

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

Report Three The Case Studies

This is the third of three linked reports which give an overview of the relationship between drug and alcohol service provision and the delivery of housing with support. The reports are designed to promote discussion and to explore models, examples and learning points.

This report provides a number of useful examples of how commissioners and providers have developed a range of housing and support services for users of drug and alcohol services.

Written for the Housing Learning & Improvement Network by
Jenny Pannell, JPK Research and Consultancy

Substance Users and Supported Housing; What's the Score Report Three: The Case Studies

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Introduction

The Housing LIN promotes housing-based models of care. The purpose of this series of three reports is to explore the role of supported housing models in the delivery of treatment, care and support for users of drug and alcohol services and to influence future allocation of capital and revenue programmes, including Housing Corporation housing capital funding, and Department of Health/National Treatment Agency Tier 4 funding.

The aims of the papers are to:

- explore the role of supported housing models in supporting independence, thereby preventing a “move up the care ladder”;
- consider how the needs of users of drug and alcohol services are assessed and how this informs the commissioning of services, and links to supported housing models and move-on accommodation – the “care pathway”;
- examine the drivers and barriers for partnership working across housing, health and social care agencies to meet the needs of service users;
- highlight examples of innovative developments, the physical design of accommodation and treatment/care provision, the configuration and integration of services and packages of support.

Research methods and organisations contacted are set out in Appendix One.

This report, the Case Studies, is the third of three linked reports and is in two sections:

- Section One summarises supported housing models;
- Section Two contains full details of the examples, and contacts and organisation websites for further information.

Report One

- provides a brief summary of the current policy context;
- considers sources of information and research on the housing and support needs of substance misusers;
- discusses in some detail the role of supported housing models for users of drug and alcohol services.

Report Two, Lessons and Learning Points, draws out the wider issues from the examples in this report and the interviews with the organisations featured, showing both barriers and drivers to successful joint working when planning, developing and managing supported housing provision for this client group.

All three reports are available on the Housing LIN website (www.ics.csip.org.uk/housing)

Section One: Supported housing models

Supported housing providers develop and manage a very wide range of accommodation and services to support substance misusers. They are key players in local strategic approaches, and their provision complements local treatment options, whether on a harm minimisation or abstinence model.

Amongst our case study examples in Section Two below, 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 (and linked move-on) is abstinence-based;
- some organisations provide both harm minimisation and abstinence models.

Reports One and Two describe the main types of supported housing (and other housing-related services including floating support) for people with substance misuse issues, throughout the care pathway. However, there is a need for further work to develop and expand on the variety of models and the roles they can play in supporting people with substance misuse problems.

We have divided housing and support services as follows, with examples for each model in Section Two of this report, where they are set out in alphabetical order (by name of organisation). Please note that many of the organisations contacted provide a very wide range of services, but not all are featured in detail.

1.1 Services to rough sleepers, including health services and street outreach work

- Byker Bridge Housing Association: healthcare centre for homeless people;
- Brighton Housing Trust: needle exchange within a hostel;
- Leicester City Council: The Dawn Centre, multi-agency homeless provision including primary healthcare;
- St Mungo's: alcohol arrest referral scheme.

1.2 Direct access hostels

- Look Ahead Housing and Support: direct access hostels, including two substance misuse units;
- St Mungo's: direct access hostels, including one with an in-house substitute prescribing clinic.

1.3 Specialist short-stay hostels and supported housing

- Look Ahead Housing and Support: hostels and supported housing for young people and adults;
- Phoenix House: partnership working on substance misuse issues with hostel and supported housing providers in Sheffield;
- Single Homeless Project: high support hostels for former rough sleepers with drug and alcohol issues;
- St Mungo's: project for working women using crack;
- Threshold Support: ex-offenders hostel.

1.4 Specialist supported housing: medium to long stay, including schemes with linked move-on accommodation

- ARP (Alcohol Recovery Project): three-stage abstinence-based supported housing;
- Brighton Housing Trust: residential detox, abstinence-based supported housing and move-on;
- Byker Bridge Housing Association: generic high-support housing for socially excluded people including many with drug and alcohol issues;
- Stockton-on-Tees BC, Carr-Gomm and Endeavour Housing Associations: abstinence-based supported housing and move-on;
- Turning Point: Tier 4 residential rehab and linked move-on, and women's project, Oldham for women with chaotic drug or alcohol use;
- St Eugene's Court, Birmingham (Focus Futures): permanent supported housing for older Irish men. (Further details of this scheme can be found in Housing LIN Factsheet No16
<http://www.icn.csip.org.uk/housing/index.cfm?pid=521&catalogueContentID=1619>)

1.5 Tenancy sustainment and floating support

- ARP: for people with substance misuse and offending issues;
- Byker Bridge Housing Association: for people with complex needs;
- Single Homeless Project: for people with substance misuse and offending issues;
- Threshold Support: for people with complex needs, including substance misuse, mental health, challenging behaviour and forensic issues;
- Turning Point: ODIPSS service, Oldham, for ex-prisoners under the DIP programme;
- St Mungo's, London Borough of Brent: for older people with alcohol problems. (Further details of this service can be found in Housing LIN Factsheet No16
<http://www.icn.csip.org.uk/housing/index.cfm?pid=521&catalogueContentID=1619>)

1.6 Strategic approaches

- Bristol City Council;
- Stockton on Tees Borough Council.

Section Two: Examples and contacts

Organisations are listed in alphabetical order, indicating their geographical area where it is not apparent from the name:

- ARP (Alcohol Recovery Project), London;
- Brighton Housing Trust;
- Bristol City Council;
- Byker Bridge Housing Association, North East;
- Leicester: The Dawn Centre;
- Look Ahead Care and Support, London;
- Phoenix House (national);
- Single Homeless Project, London;
- St Mungo's, London;
- Stockton on Tees Borough Council, Endeavour Housing Association, Carr-Gomm;
- Threshold Support, London;
- Turning Point: Oldham, Tameside and other provision nationally.

2.1 ARP

ARP (Alcohol Recovery Project) provides a range of services in London, working in 11 London Boroughs. The main focus has always been to support people to achieve positive change and freedom from the harmful effects of alcohol; ARP also supports people who experience problems with drugs as well as alcohol, which is the case for an increasing number of their clients. Services include:

- 5 direct-access drop-in centres (one for women only, one for people from black and minority ethnic communities), funded mainly through PCTs, working with over 2,000 people each year who are living in hostels or their own accommodation, and who can self-refer;
- 22 accommodation-based services, providing housing and support for 135 people in supported housing, funded through SP and rents/Housing Benefit;
- 6 floating support services, reaching over 1,000 people a year, funded mainly by SP and PCTs (and also charitable funding for a resettlement project for people who have served in the armed forces);

- specialist services, including a service for families in partnership with NSPCC, a young persons education project which goes into schools in Camden, and specialist alcohol workers within drug agencies (because of the number of crack users who also use alcohol).

Supported housing

ARP's supported housing is in three stages:

- first stage, short-term "intake" shared housing, often after detox;
- second stage longer-term move-on shared housing;
- third stage individual self-contained flats.

The two first stage projects, although funded by SP, are close to Tier 4 in that they operate an in-house abstinence-focused therapeutic programme which residents are required to complete. At the moment, both of ARP's first stage houses, and most of their second stage housing, is abstinence based, with only a couple of harm minimisation based houses. If people lapse in the first stage they face eviction and ARP randomly tests for both alcohol and drugs. In second stage there is a warning system, but if people lapse twice in the abstinence-based housing they face eviction. Both of these policies will be up for review within the next year.

ARP had developed their three stage model of supported housing on a cross-authority basis, with the intention that people could move on from the intake houses across borough boundaries, either to second and third stage ARP houses or to other housing providers. With the introduction of SP, moving on has become much more difficult, with a wave of "protectionism". For example, 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.

