housing drug users. These should set out clearly how incidents will be handled, the rules by which tenants should be required to abide and how breaches will be identified and responded to. Policies for risk assessments should also be in place although (as outlined in recent Housing Corporation Regulatory Circular 07/04) there are no grounds for blanket bans by social landlords. Any policies which do exist should be understood, and explained where necessary, before a new tenancy is commenced.

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CHAPTER 2 – THE HOUSING NEEDS OF SUBSTANCE MISUSERS

- 43) A comprehensive understanding of need, as with strategies and services to other vulnerable or unpopular groups, is a prerequisite of any strategy for housing substance misusers in appropriate accommodation. Substance use is often a covert, stigmatised and, where controlled drugs are involved, illegal activity. This makes it more difficult to accurately assess need, and may require specialist input or research techniques.
- 44) As identified earlier in this guidance, it is essential that DAT Treatment Plans, Homelessness Strategies, Supporting People Strategies for work with all substance misusers with housing need, and the work of CJITs for drug misusing offenders specifically, are joined up locally. This type of joint working will inform and develop an understanding of need.

Estimating the need for Supporting People services in relation to substance misuse

- 45) Having structures in place to identify the numbers of substance misusers with housing support needs allows estimates to be made of the anticipated need for Supporting People services. National or regional statistics and trends can give a useful impression of patterns of substance use. However, local areas are likely to have their own patterns and trends of substance misuse and these will need to be assessed in order to develop locally relevant responses. Local DAT Partnerships should be able to identify total potential numbers of drug users in an area.
- 46) Estimating overall potential need should involve:
- The mapping of existing supported accommodation and the degree to which it can meet the needs of this client group. This will establish the basic capacity of existing services and will be able to show potential gaps in the types, if not volume, of services available.
 - A more detailed mapping of potential need will require more sophisticated research into the needs of those with substance misuse problems.

Potential sources of information in estimating need

- 47) A Ready Reckoner for housing need amongst drug users has been made available to local partnerships and Supporting People teams to enable them to make estimates of total potential need⁵. This should be used to support more detailed research.
- 48) A number of statutory bodies are already required to undertake drug related needs assessments for the areas they are responsible for:
- Local partnerships are required to assess both local need and provision within the DAT area through a tri-annual audit, this round to be completed in April 2005.
 - Primary Care Trusts are required to undertake needs assessments of the substance-related needs of vulnerable young people in their areas. This may be useful for Supporting People commissioners seeking to provide continuous provision for young people leaving care.
- 49) Other local bodies who could usefully be consulted regarding local patterns and prevalence of substance use include:

⁵ www.drugs.gov.uk

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- Local substance misuse agencies
- Statutory and voluntary drug service providers
- Criminal Justice Integrated Teams
- Housing providers
- Connexions teams
- Outreach teams
- The police
- Youth Offending Teams
- Homelessness services

50) An estimate of planned need could be calculated by snapshot studies of clients known to substance misuse agencies, CJITs, probation services and from homelessness surveys. Surveys of their accommodation issues would assist in giving enough information for DATs and Supporting People teams to map what additional housing support services might be needed.

Hidden Populations

51) Any assessment of local need should attempt to include the nature and extent of substance misuse amongst populations who do not traditionally approach services for help or come to the attention of drug treatment agencies. Research indicates that the following groups under use existing substance misuse provision and so the nature and extent of their substance misuse may be under-reported:

- Young people
- People from black and minority ethnic groups
- Women - especially women with children
- Older people.

Those with dual problems of mental health, or who are homeless, may not be identified as also needing substance misuse related housing support. Due to fear of legal repercussions drug users in particular may not self identify and may not identify substance misuse as their primary need.

52) The following sources can help with establishing hidden populations:

- Dedicated Outreach workers
 - Homelessness Outreach Teams
 - Drug Outreach workers
 - Mental Health Assertive Outreach teams
- Police
- Community wardens
- Ambulance crews
- Homelessness services
- Prison services
- Mental Health services
- Government Offices

Assessing individual need

53) As part of commissioning and managing contracts for housing services for this client group, it is important that those working in services recognise the varying levels of support needed. Individual assessments conducted by Social Services or by providers for suitability for Supporting People services need to assess substance misuse, alongside other complex needs, in order that the level of support provided is appropriate to the client and to their level of need.

- 54) Some individuals, with more complex substance misuse, may require input and support from a range of agencies. Social Services, Drug Services and CJIT will wish to have detailed information available to them necessary to create a care plan for the needs of the individual. The provision of services for substance misusers should be in line with the NTA's Models of Care programme⁶. Assessment of need should have the full participation of the person concerned and where necessary, and when express agreement has been given, the sharing of information between relevant agencies should be encouraged.
- 55) It is important that Supporting People teams have appropriate assessment and referral links with agencies who will be directly dealing with individuals, such as Social Service departments, to ensure an understanding of and routes into housing-related support. Such links should, in turn, help Supporting People teams to better understanding whether the available services are meeting needs. Specialist substance misuse workers will refer many clients with housing needs via a treatment agency, as part of a planned programme of care following assessment. Other clients will self-refer or access services via more generic referrals. If not from those sources, in many cases the referral may come via the criminal justice services through CJIT, Probation and CARAT ('Counselling, Advice, Referral, Assessment and Throughcare' - Prison Service substance misuse) teams.

