

**TACKLING
DRUGS
CHANGING
LIVES**

**A GUIDE TO
IMPROVING PRACTICE
IN HOUSING FOR
DRUG USERS**

**DRUG INTERVENTIONS PROGRAMME
OUT OF CRIME, INTO TREATMENT**

INTRODUCTION

This leaflet and the practice paper on which it is based build on recent practice findings and work undertaken by the Audit Commission (2004 and 2006), Addaction (2006), Homeless Link (2007), Shelter (2007), the Care Services Improvement Partnership (2007), and on the Respect Standard for Housing Management.

Offering fresh insight into the development, planning and delivery of housing and related support services for drug users, it introduces new ways of joined-up working that will help to improve practice.

HOUSING IS KEY TO REHABILITATION

Home is supposed to be where the heart is. In the chaotic life of a problem drug user, housing can often be the only stability there is. Stable accommodation can mean the difference between staying in treatment and returning to crime and anti-social behaviour.

In particular, evidence shows that those leaving drug treatment or custody without their housing needs being assessed and met are more likely to relapse and re-offend. Even those who are housed are likely to lose their accommodation if they do not receive the right support to sustain their tenancy.

Statistics from the Audit Commission clearly establish the link between homelessness and drug misuse:

- Three-quarters of single homeless people have a history of problematic substance misuse (rising to more than 80% of rough sleepers).
- More than 40% of single homeless people cite drug use as the main reason for homelessness, while two-thirds report increasing problematic substance misuse after becoming homeless.
- Extensive research by Addaction (2005) found that 83% of substance misusers felt that stable housing was one of the most important support services required to help them stay clean.

JOINED-UP THINKING

It is clear that stable housing and support can help to reduce re-offending rates, acquisitive crime and anti-social behaviour, as well as meeting drug treatment targets. It can also improve the employment prospects of the service user and reduce health inequalities.

So why are we not doing more? Just as the positive outcomes arising from stable housing and support are interdependent, so the complex problems that drug users face require a wide range of responses and options. These may include anything from practical help with cooking and paying bills to mental health services and life skills development.

What is needed is a joined-up approach to service provision. Agencies responsible for preventing homelessness, delivering the drug strategy, reducing re-offending and improving health must work closely together, along with housing service providers and users, to deliver the right level of support.

MAKING IT HAPPEN

At present, there is no common structure that brings housing and drugs services together at a local level to meet the varying and complex needs of drug users.

To develop workable solutions, the Home Office Drug Interventions Programme (DIP) joined with a range of partners, including:

- Communities and Local Government;
- the Ministry of Justice
- National Offender Management Service;
- the Housing Corporation;
- the Department of Health's Care Services Improvement Partnership; and
- the National Treatment Agency for Substance Misuse.

Together, they have worked with a national stakeholder group from the housing and drugs fields on a programme of research looking at existing projects and partnerships to identify best practice and solutions.

This work, which took place between September 2007 and January 2008, focused on 13 case studies of cross-functional drug and housing projects across England. Crucially, the views of service users were included from the planning stage. Their needs were taken as the starting point for developing solutions.

DEVELOPING AN INTEGRATED APPROACH

The case studies identified the following building blocks of an integrated approach:

- drivers of change;
- the 'spectrum of need'; and
- key principles.

DRIVERS OF CHANGE

Our research highlighted several common drivers of an improved way of working. These included:

- involvement of local 'champions';
- needs-led assessment;
- service user involvement in identifying need; and
- local structures and delivery groups.

Local champions

Having an individual or organisation that took ownership of issues around housing for drug users proved to be a good starting point. Such local champions came from a variety of backgrounds, including Drug Action Team partnerships, housing providers, chief housing officers, Anti-Social Behaviour Teams, the DIP, police Basic Command Unit commanders, local rent deposit schemes and Supporting People representatives.

What they all had in common was a recognition that housing is a basic need which should be addressed in the context of helping drug users to re-establish their lives, and that housing and related support services play a critical role in improving organisational outcomes to do with drug treatment and retention, homelessness, health, crime and social exclusion. Local champions also helped to assess unmet need.

Needs-led assessment

Several case studies included needs-led assessments which compared current local provision with the unmet housing needs of drug users.

Typically, these assessments involved identifying local sources of data (such as local Primary Care Trusts), dispelling assumptions about certain groups' housing status and support needs, and mapping the local availability of housing and support.

