

Substance Users and Supported Housing: What's the Score?

Report One Briefing Paper

This briefing paper is written for commissioners, providers and funders of treatment, support and housing for substance misusers. It gives an overview of the relationship between drug and alcohol service provision and the delivery of housing with support.

This briefing paper and two more detailed reports linked to it are designed to promote discussion and to explore models, examples and learning points.

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Substance Users and Supported Housing; What's the Score Report One: Briefing Paper

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Introduction

This Briefing Paper is a summary of two more detailed reports available on the Housing Learning and Improvement Network (LIN) website. The Housing LIN is part of the Care Services Improvement Partnership (CSIP) at the Department of Health and promotes housing-based models of care and support. The Housing LIN shares learning and practice to inform service improvement and supports the implementation of major policy initiatives, including the department's Tier 4 capital programme for substance misuse services.¹

The reports are based on contact with 1,800 Housing LIN members and limited research undertaken in summer 2006 with a range of providers, commissioners and agencies, which included interviews and visits.

Housing and housing-related support for substance misusers: why does it matter?

Settled housing is essential if people are to address their substance misuse and their other physical, mental and emotional health needs. This applies at all stages of the "treatment journey" and beyond, whether adopting a harm minimisation or an abstinence approach to substance use.

Housing-related support is just as important. It helps people to remain in their existing housing, or prepares them for independence in anticipation of moving on from supported housing.²

Substance users with a housing need can be:

- at risk of losing their existing housing and becoming homeless because of their substance misuse;
- street homeless;
- in insecure housing (such as "sofa-hopping" between friends);
- in hostels, but still at the stage where staff need to work with them to start to address their substance misuse and other needs;
- in hostels and supported housing, but ready to move on because their substance misuse has been stabilised through harm minimisation approaches;
- motivated to attempt the abstinence route but needing to access residential rehab or similar structured supported housing provision;

¹ Tier 4 services are in-patient detoxification and residential rehabilitation. For further information, see drug and alcohol section on www.icn.csip.org.uk/drugalcohol

² Housing-related support is fully or partly funded by Supporting People. The Supporting People (SP) programme brought together different funding streams into a single pot to be administered by local authority SP teams, working in partnership with housing, social services, health and probation. SP commissions services and funds both accommodation-based services and services to establish and maintain people in their own tenancies.

- leaving detoxification and rehabilitation (community, hospital, residential or prison-based) and needing settled housing to remain abstinent.

If someone's housing and related support needs are not addressed at each stage of their treatment journey, they are much less likely to enter or remain in treatment. It is also difficult or impossible for them to address their other social needs, including training, education, work or other "meaningful occupation", relationships and other aspects of emotional health.

Housing is therefore not just another "social need": it provides the architecture that underpins all the others.

Government priorities

Getting drug users out of chaotic lifestyles and into structured treatment has been a major government priority. Numbers in treatment have doubled since 1998. Housing and housing-related support has been highlighted as a key issue by:

- the National Treatment Agency (NTA) and the Department of Health;
- the Home Office Drug Strategy Directorate, National Probation Directorate, Drug Interventions Programme (DIP) and National Offender Management Service (NOMS);
- the Department for Communities and Local Government (DCLG) Housing Strategy and Support Directorate, and the Supporting People programme;
- the Housing Corporation strategy on housing vulnerable people

One of the **key policy objectives in this area is to improve joint working on housing-related support services for drug misusers.**³

More broadly, there are clear links with:

- the Department of Health's targets to reduce health inequalities, because substance misusers frequently have other physical and mental health problems as well as their substance misuse, and die at a younger age than the general population;
- the government's Respect agenda and work on anti-social behaviour, because of the issues surrounding problem drinkers and problem drug users;
- DCLG's Homelessness Strategy (because of the number of homeless substance users), including targets to reduce rough sleeping and encourage hostels to work holistically with homeless people to encourage them to address lifestyle issues;

³ The National Treatment Agency (NTA) is a special health authority, created by the Government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

- previous work by the Social Exclusion Unit, including specific work on offenders, young people, people with mental health problems and older people.

