Working with Alcohol Use in Homelessness Accommodation

Case studies
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Greystones and Infinity Initiatives

Greystones Housing have been operating in Tameside for over 30 years providing a specialised provision for residents with substance misuse issues, primarily supporting alcohol misuse or where there is a dual diagnosis. A dual diagnosis is made when a patient is diagnosed with both a mental illness and a substance misuse issue.

Infinity Initiatives was established in 2015 in response to the lack of provision in the area to support people with multiple and complex needs. They provide a service which seeks to remove labels and offer support without thresholds and timeframes recognising that people rarely present with just one issue and have multi-faceted needs.

Tameside has high levels of people facing multiple disadvantage including addiction, homelessness and mental health. In comparison to the 353 local authorities in England, Tameside local authority is the 41st most deprived local authority (Tameside Council, 2018). Around 18% of households in Tameside are classed as workless households; significantly higher than the England average.

There is a dramatic increase in levels of rough sleeping in Tameside. During the period 29 November 2017 to 31 March 2018, cold weather provision was triggered on 37 nights and there were 414 placements made available.

Without effective, multi-agency support many individuals with complex needs get trapped in the ‘revolving door’ of services with no one agency taking responsibility for the care of the client. The partnership working model between Greystones and Infinity has achieved significant results for the homeless community in the local area providing a person-centred approach to immediate and long-term care. Engagement by residents of Greystones with provision at Infinity Initiatives has continued to grow since February 2016. The level of engagement varies from using the café and attending one off workshops, volunteering, accessing support or counselling.

<table>
<thead>
<tr>
<th>Date</th>
<th>% of Greystones residents engaging with Infinity *</th>
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<tbody>
<tr>
<td>February 2016</td>
<td>5%</td>
</tr>
<tr>
<td>February 2017</td>
<td>19%</td>
</tr>
<tr>
<td>February 2018</td>
<td>24%</td>
</tr>
<tr>
<td>February 2019</td>
<td>30%</td>
</tr>
</tbody>
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*Figures represent numbers true to residents and service users on that date, not the year and reflect all residents and service users, even those in dispersed properties.

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2 Tameside Council (2018) Preventing Homelessness Strategy: Report to Executive Cabinet. Available at: http://tameside.moderngov.co.uk/documents/s34810/ITEM%202014%20%20PREVENTING%20HOMELESSNESS%20STRATEGY%202018-21%20FINAL.pdf
Engagement and support
To effectively meet client need, encourage active participation and provide the right support at the right time, Greystones provide a range of accommodation services across various sites. These include emergency accommodation, ‘wet’ housing, dispersed properties, supported and semi-independent living sites.

This range of service ensures the resident is accommodated suitably with the necessary level of support. Residents are able to move between these sites as they progress in their recovery. Providing a client-led service and respecting the needs and wishes of the resident allows for honest and open dialogue with staff to identify, discuss and meet the needs of the client and minimises the risk of eviction.

The organisation and staffing structure is designed to be equipped to respond to any emerging issues with minimum disruption to the resident and their recovery. The shared accommodation units have a central office which is staffed 24-hours a day, 7 days a week and residents of all the properties know who is on hand and how to contact them if they require support.

As the organisation grows and develops, and takes on both new residents and properties, the management team meet regularly to discuss how they can best respond to emerging issues on both a collective and an individual level. The training provided to staff ensures they are aware of the impact of transitions and life events which can impact on people’s support needs and that they feel comfortable approaching their line-manager when they’re standard ways of working need to be flexed to respond to individual need and circumstances. Each staff member has different skills and expertise (for example understanding of the benefits system and appeals process areas or recovery support in the community) so the residents can draw in the support they need from the whole team rather than relying on seeing one key-worker at set times each week. Residents are also encouraged to access support through Infinity Initiatives CIC and often find it helpful to discuss emerging issues with a third party, with Infinity often acting in an informal advocacy role, helping people build the confidence to discuss any issues or concerns they have in a constructive way which strengthens their relationship with Greystones staff.

Within the Infinity centre there are a range of services on offer including a ‘pay what you can’ café, foodbank, access to support and advocacy, training and recreation and a counselling service. The Infinity team work closely with Greystones to provide enhanced support to residents which may also include opportunity to volunteer at the centre and invitation to co-design projects. This allows for more separation of housing and support as the wrap-around support provided is optional and does not relate to any conditions of people’s tenancies. People have commented how valuable they find the opportunity to ‘take time out’ at Infinity.

