



Frontline agencies in partnership

Homeless Link's response to: a consultation on the National Drug Strategy

October 2007

Introduction

Homeless Link is the national membership organisation for agencies working with homeless people. We have set ourselves the aim of ending homelessness by 2022. We believe that the successful integration of treatment services with homelessness services would be a significant step towards ending homelessness, but also tackling substance misuse. Homeless Link work with agencies to improve their services, but also to ensure national policy meets the needs of homeless individuals who often have multiple and complex needs.

The connection between drug misuse and homelessness is strong. The two problems can cause and reinforce each other. Tackling one without at the same time addressing the other can lead to failure. Despite this, agencies and commissioners who are trying to support homeless drug users, work in isolation from each other. Clean Break, a Homeless Link project, was developed in response to the frustrations of Homeless Link members who all too often see the efforts of homeless people going into treatment going to waste when no suitable accommodation is available. If the two sectors had the opportunity to work closer together the investment, both personal and financial, could be used more effectively.

Clean Break focused on how housing and treatment services can work together more effectively to support treatment outcomes and reduce the risk of homelessness amongst drug users engaging in treatment. In the three case study areas, its impact has already been felt. Alongside the full report for Clean Break¹, Homeless Link also developed a toolkit for local commissioners providing a step by step guide to integrating drug, treatment and care pathways for homeless drug users².

Homeless Link's consultation response sets out the main findings from research in the case study areas and sets out ways that the National Drugs Strategy could respond to these. Homeless Link's response focuses predominantly on Section D looking at the integration of drug treatment into mainstream services.

¹ www.homeless.org.uk

² www.toolkits.homeless.org.uk

Overall aims of the drugs strategy

Homeless Link particularly welcomes the stated aim of the strategy to improve wraparound services for people requiring drug treatment. Housing and housing related support services are essential to enabling people to move on with their lives. Until recently the National Drugs Strategy focused largely on getting drug users into treatment quickly, and maintaining them in treatment for at least 12 weeks. As a result there have been few incentives for drug commissioners and practitioners to proactively develop multi-agency partnerships.

In 2004 the Audit Commission³ reported that there was an overemphasis on treating the addiction of drug users and insufficient focus on providing the wider range of support needed. It concluded that housing, social care and other services must provide users with services to maintain progress made during treatment. The Commission noted that one in ten drug users starting treatment has no fixed address and that as many as one in three are in some form of housing need.

'[Funders should] spend more money on the back-end of treatment - housing, training, employment. You spend all that money on treatment and it's wasted in the end' Service user

More recently in some local authorities our members are reporting an increasing housing focus of drug commissioning resulting in more appropriate forms of housing. For example Thames Reach has a project in Lambeth which is jointly funded by the PCT, DAT and SP. It is a small hostel for people looking to stabilise prior to going into detox. It takes referrals from Probation and local hostels. There is a strong focus on service users engaging with treatment and other drug & alcohol services and a high level of one-to-one work.

Local Area Agreements and the Comprehensive Area Assessment provide the local framework to achieve the multi-agency working required to meet the needs of homeless drug users. The Drugs Strategy can and should send a very strong signal to all local areas that multi-agency partnerships are essential - not least working with housing and homelessness, arts, employment and sport agencies. Currently a range of other national strategies are being developed such as the focus of the new Homes Agency and the welfare reform green paper. This offers the Home Office an excellent opportunity to integrate the new national Drugs Strategy with these to facilitate homeless drug users' access to the holistic support required.

However, Homeless Link supports Drugscope's suggestion of the strategy having an aim to increase the well being of people directly and indirectly facing issues with drugs. We believe that the Drugs Strategy should focus on positive approaches to tackling drug use alongside the emphasis on criminal justice and enforcement as set out in the consultation paper. Health outcomes are central to the success of an individual's approach to overcoming drugs as are positive reasons to cease harmful drug use e.g. finding employment, engaging in "meaningful activity" such as football, art, photography or gardening.

