

Clean break



Integrated housing and care pathways for homeless drug users
Research summary

Funded by





Research found that:

- three quarters of homeless people have a history of problematic substance misuse¹ (rising to more than 4/5 of rough sleepers²)
- drug users are seven times more likely to be homeless than the general population³
- more than 2/5 of homeless people cite drug use as the main reason for homelessness⁴
- two thirds report increasing problem substance misuse after becoming homeless.⁵

1 Homelessness Directorate (2002) *Drug Services for Homeless People* Office of the Deputy Prime Minister

2 Fountain J and Howes S (2001) *'Rough Sleeping, substance misuse and service provision in London'* National Addiction Centre, London

3 Kemp P et al (2006) *'Homelessness amongst problem drug users: prevalence, risk factors and trigger events'* Health and Social Care in the Community 14 (4), 319-328

4 Fountain J et al (2002) *'Who uses services for homeless people? An investigation amongst people sleeping rough in London'*. Journal of Community and Applied Social Psychology, 12:71-75.

5 Chamberlain C et al (February 2007) *'Homelessness in Melbourne'* RMIT University, Melbourne



Introduction

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 often work in isolation from each other.

Clean break 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 among drug users engaging in treatment.⁶ In the three case study areas, its impact has already been felt.

We hope this report will stimulate change at national and local levels, bringing together planners, commissioners and providers to develop pathways that reinforce the efforts of individuals as they seek to leave a life of homelessness and drug use behind.

We would like to thank the London Housing Foundation, London Borough of Newham's substance misuse partnership, Safer Islington Partnership and the Housing Corporation for funding this research. Particular thanks are due to the London Housing Foundation, without whose support the project would not have got off the ground. Our thanks to the three London boroughs - Newham, Islington and Havering - who took part in the research. We would also like to thank Tribal Consulting for carrying out this work.

The full research report and a toolkit providing practical solutions to the research findings is available online at www.homeless.org.uk

⁶ Action research was undertaken in the three London boroughs. This included analysis of the need for and supply of housing and support for homeless drug users, as well as access routes and criteria for existing services. Interviews with staff and

service users were undertaken. The study was overseen at the national level by a steering group that included National Treatment Agency, Home Office, London probation and Housing Corporation among others.



The link between housing and treatment outcomes

In 2004 the Audit Commission pointed to an overemphasis on treating drug addiction and a lack of emphasis on providing the support needed to bring order to the often chaotic lives of drug users. It concluded that housing, social care and other services must provide users with support to maintain progress made during treatment and ultimately help them become employed, housed and more self sufficient.⁷

Public expenditure in England on drug treatment services in 2007/8 will be £600million.⁸ The Government is clear about the benefits from this: for every £1 spent on treatment, at least £9.50 is saved in crime and health costs.⁹

Stable housing is widely regarded as key to successful treatment outcomes.¹⁰ Yet problematic drug users are seven times more likely to be homeless than the general population,¹¹ and 40 per cent state that a lack of stable housing is the main barrier to them achieving their treatment goals.¹²

The Clean break study found that, when treatment and housing services work together to support each other, there can be many benefits for service users, commissioners and the wider community, including:

- improved access to a wider range of private sector and social housing
- better engagement and retention in treatment services
- lower rates of tenancy breakdown and repeat homelessness
- reduced offending and anti-social behaviour.