Greystone’s staff meet regularly with residents and operate on an open-door basis ensuring issues are dealt with promptly. Support plans are co-produced and are regularly reviewed. The organisation and staffing structure is designed to be equipped to respond to any emerging issues or change in need. Greystones ensure lived experience is reflected in their staffing structure in both paid and unpaid roles, this is an important factor in terms of residents feeling understood and not judged.

“It was vital for me that the person helping me was doing it because they wanted to and not because they had to. They did not judge or try to fit me into a box. I was seen as a person because they understood what it felt like to need help so desperately” (Resident, Greystones)

“We recognise that support workers are people that residents can form both a professional and close relationship with, so great care is taken in selecting staff members that have the appropriate experience and are able to make our residents feel completely comfortable. All support workers have achieved or are working towards a level three NVQ in Health and Social Care. This has enabled us to
create an atmosphere of total inclusion and equality, a philosophy which we have found facilitates personal and social development for our residents” (Manager, Greystones)

Multi-agency working
Taking a collaborative approach to care is an integral part of recovery. Greystones seek to include various stakeholders to strengthen the support available to residents. This may include (but is not limited to) commissioners, drug and alcohol services, police, health providers and families. Reconnecting with family is an aspiration for many residents. Infinity Initiatives support residents in achieving this in a number of ways including:

- Assisting in communication (letter, email, skype etc)
- Acting as a care of address to exchange correspondence and gifts.
- Providing a safe and welcoming environment for families to meet.
- Providing advocacy and negotiating with agencies such as Social Care.
- Providing a mediation service.

Negotiating with stakeholders and managing associated risks
Many residents have had dealings with the criminal justice system and are in regular contact with police. Having a regular police presence at the project can have an unsettling effect on other residents and impacts on the quality of life of neighbouring properties. In recognition of this, Greystones have established a strong working relationship with the neighbourhood policing team and through ongoing communication have negotiated a system that suits all. Unless in the case of an emergency, the police do not attend Greystones unannounced.

The safety of residents, staff and guests is priority. All communal areas within Greystones and Infinity are covered by CCTV and teams have access to hand-held radios to communicate between the various sites. Greystones is staffed 24-hours a day by a combination of support and security teams. The security team are based in the main accommodation block in close proximity to the residents which have been assessed as having the highest level of risk to themselves and/or others. In addition to their security training, the team have received training in conflict resolution, mental health, listening skills and health and social care.

“It is important that we aren’t just seen as security, this can create a power struggle between us and the residents, many of whom are already anti-authority. We receive a better response when we talk to residents with respect and understanding” (Security Officer, Greystones)

Social inclusion
Moving into independent living can be a daunting and challenging time for service users. Many have lived within institutions such as prisons, secure units and hostels for the majority of their lives. The responsibility of managing a tenancy and their own finances can be overwhelming and, without adequate support, many will fall back into homelessness and substance misuse. Greystones work with residents to equip them with vital skills such as managing finances, laundry and cooking throughout their stay.

In cases where a service user wishes to access training or take steps to gain employment, Infinity will support by providing training, covering external training costs and helping with CV and interview skills. When a resident is ready to move on, Infinity & Greystones will work together to identify a bespoke transition package which includes securing any necessary finances such as a deposit, sourcing furniture and assisting with bills, registering with doctors and dentists and any other matters personal to the service user.
The first month living independently can be a difficult time, with feelings of loneliness and inadequacy arising. Greystones will aim to stay in contact for a further 4 weeks following their move to ensure support is available during this time and the service user will be encouraged to continue to engage with Infinity and utilise the services at the centre.

Engagement levels between service users and Infinity has been extremely high and this is accredited to the safe and welcoming environment at the Infinity centre and the non-judgmental approach and caring nature of the team. Of the 61 clients who have accessed Infinity Initiative’s counselling service to date, 17 (27.8%) have been Greystones residents. These individuals often have complex needs which make it very difficult for them to engage with any of the statutory services regarding their mental health and emotional wellbeing. While statutory services can sometimes be inflexible in responding to individuals with more complex needs, third sector organisations can take the extra steps which are often needed to keep people engaged, for example keeping in touch between appointments, actively reminding them the day before and the same morning, buying alarm clocks to help make sure people have woken up on time, and responding in a multi-agency way so residents can engage with all of the support they require with all services committing to changing existing appointments where necessary. The staff will do whatever it takes, within the confines of safeguarding policies and procedures, to help make sure the right support is wrapped around the individual at the right time. Without this willingness to adapt to individual needs and circumstances, many people wouldn’t have been able to access any meaningful support for their mental health.