Housing-related support needs

- 56) Individuals who misuse substances need support with a range of problems that can make it difficult to sustain housing. These problems include:

Disputes with neighbours

- 57) Friction between substance misusers and their neighbours can cause housing problems. This could be because the tenant is causing or is engaging in antisocial behaviour or friction could be the result of prejudice and intolerance on the part of neighbours. Housing support workers may be able to support tenants to understand acceptable behavioural boundaries and to assist them in resolving issues between neighbours.

Debt

- 58) Debt is a significant issue for drug misusers. Arrears relating to utility bills, rent or credit cards can build up quickly and can result in a person losing or abandoning their housing. This may be because money is being spent on drugs but also because of lack of experience in managing money.
- 59) Support that helps individuals develop their capacity to manage their budgets, pay back existing fines or arrears and resolve debt issues early can assist service users in sustaining their tenancies. This may be particularly appropriate for those with limited security of tenure, such as licensees or those in short hold tenancies, where debt can lead to tenancy breakdown very quickly. Repayment of past arrears may increase the chances of being housed by a local authority or housing association. Such support needs to be time-limited, allowing individuals to build up their ability to manage money independently.

Lack of experience in managing a home

- 60) Some individuals may be unfamiliar with the requirements of setting up and running a home, such as contacting utilities and arranging payments for bills. They may lack cooking or cleaning skills. Housing related support can encourage the development of these skills.

⁶ www.nta.nhs.uk

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Unwanted guests

- 61) Current and former substance misusers can find themselves under pressure from peers to provide accommodation or a place to use substances. They may find themselves bullied or pressured into putting up with guests even though this may jeopardise their own housing. Sometimes this leads to the rightful tenant abandoning the property to guests or being evicted.
- 62) The most graphic illustrations of the potential effects of 'crack houses' where vulnerable tenants are known to be frequently targeted by those wishing to use and supply drugs from their premises. Where this type of problem is occurring awareness of local police action and any 'crack house' closure protocol will help to inform an understanding of the needs of very vulnerable people. Information exchange with the police can help with the quick resolution of problem premises and can be supported by policies to ensure individuals are not targeted in new locations. It may even be necessary to assess the need for additional support to a tenant in a premises which has previously been a 'crack house' to prevent them being imposed upon.
- 63) By providing life skills training and initially intensive monitoring and support, support services can help prevent such situations arising for tenants who have been targeted in this manner, and help prevent the damage to communities the establishment of such premises causes.

Diversity

- 64) All services need to be appropriate to the service users and community they serve and take account of their needs with special reference to their diversity. Much guidance is available on ensuring services are open to diverse client groups and that they are culturally and community sensitive. Agencies will need to ensure that equal opportunity and cultural sensitivity extends throughout their services ensuring the inclusion - through access to and engagement in local services.
- 65) The development of BME substance misuse specific housing may be in its infancy but in areas of high need it may be desirable to develop models of this type. As mentioned earlier gender specific services may also be required.

Family Support

- 66) There is growing evidence supporting the benefits of involving the drug misuser social networks, which includes involving families in the treatment process. This approach can help to increase motivation, treatment engagement and retention and reduce the risk of relapse. It can also reduce family harm. In supported housing options for substance misuser it may be of benefit to consider what the family can offer and liaise with them over future options and support of the individual.

CHAPTER 3 – COMMISSIONING AND DELIVERING HOUSING RELATED SUPPORT FOR SUBSTANCE MISUSERS

Types of housing related support for substance misusers

- 67) Services for substance misusers can be delivered in generic housing settings, but some clients will require more specialist services. Where generic services are not able to meet housing and substance misuse needs specialist elements may need to be commissioned dependent upon demand. Table 1 (at the end of this document) outlines different ways of potentially organising the delivery of services for individuals who misuse substances.
- 68) Where services for substance misusers are provided within generic housing related support services, DATs will be able to help assess how far such services are able to effectively manage the particular needs of individuals who misuse substances. This should include, for example, an assessment of whether substance misusers are able to access existing generic services and if such services have appropriate links to specialist substance misuse agencies who can help them to effectively support individuals who may have a wide range of substance misuse issues.
- 69) For some vulnerable groups, such as young people, and those leaving care, it may be that substance misuse is not a primary support need but one of a range of problems which have been identified. For these groups generic housing related support services are more appropriate and lower level substance misuse issues will need to be dealt with. Joint working with YOTs will help assess the availability and suitability of services.
- 70) All services that aim to address the support needs of vulnerable people should be aware of the need to address potential substance misuse issues⁷ and make referrals to services as appropriate. In some areas, specialist support services will need to be developed for those with the most acute substance misuse needs. If, as a result of demand and needs assessments, it is shown that there is a requirement to house some substance misusers in specialist services, consideration will also need to be given to funding for such services. Generic support packages may not be able to mitigate potential disruption to other clients or neighbours.
- 71) Some specific elements, such as substance misuse treatment services and housing advice services, cannot be funded from the Supporting People budget. Therefore, commissioners of housing related support and treatment services should consider together the strategic commissioning of services that will be able to meet both the housing related support and treatment needs of those who misuse substances. Personal care services, which may be relevant to substance misusers, are also outside the remit of Supporting People and will need to be funded from other sources or provided through existing agencies providing personal care services. Housing advice services can be funded for specific groups such as drug users or drug misusing offenders from non- Supporting People budgets.