7 Audit Commission (2004) *Drug misuse 2004*, www.audit-commission.gov.uk

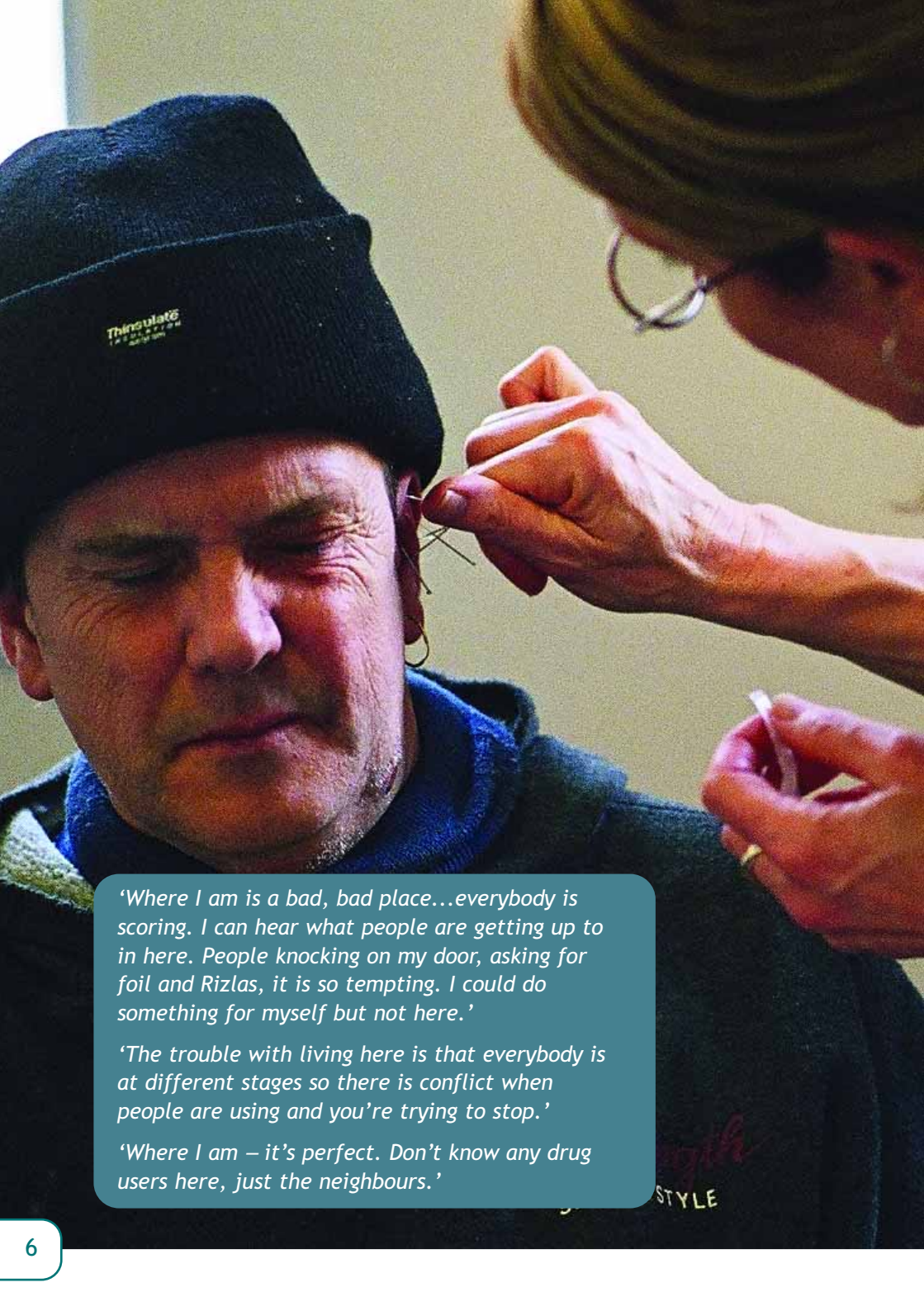
8 Includes central Government funding of £398m.

9 Godfrey C et al (2004) *Economic analysis of costs and consequences of the treatment of drug misuse: 2-year outcome data from the National Treatment Outcome Research Study* Addiction Volume 99 Number 6, 697-707

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

11 Kemp P et al (2006) 'Homelessness amongst problem drug users: prevalence, risk factors and trigger events' Health and Social Care in the Community 14 (4), 319-328

12 Stephenson M (2005) *National Aftercare Survey – Year 3* Addaction, London



'Where I am is a bad, bad place...everybody is scoring. I can hear what people are getting up to in here. People knocking on my door, asking for foil and Rizlas, it is so tempting. I could do something for myself but not here.'

'The trouble with living here is that everybody is at different stages so there is conflict when people are using and you're trying to stop.'

'Where I am – it's perfect. Don't know any drug users here, just the neighbours.'



