



Frontline agencies in partnership

Drugs and alcohol in the Survey of Needs and Provision

Survey of Needs and Provision

The Survey of Needs and Provision (SNAP), conducted by Homeless Link and Resource Information Service (RIS), and funded by the CLG and CRASH¹, brings together and makes publicly available data on single homeless people and couples in England.

The research focused on day centres and accommodation based services for single homeless people and couples, including both direct access/emergency hostels² and second stage supported accommodation³. The research consisted of three main elements:

- Analysis of data about hostels and supported accommodation from the Supporting People (SP) provider database⁴ and basic analysis of SP client records.
- Analysis of data about day centres, direct access hostels and second stage supported accommodation from Homeless UK.
- A telephone survey of a sample of 151 day centre, hostels and second stage supported accommodation providers on Homeless UK, to gather more detailed information about clients served and their needs, services provided, standards of buildings and sources of funding.

This briefing summarises the findings in SNAP relating alcohol and drugs, primarily based on the telephone survey.

Summary of findings

Very few homelessness projects report having no clients with alcohol or drug problems. Day centres and direct access hostels tend to see a higher proportion of people with substance misuse problems than second stage supported accommodation. Both structured treatments and harm minimisation services are available to the vast majority of projects, especially those with high numbers of clients with substance misuse problems, although support is generally accessed by referral to external agencies. However, around one fifth

¹ CRASH is the property and construction industry charity for the homeless. www.crash.org.uk

² Direct access hostels are short stay emergency services aimed at rough sleepers or those in need of immediate accommodation that usually have 24 hour staffing, frequent vacancies, no or limited waiting lists and can often accept self referrals.

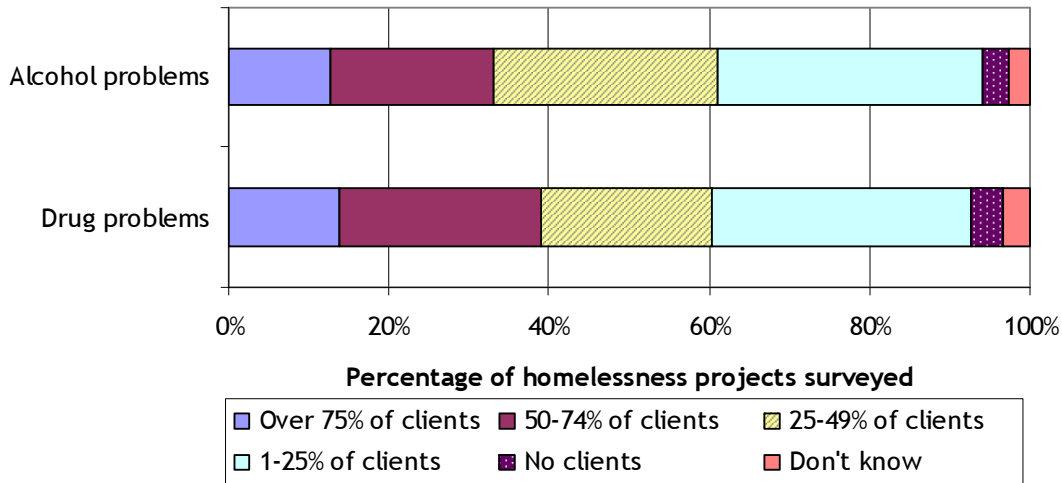
³ Second stage supported accommodation projects provide longer-term accommodation for homeless people, often to those moving on from "first stage" direct access hostels. These projects usually have waiting lists, less frequent vacancies than direct access hostels, and are less likely to accept self referrals.

⁴ Supporting People data covers England.

of the projects surveyed who do have access to substance misuse services, feel that they were inadequate or inaccessible to their clients

- Most projects surveyed reported having clients with substance misuse problems. Almost 40% of services reported that a majority of their clients had drug problems, and a third report that a majority of clients have alcohol support needs.

Proportion of clients with substance misuse problems in projects surveyed



- Harm minimisation and structured treatment services are available, both for alcohol and drugs misuse, in between 86% and 89% of projects, depending on the support.

Availability of substance misuse services (by referral or in-house) by type of project

| Type of project | Drug services | | Alcohol services | |
|----------------------------|----------------------|-------------------|----------------------|-------------------|
| | Structured treatment | Harm minimisation | Structured treatment | Harm minimisation |
| Day centres | 32 (80%) | 32 (80%) | 32 (80%) | 32 (80%) |
| Direct access hostels | 35 (88%) | 34 (85%) | 37 (93%) | 34 (85%) |
| Second stage accommodation | 63 (89%) | 65 (92%) | 65 (92%) | 66 (93%) |
| Total | 130 (86%) | 131 (86%) | 134 (89%) | 132 (87%) |

- Only four projects, where over 50% of clients are reported as having drugs problems, do not have structured drug treatment programmes available and only three do not have harm minimisation services for drugs.
- Similarly only four projects, where over 50% of clients are reported as having alcohol problems, do not have structured alcohol treatment programmes available and only three do not have harm minimisation services for alcohol.
- Services generally have a referral system to an external agency for clients with substance misuse problems, but some projects do have these services available in-house, either delivered by projects' own staff or by an external agency:

- 23% have structured alcohol treatment in-house
- 26% have structured drug treatment in-house
- 29% have harm minimisation services related to alcohol
- 33% have harm minimisation services related to drugs.