“The Infinity centre has a ‘home from home’ feel. The café and lounge area create a welcoming environment where people can attend without an appointment to have a cup of tea or to access support. This non-clinical environment puts our clients at ease. There is no hierarchy here, no judgement and no expectations. Those who use our centre know we care, they trust us and this shows when you see the positive impact our service has had on so many people’s lives.” (Manager, Infinity Initiatives)

Jack’s story
Jack grew up in a small Sheffield town. He worked hard and took great pride in providing for his family. The closure of many steelworks during the 1980s led to Jack and many others losing their livelihood. Unemployment levels were high and work few and far between. Jack describes how many men took to street fighting as a way of earning money. He explains how “there were no rules, nothing was off limits and it was dog-eat-dog. It had to be, we needed to win to feed our families.”

Over time, the pressures of daily life and lack of work led to his family breaking down. He noticed his drinking was becoming more frequent, but it wasn’t until the death of his Mother that his drinking became out of control and his mental health deteriorated rapidly. Jack explains the day when he hit an all-time low and felt he had to escape. He says, ‘I just needed to go, I felt I just had to walk.’ 46 miles later, Jack found himself in Greater Manchester. The soles of his shoes had worn away and he was thirsty and struggling to breathe. He was directed to Greystones and was given a room in the main house. The following morning, he was assigned a dedicated support worker who would support him in settling in and would work alongside him to identify his needs.

Greystones worked with Jack at a pace that suited him. Jack was given a choice of accommodation, a dry house or rooms where alcohol was permitted. This choice was paramount to Jack agreeing to stay in supported accommodation. Being resident in the main house allowed for twice daily support meetings,
advocacy and communal dining. Jack had access to external support for his alcohol use and in-house AA meetings twice a week. Jack’s support worker would bring him into the café at Infinity Initiatives and encourage him to take part in various activities. He was provided with a key worker at Infinity, so he had a single point of contact there for any issues. With his permission, the key worker at Infinity communicated regularly with his Greystones support worker. Jack engaged well, socialising with other café customers and building relationships with Infinity staff and volunteers.

As his alcohol dependency lessened, he was moved to a Greystones dispersed property where he could live semi-independently but still access support as and when he needed it. He visited the Infinity centre more regularly and without his support worker. He asked his key worker at Infinity if she could help him reconnect with his family and asked for counselling as he felt ready to speak about his past and was determined to start thinking about his future.

He completed a 16-week counselling course and uses the techniques he learned during this time in his daily life. He is now in a stable relationship, has new hobbies and is volunteering at the Infinity café. Jack is now abstinent but feels he still needs the safety net of Greystones and Infinity. He says ‘I still bear the scars from my past today, which are both physical and psychological. I am doing well but know how easy I could slip back into old habits. It is important I stay in the right environment and in the company of the right people’.
Threshold Housing Project

Threshold started life as the Oldham Single Homeless Project in 1976 when two organisations, the Oldham Crypt Project and Oldham Council for Churches, took over the running of the 31 Spring Street men’s hostel in Oldham and saved it from demolition. Three years later Oldham Single Homeless Project was able to expand into larger offices at Rockcliffe Villa and manage more hostels, surviving radical changes to housing policy during the 1980s. In 1994 it took on the name of Threshold Housing Project Limited.

In 2015 Threshold started work on an innovative Housing First service, they were among the first organisations in the UK to deliver this type of service and model. York University conducted an evaluation on Threshold’s Housing First service for women and concluded “There is a clear case for exploring direct support for Threshold Housing First across GMCA as part of the overall homelessness and rough sleeping strategy”. One of the key successes of Threshold’s work has been in responding to the needs of women experiencing homelessness. They have worked with Homeless Link to deliver training on Housing First and gender-informed services.

Threshold have reflected on how learning from their delivery of Housing First could be applied in more traditional supported housing environments, including shared accommodation for people who are drinking alcohol at harmful, hazardous or dependent levels. Great Moves is the name for the supported housing services run by Threshold, providing accommodation for people who are homeless along with support to live independently. Great Moves Women provides specialist accommodation for women. This case study explores how some of the principles and values which underpin Housing First have been applied within these services.

This case study documents how Threshold have applied their learning from delivering Housing First within the Great Moves services.

Housing First and housing-led approaches

The Housing First service which Threshold provide for women operates using a high-fidelity model. This means the following principles are not only adhered to, but that they inform and underpin every aspect of the Housing First team’s work.