³ Audit Commission (2004) *Drug Misuse 2004 - reducing the local impact*

Section D: Drug Treatment, Social Care and Support For Drug Users In Re-Establishing Their Lives

14. How can drug treatment be made more cost-effective so that existing resources can go further?

Investment in establishing partnerships across sectors both strategically and practically is critical to ensuring that investment in drug treatment can be made more cost effective. Partnerships are time consuming and require investment of time and resources to be truly effective, yet are often additional to people's roles rather than central to the delivery of services. We believe that Local Area Agreements can offer an opportunity to establish more effective partnerships and the pooling of resources, but funding and monitoring should in part be directed towards the resourcing of staff time to develop effective and lasting partnerships.

However, the findings from the Clean Break study suggest that even where there is no funding for additional services, there are advantages to be gained from more effective pathways between, and deployment of, existing services.

There are a number of steps that authorities can take to implement more effective pathways that are outlined in the Clean Break toolkit and which include:

- Ensuring all providers are clear about their own role in the network of housing and treatment services for drug users, and that of other service providers
- Ensuring housing and treatment/aftercare providers are clear about their need to support each other's work and what this means in practice
- Embedding partnership working through joint training, integrated team working, clear expectations in service specifications, and other such methods
- Ensuring an appropriate and adequate supply of move-on accommodation from temporary supported housing for those who need higher and lower support.

16a. What can be done to help local partnerships meet the needs of drug users?

There is a lot of work that can happen to improve local partnerships to meet the needs of homeless drug users. In some areas, these partnerships are beginning to flourish, for example drug services commissioners being involved in the commissioning of Supporting People services. As such these services now also reflect treatment outcomes. Clean Break identified much scope to use existing housing services more effectively for drug users, however, this can be extremely difficult to achieve without strong partnerships being in place at both a strategic and operational level.

If these partnerships across sectors are not established and increased access to housing and related support not achieved, the continuing impact will be that:

- those trying to reduce or abstain from drugs will be forced to live alongside those still actively using
- inappropriate referrals will be made to existing supported housing
- chaotic drug users will have to sleep rough or move out of borough

- people will become 'lost' in the system
- there will be an increased risk of relapse and wasted investment

The need to work across the housing, health and criminal justice sectors to address the needs of drug users is well accepted at the national level and reflected in strong partnerships across relevant Government departments. These partnerships are not always reflected at the regional or local level however and need more support and encouragement to develop and flourish. In order to encourage these;

CLG, Home Office and NTA should:

- Jointly issue guidance to regional housing boards highlighting the expectation that they will give particular attention to the needs of transient, socially excluded and/or 'unpopular' groups, including drug users, in their regional housing strategies
- Jointly issue guidance to local authorities highlighting the expectation that they will give appropriate attention to the needs of transient, socially excluded and/or 'unpopular' groups, including drug users, in their homelessness and housing strategies
- Create beacon local authority areas in each of the nine regions where partnerships at both strategic and practical levels are flourishing and truly embedded within local structures

The Department of Health should:

- issue guidance to social services authorities and primary care trusts encouraging them to work in partnership with housing and drug treatment agencies to meet the mental and physical health needs of drug users.

Government Offices should:

- Encourage local authorities to ensure that Local Area Agreements give due regard to the needs of homeless drug users either individually or collectively

Regional Housing Boards should:

- Set out in their Regional Housing Strategy an expectation that new investment in housing for drug users will take place where local needs assessments indicate that there are gaps that cannot be filled by increased access to, or more effective use of, existing provision
- Consider how Regional Planning Guidance can be used to encourage and support the development of housing and other services for homeless drug users

One of the Clean Break case study authorities is now putting in place plans to build upon and strengthen existing relationships at both the strategic and operational levels across housing and treatment agencies. This will be achieved via:

- Joint training sessions and forums involving housing and treatment agencies
- A joint action plan to respond to the findings of the Clean Break study between the DAT and SP partnership boards
- A strategic review of SP funded services which are currently or could potentially support drug users involving all relevant voluntary and statutory sector partners

Commissioners and service providers need to take a 'whole system' perspective that recognises the inter-relationships between different housing services, and between housing and treatment services.