Number and percentage of projects surveyed where substance misuse services are available in-house or by referral system to external agencies

| Type of service or activity | Services are available | Service delivery agent | | |
|---------------------------------------|------------------------|---|--|---|
| | | In-house support service/ activity delivered by own staff | In-house support/ activity delivered by an external agency | Have a referral system to an external service delivering this support/ activity |
| Structured (Drug) treatment | 130 (86%) | 18 (12%) | 25 (17%) | 105 (70%) |
| Harm minimisation (Drug treatment) | 131 (87%) | 26 (17%) | 27 (18%) | 100 (66%) |
| Structured (Alcohol) treatment | 134 (89%) | 16 (11%) | 22 (15%) | 113 (75%) |
| Harm minimisation (Alcohol treatment) | 132 (87%) | 25 (17%) | 23 (15%) | 105 (70%) |

- Accommodation based services are more likely than day centres to report that the available services are adequate and accessible to their clients. However, overall, where services are available, around two thirds agree that they are adequate and accessible.

Day centres

There are a total of 187 day centres for single homeless people or couples in England. Almost all day centres (180 or 96%) do not allow alcohol on the premises and some also stipulate that users must be completely sober or “sober enough to engage with support”. Just seven day centres allow alcohol to be consumed on the premises. These are wet centres or have “wet areas” or “wet sessions”, where clients, often street drinkers and other people with alcohol problems, are able to drink alcohol.

In our telephone survey of 40 day centres:

- 40% said that over half of their clients have drug or alcohol problems.
- Drug and alcohol services are generally available to day centres by referral to an external agency that deliver this support. However, where in-house services are available, harm minimisation services are more common in-house than structured treatments.
- Both structured treatment and harm minimisation services are available to those 16 day centres where over 50% of clients have drug/alcohol problems, and to ten of the eleven day centres where 25-49% of clients have drug/alcohol problems.
- Although, 20% day centres say that no drug or alcohol services are available to them, they were generally those with a small proportion of clients with drug or alcohol problems.

- 2 centres (5%) reported receiving funding from substance misuse services such as Drug Action Teams

Direct Access hostels

Based on Homeless UK, there are 246 direct access hostels in England. In the 40 direct access hostels in the telephone survey:

- 19 (48%) reported that at least 50% of clients have drug problems and 18 hostels reported that at least 50% of clients have alcohol problems.
- All direct access hostels have at least some clients with drug problems and only one hostel reported that they have no clients with alcohol problems.
- Substance misuse services are available to a large majority of direct access hostels and several have services available both in-house and by referral.
- Overall, around 60% of those that have these services available felt that they were adequate and accessible to their clients. Yet around 25% of respondents, who have the different types of substance misuse services available, do not feel that they were adequate and accessible. The remainder gave a neutral answer.

According to the data available on the Homeless UK database 70 hostels (28%) have specialist support for people with drug problems and 42 hostels (17%) for people with alcohol problems. However, this difference between the prevalence of drugs and alcohol related support, did not come out in the telephone survey. This may be the result of sampling or that “support” has been interpreted differently by respondents to the survey and those providing data for Homeless UK. In the survey, projects were as likely to have access to alcohol services as to drug services. Twelve projects (30%) in the survey have structured drug treatment in-house (whether by an external or an internal agency) and the same number have structured alcohol treatment services. Eleven (28%) have drug harm minimisation services and 13 (33%) alcohol harm minimisation support. However, the smaller sample may not have been able to pick up the difference identified in the full list of projects.

Second stage supported accommodation

- The vast majority of second stage accommodation projects surveyed have access to substance misuse services, generally by referral to external agencies. Unlike in direct access hostels, drug related support services are more common in-house than alcohol related services. 16 projects (40%) have structured drug treatment available in-house and eleven have structured alcohol treatment. Similarly, 24 (60%) projects have harm minimisation services for drug problems and 18 (45%) for alcohol problems.
- Only three (4%) of the 71 second stage supported accommodation projects surveyed reported that they have no clients with alcohol problems and six reported that they have no clients with drug problems.
- Drug services are available to all of the 16 services (23%) where a majority of clients have drug problems. The same was true for the 16 services with more than 50% of clients with alcohol problems and alcohol services.