ARP observed that there are good examples of cross-authority working on SP elsewhere in England, which can be especially important for some client groups including substance misusers; however, London never had an effective co-ordinating body for the introduction of SP. Joint working across the whole of London remains very difficult, although there are some examples of sub-regional groupings (for example Camden and Islington; Lambeth, Lewisham and Southwark; West London).

In London there are serious barriers to move on, and prejudice against drug and alcohol clients means that the use of the private sector is challenging for this client group. Over recent years, many boroughs have introduced choice-based lettings for social housing (where properties are put up for prospective tenants to bid for them). This means that many of ARP's residents will never amass enough points to be able to access social housing. ARP now stresses in the licence agreement for new residents that although they will provide advice and support, it is the resident's responsibility to look for move-on housing, and that supported housing is no longer a route into social rented housing in London. Like other respondents to this research, ARP is investigating the private rented sector but they point out that realistically,

some of their clients will never be stable enough to sustain a tenancy with a private landlord, and ARP do not want to set them up to fail.

Floating support

All ARP's floating support services have a specialist substance misuse (alcohol and drugs) remit, and one is specifically for ex-offenders. 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). One service is entirely funded by the PCT, two are only SP-funded, whilst others are jointly funded by SP and the PCT. ARP commented that joint funding works well because there is clarity and legitimacy to carry out substance misuse work, and this can also help ARP staff in their relationships with health service colleagues. If the service is only SP-funded, there can be issues about how far the service can go, and what are the boundaries of housing-related support. In one case, the service used to be entirely PCT-funded; then it transferred across to being solely funded by SP. That borough has recently established a main generic floating support service, which is provided by a generalist housing association. They have retained a few other smaller specialist services of which ARP holds the substance misuse contract. They are now investigating joint funding with the PCT.

There are also issues about monitoring, inspection, regulation and costs. Like other respondents, ARP commented on the difficulties caused by different funders (boroughs and PCTs) requiring different information. Attempts to agree a common core of monitoring information had failed, so for a small organisation working across a number of boroughs, this creates difficulties. There are similar issues for inspection and regulation: SP monitors service quality and reviews provide useful feedback to improve services, but concentrate on the mainstream housing-related support. Substance misuse services are required to conform to DANOS and QuADS (FOOTNOTE)¹, but the PCT does not monitor quality and there is only a "tick-box" check that the organisation is DANOS-compliant. This also makes a specialist service like ARP's more expensive than generic support provided by a large generalist RSL, because ARP 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 smaller specialist organisation like ARP. These points about the lack of clarity over funding streams and regulation were also raised by other respondents to this research, and are discussed elsewhere (see Section Four).

Overall, ARP commented that there are major barriers in providing housing and support to their clients, starting with the commissioning process. Good

¹ 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, similar to the QAF for SP

commissioning for this client group can only happen where there are effective and creative relationships between SP and the PCT/DAT, but this is very patchy.

Contact: Nick Sweet, Director of Services, e-mail: nsweet@arp-uk.org

Website: www.arp-uk.org

2.2 Brighton Housing Trust

Brighton Housing Trust (BHT) provides advice, information, support, care and housing for vulnerable people in Brighton and Hove and some services in Eastbourne. BHT's services include drug and alcohol recovery projects, hostels for homeless men and women (one of which incorporates a needle exchange), housing aid and legal advice, an asylum and immigration legal service, a community day centre for homeless and excluded people, specialist mental health support, and resettlement projects. BHT has 240 general needs properties and a further 52 units of permanent accommodation that are classified as supported housing although it is estimated that 85% of all tenants receive support services of some kind. A significant amount of the support provided is to tenants in the private rented sector and BHT works closely with private landlords: Brighton has nearly twice the national level of private rented housing (20%). BHT is currently in the process of joining the William Sutton Group.

The Detox Support Project and the Recovery Project

These linked services provide specialist housing and support, on a strict abstinence model, for people from Brighton and Hove. Most residents were homeless heroin/crack/alcohol users prior to moving into the projects. In both projects residents have licences, not tenancies.

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 detox, 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.

The Detox Support Project provides accommodation and high support for six men and women undergoing a medically supervised detox programme, in a large terraced house staffed by five BHT support staff.

The Recovery Project provides supported housing and a rehabilitation programme of counselling and group work to 30 men and women recovering from alcohol and drug abuse. It occupies purpose-built accommodation, funded by 100% Local Authority Housing Association Grant in the late 1990s. There are shared houses (with four to eight residents in each house) built round a courtyard, with one to full wheelchair standard and the others with level access. Residents stay for six to twelve months. Residents participate

in an intensive support programme including groupwork and individual counselling (there is a small grant from the DAT for work not covered by SP funding). The ethos is to give residents responsibility. There are very few rules, there is no staff sleep-in and the budget from charges for full board is divided up for the residents to shop and self-cater, with support from staff. On the suggestion of residents, there is testing if someone is suspected of breaking the abstinence rule, and if drug use is confirmed they are asked to leave immediately and are supported to find accommodation, but this happens very rarely.

There are also six three to four bedroom 'move-on' terraced houses for 22 residents who are abstinent and have completed an appropriate alcohol/drug treatment intervention, with one SP-funded support worker.

There is a high degree of resident involvement and people in the move-on houses often act as volunteers in the Detox Support Project. Many carry on to qualify and work in support services, including in mental health and drug services. There is a work and learning project (including an NVQ level 2 course at the local college) funded by the Learning and Skills Council for people in the move-on houses.

Contact: Andy Winter, Chief Executive, e-mail: andy.winter@bht.org.uk

Website: www.bht.org.uk

2.3 Bristol City Council

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 Joint Commissioning Group includes representatives from:

- Supporting People
- Homelessness
- Social services
- Probation
- Horfield Prison
- Health (PCT)
- Police (at superintendent level)
- The Safer Bristol DST.

As part of Bristol's plan to implement the NTA's Treatment Effectiveness Strategy, they are intending to build on existing commissioning arrangements. The 'virtual' adult drug treatment budget already comprises:

- PCT mainstream budget for substance misuse services;
- Probation Partnership Funding;
- Social Services Voluntary sector budget for drugs services;
- Safer Communities funding;

- Neighbourhood Renewal;
- Homeless Grant;
- the NTA Pooled Treatment budget
- 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. Bristol DST is also looking at joint working with other budgets and commissioning processes. There is already joint work with mental health, and other services (for older people, younger people with physical disabilities and learning disabilities) may also have clients who cross over between services and have drug services needs.

As part of the annual Treatment Planning Process, Bristol DST has held a number of meetings with all key stakeholders (including service users) to identify the strengths and weaknesses of current services and highlight gaps in provision. Bristol has been a DIP intensive Area with Testing on Arrest (Tough Choices) since 1 April 2006, and it is estimated that this will increase by 15-20% those needing to access treatment.

Modelling was carried out in line with NTA/Home Office Guidance and attempts made to profile required treatment capacity to ensure access to relevant treatment modalities in line with NTA Models Of Care documentation and national waiting times. The working estimate of Problem Drug Users (PDUs) in Bristol is 8,000. In 2005/6 the target was to engage 3,675 PDUs in treatment and 4,800 in 2006/7. Provisional data indicates that 3,756 PDUs in Bristol were receiving treatment in 2005/6 (the fourth highest in England).

During 2005/6 work began on reviewing all Tier 4 service provision. Working groups comprising service users and providers were set up, project plans developed, actioned and reported to the Adult Joint Commissioning Group:

- In-patient detoxification and stabilisation will be commissioned from Avon and Wiltshire Mental Health Partnership Trust, provided from a dedicated substance misuse purpose built unit that has been developed as part of the new PFI funded Inpatient hospital. This has required £390,000 additional funding from the Pooled Treatment budget.
- A review has been carried out of existing contracts between Social Services and over forty residential rehab providers; a proposed preferred providers list has been agreed and negotiations are underway on block purchasing places for 2006/7.
- Pilot block contracts were agreed with local providers for residential rehab 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.
- Bristol 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.

Bristol have already recommissioned Community based Tier2/3 treatment services, and 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, and they will also use the information to map future treatment requirements.