Whilst there is a clear priority for working with drug users, there is a lesser emphasis on alcohol services and this is reflected in different levels of funding.

Most supported housing and other housing-related services for substance misusers is provided by voluntary sector agencies, especially Registered Social Landlords (RSLs/housing associations). Some is also provided by private sector organisations (especially some Tier 4 residential rehabilitation, and services linked to prisons).

The Department of Health 2006 White Paper 'Our health, our care, our say: a new direction for community services' (DH 2006) sets out **a new direction for health and social care services to provide better prevention and early intervention, give people more choice, tackle inequality and provide more support for people with long term conditions** through:

- a whole systems approach, linking social care, primary care and community services (including housing and homelessness) that contribute to community cohesion and well-being;
- Primary Care Trusts (PCTs) and local authorities as the drivers;
- better joint working, encouraged by practice-based commissioning, Health Act flexibilities and by aligning planning and budgeting cycles between the NHS and local government from 2007/8 onwards;
- improved co-ordination with Supporting People;
- better needs assessments and commissioning
- a key role for the independent and voluntary sectors in delivery overall;
- specific recognition of the complex needs of offenders who may also have drug, alcohol and mental health problems.

CSIP's Integrated Care Network has recently published 'Whole Systems Working: A Guide and Discussion Paper'. This new paper is a short and easily accessible introduction to whole systems working in health and social care settings:

<http://icn.csip.org.uk/index.cfm?pid=95&catalogueContentID=807>

Joint commissioning and partnership working: the key to success

Planning and commissioning housing and support provision for substance misusers will cut across and relate to different national, regional and local strategies. It will also concern different user groups because for example, older people and people with learning disabilities can have substance misuse issues.

<p>Health</p> <ul style="list-style-type: none"> • strategies for substance misuse (drugs and alcohol) locally through DATs or DAATs⁴ • regionally and nationally through the NTA • public health targets and strategies as in the White Paper 'Choosing Health', especially 	<p>Housing</p> <ul style="list-style-type: none"> • regional and local housing strategies • planning and regeneration strategies • national and local homelessness strategies • Supporting People strategies
<p>Criminal justice</p> <ul style="list-style-type: none"> • crime prevention and community safety strategies • strategies for substance misuse (drugs and alcohol) through DATs, the NTA, prisons and DIPs • Prison Health and Offender Partnerships • Supporting People strategies 	<p>Care and Support</p> <ul style="list-style-type: none"> • Supporting People strategies • strategies for older people and vulnerable adults • Partnership Board learning disabilities housing strategies (because older people and people with learning disabilities can have substance misuse issues)

The NTA has recently issued further commissioning guidance to DATs and their partners to improve commissioning of Tier 4 treatment in order to increase client access to residential rehabilitation (www.nta.nhs.uk/programme/national/docs/Tier4_commissioning_guidance.pdf). This includes reference to housing-based models, move-on and housing-related support.

The need for better commissioning across the health, housing and social care fields is already recognised, and the Department of Health has also established the Better Commissioning LIN, which has published the CSIP Commissioning eBook (at www.icn.csip.org.uk/ebook). The CSIP e-book is a unique, free, open access, online facility to help people who are commissioners of community-based health, social care and housing services.

⁴ DATs: Drug Action Teams; DAATs: Drug and Alcohol Action Teams

Capital funding

The **Housing Corporation is the main source of capital funding for housing associations** that are Registered Social Landlords. The Corporation (www.housingcorp.gov.uk) provides a proportion of the capital funding needed for new buildings and refurbishments of existing buildings (Social Housing Grant); the rest is raised through private finance.

Other sources of capital funding for housing for substance misusers include:

- Tier 4 capital funding from the Department of Health (2006) for residential rehabilitation, including supported housing and move-on models;
- funding from the Home Office National Probation Directorate;
- the Hostels Capital Improvement Programme 2005-2008 (DCLG);
- funding from RSLs (from their reserves) or other charitable funding sources;
- cheap or free land through the private sector (for example under 'Section 106' planning agreements);
- cheap or free land or premises from public sector organisations (including the NHS);
- remodelling existing buildings (including supported housing or care homes for this or other client groups) to provide new supported housing for substance misusers.