The NTA, Home Office and CLG should:

- Jointly issue guidance to housing authorities, providers, DATs and Supporting People commissioning bodies on the development of effective services for homeless drug users (building upon the research into the effectiveness of different housing and treatment models)

A local partnership of the DAT, Supporting People Commissioning Body, and housing and treatment providers should:

- Undertake a strategic review of their housing and support services for drug users engaged in treatment so as to achieve a network of services that work together in a mutually supportive way
- Ensure that pathways into housing, support and treatment services are clear, understood, and accessible to those in need
- Ensure barriers to housing and treatment access are understood and addressed from a partnership perspective - for instance by ensuring that housing providers are supported by specialist drug services to take more homeless drug users
- Provide training and briefings for housing and treatment providers on how to identify and respond to the housing, support and treatment needs of homeless drug users
- Support providers to remodel supported housing, where appropriate, to achieve a better fit with the priorities identified during the strategic review

NTA regional leads, Regional Housing Boards, Regional Offender Managers and regional third sector leads should:

- Develop regional strategies for responding to the needs of homeless drug users, which may, for instance, include proposals for joint commissioning, cross authority protocols and pathways, reconnection policies and inter-authority mobility arrangements

16b. How could local accountability and performance management systems support this?

Homeless drug users are competing for scarce housing and treatment resources with a range of other groups. The complexity of their needs, transient lifestyles, unpopularity with the local electorate, and current shortage of reliable needs data, all mitigate against appropriate access to services. However failure to address these barriers identified leads to poorer outcomes and wasted resources for individuals and communities. Housing and treatment agencies should work together at the national, regional and local levels to collect, collate and evidence the business case for investment in services.

The Clean Break study used a variety of data sources (including estimates from local stakeholders) to build up an estimate of the numbers of drug users in each

local area requiring accommodation or support to support their achievement of treatment outcomes. In each case the combination of sources used, and the reliability assumed for the estimates, was different.

In all of the case study boroughs information about those who present for housing assistance was not collected in a form that assisted with future service planning and commissioning. Where there are multiple access points to housing in a local area, it can be difficult to assess the degree of double counting from different sources. An individual may present as homeless at the homeless person's unit for instance and, upon rejection, also apply to a local hostel provider. It can also be impossible to extract separate figures for those who are accessing treatment services.

Any needs assessment has to address both the numbers and type of accommodation required.

It is important that commissioners have clearer evidence of the relative costs and benefits of types of housing models, so that they can target limited resources to those that have most impact.

More research into the effectiveness of different housing models in supporting treatment engagement and outcomes is required to inform these assessments and to give commissioners a clearer idea about the most effective forms of housing models. When providing supported housing that is just for clean and/or stabilised drug users, alternative accommodation for those for drug users who relapse should be available. This will help to prevent repeat homelessness and/or disengagement from treatment services.

The absence of reliable data sources on the housing and support needs of drug users has a number of implications for service planning and commissioning:

- It weakens the case for new service provision for drug users with funders and other important stakeholders.
- It hampers the ability to achieve value for money from scarce resources by ensuring that they are targeted where needed most.
- It increases the risks from new service delivery, particularly specialist housing requiring capital investment which cannot easily be used for other purposes.

Two of the case study boroughs in the Clean Break work are exploring the scope to establish a single assessment and referral point for drug users (as well as other clients at risk of homelessness) needing supported housing or support or establishing a data system to record the needs of drug users.

The NTA, Home Office and CLG should:

- Jointly commission research to evaluate the policy and financial impacts of different types of housing (and housing locations) on drug treatment outcomes and of different drug treatment services on homelessness
- Revise the data collected through NDTMS and other relevant data systems to provide more meaningful data about the housing and support needs of drug treatment users to feed into local and regional needs assessments

The CLG should:

- Issue guidance to local housing authorities encouraging them to work in partnership with DATs, Supporting People commissioning bodies and providers, to undertake accommodation and support needs assessment for drug users in their area, and specify the key features of a robust assessment in the guidance
- Provide guidance to local housing authorities to enable them to identify, record (through P1E data) and respond to problematic drug use amongst homelessness applicants, even when incidental to the assessment of whether a statutory housing duty exists

A local partnership of the DAT, housing authority, Supporting People Commissioning Body and housing and treatment providers should:

- Ensure that individual needs assessments cover both the housing and treatment needs of homeless drug users and that this data is recorded in a systematic way
- Conduct an overall assessment of housing, support needs and treatment needs of homeless drug users, and the capacity of current resources to meet those needs

