

## Section 3 Summary of findings from the Case Studies

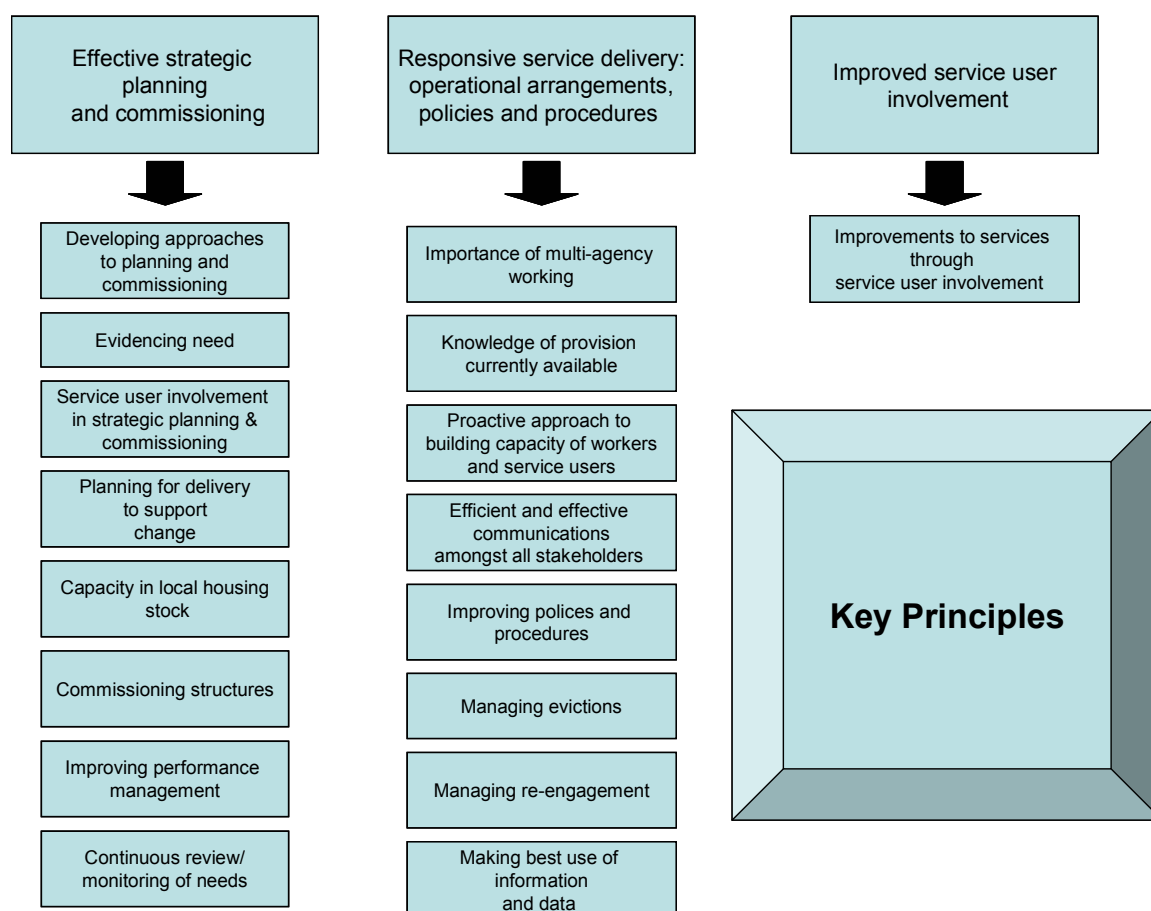
Section 2 highlighted the importance of the drivers for change alongside an understanding of the spectrum of need as important 'building blocks' for a comprehensive and structured approach to housing<sup>1</sup> and related support for service users.

The case study areas also demonstrated that effective planning and provision were enhanced where stakeholders were able to take stock and/or review current provision, or introduce new ways of working. The key issues in such review/changes focused on principles such as strategic planning and commissioning, operational arrangements, policies and procedures, service delivery and service user involvement.