Bristol's aspiration is to have in place a clear care pathway for clients, from initial engagement with Tier 2 services through the system to aftercare and relapse prevention. They are proposing to set targets and referral pathways to ensure that clients can move from primary and secondary residential rehabilitation to third stage placement within locally funded Supporting People provision.

However, Bristol point out that funding for commissioning Tier 4 residential rehab placements for 2006/7 is a major challenge, because the Community Care placement budget has always been significantly overspent. Because of the commitment to increase spending on the new inpatient service, it is not possible to increase the 2006/7 budget for residential rehab services from existing budgets.

Bristol has discussed these plans with other DAT Commissioners within the Strategic Health Authority, and hope to work with them to develop block contracts with residential rehab providers, with an identified Lead Commissioner to cut down on the number of commissioners providers need to link with.

Contact: Sue Bandcroft, Senior Commissioning Manager, Safer Bristol Executive, Bristol City Council, e-mail: Sue_Bandcroft@bristol-city.gov.uk

Website: www.bristol-city.gov.uk Safer Bristol Partnership homepage

2.4 Byker Bridge Housing Association

Byker Bridge Housing Association (BBHA) is a specialist supported housing provider working in Tyneside and in South Northumberland with homeless, isolated and/or vulnerable men and women over the age of 17. BBHA provides permanent or long-term accommodation with support, emergency direct access accommodation, life and social skills training, education, information, healthcare, occupation and day-centre services and outreach (floating support) services. BBHA manages hostels, group homes, shared or single person flats and day care and outreach projects providing accommodation for 246 residents and services to more than 750 other homeless, isolated and vulnerable people. BBHA also have a

specialist drug team working in rural South Northumberland, funded by the PCT.

Supported housing

BBHA works with the most difficult groups at the margins of society including those with drug and alcohol problems, people with mental health issues and ex-offenders. Most are referred to the Association by social workers, probation officers or from other voluntary or statutory agencies. None of the 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 has 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 are also a 22 bed direct access hostel, a “wet” hostel, where residents are allowed to drink in designated areas and a Mental Health Forensic hostel (not SP-funded) with 12 bedspaces for people discharged from secure/semi secure hospitals.

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.

The Joseph Cowan Healthcare Centre

The Joseph Cowan Healthcare Centre is a multi-agency initiative aimed at providing accessible and appropriate health and social care services to homeless people, particularly those not registered with a GP. The healthcare centre provides access to GPs, district nurses, a community psychiatric nurse, a needle exchange and a healthcare advice outreach service. The centre also provides bathing and de-infestation services, a needle exchange and a small clothing store. The project is financed through partnerships with Newcastle City Council (Homelessness Section and Mental Health Grants), Newcastle NHS PCT and Newcastle upon Tyne Hospitals NHS Trust. There are over 650 current regular users of the Joseph Cowan Healthcare Centre, and around a third are women: over 400 had drug problems in records for the last quarter.

The Under the Bridge Project

The Under the Bridge Project is a specialist floating support service working to prevent repeat homelessness since December 2005. South Tyneside Council had some of the worst figures in the country in relation to homelessness, including evictions for anti-social behaviour and repeat homelessness. The Under the Bridge Project (UTB), in partnership with South Tyneside’s Anti Social Behaviour Unit and South Tyneside’s Homeless Unit, provides four support workers to work intensively with 20 service users. The aim is to help them address the underlying causes of their behaviour and to prevent repeat

cycles of homelessness and family breakdown arising as a result of anti social behaviour, address unmet support needs and help sustain a positive lifestyle.

In the first few months of operation, just over half (55%) of clients have been single, 15% are couples and 30% are one- or two-parent families with children. Clients have a range of complex needs: 95% have a substance misuse problem, 95% have had contact with the criminal justice system (many for serious offences including violent crimes and supplying Class A drugs), 50% have a mental health problem and 60% are active cases for South Tyneside's anti-social behaviour unit. Since starting work with clients, 50% are now accessing some form of rehabilitation for substance misuse problems, and 55% have benefited from assistance or partnership working with the criminal justice system to prevent re-offending, whilst 41% have entered training or employment, or made progress towards this. BBHA point out that such work is very cost-effective compared with the costs of the alternatives, including evictions, criminal justice interventions and substance misuse issues.

Contact: Maurice Condie, Chief Executive, e-mail:

Maurice.Condie@bykerbridge.org.uk

Website: www.bykerbridge.org.uk

2.5 Leicester: The Dawn Centre, primary health care for homeless people, and links between agencies

Leicester has a range of provision for people at risk of homelessness, many of whom have substance misuse issues. A specialist GP has been working with homeless people in the city since 1990; health and multi-agency services for this client group have developed over the past fifteen years and he is now joint lead with a Consultant Nurse of the Primary Health Care Centre for homeless people, and is also chair of the Leicester DAT commissioning sub-group. There is excellent joint working in Leicester between the DAT, Supporting People (who take an active role in the commissioning sub-group) and the city council housing department.

Housing have taken the lead in a number of initiatives in the city, using SP funding creatively and approaching the DAT for funding for housing-linked work. Although the DAT does ask service providers for information on housing, this outcome is not performance managed in the same way as other reporting by the DAT to the NTA.

Initiatives in Leicester include:

- The Dawn Centre (described below);
- The Single Homeless Multidisciplinary Team (described below);
- DAT-funded tenancy support workers specialising in working with drug users in their own social housing tenancies;
- A DAT-funded project development manager post with Leicester City Council housing, and
- a new hostel for drug users in the city, currently being planned.

The Dawn Centre

Leicester's new one-stop-shop for homeless people, the Dawn Centre, opened in November 2005 as a key part of the city's Homelessness Strategy. The centre includes the primary health care centre with six consulting rooms and office space, a 42 bed night shelter run by the housing department, and a drop in centre run by the YMCA. The Dawn Centre cost £3.8 million to build: £2 million from the Homelessness Directorate, £627,000 from neighbourhood renewal funds and the balance from hostel reserves, donations and the sale of the old night shelter.

All rooms in the new night shelter have en-suite facilities and six are for disabled people. The drop in centre provides company, washing and laundry facilities, as well as opportunities to consult with the street outreach team for rough sleepers, and to attend classes. It also provides the waiting area for the health care centre.

The Primary Health Care Centre for Homeless People is a Directly Managed Personal Medical Service within Eastern Leicester Primary Care Trust which provides most of the funding. . There are 12 staff, including a Shared Care Drug Worker (funded by the DAT) and four GPs, one leading on shared care for drug users. There are also other specialist staff, including mental health and sexual health. The target population is single homeless people in the City of Leicester, and includes:

- rough sleepers;
- residents in four of the City's direct-access hostels for single homeless people and the Leicester Night Shelter;
- street sex workers;
- those vulnerable to homelessness (for example in the resettlement stage) or of no fixed abode;
- residents of two bail hostels.

The centre treats around 60 people at any one time for drug problems, taking a harm minimisation approach, providing an easy route into treatment for the homeless population, which is often hard-to-reach and engage in treatment. Most of the patients are chaotic street drug users who are likely to be involved with the criminal justice system; some will also have mental health or other issues. Although abstinence is a valid aspiration for drug treatment services, realistically most of their patients are too chaotic and not stable enough to attempt an abstinence pathway. If they are willing to attempt residential rehab, places and funding can usually be found and waiting times are short.

It is not always easy to secure hostel accommodation for chaotic drug users, although this is a necessary part of keeping them in treatment, and 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 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?

As elsewhere, the centre's drug treatment work is performance-managed through the DAT and NTA on treatment outcomes: the number entering treatment and the number retained in treatment. Although having stable housing is important to retention in treatment, this is a "softer" target and is not performance managed. Since 1989, records have been kept locally of deaths amongst patients known to the service. There have been 93 deaths (1989-2005), with an average age of 41. Alcohol is implicated as a cause of death for 41% of these patients and drug abuse for 27%; deliberate suicide is implicated for 5% of clients.