Regional Housing Boards, NTA Regional leads, Regional Offender Managers and regional third sector leads should:

- Collate the information from local needs assessments in order to develop regional needs assessments for homeless drug users which will inform the planning, commissioning and development of regional and sub-regional services

The Audit Commission and Healthcare Commission should:

- Incorporate an expectation of partnership working both within and across authorities to meet the needs of homeless drug users into their inspection frameworks for housing, support and treatment services, and monitor the establishment and effectiveness of these partnerships

19a. What more should be done to facilitate better access for drug users to the mainstream services they need to help re-establish their lives (e.g. supported housing, employment, education, training and healthcare)?

In England most drug treatment is undertaken in the community rather than in a residential setting. Although homeless drug users may be more likely to access residential treatment services than their adequately housed peers⁴, the findings from Clean Break showed that the majority of service users of no fixed abode are undertaking treatment in the community⁵.

Housing has historically been perceived to be an 'aftercare' service that will be required after the service user leaves treatment. However, reflecting the fact that only a third of those who are homeless are likely to be in a form of residential treatment, it is now regarded as a 'wrap-around' service which should form an integral part of the care plan throughout treatment.

'...drug treatment systems should be well integrated with other systems of care and social support, to provide opportunities for drug users to receive appropriate housing, social support, education and employment to maximise treatment gains and enable reintegration into local communities⁶.'

Although treatment does work⁷ and cumulative benefits are often gained from successive treatments, relapse is common. Some will leave treatment with lower levels of drug use and progress to achieve other positive outcomes, whereas others will relapse. Treatment should therefore be regarded as a journey that may involve several stages and setbacks⁸. Housing and support Services, as well as the access arrangements and pathways to them, need to recognise the likelihood of relapse and should be able to respond with alternative housing and/or additional support where necessary. Through interviews with stakeholders during the Clean Break study, the following types of housing were identified for the different stages of a treatment journey:

- **People who are clean from illicit drugs and prescribed substitutes** - There was a fairly widespread consensus across stakeholders that most of the people within this group would be able to live successfully in independent accommodation, although many would require visiting support. Estimates made during the Clean Break study suggest that around 5-10 per cent of drug users engaging in treatment services and needing accommodation will be in this category.
- **People who are clean from illicit drugs but using prescribed substitutes** - Most stakeholders thought that this group would benefit from a mix of independent and supported accommodation, and that most would require visiting support. Estimates made during the Clean Break study suggest that

⁴ Gossop et al (2001) *NTORs After Five Years: Changes in substance misuse, health and criminal behaviour during the five years after intake* National Addictions Centre

⁵ Analysis of NDTMS data returns in one of the Clean break case study boroughs showed that just under a third of NFA clients accessing treatment were in residential rehab.

⁶ NTA (2006) *Models of Care for treatment of adult drug users: Update 2006* National Treatment Agency

around 20 per cent of drug users engaging in treatment services and needing accommodation will be in this category.

- **People who are attempting to reduce their intake of illicit drugs** - Most stakeholders felt that this group would benefit from supported accommodation with scheme-based support or regular visiting support. Estimates made during the Clean Break study suggest that 35-50 per cent of drug users engaging in treatment services and needing accommodation will be in this category.
- **Chaotic drug users**⁹ - Stakeholders largely believed that chaotic drug users not engaging in treatment, or only accessing harm minimisation services, would require supported accommodation with 24 hour staff cover in order to manage the risks to themselves, their fellow residents and the surrounding community. Estimates made during the Clean Break study suggest that around 25 per cent of drug users engaging in treatment services and needing accommodation will be in this category.

Examples of services encountered during Clean Break showed that access and continued occupation of housing is commonly used as both an incentive, and a sanction. And, there appears to be fairly widespread support amongst professional stakeholders for these models, and indeed from some service users.

'I'm tested every week - this keeps me sane and careful' Service user'

They do room checks here which is good for me as it keeps me on my toes' Service user

Recent draft guidance issued by NICE¹⁰ suggested that incentives can be successfully used to encourage reductions in drug use. This is supported by research evidence, but the guidance reported that there is no similar evidence to support the use of sanctions. There is some evidence from the case study boroughs to suggest that supported housing schemes that make continued occupation of housing contingent upon adherence to treatment goals experience high rates of eviction/abandonment.