This approach revealed not only the variety of service users' needs, but also the fact that the range and scope of those needs often changes over time. At different stages of treatment and recovery, drug users may need different services, from help with managing their drug use to assistance with debt or rebuilding relationships with families and friends. For services to be relevant and responsive, providers need to take account of both current and future needs.

As well as informing further work in the commissioning, planning and delivery of services, needs-led assessments enable providers to carry out public consultations on community safety and crime reduction, and to strengthen partnership working and develop a more co-ordinated structure of service delivery involving housing and drugs services and other providers.

Service user involvement

Open and honest dialogue with service users proved to be a crucial part of the consultation process.

As well as helping to fill in the gaps and develop a fuller picture of local need and provision, service user views also highlighted their diverse and changing support needs.

By studying individual cases, partnerships were also able to identify what was not working and where further improvements could be made within the wider system.

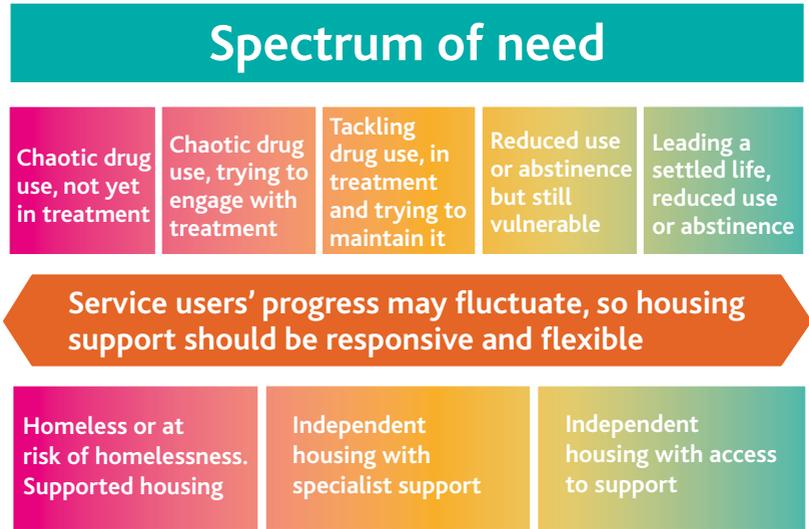
Local structures and delivery groups

The case studies went on to demonstrate different ways of putting policy into practice. These ranged from identifying existing structures (such as local housing groups) that had all the requisite functions to assess, plan, commission and deliver changes in services, to establishing new groups within the crime or drugs partnerships that brought together the key agencies needed to do the work.

Regardless of the approach taken, there was one overriding constant: the need to ensure that the right partners with the influence to support assessment, commissioning, planning and delivery, and to build effective and sustainable relationships, were all assembled around the table.

THE SPECTRUM OF NEED

We've already established that service users' needs change over time. This 'spectrum of need' is illustrated in the diagram below.



The diagram shows an individual's changing housing and drug support needs at different stages of their life. The arrows indicate that the journey into and out of housing, housing support and drug services is not linear.

Relapse and progression may both feature, requiring services to be responsive and flexible. The key to getting the most out of available housing and related support services for drug users is providing the right support at the right time, and ensuring that it is responsive to changing needs.

How do we do this? The case studies highlighted four key steps:

- Identify need.
- Map what services are already available and match them to need.
- Identify gaps.
- Make the best use of existing resources.

Identify need

The first step is for housing and drug services to assess the local drug-using population. Distinguish between those whose lifestyles could be described as

- 'chaotic and continuing to use drugs problematically'
- 'chaotic but starting to engage in treatment'
- 'in treatment'
- 'reduced use or recently abstinent but vulnerable', and
- 'reduced use or abstinence but potentially vulnerable'

so as to gain a better understanding of their spectrum of needs.

Map and match what is already available

Next, map what housing and housing support services are currently available.

- Are they suitable?
- Do they match local service users' needs?
- Are they likely to provide the desired outcomes, from both an individual and an organisational perspective?
- And do they offer enough capacity to provide for the local population?

Identify gaps

Ask yourself the following questions.

- Do gaps exist and, if so, for whom?
- What individual's needs are not being met, and why?
- What is required, for whom and by when?
- What options are available?
- What can be adapted to meet identified needs within existing resources?
- And what action is needed if this is not possible?

Make the best use of existing resources

Finally, map what other sources of advice, care and support are available locally.

- Are they accessible and suitable?
- Do they match local service users' needs and are there any capacity issues?

KEY PRINCIPLES

Together, an awareness of the drivers for change and an understanding of the spectrum of need provide the building blocks of an integrated approach.