Matching need with appropriate housing provision

- 72) Substance misusing clients have a wide spectrum of needs, from individuals able to sustain independent living despite their substance misuse to those that require intensive care,

⁷ The Homelessness Directorate of ODPM and Drug Strategy Directorate of the Home Office have issued Guidance to DATs on commissioning drugs services for homeless people, available free to download at: <http://www.homelessness.odpm.gov.uk/homelessness/pubs/drug-services/index.htm>

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including 24-hour staffing. Their needs require the availability of a continuum of housing related support, ranging from intensive care and support packages involving multiple agencies through to services for independent living with very little, and ultimately no support.

73) Those clients with higher or multiple support needs are often most at risk of falling between gaps in service provision. The following groups are likely to be more 'at risk' of substance misuse and may have a lack of coping skills. Such individuals are likely to need appropriate housing and ongoing housing-related support in which their substance related needs are addressed:

- People living in areas of high social deprivation
- People who are homeless or at risk of homelessness
- People with mental health problems
- People involved with the criminal justice system
- Young people who have been looked after by local authorities

74) The following are more likely to require drug specific supported housing services:

- People released from prison, especially those who were involved in drugs or drug treatment in prison
- Offenders on community sentences
- People currently engaged in drug treatment
- Former drug users, especially those leaving residential rehabilitation.

Evaluating services

75) In order for housing to be appropriate and successful, it will be important to ensure that the right service user has the right sort of housing with the right support. Providers need to give a clear description of their entry requirements and level of support they provide. Supporting People commissioners and officers should detail to partners the types of services available and assist with the appropriate access and matching of substance misusers to services. Self-referrals and agencies wishing to refer clients need this information so that appropriate housing related support is received.

76) Those commissioning and managing housing related support for substance misusers need to ensure that these services have systems in place to monitor and evaluate delivery. Services for vulnerable groups need to be particularly aware of the need to demonstrate how their interventions are working and produce evaluations featuring measurable outcomes. Whilst evaluation and monitoring should be realistic and proportionate to the intervention being provided, services and commissioners will be assisted with the maintenance of demonstrable information relating to inputs, outputs and outcomes for clients and projects.

CHAPTER 4 - TYPES OF SERVICE: COMMISSIONING OPTIONS

Direct Access Hostels

- 77) Direct Access Hostels are normally generic services for homeless people who may accommodate individuals who misuse substances. Such provision may be scarcer in rural areas and regions with low levels of homelessness.
- 78) Direct access services are typically available to all homeless people either through self-referral or referral by other agencies. Others may be targeted at specific groups such as women or young people. Beds may be allocated on a 'first come first served basis' and there can be a problem gaining access if there is a lack of vacancies due to insufficient move-on accommodation available. Some provision offers bed-spaces that are accessed primarily via 'gate-keepers' such as homelessness outreach teams. In addition to assessing housing need, such teams may also assess additional support needs such as substance misuse or mental health issues.

Suitability for different groups

- 79) In some areas, provision such as night-shelters and other short-stay accommodation may be the primary provision for individuals who are homeless and seeking accommodation. It may be feasible to offer some substance-specific support, either in-house or as floating support deliver to such settings.
- 80) Some services will operate on a "quota" system, limiting the number of individuals who misuse substances or have high support needs using the service at any one time. Some exclude drug users as a client group, but take alcohol users. Other services will act as 'dry' centres, where as part of a broad provision of services they restrict service users to those who are currently not using substances and as such can be effective in sustaining the gains individuals have made whilst in treatment. Services at direct access hostels may benefit from specialist provision or an opportunity for substance misuse training for generic staff to increase their capability to deal with the client group and preventing their situation from deteriorating or relapsing.
- 81) Direct access hostels are potentially threatening to vulnerable client groups and may not be appropriate for some individuals such as young people or women.
- 82) There may be a danger that a high concentration of residents with substance dependencies will cause difficulties for other vulnerable client groups, or between drug and alcohol users. Inadequate staff training and conflicting interests of the client groups can lead to significant management problems over time.

Current services and potential role

- 83) Direct-access hostels may offer a range of support services but this can vary widely. Some – but not all - can offer independent rooms, high staff ratios, and high levels of support. This can be appropriate for some substance misusers, particularly long term alcohol users.
- 84) Direct access hostels can also have particular benefits for substance misusers. Having an open access policy can allow individuals to gain entry to support services without having to either identify substance misuse or enter treatment. However, some services ask individuals to identify the level of their use, which may lead to them being excluded. It is important that where service users do not identify substance misuse needs staff are vigilant for what may

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be a hidden problem and act in such a way as not exclude the individual but ensure access to substance misuse services. Individuals are more likely to control or stabilise their use and enter treatment if already in accommodation. Direct access hostels can help facilitate access to:

- Onsite or nearby primary healthcare facilities, including mental health
- Needle exchange facilities
- Substance misuse services including substitute prescribing services
- More permanent accommodation

85) In commissioning and managing the delivery of such services, it is important to recognise the need for staff to have training around working with this particular client group. Staff competencies could cover the effects of substances, and the associated physical and social problems, identifying and dealing with potential problems and risks, up-to-date legal information and enabling staff to make appropriate referrals to specialist agencies. Providers can organise bespoke training by contacting their local substance misuse providers, through their local DAT and/or national drugs agencies.

CASE STUDY: The Development of a Drug Support Worker Team for Sheffield Accommodation Providers / Housing Agencies

During the 1990's Sheffield's major providers of offender and young peoples' direct access accommodation, namely SARACRO, Target and Roundabout became increasingly concerned over their tenant's levels of drug use. Rather than maintain a policy of immediate discharge for those found in possession or using drugs they developed a positive and proactive approach to the situation by appointing specialist drugs workers to provide support to staff and direct intervention to tenants. The development of these posts was undertaken with the assistance of Phoenix House.

