

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

Report Two Lessons and Learning Points

This report is written for commissioners, providers and funders of treatment, support and housing for substance misusers. It examines the relationship between drug and alcohol service provision and the delivery of housing with support, with examples of strategic approaches and supported housing provision across England.

This is the second of three reports designed to promote discussion and to explore models, examples and learning points. Report One (briefing paper) and Report Three (case studies) are also available on the Housing LIN website.

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Substance Users and Supported Housing; What's the Score Report Two: Lessons and Learning Points

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1. Introduction

1.1 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.

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;
- 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).

1.2 Report outline

This Report is one of three linked papers 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 across all the English regions and London (see Appendix One). The main focus is on single people and couples without children, although some of the projects described do provide services for pregnant women and one- and two-parent families with children.

This report is in five sections:

Themes

- Housing and housing-related support for substance misusers: why does it matter?
- Understanding the range of supported housing models
- Housing pathways for homeless substance misusers

Strategic approaches

- Government priorities
- Joint commissioning and partnership working: the key to success
- Whole systems working: tackling 'wicked issues'
- Funding: capital
- Funding: revenue
- Targets, monitoring, inspection and regulation
- Services across local authority boundaries

Provision

- Design of new buildings and refurbishments
- Planning issues
- Harm minimisation approaches or abstinence models?
- Models of supported accommodation
- Models of floating support

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

Moving on

- Moving on within supported accommodation
- Mainstream social rented housing
- Private rented housing

Gaps in provision

- Dual diagnosis and multiple and complex needs
- Women and families with children
- Black and minority ethnic communities
- Young people and older people
- Rural areas

Under each heading, we:

- summarise the issues;
- suggest questions to be asked by commissioners and providers;
- provide examples (in most sections)
- refer to other sources of information (in some sections).

Report Three (the Case Studies) provides full details of the examples referred to in this report, and contact details for the organisations featured.

2. Themes

2.1 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.

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

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.

People 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;
- leaving detox and rehab (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.

QUESTIONS

Do national, regional and local strategies, policies and procedures take sufficient account of the importance of housing and related support for substance misusers and their treatment journeys?

What could be done to increase the importance of housing and housing related support for this client group?

2.2 Understanding the range of supported housing models

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.

Specialist housing associations contacted for this research provide a very wide range of accommodation and services for substance misusers. All are Registered Social Landlords (RSLs) Where possible, they work closely with local partners in Health services (especially DATs or DAATs), in the criminal justice system (especially Probation and DIPs) and in mainstream housing and social services.³

QUESTIONS

Do regional and local partners understand and acknowledge the range of supported housing models?

What could be done to increase this understanding?

EXAMPLE

Visiting projects

Specialist providers contacted for this research suggested that staff from the National Treatment Agency⁴, local DATs/DAATs and PCTs would benefit from engaging with providers and visiting projects to get a deeper understanding of the range of work undertaken. In some of our examples, visits had led to the development of new services.

2.3 Housing pathways for homeless substance misusers

The former ODPM, now the Department for Communities and Local Government (DCLG) has been funding work with rough sleepers in London and major cities since the 1990s. Much of the work of organisations in London and larger cities providing services for single homeless people, including support for substance misusers within hostels and after move-on, is paid for entirely through this funding stream, with no additional funding from the DAT or from Supporting People.

The Homelessness Act 2002 (and associated guidance) is the latest legislation on the duties of local authorities concerning homeless people. The Act requires local housing authorities (district councils or unitary authorities)

- to consider housing needs alongside care and support needs
- to develop a local homelessness strategy in partnership with other services.

The Act also broadened the categories of people who *may* be entitled to help to find accommodation, to include people leaving institutions (eg the armed forces or prison).

³ DATs: Drug Action Teams; DAATs: Drug and Alcohol Action Teams; DIP: Drug Interventions Programme

⁴ 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.

Many substance misusers will have already had one or more social housing tenancies which they have abandoned, or from which they have been evicted, so risking being found homeless 'intentionally'. Abandonment or eviction usually results in the person owing 'former tenant' rent arrears. It is usually difficult for someone to get rehoused through their local housing authority if they:

- lack the required 'local connection'
- have been evicted
- have 'failed' in an abstinence-based project
- owe 'former tenant arrears'.

This can result in a 'revolving door' of tenancy failure and homelessness.

Pregnant women and families with dependent children are more likely to be considered in 'priority need', although they have to meet the other criteria as well (local connection, not intentionally homeless). Single homeless people are less likely to be considered a priority under homelessness legislation.