This Section of the Paper summarises the findings from the case studies on the key principles of a comprehensive, planned and responsive provision for service users. These are:

- Effective Strategic Planning and Commissioning
- Responsive Service Delivery: operational arrangements, policies and procedures
- Improved Service User Involvement

The diagram below provides an overview of this section (the involvement of service users is integral):



Please see footnotes at the end of this section for explanation of terms used.

Examples from the case studies have been used to support and evidence the findings. Section 4b of this Paper provides more detailed descriptions.

### **3.1 Effective Strategic Planning and Commissioning**

There are a number of common factors that supported and helped effective strategic planning and commissioning of housing and related support for service users in the case study areas. These are highlighted below:

- Whatever the approach adopted to planning and development of provision, there is always the need to ensure the right partners with the right influence are around the table to support assessment, commissioning, planning and delivery, and building effective and sustainable relationships
- Partnerships and providers need to have a common understanding of need and resources available
- Service planning and delivery should make best use of all available information and data
- The above should be underpinned by regular reviews and monitoring of levels of need and provision
- Commissioning work should be informed by assessment of levels of need in partnership with relevant stakeholders (providers, service users, families)
- Where local partners identify particular local needs and priorities, Local Area Agreements should take account of those areas of work that have direct impact on services for service users
- The understanding of the broad Spectrum of Need of service users should inform the breadth and scope of planning and commissioning
- Involvement of service users in strategic planning and commissioning can add value to existing information and data
- Service users' views should be regularly sought
- Partnerships and providers of services need to be aware of the arrangements in place to support local planning, delivery and review of housing and support for all service users. These arrangements need to be clearly set out and shared through local information arrangements.

#### **3.1.1 Developing approaches to Planning and Commissioning**

In the case study areas which focused on exploring strategic planning and commissioning, a variety of approaches were observed from which a number of key factors emerged. These ranged from a focus on the housing needs of particular groups of service users, such as those involved in open drug markets, to a focus on all parts of the housing system for service users.

**Example** London Borough of Camden identified, as part of the development of their local anti social behaviour strategy, that their main problem was the open drug market. Further analysis of local information from their Rough Sleeping, Anti Social Behaviour, Supporting People and Drug Action Teams highlighted that most of the service users involved in this activity would benefit from settled housing. They decided to focus on this group of service users by using housing as a main tool for delivering and designing a hostels pathway.

**Example** Safe Newcastle decided to undertake a review of all housing being used by service users. They mapped all of the current services working to provide housing and housing support to service users and identified pockets of unmet need. The information collated was then used to inform the redevelopment of the whole housing pathway for all service users.

Although there was no common overarching approach used by the case study areas, where housing for service users was planned or commissioned it was clear that, for the work to be sustainable, 'buy in' was needed from key strategic people and partners. This was essential so that they could individually 'drive' the agendas within their own agencies.

### **3.1.2 Evidencing Need**

All the case study areas approached housing for service users in different ways. In some areas local resources and strategies drove the approach to address the housing needs of specific groups, for example homeless people, those who were involved in open drug markets, or offenders who had received a prison sentence of less than a year. However, all areas were characterised by availability of local information that showed an emerging picture of unmet need. It was recognised that, in order to ensure the relevant coverage of services, this information needed to be considered early on as it formed a part of a broader local picture.

The level of engagement between drug treatment services and housing providers also varied from area to area. The requirement on local authorities to undertake a review of provision of supported housing, under the Supporting People Programme, provided a starting point for some areas. Even though these reviews only looked at a small proportion of service users in need, it was often the first time that structured work had been undertaken jointly on the issue in local areas. This mapping process provided important statistical data on local need. It also helped to identify issues about the general housing picture for service users in the local area.

Some of the findings indicated that the provision for service users varied from one case study area to another, depending on the availability of resources on one hand, and the support provision for different groups (ranging from drug free through to those in treatment or not yet engaged) on the other.