Following discussions with the DAT and partnership agencies it was agreed that specialist drug support worker input by Phoenix House into Sheffield's key housing agencies should continue to be provided. This proposal was then developed with the DAT into the current framework which provides housing support for homeless families in interim accommodation (1 F/T post), young people in interim accommodation (1/2 post) which are Supporting People funded and also a post rehab supported housing service and floating support service (2/3 post). Half a floating support worker post provides input to Sheffield City Council Housing Department tenants. Finally a further DAT funded posts covers young people in hostel accommodation (1/2 post), a full time post for adults in hostel accommodation and a full time post for offender based accommodation.

The service has broadened its scope to encompass other specialist housing providers achieving a consistent approach to providing support to people with drugs problems.

Supported Shared Housing

86) For substance misusers or ex substance misusers more stable in their use, but not ready for independent living, move-on to supported or semi-supported shared housing may be an appropriate alternative. Such projects usually operate on a referral basis, with individuals staying for a time-limited period.

87) Most shared supported housing is based in generic supported housing, but in some areas, local needs assessment may indicate sufficient demand to warrant establishing substance misuse specific provision. This is more likely to be applicable in urban areas with a high incidence of substance misuse. Even where levels of need are not this high, it may still be appropriate to set up specific cluster-flats for individuals who are addressing their substance misuse issues.

Current coverage and potential role

88) Models of shared housing include:

- Units with several beds
- Cluster flats with sharing of communal areas such as kitchens
- Cluster flats with no communal areas

89) Staffing levels can be similarly flexible and can range from the high support to much lower support:

- Staffed twenty-four hours a day, seven days a week
- Staffed in the day-time with sleepover night-cover
- Staffed during office hours, with on-call support

Floating support from specialist services, which may involve additional funding from other sources, where these specialist services are providing drug treatment services or other services which go beyond housing-related support, will need to be considered.

90) The primary purpose of these types of accommodation is to prepare individuals for living independently, minimising reliance on support workers. It includes:

- Developing domestic skills such as cooking, cleaning and shopping
- Help with budgeting and managing finances
- Accessing other services such as training and education opportunities

91) Where there are lower levels of support, careful needs assessment of all service users needs to take place to ensure that residents are not put at risk, and that the fabric of a building is not jeopardised by substance misuse related behaviour.

CASE STUDY: Alcohol Recovery Project (ARP) Shared Supported Housing

This scheme in London has 9 shared supported houses which offer a supported environment where people can look at their alcohol use in a secure, safe dry environment.

The shared supported housing is aimed at clients who have completed or are nearing completion of a first stage detox or rehabilitation programme. The scheme requires that all referrals have been abstinent from using alcohol and other substances for a minimum of 12 weeks. Its goal is to provide residents with time and space to review their progress and actively begin working towards achieving the target of living independently in the community. It is anticipated that each resident will spend between nine and eighteen months in second stage housing, before receiving a nomination for resettlement.

Housing with support

Every house has a housing worker who undertakes both management and support duties. House meetings are held every week at each house and are to be attended by all residents and the house worker. This provides a forum for information to be shared between workers and residents and for house matters to be raised. In addition each resident will receive key work support from their house worker as part of an individual support plan. By providing residents with information, advice and referrals as necessary, the housing worker will assist residents with accessing local services and facilities to re-establish themselves in the community and make a fresh start.

Shared Housing and Specialist 2nd stage move on housing

92) Those sharing accommodation provide mutual support which can be beneficial in helping to avoid relapse. Interventions will be less focused on addressing their substance use and more on developing independent living skills.

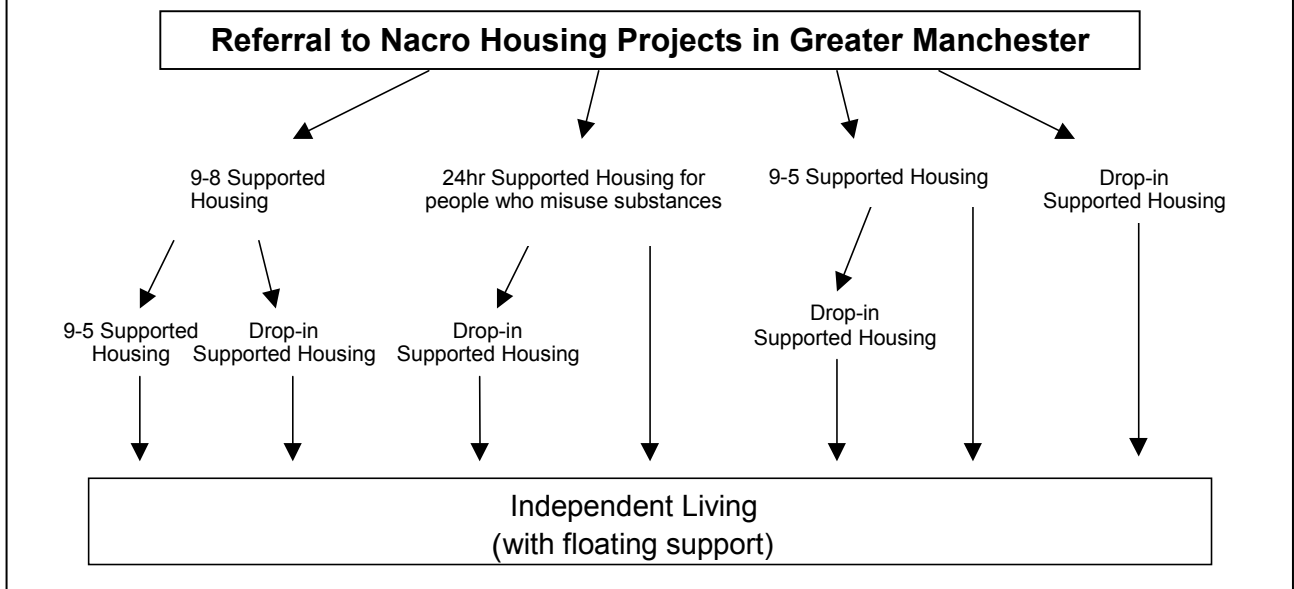
Housing Support Options for People who Misuse Substances