Supported housing project for people who want to remain drug-free: protocol for rehousing: North East

The aim of this project in Stockton on Tees is to for tenants to remain clean and not use drugs. However, if there is an occasional lapse, but not a return to chaotic drug use, then tenants can stay and continue to work on their substance misuse. There is an agreement already in place with the local authority housing department that if the tenancy fails because their substance misuse becomes untenable in the project, they will be rehoused temporarily by the council. They have the option to return to the project again when their drug use has stabilised and they meet the criteria (although they will have to wait their turn for a vacancy).

3. Strategic approaches

3.1 Whole systems working

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.

The Housing LIN and the Care Services Improvement Partnership (CSIP) encourage the development of whole systems approaches. 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>.

It is directly relevant to issues concerning housing and support for substance misusers. The Guide explains that enthusiasm for whole systems working is not a "quick fix" but comes from an acknowledgement of the limitations of specific and ad hoc collaborative partnerships, and

'the recognition that many of the problems that public services now deal with are too complex to be addressed by one agency acting in isolation – they are "wicked problems" with ... an evolving set of interlocking issues and constraints, ... many stakeholders... [changing] constraints ... such as limited resources and political ramifications ... [and] no definitive solution.

'A whole system approach does not offer a single technique or a new big answer ... [and cannot] be programmed in from the top. Rather it provides a framework [and] is more about problem coping than problem solving ... and requires a radical approach to what can be achieved as well as the means by which it might be secured.'

(Hudson 2006 p6 & 21)

3.2 Joint commissioning and partnership working: the key to success

Planning and commissioning housing and support provision for substance misusers is clearly a complex issue. It is likely to cut across and relate to a number of different national, regional and local strategies, and across 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, nationally and regionally through the NTA • public health targets and strategies as in the White Paper 'Choosing Health' 	<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)

QUESTIONS:

Do the different strategies in your local authority area, and at regional level, complement each other?

Do your local strategies consider the role of housing and support in the treatment and care pathway for people with substance misuse issues?

Is there effective partnership working, especially with SP, the DAT or DAAT, and the PCT?

How far have you been able to move towards a whole systems approach? What are the barriers and drivers in your locality?

EXAMPLES

'Virtual' adult drug treatment budget: South West

Bristol Drug Strategy Team (DST) sits within the Safer Bristol Executive of Bristol City Council, and includes the community safety partnership and the DST (which subsumes the DAT). The 'virtual' adult drug treatment budget already comprises certain budgets from the PCT, Probation, Social Services, Safer Communities, Neighbourhood Renewal, Homeless Grant, NTA (Pooled Treatment) and, from 2006/7, Community Care funding. They plan to add (subject to statutory requirements) the relevant budgets from Supporting People (for offender and substance misuse services). The aim is to use this combined budget to commission 'joined up' services in line with agreed care pathways for service users, including for Tier 4 residential rehabilitation. Block contracts were agreed with local providers for residential rehabilitation and day services, and referral protocols agreed between Care Co-ordinators within the Criminal Justice Team (CJIT) and Social Service Community Care Assessors, to learn lessons for future block contracts.

Joint commissioning team and project group: North East

Stockton on Tees has a joint commissioning team (PCT and social services). There are close links between staff members of the Adult Strategy Team, the Young People's Team, the DAT and Supporting People. The Project Group for their new-build abstinence-based substance misuse project includes all these, plus carer and user organisations, and staff from local authority Housing, Probation and Endeavour Housing Association (the developer).

Substitute-prescribing clinic within homeless hostel: helping PCT to meet targets: London

Approximately 90% of residents at St Mungo's Endell Street Hostel in London were intra-venous drug users with the majority having alcohol issues as well. However, due to their high levels of substance use and associated complex needs, these clients were too chaotic to engage with community-based drug services, even with support from specialist staff at the hostel. A joint bid was made to the PCT and Camden DAAT to fund a substitute-prescribing clinic within the hostel, with NHS nurses coming in and appropriate levels of support for hostel residents from St Mungo's staff. Endell Street clinic now outperforms all the other drug clinics in the borough for client retention and throughput, helping the PCT and the local health authority to meet their targets to engage and retain drug users in treatment services.

TO FIND OUT MORE ...

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.cat.csip.org.uk/commissioningebook). 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.

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. This includes reference to housing-based models, move-on and housing-related support.

3.3 Funding: capital

The Housing Corporation is the main source of capital funding for Registered Social Landlords (RSLs/housing associations). Most new social housing (both supported housing and general needs) is built by RSLs. As shown in the examples in these reports, support services are provided either by the same RSL (for example Stonham), or in partnership with another provider (for example the Endeavour HA/Carr-Gomm scheme in Stockton on Tees). All of the providers contacted for this research are RSLs, registered with, and regulated by, the Housing Corporation.