- People have a right to a home
- Flexible support is provided for as long as it is needed
- Housing and support are separated
- Individuals have choice and control
- An active engagement approach is used
- The service is based on people’s strengths, goals and aspirations
- A harm reduction approach is used

Whilst high-fidelity models of Housing First are incompatible with traditional models of supported accommodation, it is possible for the core principles to influence the way support is provided within a Housing-led approach. The term housing-led covers homeless policies that focus predominantly on:

- Access to permanent housing solutions as soon as possible for people who are homeless;
- Targeted prevention for people at risk of homelessness, and needs-based, person-centred support services to provision to people who are at risk of homelessness.
The core principles associated with this approach are:

- A separation of housing and support services
- Support is intense, open-ended and flexible
- People accessing the service are ‘chronically’ homeless
- A harm reduction approach is used; and
- People are given choice and this is respected.

**A separation of housing and support services**

Threshold have found that it is possible in more traditional supported accommodation to split the functions of tenancy management and support, although there are some challenges which are presented when both functions are provided by staff working for the same organisation and within the same project.

In some of the supported housing settings Threshold operate, they have different workers who are responsible for the different functions. Peer mentors are involved in providing support at each of the sites and there is no conditionality on engaging with them. Threshold staff have found that supportive relationships are much easier to establish where power dynamics are levelled out and the required support is drawn in, rather than there being any coercion.

**Support is intense, open-ended and flexible**

The Great Moves services prove it is possible to provide support within shared accommodation which is much more flexible than sticking to a standard service offer. It is possible run a service that doesn’t rely on generic support plans, group sessions or ‘tenancy ready’ type courses even with the higher caseloads of staff working in supported accommodation. Tenancy agreements will usually have some conditionality in them in shared accommodation, where this is the case it is important residents feel there is fairness and consistency. When people are living together, tensions can often be raised if they feel someone else is ‘getting out of’ doing something they have to do as part of their tenancy agreement. Staff need a shared understanding of what is negotiable and what is non-negotiable and ensure residents see there is consistency in the approach even though people have individual packages of support.

It is possible to use a multi-agency approach where people who are making full use of community resources have shorter ‘check-in’ sessions, whilst others who are facing additional barriers to accessing support in the community are worked with more intensively.

Support sessions in the Great Moves services are still focused on what works best for the individual, the higher caseloads of staff working in shared accommodation and the onerous recording and monitoring requirements (compared to Threshold’s Housing First services) inevitably place some limitations on the level of support individual workers are able to offer. This means there needs to be more of an emphasis on working with partner organisations and resources within the community. In order for people to feel they are being treated with individual consideration they need to feel their rights, needs and preferences have been acknowledged and validated. It may be the case that other organisations or resources in the community are better placed to meet some of their needs and preferences.

Open-ended support is a concept that is incredibly difficult to introduce in a more traditional supported accommodation environment. It is possible to draw from some of the features of the Critical Time Intervention approach used in Denmark and the US in order to strike a balance between the need for people to ‘graduate’ from support and the need for them being able to call on support should times get challenging again. The organisation will provide support as someone is making the transition in to someone else’s care. In some
instances, they will move in to their own accommodation with no designated support worker, in these cases individuals can be put on a ‘dormant list’. This means they are not currently receiving support, but they can quickly become active again for brief periods of floating support in times of difficulty.

People accessing the service are chronically homeless
While not all individuals living in Threshold’s Great Moves services could be described as ‘chronically’ homeless, there is a commitment to using the values and approach that have been proven to work with people who have had extended periods of homelessness. Traditional supported accommodation will inevitably feature more conditionality than high fidelity Housing First services, and this can create some barriers to people who have had extended periods of homelessness. Threshold have built a relationship with their commissioners which allows for more flex and creativity, so conditionality is less likely to exclude people who have had extended periods of homelessness.

A harm reduction approach is used
In ‘some tolerance’ housing, such as the Great Moves accommodation, commissioners are likely to expect some progress to be made in relation to the units of alcohol an individual drinks. There is an understanding from Threshold that this progress is more likely to be made through uncoerced, strengths-based, motivational practice. Some of the principles of harm reduction can be used in so much as there is a focus on creating an environment through which a reduction in alcohol use is desirable and positively reinforced and whereby coercion and conditionality aren’t used.