For example, some areas had begun to develop rent deposit schemes to help service users leaving prison and residential rehabilitation to access housing in the private rented sector. As these schemes developed, they provided another source of information that also raised further questions about wider housing and support needs. In some instances, the assessment of those needs demonstrated that privately rented housing was not suitable and other types of housing needed to be considered to ensure that those needs were met. This leads on to questions whether service users had access to a wider pool of housing and, if so, which ones.

The information was then used to evidence the need for further work to be undertaken by local authorities and housing providers. The work undertaken by Calderdale Metropolitan Borough Council outlined below and described in Section 4b (see also London Borough of Camden) is of particular interest in this respect, as it practically demonstrates how identifying specific need has informed development of a range of housing provision for service users.

**Example** Calderdale Metropolitan Borough Council had minimal direct access housing and no supported housing that could house and/or support better working with service users. By engaging with the Police, the DAT and Pennine Housing Association it has developed good working relations with both the private rented sector and Housing Associations. This was delivered through the implementation of a Comprehensive Rent Deposit Scheme which opened up better access to housing for service users as well as appropriate support for those who are still using drugs.

Other sources of information were found in local areas that added to evidencing need. These included:

- Local information on drug related deaths (via the Drug Action Team)
- National Drug Treatment Monitoring System (NDTMS) - data on those entering structured drug treatment including their accommodation status (National Treatment Agency (NTA))
- Information and data from local agencies working with drug users and people who are homeless or at risk of homelessness
- Information collated through the Drug Interventions Record data collection system (Drug Interventions Programme)
- Single Client Record form (Supporting People)

This list is not exhaustive but gives a flavour of the data sources available. For a more comprehensive list, please see Section 7 (Sources of information and data and arrangements for information sharing).

Embedding an understanding of the broad Spectrum of Need for housing and drugs was important. This understanding helped to inform and influence how the data and information was used. It was recognised that, if not contextualised, the data and information had the potential to take commissioners and/or providers down a specific path and run the risk of missing other emerging housing and support needs.

In some of the case study areas, data from the National Drug Treatment Monitoring System (NDTMS) highlighted that a percentage of people entering treatment were homeowners. This information highlighted to local partnerships the importance and significance of understanding the complex and varying needs of service users. Those who may appear 'settled' could be at risk of homelessness through, for example, incurring debts, non payment of rent or falling behind on their mortgage payments.

Where local needs assessments were undertaken as part of the local authority homelessness strategy, the focus generally fell on those drug users who were homeless or at risk of homelessness (people with higher levels of vulnerability).

A common factor identified in some of the case study areas was that, having established initial understanding of needs, it was necessary to move beyond existing partnerships and planning structures in order to take into consideration:

- the views of all relevant partners,
- their knowledge and experience, which may include housing, drugs and other support needs such as health, managing debt and finance, etc.

The objective here was twofold: to develop a clear picture of how existing services could best provide effective interventions; and to plan for future delivery. In some cases, relationships were formed or enhanced through expanding existing strategic groups and in others new strategic groups were formed. This brought about better communication between partners, which facilitated improved understanding of needs of service users. Most importantly, it helped to shift the thinking from 'too difficult' to 'can do' on resolving some of the challenges identified.

The above approach also helped to identify the strengths and weaknesses of the current levels of knowledge of needs of service users. In some cases the needs of those who were already in touch with services or homeless, or threatened with homelessness, were identified. But the picture was different for those who were not

obviously vulnerable and in settled accommodation. Other points identified as needing to be addressed, as part of the process of evidencing need, included the following:

- awareness of the housing and drug needs of those in the criminal justice system, particularly those leaving prison with sentences of less than a year, those living in the private rented sector, homeowners and those living with families
- understanding of the operational arrangements (access, service delivery)
- understanding of what range of services can meet needs, and
- support for those clients who are ready to move on.

The case study areas identified that the evidencing need process needs to involve relevant partners from a range of services including housing, criminal justice services, primary care, training and employment, mental health, etc.

In some areas the information and data was enhanced by consultation with service users in order to develop a clearer picture of what housing and support was needed; and to identify the challenges faced by service users trying to access and maintain housing.