The need for different types of housing and support

In England, most drug treatment is undertaken in the community with a need for stable housing throughout the treatment period, as well as in the post-treatment period.¹³

Journeys to abstinence or stabilisation of drug use are rarely linear; there can be several setbacks along the way.¹⁴ 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.

Housing and treatment agencies who participated in the research identified the need for a range of accommodation, from general needs housing with floating support for those who are clean/stabilised, through to 24-hour supported accommodation for chaotic drug users. Very short stay accommodation is often needed to bridge gaps in service availability, enable a period of assessment, or enable respite for someone whose needs have changed.

Service users emphasised the importance of:

- being away from active drug users when seeking to end/reduce their drug use
- using good quality housing as a reward/incentive for positive treatment outcomes
- getting support with drugs and housing at the same time
- having access to ongoing support post-treatment.

However, commissioning and planning of local services is currently hampered by poor data systems and inadequate knowledge of the relative impact of different housing models on drug use. This lack of evidence can be a major barrier to the negotiation of additional resources and access to services.

¹³ Examples of treatment services include substitute prescribing, group work, structured day programmes, residential detox and rehabilitation.

¹⁴ Glossop M et al (2001) NTORS after five years: The National Outcome Research Project National Addiction Centre

Key finding

The lack of appropriate housing for drug users is leading to:

- those trying to reduce or abstain from drugs forced to live alongside those still actively using
- inappropriate referrals to existing supported housing
- chaotic drug users having to sleep rough or move out of borough
- people becoming 'lost' in the system
- an increased risk of relapse and wasted investment.