The Single Homeless Multidisciplinary Team

The Single Homeless Multidisciplinary Team (MDT) draws together all the front line workers with homeless people to manage the hardest to help clients, who have multiple and complex needs.

The MDT meets weekly to discuss client cases, identify key worker and action plans, and set dates for follow up discussion. The aims of the meetings are to provide a multidisciplinary approach to help the clients integrate into the locality, engage with services on offer, sustain tenancy, gain access to education or employment and improve their own personal self-esteem and confidence. Meetings are attended by staff from the voluntary and statutory sectors: primary health care, mental health services for the homeless, housing advice, drop in centre and direct access hostel managers, outreach services and tenancy support workers. Any information about clients is discussed within confidentiality guidelines as defined within the operational protocol.

The group discusses selected clients who are rough sleeping or at risk of rough sleeping, but only when the case presents particular challenges and cannot be resolved by the usual processes. The main issues that are encountered are: mental health, behavioural difficulties, substance use, debt and no permanent home. In each case creative thinking and flexible working combined with good communication are used to try to resolve client's problems.

The MDT audits the outcomes of its work, including the number of clients who make positive housing moves and those who start to address their substance use problems. In the year April 2005/March 2006, there were positive results in a majority of the 43 cases dealt with. The outcomes need to be interpreted in the understanding that those discussed by the team are a selected group of the hardest to help clients:

- 57% of clients made positive housing moves (ie help to gain a bed in a direct access hostel, a place in a supported housing project, a place in a long term hostel or independent housing);
- 100% of those with problems improved their benefit situation;
- 100% of those with current or former tenant rent arrears made plans for dealing with them (an essential step in preventing homelessness or removing a major barrier to accessing social rented housing in the future).

- Primary healthcare is easily accessible in Leicester for homeless people, and all those raised at MDT were already registered with Homeless Health Care.
- 44% of those with mental health problems made contact with a support worker or treatment agency.
- 59% of those with substance misuse issues started to address their problems.

Contact: Dr Nigel Hewett, Joint Lead, Primary Health Care Centre for Homeless People, Leicester, e-mail: NC.Hewett@gp-c82670.nhs.uk

Website: www.leicester.gov.uk Housing, homelessness, emergency accommodation/hostels (including details and picture of the Dawn Centre)

2.6 Look Ahead Housing & Care, London

Look Ahead Housing & Care is one of the largest specialist providers of supported housing and care services operating across London and the South East supporting approximately 3,000 people: homeless people, people experiencing mental ill health or with learning disabilities, young vulnerable people, ex-offenders and people with substance misuse problems. Accommodation and services include large and smaller hostels, shared supported housing, floating support and tenancy sustainment. Like other homelessness organisations contacted for this paper, they do not operate stand-alone drug and alcohol services, but provide a range of specialist substance abuse services as an integral part of their work with homeless people, many of whom have complex needs.

Nearly 40% of Look Ahead's service users are under 25, with 19% under 18. Because of the ethnicity of the boroughs in which they work, over one third 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 BME groups. Look Ahead spoke of a change in the demographics over the past two to three years, with an estimated increase in the number of drug and alcohol users increasing by an estimated 10%-20% year on year.

Funding for services comes mainly through rents and charges, local Supporting People (SP) contracts and from the DCLG Homelessness and Housing Support Directorate for work with rough sleepers (including the large hostels and the tenancy sustainment teams). Two of Look Ahead's large hostels in central London received capital funding through the former ODPM to create a unit in each hostel set aside for specialist work on drugs and alcohol (see below). Look Ahead also receive significant social services funding (because of operating some registered care homes), and some funding from mental health trusts.

Substance misuse specialist provision in two large hostels

Look Ahead manages four hostels, typically in Victorian buildings in the central London area, with 560 bedspaces in total and up to 190 bedspaces each. Referrals to these large hostels come mainly through the street services teams (formerly Contact and Assessment or CAT teams), the street outreach teams established through rough sleepers funding in the late 1990s. Two hostels have specialist substance misuse units (SMUs) with 26 total bedspaces. The SMU accommodation is physically separate from the rest of the building; although most residents are male, there are also a few women and occasionally a couple. Each SMU has four specialist drugs worker to work intensively with three to four clients each. They also work jointly with other generic and specialist staff in the hostel, to support other residents with drugs issues. In the Aldgate SMU this includes women in the 17 beds on the women's floor, many of whom are sex workers.

Referrals to the substance misuse units are made directly through the street services teams and from the main part of the hostel. However, the prevalence of substance misuse (especially drugs) amongst hostel residents is much more widespread than just the residents in the specialist units. The level of substance misuse in hostels fluctuates, but at times can reach 80%th an estimated 50-60% of residents in the large hostels having substance misuse issues. Look Ahead commented that having the substance misuse units benefits the rest of the hostel because generic staff have access to a specialist resource.

There are a number of issues that arise in the work of the two specialist substance misuse units (SMUs). Residents stay in the SMU 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. Residents do not have to remain clean, but if they revert to chaotic drug use they have to leave the SMU and would normally return to the main hostel, or perhaps to other provision, to friends or to the streets; in many cases, people usually leave of their own volition rather than needing to be asked to leave.

Drugs workers in the SMUs aim to accompany residents on their journey, working with them rather than advocating which route to follow. Of those who remain in the SMU, some will decide to pursue an abstinence route (and will probably access residential detox and rehab). 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.

Even if residents are able to progress from the SMU into 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. The SMU manager is trying to address the fears that SMU residents have of residential services, and to build links with London area provision. A typical residential programme is for only six months (because of funding constraints) and this can be too short for people who have been

homeless, causing a revolving door of failing at rehab and returning to drug use and homelessness.

Contact: Chris Hampson, Strategy and Service Delivery Director, e-mail: ChrisHampson@lookahead.org.uk

Website: www.lookahead.org.uk

2.7 Phoenix House

Phoenix House is a national charity and Registered Social Landlord, providing specialist treatment services for drug and alcohol users across the United Kingdom, including residential rehab, community-based services and work within the criminal justice system. Services aim for abstinence. We spoke to the Regional Service Manager for the South and South West. Much of the work is within community settings, and in partnership with voluntary and statutory authorities such as social services, probation and criminal justice services. Phoenix House has ten contracts for work in English prisons, including therapeutic programmes, drug rehabilitation units and CARATs; one is in a women's open prison. It would be very useful to explore their experiences of housing and move-on issues from prison in a further stage of this research. We also include brief details of community-based services in Sheffield, in partnership with providers of housing and of advice services: these too would be useful to contact for more detailed research.

Residential rehab and subsequent housing and support

Phoenix House is a leading treatment provider with over 200 beds in eight residential rehabs: six for adults and with two for families with children. These are all Tier 4 residential care homes, with around 30-40 bedspaces each. Funding comes from spot or block contracts (and health funding if there is on-site detox); there is no SP funding. The structured programme (usually 6-12 months) is based on a Therapeutic Community Model, which uses both self help and cognitive behavioural approaches.

Some people will fail in their rehab programme, and the regional manager expressed concern that referral back to the referring authority was not always met with assistance for the individual to access housing.

For people leaving rehab who have successfully completed their programme, the main referral route for housing is into Re Entry houses, although some may go straight into bed and breakfast or the private rented sector, especially if there is no room in a Re Entry house. The Re Entry housing aims to help support the person in continuing their treatment journey after completing rehab, both whilst in the Re Entry house and when they move on into independence.

All Re Entry houses are provided in partnership with local RSL's for the properties; for example in Portsmouth, Phoenix House has three re-entry houses with two RSLs. They report little problem finding buildings; the difficulty is finding the revenue funding, especially with the problems around SP in recent years. The houses are small shared properties: residents have

to be either abstinent, or on a managed programme (for example methadone). Support in the properties varies from full time staff available Monday – Friday with on call support, to the less intensive accommodation providing weekly (decreasing to monthly) visits over the period of their stay. Tenants will usually remain in a Re Entry house for around three months, but in some schemes (where no community care funding is involved), individuals will stay for around 12–18 months, the latter attracting the lower levels of support (weekly/monthly visits).