In order to access public funding, it will be important that the relevant strategies prioritise the needs of substance misusers (see above).

Revenue funding

Supporting People has been an important initiative in providing clear revenue funding streams for housing-related support for a number of client groups, including people with substance misuse issues, to help them to live independently with support. **Housing-related support is provided in accommodation-based services, and in floating support for people in their own housing** (tenants in social or private rented housing, and home owners).

In addition to SP funding, there are other potential sources of revenue funding for supported housing and floating support, including:

- public funding (PCT, DAT, DIP);
- charitable sources;
- charges to residents (met from their welfare benefits or other income).

It is expected that the local SP commissioning body and the DAT or DAAT will work together to identify existing and planned projects to increase the number of substance misusers accessing housing-related support. Guidance on developing effective housing related support for those with problems related to substance misuse was published in 2006, available at www.nta.nhs.uk, under Treatment Planning 2006/07. This guidance aimed to assist commissioners in understanding the range of housing-related support services for people with substance misuse problems.

Targets, monitoring, inspection and regulation

There are a number of different systems for targets and data collection from different funders, and different organisations for monitoring, inspection and regulation including:

- Primary Care Trusts;
- DATs, the NTA and the National Drug Treatment Monitoring System (NDTMS);
- DANOS and QuADS;⁵
- the Housing Corporation;
- DCLG Homelessness and Housing Support Directorate;
- local Supporting People teams;
- National Probation Directorate and the National Offender Management Service (NOMS);
- Commission for Social Care Inspection (for registered care provision eg Tier 4 funded schemes).

Supported housing and related services for substance misusers can help different agencies to meet government targets, for example:

Agency	Targets concerning
DH/PCTs	Reduction of suicide, blood-borne viruses, sexually transmitted diseases and other physical and mental health conditions linked to substance misuse
NTA/DATs/DAATs	Substance users entering, remaining in and successfully completing treatment Harm minimisation initiatives
DCLG/local authorities/ Supporting People	Homelessness prevention Reduction of street homelessness

⁵ DANOS (the Drugs and Alcohol National Occupational Standards) specify the standards of performance that people in the drugs and alcohol field should be working to. They also describe the knowledge and skills workers need in order to perform to the required standard. QuADS (Quality in Alcohol and Drugs Services) specify the standard of performance and service required of the organisation as a whole.

Services across local authority boundaries

Cross-authority issues are very important for substance misuse housing and support. Providers need to ensure if they accept clients from another local authority that either the “exporting” or the “importing” authority will be willing to take responsibility. Homelessness legislation requires a “local connection” in most cases. Social services funding for residential rehabilitation (if clients do decide they want it) needs to be checked, to ensure which local authority will take responsibility.

The Supporting People Programme has affected moves across local authority boundaries. Cross-authority issues are especially important for Tier 4 residential rehabilitation providers. People often go into provision a long way away from their home. Many build relationships, access local services and then wish to stay in the area where they entered rehabilitation.

There is a need for local protocols to clarify responsibilities, which have become more complex since the introduction of Supporting People. The development of **regional and sub-regional structures and Local Area Agreements** may also provide an opportunity to address these issues. For example, the NTA is now administered regionally and Regional Housing Boards determine regional housing strategies. In some areas, there are also sub-regional networks. Recent Government guidance stated that “Supporting People and Drug Action Teams should also bear in mind that access to Supporting People services should not be restricted by local connection or similar rules” (letter from ODPM, Home Office and NTA to commissioners, 7 November 2005).

Design of new buildings and refurbishments

Good design can facilitate joint working and encourage a better take-up of treatment services. Security is very important for effective working with this client group, to protect residents and staff, as well as maintaining the confidence of neighbours.

Adaptations to existing hostel buildings can provide separate dedicated floors or areas, away from the noise and busy-ness of the main hostel, enabling staff to work intensively with people with particular needs, including substance misuse.