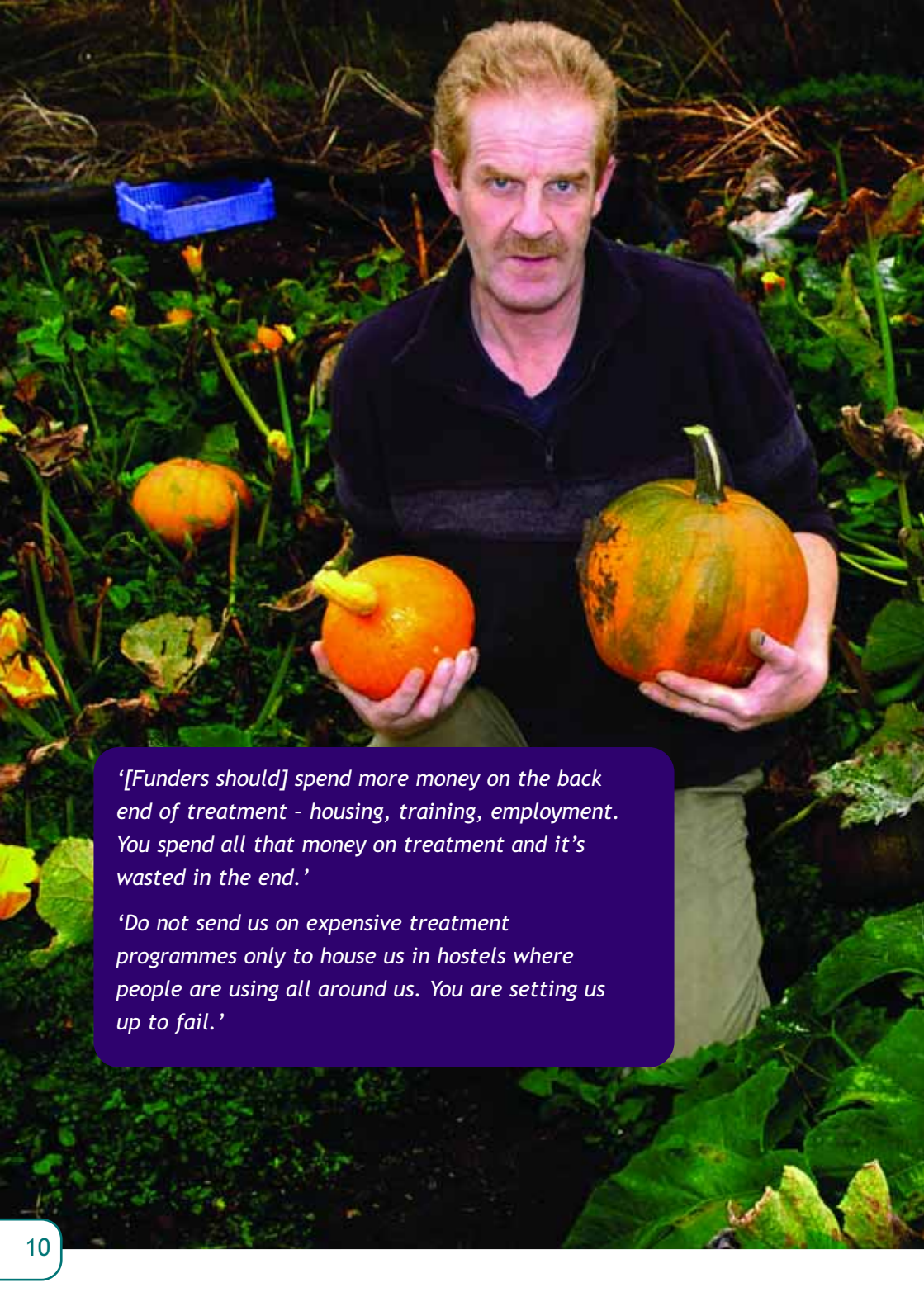
Pathways and access to housing

The research found that there were significant shortages of housing for drug users engaging in treatment in all of the case study boroughs. This shortage was most acute for those still actively using drugs and who are often routinely excluded from many forms of housing.

There can be many barriers preventing access to housing for drug users at all stages of their treatment journey, but strong partnerships can overcome these, and ensure best possible use of available resources. Solutions developed in the case study boroughs included:

- **Development of a 'systems approach'** that links housing and treatment agencies together in a mutually supportive way.
- **Greater joint working between housing and treatment agencies** to enable a more holistic response to the complex needs of homeless drug users.
- **Clearer pathways to and between housing and treatment services** which are understood by all relevant agencies.
- **Greater flexibility and capacity amongst housing providers** to respond effectively when needs and levels of problematic drug use change.
- **Development of a stronger evidence base from which to build local support** for investment in and access to services for drug users.
- **A multi-agency approach to commissioning and delivery** that pools resources and creates added value.

The Clean break toolkit includes tools and examples of good practice to enable other authorities to replicate these solutions in their local areas. While new investment is often needed to address service gaps and weaknesses, there are also many examples of how to make existing resources work more effectively.



'[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.'

'Do not send us on expensive treatment programmes only to house us in hostels where people are using all around us. You are setting us up to fail.'



Photo: Thames Reach, photography Len Cross

Conclusions and recommendations

The Clean break study concluded that there was much that could be done to improve housing and treatment pathways for homeless drug users. The research report includes a number of recommendations for implementation at the national, regional and local levels to achieve this. These are summarised below.

Making the case for additional resources

Relevant Government departments should jointly commission research to evaluate the impact of different housing models on treatment outcomes.

Joint guidance should be given to local authorities, encouraging them to conduct accommodation needs assessments for drug users. These needs assessments should be underpinned by robust housing needs data.

Strengthening partnerships at regional and local level

Regional and local strategies (such as Local Area Agreements, homelessness strategies and regional housing strategies) should address the needs of homeless drug users.

Clear expectations of partnership working should be incorporated into regulatory frameworks for housing, support and treatment services.

Making best use of available resources

Strategic reviews should be undertaken locally to establish: a 'system' of services with clear pathways between them; strong partnerships between housing and treatment services; and plans to remodel services where required.

Local pathways to treatment and accommodation should be well understood by all staff working with drug users, and accessible to those in need.

Housing providers, commissioners and other agencies should work together in a mutually supportive way to deliver the flexible range of services needed by drug users.

The full list of recommendations are in the research report available at www.homeless.org.uk

Homeless Link is the national membership organisation for frontline homelessness agencies in England. Our mission is to be a catalyst that will help to bring an end to homelessness.

Our two goals are to:

- raise standards in the services that support homeless people and tackle homelessness
- influence the development of policy, strategy and investment at all levels of government.

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