Involvement of service users also helped to increase the focus of future planning and provided an evidence base to support the expansion of the pool of stakeholders used in local areas.

### **3.1.3 Service User involvement in Strategic Planning and Commissioning**

In some of the case study areas service users were involved locally through focus groups, structured interviews, commissioning groups and the management boards of housing providers.

**Example** Safer Bristol (Bristol's Community Safety Partnership) has included two service users on their commissioning board for drug services. These are full voting positions. To support the service users in this role the partnership has provided training and ongoing support to enable them to play a full and active role.

**Example** Service users of Julian Housing:

- are actively involved in service development through participation in group meetings
- are consulted on the quality of service delivery
- have a Director's position on the board of trustees
- are involved in designing new housing.

### **3.1.4 Planning for delivery to support change**

In selected case study areas the availability of evidence with regards to local need triggered a review of partnership approaches to service delivery.

**Example** In Worcestershire, the Chief Housing Officers Group (CHOG) identified the need to include new partners to ensure that their work with service users was further informed by expertise and knowledge. The CHOG set up CHOG+ to reflect the new membership that included representatives from health and social care, Supporting People and the Substance Misuse Action Team amongst others.

**Example** In planning and responding to change, Norfolk Drug and Alcohol Partnership (N-DAP) and Calderdale Metropolitan Borough Council created new subgroups that looked specifically at housing for service users. These groups reported to the existing commissioning groups in N-DAP (Norfolk) and Calderdale Metropolitan Borough Council Housing Department, respectively.

**Example** The Safe Newcastle Partnership formed the 'Drugs, Alcohol and Housing Group' to help address the issues of substance misuse and accommodation. This led to the creation of what Newcastle describes as a new set of 'universal policies' that all current housing providers must adhere to when working with service users. This has enabled them to have flexibility to change current services without the need for re-commissioning and provide a context within which service provision could be reviewed.

The key learning from these areas was that it did not appear to matter which structure the work took place in, be it housing, drugs or community safety structures, as long as the right groups were working together to deliver the common objectives.

### **3.1.5 Capacity in local housing stock**

The case study areas all agreed that demand for housing outstrips supply. Therefore meeting the needs of service users can be all the more difficult. The picture becomes even more complex when information and data about capacity and demand are taken into account. Some of the case study areas have looked at their local figures for available places in supported housing commissioned through the Supporting People Programme, and compared these alongside the projected population of problem service users<sup>2</sup>. The difference between these two figures has both informed and helped to raise questions.

### **3.1.6 Commissioning Structures**

Many of the case study areas are working towards joint commissioning of housing for service users. Progress towards this is evidenced by improved representation on commissioning groups that have a responsibility for drug services, housing and primary care/mental health, and sharing of resources when planning new expenditure on services. One of the key factors here is the importance of seniority of the members of commissioning groups in order to ensure they can influence/make decisions and play a full and active role in the commissioning process. Knowledge of their organisations' wider objectives and business plans is also seen as necessary. Joint working on the development of local drug treatment plans, and development and delivery of strategies relating to Supporting People, homelessness, community safety, crime and anti-social behaviour have all provided drivers for this work to develop.

**Example** In Worcestershire, the Chief Housing Officers Group (CHOG) identified the need to include new partners to ensure that their work with service users was further informed by expertise and knowledge. The CHOG set up CHOG+ to reflect the new membership that included representatives from health and social care, Supporting People and the Substance Misuse Action Team amongst others.

**Example** Safer Bristol (Bristol's Community Safety Partnership) is working towards establishing joint commissioning and has undertaken a feasibility study as to how Supporting People budgets and drug treatment budgets can be joined and managed from one single 'body'.

At the time of the case study there were no examples identified relating to the use of pooled budgets or shared Service Level Agreements (SLAs). Although partnerships were still developing, relationships between housing and drug sectors and these processes are likely to emerge as work progresses. The sharing of resources such as staff, accommodation and available training was seen in some case study areas.