- 93) Supported shared housing with support workers available through the day has many advantages for service users recovering from drug or alcohol dependency and can be especially beneficial for those leaving drug and alcohol residential rehabilitation as part of a planned programme. Some drug and alcohol residential rehabilitation providers provide such second stage facilities as an integrated part of their service. Operating in a similar way to shared supported housing projects, houses are shared with others with similar experiences also leaving rehabilitation.
- 94) Such services allow clients to begin to live semi-independently, while still being able to continue to participate in valuable activities such as group work and counselling. There is a danger that suddenly leaving high intensity support, such as residential rehabilitation, can lead to relapse. Move-on projects provide a safety net and a continuum of care.

CASE STUDY: NACRO

Nacro Housing offers a range of integrated supported housing in the East-South Manchester area. Two projects offer specific supported housing to people who misuse substances while the other projects provide more generic supported housing.

Flexible routes through the range of housing options ensures that a smooth transition to independent living can be achieved, as illustrated below.



Support in dispersed housing

- 95) Individuals who do not require accommodation in shared housing may be housed independently but may benefit from visits from support workers. These visits could take place in the client's own home, at an office, or in other arenas.
- 96) The range of available support is extensive. Some models fall outside the traditional model of floating support, but may be an important aspect of support packages. Substance misuse specific housing support may be particularly appropriate. The provision of housing support to accommodation secured by other partners' interventions is also important in pursuing joint working. Rent deposit schemes for example may be successful in securing accommodation but will be most effective where this is sustained by tenancy support work offered by Supporting People floating support providers.

97) This type of support provision is also appropriate for individuals who are not currently receiving support but who have begun to experience problems with their current housing, whatever their type of tenure. The provision of support in these circumstances can prevent tenancy breakdown and homelessness. Complex needs require a range of support options, this may include work with families (which, unless linked to enabling independent living, will require funding from outside the Supporting People programme). Supporting People programmes should be aware of all support options available to a service user and consider what additional support is available.

Floating support

- 98) Floating support can offer general housing-related support or a more specialist input:
- **Tenancy Sustainment:** When a tenant is showing signs of difficulty in maintaining a tenancy, for example accruing rent arrears, which may be linked to their substance misuse, and is in need of additional support to maintain the tenancy.
 - **Resettlement Services:** Where floating support workers are allocated to provide independent living skills when individuals first move into general needs housing.

CASE STUDY: Haste Project Milton Keynes

HASTE is a floating support service that provides tenancy support to single people with or recovering from substance misuse problems. HASTE addresses the housing and support needs of people who have a history of substance misuse, housing requirements, and chaotic lifestyles, including offending.

The project has been developed as a partnership between New Leaf Housing, Milton Keynes Council, National Probation Service, North British Housing Association, and Midsummer Housing Association. The project provides support to a maximum of 15 tenants at any one time, and 6 floating support clients waiting to be housed.

Although the project has a standard support plan, there is in addition, a service user support agreement. This is devised for both HASTE and the service user to sign and agree the support and help that is offered to them, and that in return the service user agrees to engage with HASTE, keeping to appointments at all times, engaging regularly with their agency worker, for example, Turning Point. The agreement also includes information on sharing protocol with Probation, Drug Action Team, Thames Valley police, and Milton Keynes Housing organisations. The information shared with all relevant parties is designed to assist and risk assess the suitability of a referral to the project. Funding is through the Drug Action Team and through Supporting People. Working with employment and training providers is a significant part of the support planning, and particularly working with Progress to Work run by Turning Point.

99) Although open-ended, it is the intention that the reliance on such support will lessen over time and eventually will no longer be required. Support may not necessarily be geared towards addressing a person's substance misuse problem, but should link closely with other specialist services. It is advisable, however, that floating support workers do have training and experience in substance dependency issues to ensure that potential problems such as relapse are identified at an early stage and that appropriate referral to other support services can be made. For some clients, drug and alcohol specific housing support will be the most desirable option.

100) Floating support services are generally eligible for Supporting People funding where the housing related assistance they provide aims to help individuals achieve or maintain independent living in their accommodation.

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101) The success of floating schemes depends on a number of factors, including:

- Early identification of the need for support
- Appropriate accommodation
- Access to other support networks (including drug and alcohol treatment services)

Assertive Outreach

102) Some floating support is user-led, where the client approaches services when they need help. Assertive outreach aims to work with individuals who typically have a low take-up of support services. This may well include people who have enduring mental health and substance-related issues.