Work starts on planning for their housing destination as soon as people arrive at the Re Entry house. Like others interviewed for this paper, the regional manager commented that although people apply to the local housing register, they will not necessarily end up in social rented housing, because their clients are competing with so many others. All options are explored, including private renting and help from families (if available). If there is no local rent deposit scheme, they have sometimes been successful in getting funding from social services for a rent deposit to enable people to access the private rented sector.

Phoenix House commented on the complexity of cross-authority funding issues, and also the lack of local protocols to clarify responsibilities, which have become more problematic since the introduction of SP. People often go into a rehab a long way away from their home. Many build relationships, access local services and then wish to stay in the area where they enter rehab, but there are local barriers. 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 (i.e. where the person lived before entering residential rehab), and is usually for only three months. The regional manager contrasted arrangements for drug clients with those for older people: for older people, there are effective cross-authority funding arrangements. There are also clearly defined and established models of housing, care and support for older people, but a lack of clarity over models of supported housing for people with substance misuse issues.

Community-based services in Sheffield

Phoenix House Sheffield Community Services deliver specialist help to drug and alcohol users, partnership agencies and generic workers. Phoenix House staff assist and support service users in their efforts to become drug free, remain abstinent or achieve stability on maintenance prescriptions. Some work is carried out by visiting service users in their own accommodation, which may be in hostels or in their own homes. Support includes helping people to access accommodation or to prevent them from losing it:

- the Horizon Project, in partnership with Probation, works with drug using offenders, those who have been released drug-free from prison to prevent them from relapsing, and supporting people in a local bail hostel;

- Action Housing and Target Housing: Phoenix House provides specialist help to residents in two partner agency's supported housing for ex-offenders in Sheffield and Rotherham, to prevent them losing their home through drug use; Phoenix House staff also help to raise awareness amongst housing association staff around working with substance misuse;
- The Roundabout Project: Phoenix House provides specialist help to young people around their drug use to help them access hostel accommodation and tenancies; and
- other projects in Sheffield for family support, providing outdoor activities, support to find education, training and employment and partnership working with resettlement.

Contact: Sandra Jerrim, Regional Service Manager, South and South West, e-mail: Sandra.Jerrim@phoenixhouse.org.uk

Website: www.phoenixhouse.org.uk

2.8 Single Homeless Project, London

SHP provides housing and support services for around 2,000 people each year with a range of needs including drug and/or alcohol dependency, rough sleeping, mental and/or physical ill health and disability, offending and anti social behaviour and poor life-skills. Around 50% are women and 60% are from black, minority ethnic and refugee communities. SHP works in nine inner London boroughs, providing high-support hostels, shared temporary supported housing, permanent self-contained supported housing and floating support services. The organisation was established in 1977 by a group of people who had been rough sleeping in London.

High support hostels

SHP manages a number of small hostels in London for homeless people providing very high levels of support, including two hostels in Kings Cross (London Borough of Camden), and one in the London Borough of Islington. These high support hostels work with people with complex needs and chaotic poly-drug use and adopt a harm minimisation approach. Most residents are former long-term rough sleepers with needs around continuing drug and alcohol use, anti-social behaviour, street based activity and involvement with the criminal justice system. The majority of residents are male; although ages can range from 18 upwards, the majority are in their 30s and 40's.

Residents are mainly poly-drug users, most frequently using a mixture of heroin, crack cocaine, and alcohol. Initially residents may have little motivation to change their drug use or to maintain a roof over their heads. SHP's staff work intensively with the residents to enable them to take some control and achieve some stability. This work includes: provision of harm minimisation advice, formal and informal key work linking to appropriate services and encouragement to keep appointments, life skills and meaningful occupation activities and the addressing of anti social behaviour and street

based or criminal activity. Most residents are linked in to services and are scripted. Whilst some have never attempted and are resistant to formal detox/rehab programmes, others have failed, sometimes repeatedly. The specialist drug interventions are provided both in-house and outside by local community-based agencies.

One of the Kings Cross hostel projects was remodelled eight years ago when it became apparent that there was a need for housing and support for people with complex needs who had excluded themselves, or were excluded from other projects. This project has been seeking funding for some works to make it more able to engage residents in activities with the intention of getting more people into some form of education or training. The second Kings Cross hostel project was acquired as the result of a tendering process. It is a catered project and clients are able to access food 24 hours a day. This allows people who come to the project severely malnourished and self-neglecting to build their strength and resistance through improved nutrition. Both projects are considered strategically relevant and are currently funded exclusively through Supporting People money. However the funding for food preparation has been questioned under SP eligibility.

The 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 CJIP 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. The hostel has 24 hour staffing (double cover). There is a second-stage scheme nearby, with lower staffing levels (not 24 hour), to which residents can progress when they become less chaotic.

The ethos in all of the above projects is one where there is:

- A positive attitude to housing and supporting people with needs around current drug use.
- A belief that all individuals have a right to quality services that meet their needs and allows them to make changes in their own time and in their own way.
- A focus on the minimisation of the harm associated with drug use and where every effort is made to ensure that accommodation is secure and eviction is seen as the very last option.
- Partnership working with local treatment services² and all services associated with this client group

The ratio of staff to residents is high with a minimum of two staff on shift at any time. Staff are developed and supported to provide a quality service

² Currently most treatment services struggle to work with poly substance use and in particular alcohol and drug services are set up separately, and drug services are focused on prescribing for opiate dependency as opposed to stimulant use. The majority of SHP's clients combine heroin with crack and alcohol.

through a comprehensive induction, ongoing training, a clear policy and procedural framework and individual supervision and appraisal.

Those people that stabilise sufficiently in the high-support hostels have the opportunity to move on into shared housing projects offering longer-term support (either with SHP or other providers). Some may go on to independent tenancies. This process through the different levels of support is closely monitored and residents can move backward and forwards within the system as their needs dictate

Intensive floating support

A new floating support service in the London Borough of Newham for substance misuse clients has been running since mid-2005. Commissioned through Supporting People (jointly by DIP, SP and Probation), the service works with 32 people at a time for an average of six months. There has been close working between SHP and a number of agencies, including the DIP team, local substance misuse services, the local authority Homeless Person Unit and the Police. SHP and partners are now working on joint monitoring of outcomes, although this is complicated by restrictions on data sharing by the DIP teams.

SHP's support staff undertake the usual range of tenancy sustainment work (life-skills, money management, keeping appointments) but are also directly involved in supporting clients to keep to the terms of their probation or treatment orders.

Around 75% of the clients live in accommodation through the local authority's existing private leasing arrangements, where the local authority arranges block leases of private rented properties with private landlords, and then sub-lets them to clients.

The other 25% are private rented properties arranged through the Borough's Housing Advice Service deposit scheme, where the client is the tenant. SHP pointed out that clients aged under 25 cannot access private rented housing because of restrictions on the amount of Housing Benefit they can claim. They have to be supported in bed and breakfast instead, which is clearly less than ideal; this is a side effect of national Housing Benefit regulations.

Contact: Toni Warner, Director of Services, e-mail: TWarner@shp.org.uk

Website: www.shp.org.uk

2.9 St Mungo's, London

St Mungo's is one of London's main providers of services for people who are homeless and vulnerable, including:

- specialist substance use, resettlement and mental health services;
- floating support;
- pre-tenancy training;
- work and learning programmes;

- street outreach and community based services;
- day centres;
- over 1400 bed spaces through shelters, hostels, supported housing, and care homes; and
- prison services

Services are provided to homeless people with complex needs, many of who have substance use issues. Revenue funding comes mainly from Supporting People, as well as from rents and charges (met through Housing Benefit); there is also some funding from PCTs, social services, charities and other sources. Because so many of the clients they work with have long term and complex issues, most of their substance use work takes a harm reduction approach. Staff have noticed a change in the client group over recent years: there were previously two fairly distinct groups, often antipathetic to each other: drinkers (who were often older) and drug users (often younger). Now there is much less distinction and much greater poly-drug use across all clients.