The Housing Corporation provides a proportion of the capital funding needed for new buildings and refurbishments of existing buildings (Social Housing Grant); housing associations have to raise the rest through private finance. A limited number of larger RSLs receive development funding; smaller or specialist RSLs usually have to work in partnership with larger RSLs to access capital funding. The Housing Corporation sets out standards for social housing built form and management, including supported housing, and guidance on rent levels. There is a specific strategy for housing 'vulnerable' people including substance misusers. For further information, see www.housingcorp.gov.uk.

The total capital allocation is determined each year by central government. Regional allocations and individual projects are funded in accordance with regional housing strategies for each of the government's English regions, and London. This means that if housing for substance misusers is not a high priority in the regional housing strategy, it is unlikely to get Housing Corporation funding. Only a very small percentage of Social Housing Grant is for housing specifically targeted at people with substance misuse issues. However, substance misusers may also access housing provided for other groups (including homeless people and ex-offenders) and 'general needs' housing for anyone in housing need.

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

- Tier 4 capital funding from the Department of Health (announced July 2006) for residential rehab, including supported housing and move-on models;
- funding from the National Probation Directorate;
- the Hostels Capital Improvement Programme (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 3.1 above).

QUESTIONS

What priority do the relevant strategies in your area give to this client group?

Is there likely to be Housing Corporation funding available?

Are there any other sources of capital funding available?

TO FIND OUT MORE ...

There are many examples on the Housing LIN website of alternative capital funding sources for other user groups (see for example the Housing LIN Report on extra care housing for people with learning disabilities: <http://www.icn.csip.org.uk/housing/index.cfm?pid=520&catalogueContentID=1637>)

3.4 Funding: revenue

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).

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.

In addition to SP funding, there are other potential sources of revenue funding for supported housing and floating support, including public funding (PCT, DAT, Probation, DIP, charitable sources and charges to residents (met from their benefits or other income).

QUESTIONS

What priority do the relevant strategies in your area give to this client group?

What funding is available from SP for support costs?

What other revenue funding sources are available?

What scope is there for joint-funding support services?

For joint-funded projects, what arrangements are in place if a funding partner withdraws funding because of pressures on their budget?

EXAMPLES

Joint commissioning for project with women crack users involved in street-based prostitution: London

St Mungo's Lambeth women's project was commissioned by the Lambeth Community Safety Team, Lambeth DAAT, Lambeth SP and the PCT as a direct response to the Lambeth Crack Strategy, where police targeted local crack flats, houses and dealers. This would have displaced women involved in street-based prostitution who were moving between the crack flats, making them street homeless. The project is based at the women's floor in a mixed hostel (first stage) and a dedicated hostel (second stage). Funding for the project is from rents and Housing Benefit, with support costs mainly from SP. Lambeth Community Safety commission the worker in the first-stage project. Lambeth PCT and SP cross-commission staff at the second-stage project to which women move when they are stabilised.

PCT and local authority partnership: specialist floating support for dual diagnosis clients: London

For the past five years, Threshold Support has provided a specialist floating support service to maintain tenancies of people with substance misuse issues and dual diagnosis (substance misuse and mental health). Maintaining tenancies enables clients to continue to access health services for their substance misuse and mental health issues. The service has been a tripartite partnership between the London Borough, the local Primary Care Trust and Threshold Support. The project ended in August 2006 because the PCT has had to make cuts to their budget and there will be no further funding available.

3.5 Targets, monitoring, inspection and regulation

There are also different organisations for monitoring, inspection and regulation of housing and related services for substance misusers, including:

- Primary Care Trusts;
- DATs, the NTA and the NDTMS data collection system;
- 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).

The Voluntary Sector Compact is the agreement between government and the voluntary and community sector in England to improve their relationship for mutual advantage. NTA and Home Office Guidance⁶ states that monitoring of services should be proportionate and not overburden agencies.

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.

⁶ NTA and Home Office Guidance for commissioning drug treatment services from voluntary and community sector organisations, based on the principles of the Home Office Voluntary Sector Compact (2005)

QUESTIONS

Do you have joint monitoring systems for supported housing services receiving funding from different sources?

Have the partner organisations been able to resolve issues of confidentiality?

Are all your substance misuse supported housing services monitored and regulated appropriately? If so, by which organisations, and how recently?

EXAMPLES

Joint monitoring: South West

Bristol City Council (Safer Bristol Executive) are working on developing one monitoring system so that providers only have to collect one set of data, thus demonstrating their commitment to the local Compact with voluntary sector providers; this should also provide more robust data for needs assessment and identify gaps in services.

In London, SHP and their partners are now working on joint monitoring of outcomes for their specialist floating support service in Newham commissioned jointly by DIP, SP and Probation, although this is complicated by restrictions on data sharing by the DIP teams.