Individuals who are unwilling or unable to make any reductions in the amount they drink and do not have any existing wishes to ever achieve abstinence would be better suited to living in either high tolerance shared accommodation or a dispersed property. Great Moves houses individuals who have already set themselves some goals which relate to minimising the harm caused by alcohol and maximising their wellbeing. Threshold understand these goals are more likely to be realised through non-coerced, strengths-based, motivational practice.

People are given choice and this is respected
The extent of choice and control individuals receiving a high fidelity Housing First service are offered isn’t fully replicable in traditional supported or shared accommodation. It is possible to give people some choices about how the service will adapt to their strengths, needs and preferences. Great Moves customers don’t receive a ‘one-size fits all’ model of support. Individual strengths and preferences are identified, and support is drawn in on this basis. ‘My Time’ is a customer focused programme of support, it runs over 6 weeks and helps support and inspire customers through identifying strengths and interests which they can use to use their time constructively, support plans are adapted accordingly to ensure they are truly customer-led. ‘Community Connections’ is a programme through which partner organisations and community groups, such as TiPP (Theatre in Prison and Probation), deliver taster sessions which help customers understand more about what they offer and how to access it.

A values-driven approach
Threshold believe that successfully adopting any of the Housing First principles requires a commitment to values rather than an over-reliance on standard operating procedures. This means creating an atmosphere with staff and customers where all opinions are valued. Threshold promote off-line reflective practice where individuals can generate creative responses to giving customers some degree choice and control when they are living in a more traditional shared accommodation setting. Staff are supported to place more trust in their own judgement which allows them to work in a more creative way, allowing customers to draw in the support
they require rather than using a standard model of supporting people. Operating as an open and coherent team is of particular importance when introducing more flexibility in the way residents are worked with but maintaining a sense of consistency, fairness and equal consideration of all residents. In shared accommodation some residents may try to play one worker off against another if they see inconsistencies in their approach.

While some traditional ways of managing the performance of staff inevitably still exist, there is a commitment to developing staff that can work in a more flexible and creative way to respond to the needs, strengths and preferences of individual customers. In addition to the development of the way Threshold train members of staff and provide them with the space for reflective practice, they are committed to co-producing services with customers and involving them fully in service design and delivery helps to reinforce these values.

Critical Time Intervention
To best respond to need and preferences where resources are more limited, Threshold draw from some of the features and learning from the Critical Time Intervention approach. This means recognising the times of transition in which individuals are likely to have higher level needs and creating more time and space to work with people during these times (e.g. when first moving in to accommodation, preparing for a reduction in drinking and/or detox and rehab, preparing to move in to a dispersed property). More intensive support is provided during these periods to ensure people have a support network in place to help them through the difficult period. Once a support network is in place and the professional has checked with the customer this is meeting their individual needs and preferences then contact time can be reduced and appointments reduced to shorter welfare checks.

Co-production
Sharing decisions with customers about service design and delivery helps to develop an inclusive culture within the Great Moves services in which people feel more able to open up and be honest about what they need in order to benefit from homelessness services.

Threshold have invited their customer peer mentors to help make adaptations to the way they gather and act on feedback from their shared accommodation services. This has seen a move towards a more relationship-based model of involving customer. There is a recognition of the value those with lived experience bring to helping people engage, embedding peer support in to service delivery models, creating a sense of shared ownership of the service and offering the ‘living proof’ that people who’ve faced similar challenges go on to live fulfilling lives. The commitment to creating an empowering service with shared values and a shared culture (rather than an ‘us vs them’ culture) is articulated well in the quote below from a customer peer mentor:

“(Before moving in to Great Moves Women) I had been very isolated and scared and did not go out for 4 years. I did not even go and see my family. Over time my self-esteem has improved from the support I have received and the courses I have attended. Since the Customer Peer Mentor course I have attended Level 1 Accredited training in Health and Social Care and Computers. Threshold Peer Mentoring has built my confidence further and I will pass this on to other customers. I have gained a great deal and have the willpower to succeed. I now go out and talk with people more and am now back in contact with some of my family and children.”
**Peer Mentoring**
Since 2016 Threshold have trained 23 Volunteers and 11 Customer Peer Mentors. Once peer mentors complete their training and induction they play a vital role in:

- Supporting other customers to find services in the local community
- Supporting people to attend court
- Translating for other customers in training and meetings
- Setting up mutual support groups
- Volunteering with services to help deliver arts and crafts and gardening projects

There are many ways in which Threshold’s peer mentors add value to the Great Moves service, including:

- Encouraging people to overcome barriers and obstacles to move on
- Supporting people to engage with their support and the services they receive
- Promoting the Threshold Customer Peer mentor programme
- Encouraging and promoting the course and sessions to get more people engaged with supporting others to achieve
- Stronger peer-led projects, better attendance and engagement with services and sessions both internally on site and externally in community initiatives.
Riverside Housing

Riverside started in 1928 as Liverpool Improved Houses, with 15 houses in Swan Street, Liverpool with the aim of making housing affordable to those most in need. In the 90 years since, they have grown to become a major provider of affordable housing, care and support services in England and Scotland, with almost 56,000 homes in management. Operating at scale across over 160 local authorities, their vision is to transform the lives of the 90,000+ people they house and revitalise the neighbourhoods in which they live.