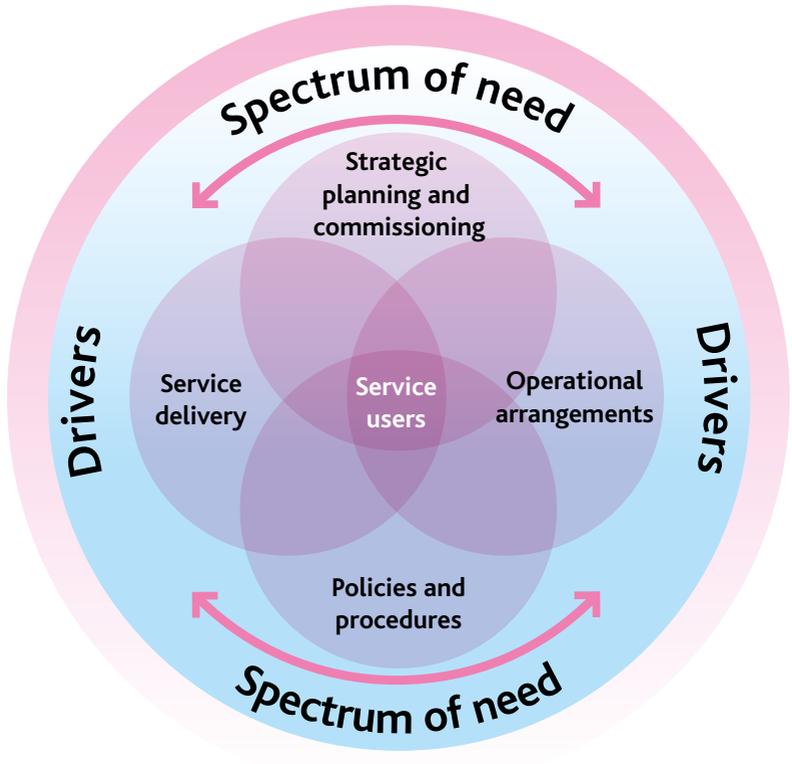
But they do not take account of the complexity of the operating environment or the overlapping and interdependence of local agendas.

All the case studies demonstrated that for this to happen, there is also a need to consider and review the arrangements relating to three key areas:

- effective strategic planning and commissioning;
- responsive service delivery; and
- improved service user involvement.

The diagram overleaf brings all these components together and provides a model for improved practice in housing for drug users.

Developing an integrated approach



FOR MORE INFORMATION

To find out more about how DIP is working with partners and stakeholders to improve housing for drug users, follow the links below.

For an overview:

[http://drugs.homeoffice.gov.uk/
drug-interventions-programme/guidance/
throughcare-aftercare/HousingandHomelessness/](http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/HousingandHomelessness/)

For details of the practice paper on housing for drug users:

[http://drugs.homeoffice.gov.uk/publication-search/dip/
improving-practice-housing/](http://drugs.homeoffice.gov.uk/publication-search/dip/improving-practice-housing/)

To download the DIP *Housing drug users* factsheet:

[http://drugs.homeoffice.gov.uk/publication-search/dip/
dip-housing-december-08](http://drugs.homeoffice.gov.uk/publication-search/dip/dip-housing-december-08)

For information on the Comprehensive Rental Deposit Model:

[http://drugs.homeoffice.gov.uk/drug-interventions-programme/
guidance/throughcare-aftercare/HousingandHomelessness/
Comprehensive-Rent-Deposit-Model/](http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/HousingandHomelessness/Comprehensive-Rent-Deposit-Model/)

For information on the 2008 national working seminar on improving practice in housing for drug users, and the seminar report:

[http://drugs.homeoffice.gov.uk/drug-interventions-programme/
guidance/throughcare-aftercare/HousingandHomelessness/
National-Housing-Seminar-2008/](http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/HousingandHomelessness/National-Housing-Seminar-2008/)

[http://drugs.homeoffice.gov.uk/publication-search/dip/
seminar-report-2008/](http://drugs.homeoffice.gov.uk/publication-search/dip/seminar-report-2008/)

For a checklist of the recommendations and practice points raised at the seminar:

[http://drugs.homeoffice.gov.uk/publication-search/dip/seminar-
report-2008/change-checklist?view=Binary](http://drugs.homeoffice.gov.uk/publication-search/dip/seminar-report-2008/change-checklist?view=Binary)



When you have finished
with this please recycle it

50% recycled

This is printed on
50% recycled paper