### **3.1.7 Improving Performance Management**

In some of the case study areas the performance management arrangements for local contracts and Service Level Agreements (SLA's) have been designed to fit with the agreed objectives set by local strategic partnerships.

This has proved challenging as current local data was often not sufficiently developed to measure new aims and objectives.

**Example** In Calderdale, under the Local Area Agreement (LAA) arrangements, a locally devised stretch target was agreed to "reduce levels of re-offending by increasing the number of those involved in criminal justice services provided with suitable and settled accommodation". Calderdale Offender Housing Group worked with the data available to provide a measurable starting point and agreed this measure with the department of Communities and Local Government (CLG). As part of this process, it was recognised that the data was not complete as it had not been collected for this specific reason in the past. A project group was established to collect data, monitor work and assist in the delivery of the stretch target.

The project group includes Probation, Youth Offending Team, accommodation providers, support providers, the Police, the Benefits Agency, Housing Options Team, Supporting People, Drug and Alcohol Action Team, Primary Care Trust and the Drug Interventions Programme. CLG agreed to accept the initial data as a starting point and will review progress against the new data collection methodology.

The above example shows that improvements in data collection in partnerships can lead onto the performance outputs being better informed and defined. This, in turn, helps to bring about wider benefit to both service users and overall performance leading onto improved outcomes across a wide range of services (for example, engagement and retention in drug treatment, reduction in evictions and abandonment, prevention of homelessness, improved access to healthcare, reduced anti social behaviour and street begging, reduced re-offending and increased access to education, training and employment).

### **3.1.8 Continuous review/monitoring of needs**

All of the case study areas have stressed the importance of detailed understanding of the housing and support needs of service users. Even with the findings of needs assessments, service user consultation and analysis of locally available data, there was an acceptance that this was the start of a journey that would need to be regularly reviewed and enhanced through information from local performance management structures and monitoring arrangements.

**Example** Framework Housing Association has introduced service reviews in order to ensure improved understanding of the service users' changing needs. The reviews were underpinned by working in partnership with relevant agencies. This joined up approach helped provide responsive, timely and appropriate services.

Case study areas have highlighted that general health needs may change, sometimes suddenly, and that there is a need for rapid review of the current responses to manage such cases. Following such reviews some case study areas have adopted a proactive approach to working with local health and drug services, for example to manage and prevent Hepatitis B through vaccination.

Overall the case study areas emphasised the benefits of continuous review of their housing and drug services in order to maximise targeted and timely responses to changing needs.

### **3.2 Responsive Service Delivery: operational arrangements, policies and procedures**

Some of the key elements of successful operational delivery identified by the case study areas included the following:

- better understanding of the routes and pathways into and out of local service provision
- provision of support which takes account of current and changing needs
- understanding of local planning in the context of Local Area Agreements
- availability of data and information to influence and improve provision
- a comprehensive approach to assessment and provision of service to individuals taking account of changing needs in health and housing
- procedures for monitoring and review of service delivery
- service user and family involvement
- clear frameworks for working effectively and safely with service users, within the current legislation
- management of risk
- right levels of skills, knowledge and experience.

The list is not intended to be exhaustive. Most of the issues highlighted above will be familiar to workers as prerequisites to access, engagement and retention from a drug or housing perspective. Given these challenges and the need for practical approaches and solutions, the following key lessons have been identified:

- the importance of multi agency working
- knowledge of provision currently available
- pro-active approach to building capacity of workers and service users
- efficient and effective communication amongst all stakeholders
- improving policies and procedures
- managing evictions
- managing re-engagement
- making best use of information and data.

These approaches promote access, engagement and retention through the development and delivery of safe, inclusive, and effective housing provision for service users. They have contributed to improving planning and delivery of housing and housing services for service users in the case study areas through:

- increasing confidence and supporting practices which are inclusive of need
- developing effective and flexible services
- offering more appropriate support, and
- adding value to existing services and outcomes.

Below we give examples of how these challenges have been met in case study areas.