St Mungo's has a specialist Substance Use Team, with staff who work on-site with residents in hostels and who visit residents in supported housing. The team also provides DANOS mapped training, and specialist advice and support within St Mungo's and to other agencies. St Mungo's has developed an effective and robust drugs policy and procedure for working in an accommodation setting with continuing drug users. The drugs policy and procedure enables the organisation to operate within current drugs legislation by the use of recording information and issuing warnings where necessary, but also encourages residents to discuss their drug use rather than conceal it from staff. They receive enquiries from DAATs (Drug and Alcohol Action Teams) and RSLs across the country, and have spoken at Shelter's regional seminars, sharing best practice in working with continuing drug users. 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 steps that need to be taken to remain within the law.

Resources within St Mungo's for this client group include three services featured in more detail below:

- a hostel with an in-house drugs clinic, and linked move-on provision in Islington, north London;
- an accommodation-based unit and move-on project for working women using crack in Lambeth, South London;
- an alcohol arrest referral scheme in Camden, north London.

Other services (not featured), include:

- 'in-house' needle exchanges in a number of settings (which provide the opportunity to engage with drug users about their drug use and provide

safer injecting and harm minimisation advice to a pre-contemplative client group);

- a 'dry' flat for ex-drinkers;
- drinkers' houses in four boroughs; and
- a multi-needs worker who works with the Portuguese community.

The St Mungo's Brent tenancy sustainment service works with older people with alcohol issues (aged 50+) and is featured in Housing LIN Factsheet No16 <http://www.icn.csip.org.uk/housing/index.cfm?pid=521&catalogueContentID=1619>

Endell Street and Wharton Street, Islington

Endell Street is one of St Mungo's large direct access hostels (with over 90 bed spaces, in single and shared rooms). It is due to be refurbished with Housing Corporation funding to provide clusters of single en-suite rooms, with shared kitchens; this will assist residents to develop life-skills, which is difficult at present with communal living.

Approximately 90% of residents at this first stage hostel 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. There were only a very low number of clients accessing substitute-prescribing services and on a methadone script. Following many discussions and service user involvement, as well as a visit to the hostel by the local NHS consultant, the decision was taken to bring services to the clients instead of expecting them to access services elsewhere. 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.

Specialist substance use workers complemented the medical skills of the clinicians by making the initial referrals to the on-site prescribing service, ensuring that clients were reminded about appointments with clinicians and engaging in key-work sessions with the clients around their substance use. 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.

An example of how St Mungo's have worked creatively is through tiered housing provision. Wharton Street is linked move-on provision from Endell Street for residents who become more stable around their substance use, and who are involved in substitute prescribing and addressing other areas of their lives including legal issues and education and training. It provides shared housing with eleven beds, two supported housing officers and a full time specialist substance use worker, all of whom are SP-funded support staff. Once residents move on from Endell Street, they need to access community-based treatment such as GP shared care services. Strong and effective links

have been made with a local GP surgery to provide this service, and the staff support residents to stay in treatment.

St Mungo's staff commented that in shared housing for certain client groups like Wharton Street, they prefer to use licences rather than tenancies. The reason for this is to ensure that if a client is unable to meet the expectations of their current housing eg supported housing that they can be moved back into a hostel which has 24 hour cover in order to ensure that their needs are met appropriately. This flexibility in moving clients through tiers of housing ensures that clients receive support in line with their needs and any relapse to higher levels of drug use can be managed effectively to have the least disruption for the client or other clients living in the project.

Lambeth women's project

This is a good example of creative and strategic commissioning by the Lambeth Community Safety Team, Lambeth DAAT, Lambeth SP and the PCT. The project was a direct response to the Lambeth Crack Strategy where police targeted local crack flats and houses to target dealers. Local services working with women involved in street based prostitution who were moving between the crack flats raised concerns early on that this would mean women being displaced and would result in many of them ending up either on the streets, where they would be even more vulnerable, or in police custody.

St Mungo's first stage project is based in a large mixed provision hostel in Lambeth and remains the first point of contact for more 'chaotic' women. Typically, these women are coming off the streets or out of crack houses or prison; they are drug users and will be involved in, or have a recent history (for those being released from prison) of prostitution and will need support around developing life skills. The service works within a harm reduction framework to facilitate change and a degree of stabilisation before looking at resettling them elsewhere. The hostel is staffed 24 hours a day, and the dedicated women's worker is based on the floor for 35 hours a week.

Once a woman has moved into the 1st floor in the hostel, she will have access to a variety of multi-disciplinary services. These include on-site methadone prescribing, needle exchange, primary care, project key worker, substance use, mental health and resettlement, all of which work collaboratively to support and meet the identified needs of the service user. It is expected that a woman will stay on the 1st floor for approximately 6-9 months, and from here move on to stage 2 of the service which is a 15 bed dedicated hostel in Lambeth. This project provides ongoing support and continued exploration of the relationship between behaviour patterns, self esteem, self awareness, drug use and sex working, supported by St Mungo's multi-disciplinary services and Clinical Psychologists from SLAM addictions services as well as relevant external agencies. The length of stay at the second stage project is 18 months to two years.

The second stage project building has recently been purchased by St Mungo's and will soon go through a period of refurbishment funded by the Housing Corporation. Improvements will include 'move-on' within the projects, providing incentives for the women to engage and progress on to more

independent living within the project. Funding is from rents and Housing Benefit, with support costs mainly from SP.

Lambeth SP and DAAT have recognised the need to attract and retain experienced staff to run these projects. Lambeth Community Safety commission the first floor worker. Lambeth PCT and SP cross-commission staff at the second stage project. This has enabled St Mungo's to recruit and retain more experienced staff to provide these services. Move-on from the project continues to be difficult due to the general fear and mistrust of the client group

Alcohol Arrest Referral Scheme, Camden

St Mungo's was successful in obtaining Home Office funding for a three year pilot to provide Alcohol Arrest Referral Services to the London Borough of Camden. This scheme was aimed at homeless or insecurely housed clients who were being arrested for alcohol related offences in Camden. St Mungo's has had two Alcohol Arrest Referral Workers in post covering the initial phase at Holborn Police Station, and then expansions to both Kentish Town Police Station and Highbury Magistrates Court. The pilot had an interim evaluation by Danny Levine from the Inner London Detoxification Centre and further evaluation by St Mungo's Substance Use Team and had some excellent outcomes around care co-ordination of chaotic and vulnerable clients into residential treatment services. The Alcohol Arrest Referral Scheme uses the custody suites of the Police Stations and Court as an opportunity to provide positive interventions in the cycle of arrest and discharge. However, as with so many pilots, now that the Home Office funding has ended, the borough will not be picking up the project and it is due to end later in 2006.

Contact: Sue Clark, Group Manager, Substance Use Team, e-mail: suec@mungos.org

Website: www.mungos.org

2.10 Stockton on Tees Borough Council, Endeavour Housing Association, Carr-Gomm

A new-build supported housing project for people with substance misuse issues opened in May 2006 in Stockton on Tees. Capital funding came from the Housing Corporation. Revenue funding is from Supporting People, the DAT and tenants' rents (met by Housing Benefit) and charges. SP and DAT funding totals £247,000 per annum, with a commitment of £50,000 pa from the DAT for the first two years only; after that, the full cost will fall on the SP budget. The building is owned by Endeavour Housing Association, a local housing association working in the North East and providing a range of supported and general needs housing. Carr-Gomm is the support provider.

The building provides 12 units: five self-contained one-bed flats and seven large studio flats, all with their own kitchens and bathrooms. Three units on the ground floor are to wheelchair standard, and there is a lift. Flats are furnished and equipped to a high standard; the first tenants have worked with support staff to choose furniture, furnishings and kitchen equipment. There

are three offices with space for a sleep-in staff member. A large communal lounge is suitable for groupwork, and there is a communal kitchen to teach cooking skills. A landscaped garden area is adjacent to the site of the next phase, due for completion later in 2006, which has already received planning permission and Housing Corporation funding: this will provide six move-on two-bedroom flats, so that people can be accommodated with other family members if appropriate. CCTV covers the existing scheme and will extend to the move-on flats.