103) Assertive outreach is time and staff intensive, and may work with individuals with particularly chaotic lifestyles, through episodes of treatment and while the person is housed. Assertive outreach teams would typically include mental health input, substance misuse support, life-skills and tenancy support. The variety of different stages that assertive outreach covers means that such services need close links with other related services and housing providers in order to effectively support their clients to achieve or maintain independent living. The support of such services is usually withdrawn over time. This may involve a specified duration for the provision of support or may be based on an individual assessment the readiness of clients to live without support. A specified duration of support risks support services being withdrawn before a person is ready to live independently. It could also risk a relapse or deterioration in misusing behaviour, where this had been stabilised, and/or the subsequent failure of the tenancy where a client has been housed but does not yet have the coping skills to be able manage their tenancy successfully.

104) Supporting People funding can only be used to fund the part of the service that delivers support specifically intended to help people maintain their accommodation and prevent homelessness. Assertive outreach services are likely to require funding from other sources to fund their work with substance misusers in street settings. DATs may be keen to engage in such projects.

CASE STUDY: THE OMNI PROJECT SURREY

This project operates an assertive outreach team working with people with histories of offending, substance misuse and mental health problems. The specialist staff work on a team basis, reducing stress on staff and ensuring that the client-load is shared amongst all staff, whilst the client has a known contact.

The team work with people on the streets, in public settings such as cafes, and undertake home visits for those who have been housed. The project maintains links with people while they are in treatment or prison, and ensures that, on release and discharge, they do not fall through holes in the support net.

In addition to face-to-face contact, the team offers an out-of-hours phone line, so that clients can get in touch at times of crisis.

The project has developed innovative interventions, such as providing clients who are most at risk with mobile phones. This has helped clients maintain contact with support workers and increased communication between clients and workers. The emphasis of the work undertaken is on being holistic.

CHAPTER 5 – GROUPS WITH SPECIFIC NEEDS

105) The groups outlined below experience particular difficulties in accessing services which address their substance misuse and housing needs. Supporting People commissioners should therefore consider them specifically as they may otherwise be hard to accommodate in more general provision. As suggested throughout this document joint commissioning options and cross authority working will be particularly helpful where specialist provision is required to address their needs.

Offenders and former offenders

106) There are about 74,500 individuals in custody nationally. This includes prisoners on short-term sentences (who will not receive formal probation support), longer-term prisoners (who will be released from a more institutionalised background) and young offenders. These individuals will have varying needs and be a mixture of male and female prisoners, including some with children, and of varying ethnic backgrounds. As for any other vulnerable group for whom the Supporting People programme provides support, there is no such thing as a 'typical ex-offender'.

107) Research has shown that prisoners returning to the community homeless are up to twice as likely to re-offend within the next two years as a person returning to stable accommodation. Appropriate and sustainable housing is a foundation for successful rehabilitation of drug users and offenders. Appropriate housing provision and housing support is crucial to sustaining employment, drug treatment, family support and finances, and is a major resettlement need for those leaving prison, treatment and residential rehabilitation. Offenders are especially vulnerable upon exit from prison where, without appropriate interventions there is little.

108) CJITs case-manage (alongside Probation in some cases) packages of integrated support, bringing together agencies where a drug misusing offender is leaving custody, community sentence or treatment. DAT and Supporting People should consider provision of appropriate services, to address the drug and housing needs of offenders, including consideration of how Throughcare and Aftercare funding can support this group. Further detail of how to take forward work with drug misusing offenders is provided in the Briefing *Providing for the Housing needs of Drug Interventions Programme Clients* (ODPM/HO 2004).

CASE STUDY: Sefton DAT and Supporting People Partnership

The DAT Co-ordinator and DIP manager are both members of the Supporting People Core Planning Group. As a consequence, drug misusing offenders have been identified as the number one priority group for additional Supporting People resources in 2005/06 and detailed discussions continue are mapping the supported housing needs of their client group.

Housing Provision

Sefton Council's Housing Department has agreed on a pathway to accommodation for DIP clients. DIP Care Co-ordinators now have direct access to the Principle Housing Manger for vulnerable groups and can discuss their client's needs without undue delay. This manager has agreed to facilitate DIP's engagement with RSLs and Sefton Community Foundation has agreed to help with providing deposits for private tenancies.

Prolific and Other Priority Offenders (PPO's)

- 109) The Prolific and other Priority Offenders (PPO) Strategy is a cross-cutting strategy to target the 5,000 - 7,500 most prolific offenders responsible for 1 in 10 crimes. This is a national strategy that has been rolled out to ensure local areas develop joined up offender management to underpin crime reduction work. The Strategy has three interlocking strands to prevent and deter young people from becoming prolific offenders; to catch and convict existing prolific offenders; and to rehabilitate and resettle these offenders through providing incentives to change or face swift action against continued offending. The strategy therefore promotes the use of Community Sentences and aims to target resources to these offenders when they return to the Community from custody. A significant percentage of these Prolific Offenders are expected to be substance misusers (at least 60%) and likely to have significant housing needs. This is particularly significant when offenders are released from prison.
- 110) 12 pilot areas have been established to develop closer working between DIP and the PPO programme. The aim is to cut drug-related prolific offending by developing practical pathways that provide identified PPOs with swift assessment and access to drug treatment whilst attempting to address their other support needs. Many of these projects have identified the need to assist offenders with meeting their housing needs. The learning from these pilots will be shared with all PPO Schemes who face similar problems. Partnership working between drugs agencies, health, housing providers and other key statutory and voluntary organisations will help to address the problems PPOs pose to local communities.

