

UK Housing Awards 2008

Meeting the Needs of Vulnerable People:
Winner



ECHG: King George's Project – The Gateway Programme



Summary

King George's is a 68 bed supported housing project run by English Churches Housing Group (ECHG) in the heart of Westminster, catering for homeless men with high support needs. An established housing project, in spring 2007 King George's undertook a major groundbreaking transformation as a direct response to the increasing numbers of chaotic long-term drug users they were seeing.

Previously, like many other mainstream hostels, residents at the project had been designated into clusters with a general support focus. However, over the last two to three years people with chronic drugs issues had become the norm. Many were in their 30s and 40s, and had come to ECHG having experienced a revolving door of service provision that never properly tackled their substance misuse.

King George's transformation saw the development of the innovative "Gateway Programme" which now offers a six week induction programme for

drugs users, followed by a designated pathway through the project, allowing them to progress to greater independence and be clear of drugs. In response, ECHG now has an almost 100% success rate of positive engagement with clients at the project; not one single overdose since the Gateway Programme started; and drastically reduced rates of drugs use.

What did you set out to achieve?

The increase in the number of drugs users and overdoses within the project gave the team clear objectives:

Developing a working model guided by emerging national best practice on drugs users

- Through its work with drugs-users, ECHG knew it needed to share information with other agencies and develop best practice guidelines.

Adapt the project's former generic support service to offer specific support for those on drugs

- It was clear a new structure, as well as a rebrand of the service, were required at King George's if it was to engage effectively with drugs users.

Encourage clients to be open about their drugs use

- The culture within many hostels means clients hide drugs use to avoid eviction. This also avoids treatment and exacerbates health risks. ECHG wanted to develop an ethos of honesty, mutual respect and trust with clients to allow a full assessment of their support needs.

Work with clients on harm reduction and health education as a priority

- King George's wanted to provide an opportunity for clients who first arrive at the project to experience intensive and focused support, encompassing issues such as stabilising their drugs use, learning about overdose management and health risks. They wanted an emphasis on maintaining clients' welfare while working with them to reduce their drug use.

Provide greater flexibility within the project's service delivery

- ECHG wanted to accommodate the fact that clients' progression is not always straightforward – they might have slips or regressions and shouldn't face eviction as an immediate response.

Challenge the conventional thinking that drugs users are difficult to engage with

- The team recognised that without external support for their plans, drugs users would remain stigmatised and any changes at King George's would be difficult to sustain. Therefore a final objective was to promote the possibility of successfully working with this client group.

How were these aims and objectives met?

Translating best practice

- King George's Support Manager, Steve Davies, was one of the initiators of a national forum convened by independent drugs consultants looking at defining emerging trends and best practice on drugs use. The group's protocols set Standard for Drugs Use and provided strong guidance to ECHG to set up the Gateway Programme.

Adapting the project's services

- Steve and his team developed the Nine Cluster Programme. Starting with the Gateway Cluster which all new residents move into on arrival, it offers clients access to eight follow-on clusters. They then publicised this to local agencies with new information materials, posters etc.

Openness about drugs use

- The opening question asked of all Gateway clients is "what drugs do you use?" This honesty sets the tone for the hostel and sends out a very clear message about addressing drugs issues. Move on within the hostel is dependent on successful completion of the Gateway Cluster programme.

Harm reduction and health education for clients

- Entry to the Gateway requires every new resident to sign up to an intensive six week programme of training and support about drug use, harm reduction and treatment options.

Provide greater service flexibility

- The follow-on clusters include a Crack Cocaine Cluster (if needed - crack users have different requirements), a Mental Health Cluster (if needed), and then clients can progress into one of three General Clusters and finally onto the High Stability/Abstinence Cluster prior to leaving.

Challenge conventional thinking

- ECHG developed a new Drugs Policy which was the product of consultation with local agencies - Police, DAT, Housing and SP teams. The policy established the principle that, within the constraints of the Misuse of Drugs Act, residents could continue using drugs with the aim of honesty leading to a reduction in health risks, anti-social behaviour and ultimately, drugs use.

What challenges did the project face, and what lessons were learned?

External Challenge: There was virtually no external opposition to the Gateway as the Police, SP and DAT teams were all supportive.

Lesson: Because ECHG's team had invested in participating in a range of multi-agency steering groups – such as harm reduction and drugs – they had consequently been able to help steer Westminster's approach to drugs use and service development.

Internal Challenge: How to change the culture of a whole staff team and the focus of an entire project.