To make these services successful, it is important that a robust and adequately resourced relapse policy is in place which is flexible at the same time as ensuring a clearly defined and consistent approach. Service users must also have readily available access to the treatment services that can support them to comply with occupancy conditions, and alternative accommodation to move to if a full relapse cannot be avoided.

⁷ Gossop et al (2001) *NTORs After Five Years: Changes in substance misuse, health and criminal behaviour during the five years after intake* National Addictions Centre

⁸ Gossop M et al (2001) *NTORS after five years: The National Outcome Research Project* National Addiction Centre

⁹ The term 'chaotic drug use' is used here to refer to harmful drug use that does not follow a regular pattern and which the user finds difficult to regulate. It can include poly drug use, heavy drug binges and other risky drug taking behaviour, and may be combined with serious mental or physical ill health.

¹⁰ National Centre for Clinical Excellence (2007) *Drug misuse - psychosocial: NICE guideline (draft for consultation)* NICE

Newham's experience suggests that neither a supported accommodation model or threat of accommodation loss is always required to achieve good outcomes. This is shown in the box below.

Substance Misuse Housing Advice Workers in the *London borough of Newham* refer non-statutory homeless clients to a range of housing options in the borough. These include bed and breakfast accommodation, private sector tenancies, private sector leased properties and supported accommodation. Floating support is provided for those in non-supported accommodation.

Access to all these forms of housing is contingent upon the individual engaging with treatment services in order to address their problematic drug use. Applicants can be placed in bed and breakfast accommodation for a week or so to enable them to demonstrate this willingness to engage in treatment. The workers liaise closely with treatment agencies to check this and placements in bed and breakfast will be terminated if the service user is unwilling to comply. Bed and breakfast placements may continue for up to three months whilst suitable move-on is identified in supported or private rented housing.

Once a tenancy in supported or private rented housing has been allocated this is not terminated if engagement with treatment services ceases.

Pathways in Newham for non-statutory and statutory service users are already integrated to a great extent, and the borough is considering further integration to ensure that statutory homeless households are referred into supported accommodation where appropriate, and that move-on accommodation will be available for those who need to move due to decreasing or increasing needs.

The Clean Break Toolkit (www.toolkits.homeless.org.uk) also recommends a single point of access to a network of housing services for both statutory and non-statutory homeless clients which:

- Enables access to services to be determined by locally and regionally agreed priorities
- Ensures that agreed pathways are adhered to
- Reduces the need for multiple relationships and time intensive liaison across a group of stakeholders
- Enables the collation of information about needs at a single point
- Ensures equitable treatment of service users according to their needs.

19b. Where are the main gaps?

Evidence base of range of housing types

In many areas access to drug treatment has become easier for homeless drug users, however, the integration of housing with treatment is less widespread. There is little guidance from national agencies on what type of housing would most effectively support treatment outcomes. Instead guidance issued to date¹¹ tends to list and provide examples of models that commissioners and providers could consider.

Although there is good research evidence in the role of wraparound services, and housing in particular in supporting treatment outcomes, there has been little systematic review of the effectiveness of different models of supported housing or indeed its advantages over 'general needs' housing. The provision of accommodation can be particularly important for those who are 'hard to reach' and/or only engaged in harm minimisation services. This will include those that are rough sleeping for some or all of the time.

'When I'm sleeping rough, all I do all day is earn money to do drugs. I could do with somewhere to live but don't do anything about it. I live in a warehouse in a little office and we've got mattresses, candles and a radio...Even if I got a script for methadone, I'd still use heroin while I'm on the streets.' Service user

'My lifestyle does increase my drug use - being on the streets and sleeping rough. I need help around housing as well as around drug use. If someone would just give me a hostel place or a room it would be a roof over my head and I would be able to be with my partner.' Service user

'Where I live I need to be out of my nut. I wouldn't be able to sleep, can't wash, can't brush my teeth, there's no water.' Service user

Housing for active drug users

At the time of the study, all of the case study boroughs had the greatest shortages of accommodation for active drug users, including those involved in chaotic drug use (although Islington had a service in development). Chaotic drug users in particular are often turned away when they apply for housing, due to the lack of suitable options (unless they meet the criteria for statutory homeless assistance), or are referred to nightshelters across London.