Through their care and support services, they enable people facing a wide variety of challenging circumstances to lead more resilient and independent lives. The services provided range from supported housing and specialist services such as veterans, mental health, substance misuse and domestic abuse. They deliver community support through to floating support, rough sleeper services and crisis outreach. Universal across service provision is their Psychologically Informed Environments (PIEs) ethos, which underpins every aspect of service delivery and modelling.

They offer a range of support, from harm minimisation to residential rehabilitation and support to help people maintain their abstinence. Based on a ‘cycle of change model’ which helps people move on positively with their lives, they support customers by working on flexible support plans which promote harm reduction and recovery. Riverside are a recognised partner of UK SMART Recovery which is a psychosocial intervention which helps people take action on their substance misuse and move through the cycle of change. There are trained recovery champions within a number of Riverside services who deliver meetings to support recovery from addictive behaviours. By using peer mentors/buddies and ‘experts by experience’ these services are able to support, encourage and show change is possible.

Riverside operates a range of intervention services for rough sleepers, from early identification of those new to sleeping on the streets, to those who’ve become entrenched rough sleepers with complex needs such as addiction and mental health. These initiatives include:

- No Second Night Out services
- Mobile technology to identify where rough sleepers are
- Award-winning peer-mentor led initiatives such as Street Buddies
- Emergency Cold Weather provision across a nationwide network of over 100 supported housing centres

Their crisis outreach services enable team members to act as advocates when customers are facing a crisis scenario. This could be while a customer is admitted to hospital, in a mental health crisis or while in custody suite they are able to act as an appropriate adult.

Harm Reduction

According to the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) a harm reduction approach is one in “which the imperative is to reduce immediate harms, and the question of long abstinence is either unaddressed or left open” (2017).\(^1\) While long term abstinence from alcohol isn’t an expectation of those providing support using a harm reduction approach, and support isn’t provided on the condition of having a goal long-term abstinence, it is not at odds with a recovery orientation. The focus is on first supporting people

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to modify drug and alcohol use that causes them harm. People can receive support, help and treatment under a harm reduction approach without any requirement to abstain from drugs and alcohol. Evidence suggests harm reduction is an effective approach when working with people experiencing homelessness who have alcohol problems:

“There is extensive evidence that harm reduction is more effective with homeless people with high and complex needs than abstinence-based or detoxification services” (Pleace, 2008)\(^2\)

A holistic approach is used which seeks to address the causes and consequences of drug and alcohol use. A misconception surrounding harm reduction in homelessness services is that it means just providing a bed and leaving people to do exactly as they would have done without any professional intervention. This is not the case: using a harm reduction means pro-actively working alongside someone as they make a range of positive changes in their life without the sole focus of helping them achieve abstinence. In the projects in which Riverside use a harm reduction approach, key-workers invest time in to establishing holistic relationships which help individuals regain a more meaningful and hopeful life. As people begin to regain this sense of optimism and meaning they often decide for themselves to take action on their alcohol use. Behaviour change and engagement with treatment are actively encouraged but they are not the things that lead or define the relationship.

To establish these relationships, staff from Riverside ensure there is some level of choice and flexibility for each service user. They assist with practical problems and establish trust with people by helping to meet their immediate needs. People who are mistrusting of services often need to see evidence that the service cares about what matters to them rather than just the goals and targets of the organisation.

Riverside staff understand that behaviour which many would consider challenging often relates to past traumatic experiences, it isn’t just a case of people being difficult to make staff members lives harder. Support must be tailored to help the individual achieve the outcomes which matter most to them.

Past experiences of engaging services may have left people distrustful. People with lived experience of homelessness feel they have often been treated based solely on risk assessments and what has been written about them by other professionals. Riverside understand every support plan needs to be bespoke and dynamic, co-produced with customers through open questions and working alongside them as their circumstances, needs and preferences change. Assessments and other paperwork are informed through ongoing, quality conversations with customers rather than just static risk assessments and what other professionals have written about them.