Carr-Gomm won the support provision through a competitive tendering process. There is a project manager and 24-hour staffing cover: ten full-time and part-time project workers, two support assistants, a sleep-over staff member and a security guard (on contract) for the first three months, to be reviewed in the light of experience. There is also a self-employed health worker attached to the scheme and paid through the revenue funding: she will carry out regular health checks, monitor medication and provide advice and training to project staff.

There has been a high demand for available places, and there is now a waiting list of 15 people, showing the high demand. Criteria are:

- to be homeless (in temporary accommodation or short-term hostels, or in accommodation about to break down);
- on a community treatment programme; and
- to have been clear of drug use for the previous four weeks.

Most will have been through a detox programme and either residential or community rehab. None are chaotic: all are stabilised and trying to be clean. There is a mix of men and women and some have families (children and/or partners). The average age is 30s, with a few from 25 upwards and a few who are older.

Tenants have assured shorthold tenancies, and the aim of the project is to be clean. However, if there is an occasional lapse, but not a return to chaotic drug use, then they can stay and continue to work on their substance misuse.

There is an agreement already in place with the housing department that if the tenancy fails because their substance misuse becomes untenable in the project, they will be rehoused temporarily by the council, with 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). People are expected to stay in the project for 6 to 12 months but it could be up to two years if needed.

Planning for eventual resettlement will start from day one, and relationships with other local housing providers have already been established, so that not everyone will go through the attached move-on. Resettlement support will last for up to two years after people have left the project, enabling staff to track clients' progress. Links have already been made with other local floating support providers. Two of the tenants are interested in working on the construction of the move-on flats because they previously worked in the building trade, and this is being investigated as part of their support programme.

The commissioning of this scheme is very interesting, with an effective partnership and 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 the substance misuse project includes all these, plus carer and user organisations, and staff from local authority housing, Probation and Endeavour Housing Association (the developer). The scheme was identified as a priority, 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. Stockton on Tees now spends 18% of its SP budget on services for drug users (an increase from 9% with the opening of the new scheme). There is a joint allocations panel involving all the partners and this has worked well, not least because all the potential tenants were known to at least one partner.

Carr-Gomm commented on the excellent commissioning and the very clear tendering process: they took two clients to the presentation, both of whom had been drug users, to help to explain the organisation's ethos and demonstrate their clear commitment to involving clients in services (see also www.carr-gomm.org.uk). Carr-Gomm provides housing and support services to 3,000 people across England, in both rural and urban areas. Many have mental ill-health or learning or other disabilities, and some have experienced homelessness or domestic violence; 10% of all their clients had substance misuse issues (6% as their primary need and 4% as their secondary need).

Endeavour retains a continued role in providing maintenance and in monitoring the support service through their '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.

Contacts:

Peter Smith, Strategic Commissioner, Independent Living, Adult Strategy Team, Stockton on Tees Borough Council, e-mail: P.Smith@stockton.gov.uk

Maria Hammond, Carr-Gomm, e-mail: Maria.Hammond@carr-gomm.org.uk

Steve Amos, Endeavour Housing Association, e-mail: Steve.Amos@Endeavourha.co.uk

Websites:

www.stockton.gov.uk for information on Supporting People and DAT

www.carrgomm.org.uk

www.endeavourha.co.uk

2.11 Threshold Support, London

Threshold Support, like some of the other agencies featured in this report, has its origins in working with homeless people. Many of Threshold Support's service users have complex needs or dual diagnosis, so that substance misuse is one of a number of issues to be addressed alongside other issues, including mental health and/or offending. All Threshold Support staff are knowledgeable about substance misuse issues and key-work with clients, liaising with specialist services, including community detox. Threshold also provides specialist services where staff can work more intensively with service users.

Threshold Support works to a harm reduction model, rather than a drug treatment model, and they accept that some service users will be continuing with their substance misuse whilst receiving services from Threshold. Most of their service users who have substance misuse histories continue to use or are on a variety of prescriptions. The majority of their dual diagnosis/complex needs work is done in conjunction with other drugs services that do not require a full detox or rehab. Service users are sometimes referred and accepted for in-patient detox or other intensive substance misuse treatment services but find it difficult to move from the contemplation phase to the action phase, so that they may not actually proceed further than the initial referral stage. Very few clients access residential rehab.

Threshold Support has a wide range of services including supported housing, floating support, hostels, and three registered care homes for people with severe and enduring mental health issues (and sometimes substance misuse). They work across ten London Boroughs. The most relevant services for this report are:

- floating support, including a specialist substance misuse service;
- Safer Communities work;
- a hostel for ex-offenders.

Floating support and specialist substance misuse tenancy sustainment service

Threshold Support provides a range of floating support and tenancy sustainment services, including specialist workers in two teams funded from health and social services to work more intensively with people with mental health and substance misuse issues, and to support them to access health and other services.

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) in one borough. Maintaining tenancies is important to provide stability and enable clients to continue to access health services for their substance misuse and mental health issues. The service has been a tripartite partnership between the Royal Borough of Kensington and Chelsea, the local Primary Care Trust and Threshold Support, so it is a good example of partnership working in this field.

Unfortunately, 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.

Safer Communities work: floating support and supported housing

This project is a multi-agency partnership in the Royal Borough of Kensington and Chelsea (RBKC) for people with substance misuse and/or mental health and/or forensic issues and behaviour that challenges. The service includes floating support for people in their own mainstream tenancies (social rented and private rented housing) and in supported housing. Clients are referred through the RBKC housing department and the Multi-Agency Public Protection Panels (MAPPs).

The project started with ten clients and will soon be expanding (mid-2006) to cater for up to 30 clients with the possibility of expansion into a neighbouring borough. Funding comes through Supporting People. An essential part of the project is the staff liaison with a range of other agencies, including specialist substance misuse services, and with the MAPPs. Examples of liaison for individuals include joint working with a specialist BME substance use service for one client, and with the Community Mental Health Team to refer to short-stay in-patient detox for another client.

A specialist resettlement worker who has made the initial links between agencies for this (and other) projects was for a time seconded from RKBC, and has now returned to the Borough's housing department.

This is another example of a successful partnership project working with clients with multiple and complex needs, including substance misuse, who would find it difficult to access less specialised services.

Hostel for ex-offenders

Threshold has managed a 33 bed hostel for ex-offenders in RBKC 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.

The building dates back to the mid-1980s, and because of its size and design it is not ideal. However 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. It is difficult to manage and maintain a sense of community with over 30 people with chaotic lifestyles and continuing substance misuse. There is a significant turnover of residents so the community is not stable. All residents have individual rooms, but only three units have their own kitchens. Providing meals is costly and does not encourage independence.

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 to RKBC: 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.

Contact: Geoff Heath, Director, e-mail: HeathG@threshold.org.uk

Website: www.thresholdsupport.org.uk

2.12 Turning Point

Turning Point is a leading social care organisation, providing services for people with complex needs including those affected by drug and alcohol misuse, mental health problems and those with learning disabilities. Turning Point runs services in 200 locations across England and Wales, helping 100,000 people each year. As discussed and quoted in Report One, Turning Point has also published research and policy papers on support and care issues for the client groups with whom they work.

Drug and alcohol services include:

- Services for young people including advice and education; targeted interventions for vulnerable young people and those already engaged in high risk behaviour because of substance misuse;
- counselling and outreach work with substance misusers and with their families and carers;
- residential rehab and specialist supported housing;
- floating support and tenancy sustainment.

Local services work closely with DATs, prison and probation services and housing providers. Whilst researching this paper, we spoke to their national policy officer for substance misuse, and to one of their local service managers in north west England to discuss examples of a range of services in one area.