Lesson: It's important to have key individuals committed to and driving the change. This was the case with the scheme's Support Managers who had benefited from participation in external forums on drugs use and could already see the benefits. It's also important to have line management that encourages informed risk-taking as ECHG's regional Performance Manager did.

Clients Challenge: How to successfully engage with drugs users who had historically been seen as hard-to-reach, and with a low rate of participation in organised programmes.

Lesson: With an honest approach to drugs use, experienced staff to assess clients' needs, and the 'carrot' of access into a sought-after scheme, drug addicts *do* actively participate. But they require motivation – the carrot of being encouraged to follow a positive programme of action at the scheme – rather than a stick, threatening eviction if they don't. King George's *Nine Cluster Programme* allows for the fact that some clients will stumble and may need to either retrace their initial step by going back to the Gateway if they badly relapse, or may need additional support if greater support needs are uncovered, such as via the Mental Health Cluster. This flexibility, rather than immediate eviction is essential.

Challenge: Taking a risk to develop a more appropriate service in response to a changing external environment.

Lesson: It's worth taking the risk!

How was the success of the project measured?

Service-based evaluation

Outcomes monitoring is done by Gateway Support Workers evaluating the service's effectiveness based on the successful completion of the six-week Gateway Programme.

Regular monitoring of tenancy sustainment rates is carried out by staff because the ability for most clients to maintain a place on the Gateway Programme is an indication that the team has achieved the right balance of support and guidance. ECHG's team recognises it has often been the past failure of service providers, rather than of the clients themselves, that has caused clients to find it difficult to successfully engage with support services.

The National Drugs Treatment Agency does data analyses via the scheme's drugs treatment partner the Hungerford Project, which is part of national drugs charity Turning Point.

Client-based evaluation

Clients' personal progress is assessed against their agreed Support Plans which include risk minimisation in drugs use and attendance at regular keyworking sessions. They also include regular rent payments which indicate how well clients are doing getting to grips with key lifeskills issues.

Customer satisfaction feedback is prioritised at weekly meetings between staff and Gateway Cluster clients. Comments - both compliments and constructive input into how the service delivery can be changed and improved - are actively encouraged.

Additional evaluation

The project monitors the uptake of other services at the project, such as TB screening and needle exchange. Both are useful additional tools for monitoring how the impact of the Gateway Programme is affecting clients' positive engagement with other services within the scheme.

The regular multi-agency Steering and Harm Reduction Groups are used as an opportunity to assess the project's work – such as the increase in the positive profile of drugs treatment issues across Westminster after the rebrand of King George's, which were monitored and reported on.

What were the key positive outcomes?

King George's is now continually full, with the Gateway Programme attracting many drug users who appreciate the honest approach staff offer to drugs use and are keen to establish much-needed stability and a lifestyle without drugs.

Deaths

- No client has died from a drugs overdose since the Gateway Programme started – previously deaths were in line with other schemes, at around four a year.

Tenancy sustainment

- Since April 2007 almost 100% of clients have maintained their tenancies (there has only been one abandonment). This is an extraordinary achievement considering the chaotic nature of residents and the fact that most had previously struggled to stay in one place for more than a week.

Successful move-on

- Five residents have already successfully moved through the Gateway, into the project's abstinence cluster and then onto independent living in the community.

Health

- King George's has one of the highest TB screening rates for chaotic client groups - almost 95 percent, double the national average.
- 100% needle exchange rate, considerably higher than other organisations, helping to reduce the risk of blood-borne infections.

Multi-agency working

- Specialist drug agencies are now very keen to support ECHG as they see it is genuinely open to working with drug addicts – these include The Hungerford Drug Project (a project operated by Turning Point and based in Central London) and a local GP.

Taking risks

- The calculated risks of making the radical change at King George's and of working with such a chaotic client group have spread into the scheme's entire philosophy. Staff now look for ways to manage risk and how to work with even the most chaotic clients.

You CAN work with drug addicts

- Addicts CAN rise to the challenge of engaging with support, be committed to recovery, actively seek stability, and work together with staff in an honest atmosphere to achieve this.

How did the project demonstrate positive practice in equality and diversity?