**Sophie’s story**

This case study relates to support Sophie received while staying in Riverside’s temporary accommodation for single, homeless women in Liverpool which is staffed 24-hours a day and with on-site visits by a nurse. It documents how her support began with a harm reduction approach which was flexible to her individual needs and included referrals to specialist agencies and resettlement support.

Sophie* became homeless after being assaulted and illegally evicted from her previous private tenancy. Due to her alcohol dependence, which at the time she felt unable to admit to or address, she lost custody of her two children to her parents. Sophie entered supported housing with Riverside to gain support with her dependency to alcohol.

Although Sophie previously held down a good job, she had issues with alcohol throughout her period of employment. Sophie could be a very “angry, aggressive and volatile” person when under the influence of alcohol, this had a negative impact on the other people living in the hostel. Her behaviour while intoxicated caused a lot of issues. Often Sophie was so intoxicated that she couldn’t stand up and staff had to assist her either to her room or into the lounge. Sophie didn’t attend assessments and struggled to attend support sessions sober, she would often get intoxicated before attending or engaging with any support offered.

Through listening to Sophie’s concerns and support needs, Riverside were able to offer her choices and ideas of what she could do to help herself. In support sessions she was encouraged to set her own goals & targets. Staff at Riverside worked alongside Sophie and developed a personalised and flexible support plan. This helped her see how the outcomes she wanted were being affected by her decisions and actions. Through having a clear understanding of what she wanted and the actions she needed to take, Sophie was able to gain her confidence back, and more importantly, this made her feel empowered. Riverside worked consistently with Sophie as she addressed her anger and alcohol issues and concentrated on harm reduction.

With Sophie’s permission, staff would communicate with her parents regarding her concerns or problems. They would often ring the office concerned with regards to her wellbeing when she was in and out of the hospital due to alcohol seizures.

Working alongside Sophie in support sessions, Riverside helped Sophie draw-in the support she required from external agencies, such as GP’s, alcohol agencies, the DWP and Liverpool Citizen Support Scheme. This supported enabled Sophie to secure a back payment of Personal Independence Payments, which she was grateful for.

Taking these actions to meet Sophie’s own priorities led to a turning point in her relationship with her support worker, she began to understand their role and built trust. Through developing this trust, Sophie agreed to be referred to Transforming Choice. The programme combines an alcohol-based detox of one week, followed by 11 weeks of rehabilitation designed to promote positive, physical and mental health and wellbeing alongside practical support.

Through support sessions Sophie agreed to attend an assessment which Riverside arranged for her. They were able to support Sophie in dealings with her GP, who was able to provide the medical information required by Transforming Choice. While waiting for her referral to be accepted staff set up an appointment for her with LCAS (Liverpool Community Alcohol Service) which she attended and Sophie also started to attend local AA meetings, providing whole person support helped her gain the motivation to address her alcohol dependency.

Sophie was accepted on the next round of detox and rehabilitation programme with Transforming Choice as she had started to make progress. Sophie committed to the programme fully and did very well and abstained from alcohol the whole time she was there.

She came out of the programme and secured a rented house close to her family. Sophie was now in a better position to care for her two children and they are now back living with her. She has bought herself a car and is...
**Homeless Link**

mobile again. She has a good relationship with her mum and dad who are very supportive of her and her children. She continues to do well and is proud of her progress and continues on a positive path of recovery.

*Name has been changed by request of the customer*

**Sarah’s Story**  
This is Sarah’s story in her own words following her experience of accessing support through Riverside’s Acorn House service. Acorn House offers supported housing for young parents, aged 16-25 years in Bury St Edmunds, Suffolk. They support young parents who are homeless, or at risk of homelessness, and who have housing-related support needs.

Acorn House features self-contained one and two bedroom flats where customers have their own kitchen and bathroom, and access to a shared house with communal facilities. Residents are offered meaningful move on support based on their individual support needs, as well as education, training and employment opportunities. This includes individual support with life skills, such as budgeting, parenting skills and accommodation maintenance, and bespoke activities which support resilience and build confidence. Once individuals gain independence within their own tenancy, Riverside offer follow-up tenancy sustainment support and promote volunteering opportunities within the organisation where appropriate. This case study shows how Riverside adapted to Sarah’s changing needs and provided move-on support when Sarah became a young parent.

While Sarah was no longer classed a single person experiencing homelessness, much of the move-on support she received is transferable to projects working with single people.