Monitoring Standards for Housing Associations working with a Managing Agent: North East

In the Stockton on Tees abstinence-based supported housing project for drug users, Endeavour HA owns and maintains the buildings. Endeavour also monitors the support service (provided by Carr-Gomm) through Endeavour's 'Monitoring Standards for Housing Associations working with a Managing Agent'. This ensures that the housing management service provided to tenants is of a high standard. Carr-Gomm are already involved in Endeavour's Managing Agent Forum which meets two to three times a year to share good practice.

3.6 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 rehab (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. For example, in London, one borough has formalised this as their Hostels Pathways Model, so that only people from local hostels will be able to access move-on housing in the borough, and the hope is also to “export” people elsewhere.

Cross-authority issues are especially important for Tier 4 residential rehabilitation services. People often go into a residential rehabilitation project a long way away from their home. Many build relationships, access local services and then wish to stay in the area where they entered rehab.

There is a need for local protocols to clarify responsibilities, which have become more complex since the introduction of SP. 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).

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. For example, there are groupings of neighbouring London Boroughs, and in the area around Bristol, unitary authorities from the former county of Avon have consultation arrangements.

QUESTIONS

Do you have effective procedures and protocols to deal with cross-boundary issues for this client group?

If so, what helped you to succeed?

If not, what would help you to address these issues?

Are regional or sub-regional arrangements helpful when addressing these issues?

EXAMPLES

Issues with cross-authority models: national, London, North West

ARP (Alcohol Recovery Project) provides three-stage supported housing for people with alcohol, or drug and alcohol, problems: first stage, short-term “intake” shared housing (often after detox), operating an in-house abstinence-focused therapeutic programme; second stage longer-term move-on shared housing; and third stage individual self-contained flats. The model was developed on a cross-authority basis, with the intention that people could move on from the intake houses across London Borough boundaries, either to second and third stage ARP houses or to other housing providers, but this has become more difficult recently.

Phoenix House provides Tier 4 residential rehabilitation services, and linked move-on. The move-on Re Entry houses are funded by Housing Benefit (for the rent), SP (for the housing-related support) and social services community care funding for drug-related support. HB and SP come from the locality where the housing is situated, and SP funding can last for up to two years, but social services funding has to come from the “exporting” authority (ie where the person lived before entering residential rehab), and is usually for only three months.

Turning Point provides Tier 4 with linked move-on. In one locality, they had 16 bedspaces of linked move-on shared supported housing, and all were linked to a 17-bed residential rehab. Following an SP review, the move-on was reduced to 10 bedspaces and opened up to people with a local connection who wished to return after a stay in residential rehabilitation elsewhere.

4. Provision

4.1 Design of new buildings and refurbishments

Good design can facilitate joint working and encourage a better take-up of treatment services.

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

Security is very important for effective working with this client group, to protect both residents and staff, as well as maintaining the confidence of neighbours.

QUESTIONS

Have your local strategies aimed to provide new-build or refurbished buildings for this client group?

Do your designs incorporate specific features to support independent living for this client group?

EXAMPLES

New building facilitates joint working: East Midlands

In Leicester, the Dawn Centre is a new purpose-built multi-agency centre for homeless people, including the local authority night shelter (with single en-suite rooms), a drop-in centre and the Homeless Primary Healthcare Service, where staff includes a DAT shared care drugs worker and specialist GPs. Having all the facilities on one site encourages homeless people and those in hostels to access and remain in treatment.

Specialist substance misuse units in large homeless hostels: London

Look Ahead have created Substance Misuse Units on separate floors within two of their large London hostels for homeless people, with capital funding through the former ODPM's Homelessness Directorate. This enables specialist staff teams to work more intensively with a small number of residents with substance misuse issues.

Wheelchair housing and secure design for substance misusers: South East and North East

Brighton Housing Trust Recovery Project consists of shared houses built round a courtyard, with one to full wheelchair standard and the others with level access.

In Stockton on Tees, three out of twelve units are built to wheelchair standard, with a lift. CCTV was an integral part of the original design

4.2 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).

QUESTIONS

Is new provision for this client group set out in the Local Development Framework?

Are there effective ways to engage with the local community to help to avoid planning problems?

Are there existing buildings that can be used without the need for a change of use?

EXAMPLES

Issues for local politicians: North East, South West

The Stockton on Tees supported housing scheme (for people recovering from substance misuse) was identified as a priority in local strategies, the emphasis being on a local service for local people. There was strong support from elected members, including the Cabinet member (the scheme is in his ward) and very little opposition from the general public.

Using ordinary housing avoids need for planning involvement: North West

Turning Point's intensive service in Oldham, the Oldham Drug Interventions Programme Support Service (ODIPPS) supports six men and women referred through the DIP from the local prison(s), in designated dispersed flats, provided by the local authority ALMO⁷. Because they are using ordinary mainstream housing for individuals, there is no change of use and no planning permission is needed. The intention is that after 12 months, if all goes well, the tenancies will be passed to the occupiers on a permanent basis, and ODIPPS will receive further flats.