All of the rough sleepers interviewed during the Clean Break study were poly drug and alcohol users. Research from the US has shown that accommodation can be a 'hook' to engage chaotic drug users into services and eventually more structured treatment services¹².

¹¹ Office of the Deputy Prime Minister and Home Office (2005) *Housing Support Options for People who Misuse Substances* ODPM

¹² Kraus D (2001) *Housing for people with drug and alcohol addictions: an annotated bibliography* City of Vancouver Housing Centre, Canada

Housing for a fresh start

There were very strong messages from the service users interviewed during the Clean Break study about the need to be able to live away from other active users when attempting to reduce or end their own drug use. Housing drug users engaging in treatment away from active and unengaged drug users can be extremely difficult in both general needs and supported housing, however.

Housing and support services need to be flexible enough to respond to changes in the individual's levels and patterns of drug use as well as their other needs.

Staff knowledge and expertise

Some of the current gaps in or barriers to services experienced by drug users can be attributed to a lack of staff expertise or knowledge both at the operational level (for instance lack of knowledge about services and how to refer) and the strategic level (for instance poor understanding of the links between housing and drug use and how to engage key partners).

Some of the tactics that can be employed to address these weaknesses include:

- Joint housing and treatment agency forums
- Joint training across housing and treatment agencies
- Job shadowing
- Written referral pathways to key services that are kept up to date and widely circulated
- A single assessment and referral point for key services
- Collation of evidence about the impact that stable housing can have on the achievement of treatment outcomes and vice versa
- Raising awareness and commitment amongst council members and senior officers through events, research and joint commissioning bodies.

Complex needs

The results of the Clean Break study suggest that it is continuing drug users and those who are engaged in chaotic drug use for whom there is least appropriate housing. This appears to be due to a variety of reasons:

- Housing providers could house active drug users but are often misinformed or concerned about the possibility of prosecution under section 8 of the Misuse of Drugs Act 1971¹³
- Services developed specifically for active drug users require specialist staff and the ability to deliver high support - both of which are expensive
- Active drug users are associated with increased levels of crime, anti-social behaviour and drug dealing - all of which are likely to increase opposition from local people

¹³ Flemen K (2005) *Drugs on premises: the updated legal position* KFX

All three of the case study boroughs were found to have the largest gaps in their supply of accommodation for continuing drug users and chaotic drug users. Whilst there were also shortages in 'clean' accommodation options (accommodation where service users would not be in close proximity to active drug users), these were less acute and there was usually more scope for remodelling and/or negotiating increased access to existing services for this group.

A focus on homeless drug users' well-being

The Drugs Strategy makes reference to Positive Futures for young people - particularly the success of sport in giving people an alternative use of their time. However, the consultation document does not mention a similar service for adults, yet the experience of our members tells us that some form of "meaningful activity" can be the vital first step on an individual's route from overcoming drug dependency to moving through to employment. For example in one service, people become qualified power boat drivers. However, before they can use the power boats, they have to become clean. This has proven a very successful incentive to come off drugs.

The Hostels Capital Improvement Programme has been critical in establishing a range of arts, sports, and cultural activities within hostels, but also in building links across communities. Often it can require very little extra investment beyond start up costs to develop the partnerships as the sports, leisure and cultural facilities already exist in the localities. People need support to have the confidence to access these services and services need support to understand the needs of groups traditionally defined as "difficult to engage". The indicators already exist within the 198 basket of indicators for the 35 improvement targets in Local Area Agreements.

Homeless Link would be happy to provide a range of examples of services that are being developed in hostels and day centres around the country.

The Home Office in developing the final drugs strategy should

- work closely with the CLG to learn from the approach taken in the Hostels Capital Improvement Programme to achieve change,
- seek to encourage and establish similar schemes across drug treatment providers in partnership with the homelessness, mental health
- work with the DCMS to ensure that arts and sports services understand the need to direct resources and services towards groups such as homeless people, people using drugs
- give guidance to Government Offices about the benefit that sports, arts and culture can have on reducing drug use.

For more information on this consultation response do not hesitate to contact:

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