New-build specialist housing for substance misusers can provide facilities for people with disabilities, including dwellings to wheelchair standard and lifts (which can be more difficult to add to existing buildings). This is important because of the physical disabilities experienced by some people with substance misuse issues.

Single rooms with en-suite facilities can be created when existing larger hostels with shared rooms are refurbished. Single rooms can be safer than shared rooms in large hostels, and clusters can provide shared kitchens to

assist residents to develop life skills. In contrast, larger hostels without kitchens make it difficult for residents to acquire life-skills prior to moving to their own tenancies

Planning issues

Planning permission can be sensitive for housing this client group, whether for a new building or for change of use. Planning problems cause delays, make it difficult to find sites or buildings for conversion, and can impact on the viability of new housing schemes. Funding can sometimes be lost if sites or buildings are not found within time limits. **The recent Planning Policy Statement 3 on Housing and reference to housing and specific needs provides an opportunity to promote the needs of this client group** in certain areas, and can help to overcome some of the planning difficulties which can arise (DCLG 2006).

Harm minimisation approaches or abstinence models?

There are three broad approaches to substance misuse amongst providers of supported housing, depending on the funding source(s), the ethos of the organisation, and the profile of their service users:

- some work mainly to a harm minimisation model, especially where services are working with homeless people;
- others provide mainly abstinence-based services, especially specialist providers: most Tier 4 residential rehabilitation provision is abstinence-based;
- some organisations provide both harm minimisation and abstinence models.

Some localities have an imbalance in provision of different types of service, which can be overcome by decommissioning and reprovisioning to meet specific needs.

Models of supported accommodation

Supported housing models for substance misusers include:

- services to rough sleepers, including health services and street outreach work;
- direct access hostels;
- specialist short-stay hostels and supported housing;
- specialist supported housing: medium to long stay, including schemes with linked move-on accommodation;
- tenancy sustainment and floating support.

The examples in Reports Two and Three cover a wide range of services with many different types of housing and support offered.

Some organisations **specialise in housing for substance misusers and offenders** and receive specific funding for this from PCTs, DATs or DAATs or from Probation sources. Others provide **generic supported housing for people with a range of needs**. They receive no specific health funding and rely on Supporting People funds. Nevertheless they may support a high percentage of people with substance misuse issues, many of whom may also be offenders

Models of floating support

Tenancy sustainment and floating support services help people to maintain their tenancy and avoid the “revolving door” problem. **Floating support works with people who have moved on into their own tenancies** after a period in homeless hostels, supported housing or residential rehabilitation. It can also be preventative, **helping those vulnerable to homelessness remain in their existing housing**, by tackling the causes before they lead to eviction or abandonment.

Specialist floating support services (as in Report Three) have a substance misuse remit, and some are specifically for dual diagnosis (mental health and substance misuse) or for ex-offenders. **Housing support staff help people to access and remain in contact with treatment and detoxification services**, and to avoid losing their tenancies through behaviour linked to their substance misuse (for example through anti-social behaviour or rent arrears).

Unlike mainstream floating support services provided by generic services:

- specialist services have staff trained in substance misuse;
- they use interventions such as motivational interviewing to encourage substance users to address their misuse;
- they may receive funding from the PCT or DAT as well as, or in place of, SP funding;
- they often working very closely with staff in partner agencies (depending on the project this may include mental health or probation, as well as other Health colleagues for substance misuse issues); and
- support staff generally have a much smaller caseload.

Substance misuse services are required to conform to DANOS and QuADS, but this makes a **specialist service more expensive than generic support, because staff have to receive training and be qualified in substance misuse work**. Large RSLs providing generic support can also spread their overheads more easily than a smaller specialist organisation, so that when SP teams are looking to cut costs and reduce their administration and monitoring,

there is a danger that they will terminate contracts with a smaller specialist organisation.