Turning Point services in Oldham and Tameside

Turning Point has a range of services for people using drugs and/or alcohol in Oldham:

- a Tier 4 residential rehab scheme, Ascot House, with linked shared supported housing nearby;
- accommodation-based and floating support to men and women (aged 16 and over) who are engaged in Drug Intervention (DIP) programmes;
- a women's accommodation-based project for chaotic substance misusers, which will provide short-term intensive support for women whose substance misuse and lack of suitable housing are jeopardising drug or alcohol treatment programmes; the service will also work in partnership with the local women's refuge and the Asian women's mental health service to address substance use and domestic violence issues (service due to start September 2006);
- a maternity liaison worker with a housing focus who works with substance-using pregnant women and women with young children in Oldham;
- specialist tenancy sustainment staff working with clients with substance misuse issues in their own housing;
- a designated floating support staff member who works with people coming out of detox/rehab and who are committed to following an abstinence pathway;

and also in Tameside:

- a support service for substance-using parents with dependent children; this is a more extensive service than the Oldham provision, and is based in the statutory drugs service and has a care coordinating role; one of its main benefits is that, based within the voluntary sector, it goes some way to dispelling anxieties about the removal of children etc.; and
- management of half of the multi-agency Young People`s service including work with housing providers on housing for young substance users (although this remains a difficult issue to resolve).

The specialist intensive services have been developed because of clear strategic directions from both the DAATs,³ and good links with local agencies including social housing providers (RSLs and local authorities). There is an especially strong relationship with First Choice Homes Oldham, the local ALMO which manages the local authority housing stock and which has made properties available. DAAT Managers across both authorities have a particular interest in the needs of women with children, which NTA acknowledges is an under-developed area of work. Funding for the specialist support services comes mainly from the DAATs. Shared supported housing is funded through SP, rents and charges. Ascot House, the Tier 4 rehab, takes people from a wide geographic area: individual places are spot-purchased through the originating local authority's Community Care budgets, with benefit top-ups.

Ascot House Tier 4 and move-on

Ascot House is a 17 bedded abstinence-focus residential rehab for men and women aged 18-65 (although they will always consider others). It is located in a Victorian property in Oldham. Nearby are 10 bedspaces of linked move-on shared supported housing; originally there were 16 bedspaces and all were linked to Ascot House, but following an SP review, the move-on was reduced to 10 bedspaces and opened up to people with a local connection to Oldham who wished to return after a stay in residential rehab elsewhere. Ascot House is staffed 9-5 Monday to Friday with staff on call at other times; it takes people with drug and/or alcohol issues. The client group has changed somewhat over the past ten years: most clients used to be middle-aged (40s and 50s) with alcohol issues; now the client group is younger (late 20s/30s) with more poly-drug use and with greater overall health problems. If residents drink or use, they receive one written warning and they are asked to leave if there is a second lapse. When Oldham received housing renewal funding, an application was made for a new purpose-built Tier 4 and move-on, but no funds were available for this client group.

ODIPSS: intensive support for ex-prisoners

This intensive support service has been running since late 2005, with housing from the local authority ALMO, and funding for two staff members from

³ Both Oldham and Tameside have Drug and Alcohol Action Teams, hence DAAT`s; in fact the Tameside team is now called the Community Safety Partnership

Oldham DAAT; SP were approached for joint funding, but they had no money available. There are six dispersed flats for men and women. Priority is given to people leaving prison who are clean (from drugs, or drugs and alcohol) and in housing need. Referrals come through the DIP or from CARAT workers in local prisons and they are required to have a local connection with Oldham . The main referring prison is HMP Forest Bank, but referrals have also come from HMPs Risley, Strangeways and Buckley Hall. The staff also support other DIP service users (men and women) who have their own tenancies, and are assessed as having a need for the service; in this way ODIPSS is generally able to support all the housing needs of DIP clients in Oldham. Intensive support includes encouragement to remain free from substance misuse and to comply with DIP programmes including community activities, and to support clients to maintain their tenancy and learn life-skills and budgeting for continued progress. Staff also work with clients on any anti social behaviours which may have compromised previous accommodation.

The intention is that after 12 months, if all goes well, the tenancies will be passed to the occupiers on a permanent basis. So far (summer 2006) there have been good outcomes: three out of five flats are now occupied by DIP clients who have complied with their programmes, have ceased offending and have plans and ambitions for training and employment. The sixth flat is currently being refurbished under the local Housing Market Renewal programme. By autumn 2006 it is hoped that some tenancies will be transferred, with continued support offered (if needed and requested) by a Turning Point floating support worker. The ALMO will provide replacement flats as necessary so that more clients leaving prison can access the ODIPSS service.

Services for pregnant women and for women and families with dependent children

Turning Point runs a number of services for women and families in Oldham and Tameside:

ROWSUS (Respite in Oldham for Women Substance Users)

In Oldham, from September 2006 there will be a similar service to ODIPSS for women with chaotic drug or alcohol use who cannot settle down to treatment options. The service (ROWSUS) has been developed in partnership with the local women's refuge: they often have women who have substance misuse issues and they can support the women on the domestic violence issues, but need specialist interventions for their substance misuse. The project is based in six flats, again from the ALMO but grouped together: five flats for the women and one as a staff base. The DAT provides funding for a Team Leader and half a support worker. However, SP have agreed that one of the supernumerary floating support worker which they fund (with money carved out of Ascot's original SP provision, following the interim review) can offer support to this service. Other specialist women's drugs workers (not necessarily from Turning Point) will also provide input.

The intention is to support the women to access treatment and stabilise their housing, possible childcare issues and lifestyles. Referrals will come from

frontline substance misuse services, Social Services, the Refuge and community services such as Zinda Dill Asian Women`s Mental Health Service. After successful completion of the programme for 6-9 months, the women will be supported to move on into supported housing or their own tenancies, with floating support if needed. They should also be receiving continuing treatment for their substance misuse problem with an integrated care pathway as in NTA`s Models of Care.

Maternity liaison worker

In Oldham, Turning Point also employ a maternity liaison worker, who is based with other TP floating support workers in the DIP building (a pragmatic solution arising from the need for space). She works with the Drugs Liaison Midwife (based in the statutory Substance Misuse Service) to support substance-using pregnant women and mothers with small children She is funded through the DAT. She has a caseload of ten clients and an essential part of her role is to help the women to access stable housing; she also works on parenting and domestic functioning issues, and liaises with social services where a child is already in the child protection arena.

Substance User Family Support Service (SUFSS)

In Tameside, a team of four staff (SUFSS) provide a support service to substance users with children who are already the subject of child protection proceedings or are at risk of such. The Team Leader, who care coordinates all SUFSS cases, carries a caseload of 10 families and manages the interface between service users and Social Services. The aim is to prevent the removal of children into care by supporting parents into treatment (SUFSS works with prescribing staff in Tameside to negotiate and monitor scripts etc), and by improving parenting and other skills. SUFSS also works to ensure stable, suitable accommodation is achieved (if appropriate) and sustained.

Each of the three project workers has a specialist brief: housing/ parenting and older children/schools. The service is home-based, and is developing to work with young carers, and especially with older children in families who often bear heavy responsibilities for both parents and younger children. SUFSS is also extending its brief to work with victims of domestic violence and teenage pregnancies, where there are substance misuse issues. The service began with one worker in 1996, but now has a high profile in the authority, where it has developed strong working partnerships with key agencies including Drugs services; DIP; Maternity services; Health Visitors and a growing relationship with schools. The total caseload capacity is 50 families and SUFSS works with fathers as well as mothers where possible.

Contact: Maggie McDermott, Service Manager, e-mail:

Maggie.Mcdermott@turning-point.co.uk

Website: www.turning-point.co.uk

APPENDIX A: RESEARCH METHODS

Research 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.

Because of the limited timeframe and budget, we were unable to involve service users in the research for this paper, or make visits to 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)
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

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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.

Published by: Housing Learning & Improvement Network
CSIP Networks
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Tel: 020 7972 1330
Email: housing@csip.org.uk

www.icn.csip.org.uk/housing