People with mental health problems

- 111) There is growing recognition of the need to respond to substance misusers with mental health problems, often referred to as 'multiple needs' or dual diagnosis. Clients with substance misuse, mental health and housing issues may get moved between agencies and end up with an inadequate service. Substance misuse services are not always equipped to deal with clients with mental health problems and vice versa. This is compounded by the fact that people who misuse substances and have mental health issues may be reluctant to seek help, or find it difficult to identify where to seek help. The delivery of proactive support services, such as assertive outreach may benefit these vulnerable groups.

CASE STUDY: Doncaster - 'On Track Young Persons Dual Diagnosis Project'

The 'On Track Young Persons Dual Diagnosis' project aims to provide co-ordinated and effective support to young people with mental health and substance misuse needs (dual diagnosis) living independently in the community.

The pilot is a joint initiative with involvement from a number of local agencies including Doncaster Community Mental Health Services, Doncaster Substance Misuse Service, the local Supporting People Team and 'On Track' (a collaboration between Action Housing Association, South Yorkshire Housing Association and Rethink, 'The National Schizophrenia Fellowship').

The project builds on an extensive history of local partnership working. People experiencing dual diagnosis are more likely to be at risk of homelessness, chaotic drug use, relapse, admission/readmission to hospital and suicide. The project provides a fast and responsive floating support service in order to prevent such outcomes.

- 112) Housing managers should be aware of and sensitive to dual diagnosis and avoid labelling someone as a problem tenant because of their substance misuse, when the underlying cause of behaviour is mental health. Links that may be required with other agencies include:

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- Social services
- Mental health teams and Community Psychiatric Nurses
- Crisis or out of hours services
- Substance Misuse services and Dual Diagnosis workers, as required.
- Care planning assessment teams

It may be that as a sub-set of substance misuse specific housing services there may be a need for substance misuse specific dual-diagnosis housing support, in areas of acute need. These services could also be appropriately provided on a regional or sub-regional basis.

Parents with children

113) The Advisory Council on the Misuse of Drugs report *Hidden Harm* (Home Office, 2003), identified the impact on children of parental problematic drug misuse. Services which deal with substance misusers need to take into account the needs of any children and ensure a care and support package is in place for the child as well. Where the support is not linked to

New Leaf Case Study: Direct Access and Homeless Families Facilities in Sheffield

These facilities cater for 41 direct access units and 19 family units with the capacity for 40 children. Providers in Sheffield recognised that there was a significant issue in providing interim accommodation, and the fact that substance misuse was a common feature. A consortium was established including local authority, registered social landlords, and Phoenix House as the specialist provider. They successfully obtained funding, led by the local authority, from DAT for 1½ posts. The full time post works with families where adults or children are drug users, and the part time post is specifically for young people who are chaotic users and are unable to access interim accommodation because of this.

The project has been running successfully for several years, and has developed an active drugs policy which involves working with the police, Area Child Protection Team, other RSLs, local authority, and specialist providers in the area. The process is characterised by fast tracking arrangements, and a full risk assessment procedure.

To emphasise the importance of agencies working together with shared issues, the project has benefited from additional funding from the Play Development Services (PDS) for after-school, homework, and holiday schemes, built around the project. The success of the scheme is monitored through the multi-agency steering group.

114) The foundation of this should be the adoption of effective and balanced risk assessment and child protection criteria. The model developed in the Health Advisory Service (HAS, 2001) report on young people⁸, and the refined models developed by Bolton ACPC are recommended as sources for developing such frameworks for assessing risk. Such provision should consider arrangements for the ongoing development and education of children who will reside there whilst their parent receives support.

115) The presence of children on-site creates some additional challenges and it is essential that this results in carefully planned policy and practice. Effective joint training on drugs and families involving housing staff, drugs workers and social services can help clarify assessment and responses to work with parents where drug use is an issue; such training should reflect existing models of good practice as outlined by the HAS report and consider child welfare.

⁸ *The Substance of Young Needs* (Health Advisory Service, 2001)

Women

- 116) Women under use drug services. This has been attributed to a collection of reasons including unwelcoming and male-dominated atmospheres, non-availability of women workers, lack of women-only times or drop-ins, and, in the case of parents, child related issues discussed below. Such issues are going to be especially applicable where women escaping a violent domestic situation are expected to attend a mixed drop-in where old peers and contacts may be.
- 117) The starting point for effective work with women who misuse substances is the creation of an environment where women feel safe to disclose their substance use. In many areas, women have less access to bed-spaces than men. Subsequently, the number of women-specific bed spaces that are also equipped to work with additional needs such as substance misuse are not sufficient to match appropriate provision or need. Needs are even more acute for women in the criminal justice system.
- 118) When commissioning or managing housing related support for women who use substances it is important to ensure that local services are offering tailored services accessible to women, that projects have the skills to respond to this client group, that services have clear policies relating to child care and confidentiality.

Long-term substance misusers

- 119) Not everyone will be able or willing to make the transition to fully independent living in the short or medium long-term. This is likely to be especially true for older substance misusers and those with are entrenched patterns of use. In some cases the appropriate support package may be one that recognises that substance misuse might not end and the role of support may focus on reducing harm, nuisance, offending, debt or other factors that result in a loss of accommodation.
- 120) For individuals with long-term alcohol issues, supported accommodation known as 'wet houses' that allows drinking to continue and offers a safe, supportive atmosphere is sometimes available. These projects play a useful part in helping long term alcohol users to reduce gradually or to effectively manage their current drinking levels. Whilst such projects can be difficult to manage, they offer considerable value to older, long term alcohol users in providing appropriate support and access to health care.