TO FIND OUT MORE ...

A new advisory note prepared by the Royal Town Planning Institute on planning issues for extra-care and supported housing for a range of different client groups, is available on the Housing LIN website under:
<http://www.icn.csip.org.uk/housing/index.cfm?pid=520&catalogueContentID=1657>

⁷ ALMOs are Arms Length Management Organisations, which in many areas manage local authority housing.

4.3 Harm minimisation approaches or abstinence models?

There are three broad approaches to substance misuse, 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: all Tier 4 residential rehab provision is abstinence-based;
- some organisations provide both harm minimisation and abstinence models.

QUESTIONS

Is there sufficient abstinence-based supported housing and floating support provision in your area?

Is there sufficient supported housing and floating support provision in your area for people who are continuing drug users or drinkers, but who are engaging with harm minimisation?

If there is an imbalance, can you recommission and restructure services to fill the gaps?

EXAMPLES

Remodelled service to meet need identified in Supporting People strategy for DIP clients: London

SHP's Islington 10-bed hostel is a remodelled service as a result of need identified in the local Supporting People Strategy. Revenue funding comes from both SP and the PCT (core treatment budget). The service is aimed at DIP clients (although not exclusively) and will work with any client in some form of drug crisis. The use was changed because there was a clearly identified need for somewhere for the Homeless Persons Unit to refer chaotic drug users who were prolific offenders when they were coming out of custody and for clients whose continued drug use precluded their acceptance by other services.

Issues finding and providing accommodation for chaotic drug users: East Midlands

Leicester's Dawn Centre find that it is not always easy to secure hostel accommodation for chaotic drug users, although this is a necessary part of keeping them in treatment. Health centre staff work closely with housing colleagues. Some of the local hostels will take people on condition that they do not use drugs on the premises because of the legal implications.

Planning for the new hostel for drug users in Leicester is raising questions about what sort of regime is appropriate for this client group: do they have to be clean, or just receiving treatment; what happens if someone lapses: do they get more than one chance?

Service Level Agreements to ensure that drug treatment services work closely with Supporting People funded housing: South West

Bristol have already recommissioned Community based Tier2/3 treatment services. As part of the service to be provided they are required to work with funded Supporting People providers to agree the level of support to be provided to residents, enhance relapse prevention activities and ensure speedy access and engagement with treatment providers if clients relapse. The plan is that Service Level Agreements will include relevant outcome and move on targets that will be monitored to ensure clients move through the treatment system. Bristol will also use the information to map future treatment requirements.

4.4 Models of supported accommodation

Because the examples in Report Three cover such a wide range of services, there are many different types of supported accommodation offered:

- some organisations specialise in substance misuse and receive specific funding for this;
- others provide supported housing for a range of needs, and receive no specific funding apart from SP, but nevertheless may house a high percentage of people with substance misuse issues, many of whom may also be offenders (see also discussion below on complex needs).

QUESTIONS

Are there joint assessments between social services, housing, health and/or probation services?

Do all the agencies working with substance misusers in your area know about the full range of supported accommodation that may be available?

Do you have robust referral arrangements?

EXAMPLES

Comprehensive assessment and referrals: South East

Brighton Housing Trust's Detox Support Project and Recovery Project are linked services provide specialist housing and support, on a strict abstinence model. Most residents were homeless heroin/crack/alcohol users prior to moving into the projects. The detox services are funded in partnership with the DAT and provided by a specialist agency, and housing-related support in both projects is funded through Supporting People. Referrals into the projects come through the substance misuse service of the local NHS Mental Health Trust: it carries out comprehensive assessments and administers the waiting list. The normal route is to enter the Detox Support Project, then to move to the Recovery Project for six to twelve months, and then into a move-on house for a further year or so before moving on into mainstream

Housing and support for people with a range of needs: North East

None of Byker Bridge Housing Association's supported housing is specifically for substance misers though 40% of the service users are identified as having a drug or alcohol problem at the time of referral. BBHA works in Tyneside and Northumberland. They have found that it is better to have a mix of people in their supported housing, and multi-skilled generic support staff, all of whom are SP-funded. About half their housing is shared supported housing, and half in groups of self-contained flats. People can stay as long as they need the accommodation; move-on can usually be arranged into social rented housing quite quickly (4-6 weeks) when people are ready. There is an integrated support, housing management and domestic management service, with 52 mostly resident staff located within the housing managed by the association, a ratio of one member of staff to every four residents. BBHA find that this is cost-effective and helps them to work with people with very high support needs.