“When I was 17 I left home and moved into the YMCA. After that I was in and out of hostels 12 times in two years. I was abusing drugs and alcohol and I struggled to stay in the same place because of it. After three years living like this something happened that would turn my life around. I discovered that I was pregnant. I knew I had to get off drugs and alcohol, and find a stable home for me and my baby. It wasn’t just about me anymore. My chaotic life had to change.

I joined an NA (Narcotics Anonymous) group and went to the council to ask for help finding a home. They referred me to Riverside’s Acorn House, a supported housing scheme for young single parents. I moved there in August 2016 while I was pregnant. I got my own flat with a bathroom and kitchen. It was a warm, safe and comforting place to be – something I hadn’t had for a long time.

The support I got from staff gave me the strength to stop using substances, focus on my baby and think about the future. I had my own support plan which included learning parenting skills and getting help for my addiction and mental health problems.

I knew that I was using drugs and alcohol to help me deal with my anxiety. Confidence was an issue for me and dealing with the world in a sober state was difficult. Gradually, with the right support, I began to believe in myself. My beautiful son, Rory, was born in February 2017 and he’s an absolute joy. After a year at Acorn House, I felt ready to move on. They helped me find a home, and I’ve been living independently for a year now.

I’ve also re-connected with my parents. My mum and dad love spending time with their grandson and we see them at least once a week. I’m off the drugs and booze now. My old life is well and truly behind me. I’m determined to create a good life for me and Rory. And that means getting into work. I got a part-time job at the local community centre and I’ve been on an access to nursing course. I want to be a social worker and
specialise in helping people with mental health needs. I applied to Cambridge University to do a social work degree and I couldn’t believe it when they offered me an interview. In the past I would have struggled with something like this but I feel more confident now and I know what I want to do.

In the meantime, I’m going to be working as a peer mentor, supporting residents at Acorn House. I’ve gone from living in hostels, dependent on drugs and alcohol to being given the chance to study at Cambridge! It’s a million miles from where I was three years ago. I’m living proof that anyone can change their lives – with the right help and support from organisations like Riverside”.

Update: Since writing this case study Sarah has been accepted to two universities, she has been offered a social work course at one university and a counselling course at the other, and is now deciding which to go for. She has also gained employment as a Support Assistant at the YMCA

SMART Recovery
As mentioned in the introduction Riverside is a recognised partner of UK SMART Recovery. SMART Recovery is particularly well suited to projects which use a harm-reduction approach with regards to alcohol use as it helps participants decide for themselves whether they have a problem. It provides tools which can help people identify any changes they may need to make to experience less harmful consequences through their drug and alcohol use. These goals empower individuals and this can build their motivation to change.

SMART Recovery meetings can be run by trained peers, who may come in to a homelessness service to run a peer-led meeting or run or as a partnership arrangement with UK SMART Recovery where staff who work within homelessness services are trained to become SMART facilitators and champions. To be run as a peer-led meeting the group would have to be an ‘open meeting’ which sits independently of the service and allow access to anyone who wants to attend. Whilst some homelessness services do allow ‘open’ mutual aid meetings such as SMART Recovery, NA and AA, some services may find it easier to manage risk running SMART meetings themselves as a recognised partner. This does not prevent people with lived experience being trained as facilitators or co-facilitators. Below are a handful of quotes about the impact of attending UK SMART Recovery by their participants:

“(SMART Recovery) … has taught me that I can think differently and change the way I react and behave. I now have everything I need to live a healthy, balanced lifestyle. I support others by passing on what I have learnt in recovery”.3

“After too many years of serious drinking and trying to combat the shakes every morning, some health scares and warnings from doctors, I went into a rehab facility. This was when I found SMART and almost immediately, things started to change. I found that many of my previous behaviours were born from my mostly irrational thoughts but thankfully, I now have the power to change things”.3

“SMART gave me tools that I could use to develop better coping strategies. I liked that it was focused on the present, and the support I received from other group members helped to motivate me to move forwards”.3

For further information on how to become a recognised partner of UK SMART Recovery please use the link below: https://smartrecovery.org.uk/become-a-partner/

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3 UK SMART Recovery. “Participants stories”. Last accessed 05.04.2019. Available at: https://smartrecovery.org.uk/
What we do
Homeless Link is the national membership charity for organisations working directly with people who become homeless or live with multiple and complex support needs. We work to improve services and campaign for policy change that will help end homelessness.

Let’s end homelessness together

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