CASE STUDY: Shoreline Project, Cardiff

The Shoreline Project was established in 1996 to provide appropriate accommodation for heavy street-drinkers. The Project offers a mixture of accommodation in both shared housing and two purpose-built blocks of studio flats with communal and staff areas. The clients are predominantly older men, aged forty plus with histories of heavy drinking and homelessness.

The accommodation allows the health needs, emotional support needs and building management issues to be managed in a more satisfactory manner. The studio flats allow "break away" space from confrontation and conflict in communal areas. The shared houses are used for those clients with profound health needs where staff can more closely monitor well-being.

The project has links with the local Housing Association, GPs, alcohol services, the police and community groups.

Ex – service personnel

121) Many ex-service personnel experience substance misuse related problems upon returning to the community. The resettlement needs of this group should be considered and any alcohol misuse in particular addressed.

CASE STUDY: ARP Ex-Service Resettlement Project London

In 1997 the Ex-Service Action Group on Homelessness commissioned a report to investigate the extent and circumstances of homelessness amongst ex-service personnel. The findings revealed that almost 25% of London street homeless had served in the armed forces, and of these almost 50% suffered alcohol problems.

One of the leading ex-service housing and welfare organisations - Sir Oswald Stoll Foundation approached ARP to discuss what practical responses could be put in place to help alleviate this situation.

Early in 1999, with funding from ex-service charities we began to offer a resettlement service, contacting people through the network of day centres for the homeless in London. The project was able to find housing for people, ensure they received correct benefits, give advice about health and advocate on their behalf and help them find alternatives to a previously chaotic life style.

The project now has a team of 3 with a specialist mental health worker.

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Table 1 – Potential models of housing support

Type	Description	Client group – NTA MoC	Limitations
Direct Access Housing	Most often generic accommodation but can be developed with the provision of a substance misuse worker	Homeless substance misusers, those with substance misuse as a secondary need. Treatment Tiers 1 (non-substance misuse specific services) and 2 (open access substance misuse services).	May create tension between drug use and housing management.
Supported Shared Housing - Generic in-house workers with training	Competent to work with a basic level of substance misuse, and able to deal with common, low level drug related issues.	All clients who use drugs recreationally and infrequently. Tiers 1 and 2	Not really an ideal model where drug use is more problematic or where it is dependent or chaotic. Only suitable for low-level drug situations.
Specialist Second stage housing - Specialist in-house workers – full time	Specialist workers are able to deal with a wider range of drug related issues and support interventions provided by others.	All clients who use drugs and able to assess and respond appropriately to those with more complex and multiple needs. Tier 2	More expensive; requires dedicated post(s) for substance misuse workers along with support structures. Can still leave tension between housing management and drug issues.
Floating support	External specialist provider provides regular sessions within housing provision on an appointment or drop-in basis. Alternatively, specialist staff are seconded to housing provider.	All clients who use substances including those with complex and multiple needs. Provides better follow through for clients and better access to treatment and support agencies. Obviates problems relating to housing management and drug use.	Requires local drugs agency able to undertake such work. Reduces the ability of the housing provider to provide on-going support outside of specialist drugs advice sessions, unless good joint working and staff training is put in place.
Referral to external agency	Any clients requiring drugs interventions and referred to local provider who undertakes assessment and interventions.	Can work with all clients but most appropriate for those motivated to change drug use, likely to attend appointments.	Risk of low take-up of appointments; May only be offering a limited appointment once a week or less; May be restricted through-flow of information between drugs agencies and housing provider.
Assertive outreach	Work with clients in any setting and maintain contact through episodes of treatment or incarceration. Differs from other forms of outreach as it actively pursues clients who would otherwise disengage from services.	Clients with complex and multiple needs requiring high level of support in a variety of settings. Especially useful for individuals with multiple needs and a history of non-engagement with services.	Intensive requiring high low staff/client ratio. Requires highly trained and supported staff carrying small case-loads on a team basis. Requires specialist staff able to deal with complex substance use and mental health issues.

Appendix 1 – References and Further Reading

Home Office and DTLR (2002) *Tackling Drug Use in Rented Housing: a good practice guide*
Home Office: (2002) *Tackling drugs as part of Neighbourhood Renewal*
London Drug Policy Forum (1998) *Housing drug Users: Balancing needs and risks*
Office of the Deputy Prime Minister (ODPM) (2002) *Allocation of Accommodation Code of Guidance for Local Housing Authorities* London: ODPM
Office of the Deputy Prime Minister (ODPM) (2002) *Homelessness Code of Guidance for Local Authorities* London: ODPM
Office of the Deputy Prime Minister (ODPM) Homelessness Directorate and Home Office Drug Strategy Directorate (2002) *Drug Services for Homeless People* London
Social Exclusion Unit (1999b) *Report of Policy Action Team 5 - Housing Management*
Town H (2001) *Brand New day; supported housing for drug users, a practice guide* Northampton: CAN/Housing Corporation

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Further information about this work can be found on the www.drugs.gov.uk website or the www.spkweb.gov.uk site. With any specific enquiries please contact

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