4.5 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 rehab. 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 have a substance misuse remit, and some are specifically for dual diagnosis (mental health and substance misuse) or for ex-offenders. Support staff help people to access and remain in contact with treatment and detox 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 provided by a large generalist RSL, because staff have to receive training and be qualified in substance misuse work. Large RSLs 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.

QUESTIONS

Do you and your partners commission specialist substance misuse floating support services in addition to generic services?

EXAMPLES

Specialist substance misuse services

Some specialist RSLs contract to provide services to partner agencies. For example, Phoenix House Sheffield Community Services deliver specialist help to drug and alcohol users, and to generic workers. Support includes helping people to access accommodation and help to prevent them from losing it. Settings include a local bail hostel, supported housing for ex-offenders, and work with young people to help them access hostel accommodation and tenancies.

5. Moving on

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

5.1 Moving on within supported accommodation

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.

QUESTIONS

Does your portfolio of supported housing include provision for substance misusers who are still using drugs or drinking heavily, but who are ready to move on from hostels and other first-stage accommodation?

EXAMPLE

Look Ahead Housing & Support works to move people on from their large hostels, including those in the two specialist substance misuse units (SMUs) where they may stay for six to nine months if they are succeeding in addressing their issues. The SMU takes a harm reduction approach and encourages residents to access local community-based drug treatment services. Drugs workers in the SMUs aim to accompany residents on their journey, working with them rather than advocating which route to follow. Only a few will decide to pursue an abstinence route and attempt residential rehab. Many fail (often within the first week or two) because they cannot cope with the change from homelessness to the structure and demands of a rehab programme. Others will aim to stabilise their drug use so that they can progress, via the main hostel, to supported housing or independent tenancies (usually with resettlement and floating support, and continuing links to community-based drug treatment services). This too is looked on as a successful outcome, because once someone is stabilised they stand more chance of maintaining a tenancy.

5.2 Mainstream social rented housing

In the past, the final stage of move-on was generally into the mainstream, general needs, social rented sector (council housing and/or housing associations). There is now a greater demand for general needs housing, especially in areas of higher housing demand.

QUESTIONS

Are there agreements in your area with mainstream local providers (RSLs, local authorities, ALMOs) for the rehousing of people who have been substance misusers, both for those who are abstinent, and for those following a harm minimisation approach?

If your area has introduced Choice Based Lettings⁸, are there arrangements, and support, in place to ensure that substance misusers can access vacancies?

Do you have sufficient provision of specialist floating support, and sufficient training for the staff of mainstream housing providers concerning substance misuse?

EXAMPLE

Housing drug users: policies and procedures: national

St Mungo's have commented that there is a lot of fear of drug use among housing providers, and also concern about the legal position, following the Wintercomfort day centre case in Cambridge, where staff were convicted of allowing dealing on their premises, and sent to prison. St Mungo's drugs policy and procedure has clear directions for staff in managing suspicion, or knowledge of, dealing, and the steps that need to be taken to remain within the law. They have worked with Shelter on the recent report (below) and on training for mainstream housing staff.

TO FIND OUT MORE ...

The DCLG, in partnership with CSIP, are currently producing a joint report on Choice Based Lettings and the implications for people with a mental health problem.

Shelter have recently published a report 'Safe as houses: an inclusive approach to housing drug users'. The report examines seven projects providing supported housing or floating support for people who are continuing in their drug use. All the projects use a harm reduction approach to acknowledge and safely and effectively manage risks, including drug use on site, whilst encouraging people to engage with treatment. The report argues that there is a need for more such accommodation and support for people who homeless and who are either not prepared, or unable, to access drug-free or abstinence-based accommodation.

⁸ Choice-based lettings is a system of allocating social rented housing being introduced in many areas. Vacancies are advertised, and housing applicants have to bid for available housing, instead of the housing being allocated by housing staff. Bids can be made in various ways, usually by internet, telephone or in person.

5.3 Private rented housing

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.

QUESTIONS

Do you have deposit bond schemes in your locality that are available to substance misusers?

Do you have arrangements to encourage private landlords to accept this client group?

Is intensive specialist floating support available to enable this client group to maintain their tenancies?

Have you had discussions with Housing Benefit to address these issues and facilitate access to private rented housing?

What arrangements do you make to facilitate access to private rented housing for young people?

EXAMPLE

Floating support and private rented housing for Probation clients: London

Single Homeless Project provides a specialist floating support service in the London Borough of Newham for substance misuse Probation clients, commissioned jointly by DIP, SP and Probation. Around 75% of the properties come through the local authority's existing private leasing arrangements, and the other 25% are private rented properties.

TO FIND OUT MORE ...

The Reducing Reoffending National Action Plan includes the development of rent deposit models to assist former drug-using ex-offenders in accessing private rented housing.