It can be argued that drugs users are one of the most discriminated-against groups in society and that this discrimination goes largely unchallenged. ECHG has not just been willing to work with chaotic addicts but in doing so has helped promote a more positive attitude towards them in Westminster. It has shown:

- They aren't beyond help – you just need a service that acknowledges their addiction and supports them through it
- They aren't intrinsically unwilling to engage with support – like anyone, they respond better to an atmosphere of honesty and mutual trust
- Their views and input are as important as any other's – the success that ECHG's team has had in involving clients, both in setting their individual support plans but also in feeding into the continuing development of services at the project, is little short of a miracle given that many others had previously written them off
- You can challenge them to achieve their goals – even drug addicts want to move on with their lives, but if it's assumed they have no aims, nothing will be achieved.

What elements of the project could be replicated by others?

All elements of ECHG's Gateway Programme can be replicated. However, when evaluating whether a service can be replicated it's easy just to focus on the obvious areas of cost, staffing and physical location.

- No additional costs were incurred in setting up the Gateway Programme or in delivering the service

- As no extra bedspaces were provided at King George's no additional staffing was needed. More staff were simply allocated to the Gateway Cluster (to reflect its clients higher needs), and commensurately fewer staff to the clusters whose clients were stable and more independent
- Because it was a re-organisation of resources rather than a creation of new ones, the building itself needed no change.

However, the real ability to replicate this service is governed by less apparent issues and it's these that would merit the most rigorous consideration prior to deciding to try to replicate the Gateway service.

There must be:

- A real commitment from management to work with drugs users and to create an atmosphere of honesty and trust among staff and residents, including setting a positive tone
- A willingness from staff to work in a new way with drugs users because they understand the benefits of doing so
- An equal commitment from the local authority Drug Action Teams to support the service – in terms of offering free staff training, creating networking opportunities to support best practice, and information sharing to tackle issues as and when they arise
- A willingness by managers to network and attend multi-agency forums that will support them in their service development. These networks of contacts will also provide an invaluable conduit through which to promote any new service approach once it comes online.

How does the project contribute to wider organisational objectives?

The ethos of the Gateway system is based on promoting clients' choice and independence. It does this by working with clients to avoid eviction wherever possible - if they are struggling staff work with clients within the project's flexible structure to provide additional support.

The project's nine clusters include:

- Gateway cluster for those arriving with drugs problems or those occasional residents who've moved on within King George's system only to slip back into chaotic drugs use
- A crack cocaine cluster, to deal with the particular issues people with crack cocaine usage have
- A mental health cluster
- A cluster for those with other problematic behaviours
- Four general clusters for those gradually gaining more independence
- An abstinence cluster for those who've moved off drugs and are ready to move on.

We believe that the fact that only one client has failed to successfully

complete the programme shows that ECHG has the right balance of choice, guidance, support and independence.

Throughout the development of the Gateway Programme input from service users has been pivotal. Most recently it led to the setting up of the project's new Crack Cocaine Cluster in recognition of what clients said about the experience that being a crack user being very different from a heroin or other drugs user (unlike heroin crack is not physically addictive, but it creates an addictive lifestyle which users need help overcoming).

The input of clients and ECHG's focus on championing choice and independence has also been evidenced by the expansion and rebranding of the project's Needle Exchange into an all-round Access Point. Clients who were not intravenous drug users (like crack cocaine users) felt put off by its previous name and couldn't get access to things like foils for their drugs.

How will the project continue to impact on the lives of vulnerable people?

The willingness of the team at King George's to be open to and embrace change is part of its long-term commitment to have a continuing impact on the lives of some of the most marginalized, misunderstood and vulnerable people in society. They do this by:

Encouraging risk-taking to achieve outcomes

- Through ECHG's supportive management structure the team at King George's are actively encouraged to take informed risks to develop their service its impact.

Pursuing new partnerships and strengthening existing ones

- Partnership working has allowed King George's not only to expand its service offering (there will soon be an on-site GP), but also benefit from other agencies' understanding of clients' changing needs.

Learning from best practice

- Externally the team continues to prioritise attendance at best practice forums – national conferences; local multi-agency steering and harm reduction groups. Internally within ECHG, the scheme's best practice is being disseminated.

Continuing to listen to the needs of their clients

- Through the focus on honesty and respect, supported by weekly meetings with clients the team are constantly in touch with their changing needs.

Being open to "lightbulb" moments

- Six months ago Steve Davies, a Support Manager at King George's, was stopped by one of his clients who wanted to chat to him because he'd noticed Steve went running in his lunch hour. Steve offered for him to come along. The client really enjoyed it. Through his running experience

Steve had heard of an organisation of ex-army guys who offered fitness courses in London - out in the open, no nonsense, no fancy kit – just the thing his clients might go for. King George's is now the country's pilot project for the British Military Fitness programme and has delivered highly successful rates of engagement with clients.