Moving on

Move-on housing enables people to live independently in permanent accommodation provide some stability in their lives. If people become “stuck” in first-stage direct access hostels, and in short-term supported housing, they are unable to move on through different stages (if appropriate) or into independent tenancies. **Delays in moving on can also affect motivation to remain abstinent or to follow a harm minimisation regime.**

It can be difficult to find anywhere other than specialist projects for drug users adopting a harm minimisation approach, because so much supported housing expects clients to be drug-free. Similar problems can arise finding housing for those who continue with heavy drinking.

In the past, the final stage of move-on was generally into mainstream ‘general needs’ social rented housing (council housing and housing associations). This is now more difficult because of the greater demand for general needs housing, especially in areas of higher housing demand.

There are now a number of schemes for accessing the private rented sector, including some examples especially for substance misusers and linked to floating support. In preparing for move-on accommodation there is a need for appropriate advice on housing options, welfare benefits, and any community based rehabilitation, care and/or support requirements. There can be more difficulties in arranging private sector tenancies for young people aged under 25.

To find out more ...

‘Substance Users and Supported Housing: What’s the Score? Report Two: Lessons and Learning Points’

- discusses the issues covered in this briefing;
- suggests questions to be asked by commissioners and providers;
- provides examples
- signposts further sources of information and guidance.

‘Substance Users and Supported Housing: What’s the Score? Report Three: The Case Studies’ provides detailed descriptions of examples of joint commissioning and supported housing models, with contact details.

Both are available at www.icn.csip.org.uk/housing

Other Housing LIN reports available in this format:

Housing LIN Reports available at www.icn.csip.org.uk/housing :

- **Extra Care Housing Training & Workforce Competencies (Report and Executive Summary)**
A set of competencies for local authorities, registered social landlords (RSLs), voluntary and independent sector providers of Extra Care Housing (ECH) to define the tasks and duties of scheme managers. The executive summary is also available on the Housing LIN website.
- **Yorkshire & the Humber Region - Extra Care Housing Regional Assessment Study (Report and Executive Summary)**
Regional analysis for Extra Care Housing in the Yorkshire and Humber region. This report identifies the supply and demand of Extra Care Housing over the next 10 years.
- **Preventative Care: the Role of Sheltered/Retirement Housing**
This paper by the Sussex Gerontology Network makes the case for seeing sheltered/retirement housing in the context of the growing interest in the “preventative” agenda.
- **Developing Extra Care Housing for BME Elders**
This report focuses on issues around providing specific Extra Care Housing to BME elders as well as improving access more generally.
- **New Initiatives for People with Learning Disabilities: extra care housing models and similar provision**
This report explores the role of Extra Care Housing models and similar provision of housing, care and support for adults of all ages with learning disabilities, with examples and ideas for commissioners and providers.
- **Dignity in Housing**
This report and accompanying checklist takes a detailed look at policy and practice in relation to achieving dignity in a housing setting.
- **Enhancing Housing Choices for People with a Learning Disability**
This paper explains the range of accommodation options for people with a learning disability. It is aimed at workers who advise and support people with a learning disability to identify and extend their housing choices.
- **Essex County Council Older Person’s Housing Strategy**
How key data on the household characteristics of older people can inform and underpin local planning strategies and documents such as Housing Strategies for Older People, Housing Market Assessments, Supporting People strategies and applications for sheltered housing funding pots.
- **Switched on to Telecare: Providing Health & Care Support through Home-based Telecare Monitoring in the UK & the US**
An invited conference session at the World Multi-Conference on Systemics, Cybernetics and Informatics, July 16-19, 2006, Orlando, Florida, USA
- **Older People’s Services & Individual Budgets**
Ideas and examples of good practice currently being undertaken by the pilot sites implementing Individual Budgets for older people’s services.
- **Remodelling Sheltered Housing and Residential Care Homes to Extra Care Housings**
Based on the findings of the project “Remodelling Sheltered Housing and Residential Care Homes to Extra Care Housing”, carried out by a multi-disciplinary team.
- **Substance Users and Supported Housing: What’s the Score?**
Three complementary reports: 1 Briefing Paper, 2 Lessons and Learning Points, 3 The Case Studies.

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