Crisis SmartMove is a nationwide programme enabling people who are homeless or vulnerably housed access to homes in the private rented sector by offering landlords a guarantee in place of a cash deposit. It can provide tenants with ongoing support and advice, and befriending from volunteers. The SmartMove projects are run by local charities around the UK, on a franchise basis from Crisis. For further information see www.crisis.org.uk

6. Gaps in provision

6.1 Dual diagnosis and multiple and complex needs

Dual diagnosis is generally taken to refer to an individual with both substance misuse and mental health problems. The definition of complex or multiple needs is that a typical homeless or ex-homeless person with multiple needs will not be in effective contact with services, and will often present with three or more of the following:

- mental health problems;
- misuse of various substances;
- personality disorders;
- offending behaviour;
- borderline learning difficulties;
- disability;
- physical health problems;
- challenging behaviours;
- vulnerability because of age (young people, older people).

Even if one were to be resolved, the others would still give cause for concern.

QUESTIONS

How do services in your area take account of the housing and support needs of substance misusers with dual diagnosis or complex needs?

EXAMPLES

Specialist floating support to preventing repeat homelessness: North East

Byker Bridge Housing Association runs the Under the Bridge Project in South Tyneside in partnership with South Tyneside's Anti Social Behaviour Unit and Homeless Unit. This is an intensive SP-funded specialist floating support service, working with clients with complex needs to prevent repeat homelessness; 95% have substance misuse issues.

Specialist floating support for people with complex needs and forensic issues: London

Threshold Support provides a range of floating support and tenancy sustainment services in central London. The Safer Communities floating support project is a multi-agency partnership for people with substance misuse and/or mental health and/or forensic issues and behaviour that challenges. Referrals come through the housing department and the Multi-Agency Public Protection Panels (MAPPs).

6.2 Women and families with children

The needs of women with substance misuse issues for direct-access provision and second-stage specialist provision are often unmet. All the organisations featured in Report Two provide supported housing services for both men and women, but some also provide specialist projects for vulnerable women, including:

- women's floors in homeless hostels (Look Ahead and St Mungo's);
- the Lambeth women's project (St Mungo's);
- the Under the Bridge service for people at risk of eviction for anti-social behaviour, working with lone parents and couples with children (Byker Bridge Housing Association);
- Turning Point (see box below).

QUESTIONS

What specialist housing-related services do you have for women (and families with children) who have substance misuse issues?

What steps do you take to ensure that mainstream housing-related services are available to women as well as men, for example for women fleeing domestic violence?

EXAMPLE

Services for single women, pregnant women and women with children: North West

Turning Point in Oldham and Tameside provides a wide range of women's services:

- accommodation-based and floating support to women (and men) aged 16 and over, who are engaged in Drug Intervention (DIP) programmes;
- a women's accommodation-based project for chaotic substance misusers (in partnership with the local women's refuge and the Asian women's mental health service to address substance use and domestic violence issues);
- a maternity liaison worker with a housing focus who works with substance-using pregnant women and women with young children in Oldham;
- a support service for substance-using parents with dependent children, based in the statutory drugs service with a care coordinating role. Being based within the voluntary sector, it goes some way to dispelling anxieties about the removal of children.

6.3 Black and minority ethnic communities

There is growing drug and alcohol misuse amongst people from some black and minority ethnic groups, and alcohol and drug users from these communities are under-represented in most treatment services. Black and minority ethnic alcohol and drug users are reported to fail to access Tier 4 treatment services. Very few mainstream rehabs have managed to attract and engage members from these communities into residential treatment for a number of reasons, including the inability of mainstream services to provide a treatment environment where members from these communities feel their specific cultural, language and religious needs are catered for and addressed. Gender specific rehab services for black and minority ethnic women are virtually non-existent.

Of the examples in Report Three, some organisations have significant numbers of people from black and minority ethnic communities (especially Look Ahead and SHP, two London RSLs), but there are no examples of dedicated housing-related provision for these communities. ARP (Alcohol Recovery Project) provides a dedicated advice and report project, Choices (see below). One organisation was trying to secure funding for specialist housing and treatment provision in partnership with a specialist black and minority ethnic substance misuse service (Look Ahead and EACH).

QUESTIONS

What specialist housing-related services do you have for people from people from black and minority ethnic communities who have substance misuse issues?

What steps do you take to ensure that mainstream housing-related services are culturally sensitive?

EXAMPLES

Services for substance misusers from Black and minority ethnic communities: London

Because of the ethnicity of the boroughs in which they work, over one third of Look Ahead's service users are black (African, Caribbean, other, Black mixed race) and 10% are Asian or Asian mixed race. Drug issues are an important part of their work across all services but especially in provision for young people and in their large hostels. At least 50%-60% of residents in Look Ahead's hostels have substance misuse issues, with approximately 50% of those being from minority ethnic groups. Overall, nearly 40% of Look Ahead's service users are aged under 25, with 19% under 18.

Choices provides a culturally sensitive direct access advice and support service for black and minority ethnic people with an alcohol problem. An experienced team of staff from black and minority ethnic communities provide a flexible package of counselling, one-to-one and group sessions, and complementary therapies, at the Choices centre in Stockwell, south London. Choices is run by ARP (Alcohol Recovery Project).

6.4 Young people and older people

Both young people and older people with substance misuse issues have particular needs, which may not be met in all-age services.

QUESTIONS

What specialist housing-related services do you have for young people and older people who have substance misuse issues?

What steps do you take to ensure that mainstream housing-related services are appropriate and available for young people and older people?

EXAMPLES

Services for young people: South East, London

Stonham's Dolphin Project in Oxford provides pre-tenancy support and works with people aged 16-25 (or 30 if on probation) who have substance misuse, offending behaviour and housing need, with the opportunity to move into Dolphin flats on successful completion of the pre-tenancy programme.

Threshold Support manages a 33 bed hostel for ex-offenders in a central London Borough for many years. Referrals come through the Probation Service. Residents are young males aged between 18 and 30 who have committed serious offences and who have current substance misuse problems. It is nearly always full because of the scarcity of such provision, working with people with high support needs, and in a central London location. Discussions are taking place with commissioners to replace the hostel with smaller units (probably around 12 residents but maintaining 24-hour staffing because of their high support needs). Move-on can also be an issue, especially for people with no local connection: residents can come from all over London and beyond, so some become "stuck" even when they would be ready to move out to more independent accommodation.

Specialist supported housing for older Irish men: West Midlands

St Eugene's Court in Birmingham provides permanent supported housing for older Irish men who have experienced social exclusion and have additional support needs around their health, living skills or continuing alcohol use. Focus Futures, a large RSL, developed and runs St Eugene's Court. Support is provided 24/7 by over a dozen staff. The scheme is housed in a specially converted industrial building: there are 44 self-contained flats and spacious communal areas, as well as services for older Irish people in the local community.

TO FIND OUT MORE ...

Further details of St Eugene's Court can be found in Housing LIN factsheet number 16 which includes other examples of work with older homeless people, primarily with alcohol issues.

6.5 Rural areas

There are significant substance misuse issues in rural areas but people can find it difficult to access housing and support within their local community. NTA is currently undertaking an exercise to look at the number of drug users in rural areas, in partnership with DEFRA.

Three of the providers we contacted pointed out that they have community-based housing and support projects for substance users in market towns and in rural as well as urban areas: Byker Bridge, Carr-Gomm and Stonham.

QUESTIONS

How do your supported housing services address the needs of substance abusers in rural area in your locality and region?

Is there cross-authority working between urban and rural local authorities?

Is there access to other services eg therapy or counselling, outpatient rehabilitation?

EXAMPLE

Services in rural areas: North East, national

As well as their two specialist schemes for people recovering from drug use in Stockton on Tees and London, most Carr-Gomm supported housing projects cater for a mix of socially excluded people, including substance misuse, with schemes in smaller towns such as Bridgwater, Somerset, and large villages in rural areas such as Cumbria. Byker Bridge HA runs a specialist project for drug users in rural South Northumberland. Stonham has housing and support projects in most local authority areas, including rural areas.

Appendix One: Acknowledgements and research methods

We would like to thank everyone who provided information and took part in interviews for this research.

Research for this paper took place between May and July 2006, and included:

- contacting a limited number of providers, commissioners and others (see list below);
- collecting background material and a limited overview of relevant literature;
- conducting telephone and face-to-face interviews with a selection of key players (local commissioners, local and national providers, and government departments and agencies);
- obtaining details of examples of provision for this client group, including hostels, supported housing linked to residential reablement, supported housing with or without move-on, and floating support/tenancy sustainment
- consultation on drafts October-December 2006.

Because of the limited timeframe and budget, we were unable to involve service users in the research for this paper, or make visits to most projects. We were also unable to contact both commissioners and providers for most of the examples.

Organisations contacted:

Commissioners

- Bristol City Council
- Stockton on Tees Borough Council

Providers (RSLs)

- ARP (Alcohol Recovery Project) (London)
- Brighton Housing Trust (South East)
- Byker Bridge Housing Association (North East)
- Carr-Gomm Housing Association (national)
- Look Ahead Housing and Care (London)
- Phoenix House (national)
- Single Homeless Project (London)
- St Mungo's (London)
- Stonham Housing Association (national)
- Threshold Support (London)
- Turning Point (national)

Government departments and agencies

- Department for Communities and Local Government
- Department of Health
- The Home Office
- The Housing Corporation
- National Treatment Agency

Others

- NHS substance misuse service director
- NHS specialist GP for homeless people

— . —

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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