### **3.2.1 The importance of multi agency working**

Many of the examples highlighted the benefits of multi agency working to achieve shared outcomes which would address a combination of needs such as housing, health, drugs and crime. A key element of a successful multi-agency approach benefited from acknowledging and understanding the differences in operational arrangements across partner agencies.

Improved multi-agency working often developed as a result of agencies coming together to initially tackle a problem, quite often triggered off by the specific expertise of one of those agencies.

**Example** Framework Housing Association was approached by the police about working with them to help resolve a problem of aggressive street begging. Initial assumptions were that those involved in street begging were residents of Framework. After Framework undertook targeted outreach, it emerged that residents were not involved. However, there were accommodation and other unmet needs identified by the outreach services through individual assessments. Access into housing and support was provided where appropriate. Feedback was shared with the police and the local council through the local partnership group. This informed a planned approach to tackle the presenting issues which, in turn, helped to reduce instances of aggressive street begging. Furthermore, it improved access to support for individuals on the streets and engendered a good working relationship between Framework and the police.

The ability to take a pro-active role to problem solving with an informed understanding of needs of a difficult client group was essential in helping to identify and inform steps to be taken. One of the key elements of this analysis was the early recognition that no single agency was able to support all the complex needs of those presenting to housing or drug workers. The example above also highlights the effectiveness of multi-agency working -particularly between housing and drug services- to plan, support and sustain delivery benefits strongly when reinforced by an agreement that recognises the shared responsibility of working with our clients.

Many of the case study areas had operational working groups which included housing drug and other support providers. To ensure that practice and delivery informed strategic planning and commissioning, different approaches were adopted for these groups to feed into strategic planning.

**Example** Newcastle City Council has established a Drugs, Alcohol and Housing Group which includes key providers and strategic representatives, from drugs, alcohol and housing. This group seeks to ensure that all the relevant partners are engaged and working to a shared agenda with shared targets. In order to support their delivery there is a clearly identified pathway for information to be shared between service delivery and strategic planning.

### 3.2.2 Knowledge of provision currently available

In the case studies both workers and service users stressed the need for an understanding of what is available in terms of housing, housing support services, drug treatment and related support. Another important factor was understanding how housing and drug services could best work together. The common thread of such partnership working was shown to be best achieved through formal meetings of Local Authority homelessness fora, working groups from the Drug Interventions Programme (DIP), Drug and Alcohol Action Team (DAAT) and Crime and Disorder Reduction Partnerships (CDRPs). These were identified as key bodies that should practically assess the levels of needs and ways of meeting those needs by working in partnership with housing providers and support services

**Example** In Calderdale Metropolitan Borough Council, the Offender Housing Group has the responsibility for addressing the housing needs of service users. Part of the group's role is to ensure that all partner agencies are aware of what accommodation and support services are available through:

- regular communication with referring agencies, and
- raising awareness of frontline staff by having housing and drug service staff work together.

### 3.2.3 Pro-active approach to building capacity of workers and service users

The case studies have demonstrated that improving understanding, knowledge and skills of workers and service users were important elements of capacity building. This includes awareness and understanding of:

- drugs and how to work with service users
- drug treatment provision
- practical issues of how to access drug treatment in the local area
- housing and housing related support services
- role of housing and housing support services in working with service users
- drugs, housing and the law
- assessing and managing risk
- overdose management
- how to best work with those who have complex needs, e.g. mental health.

In one of the case studies, the awareness and training was delivered through a combination of approaches. These ranged from in-house training as part of induction through to offering and facilitating external training courses. Training was particularly valued when it involved groups of workers from different agencies, for example housing, drug and health services. In other case studies, service users were involved and received the same training as staff on subjects such as harm minimisation, overdose management and understanding how their specific housing policies are implemented, in the context of risk.

**Example** Norfolk Drug and Alcohol Partnership launched a practice guide (2007) on providing housing and housing support services for service users. They also delivered training for frontline housing staff. The training was provided by local drug services and was tailored to improve the understanding of drug misuse and related issues that housing providers may come across in working with service users.

**Example** Framework Housing ensures all staff, where appropriate, receive training to NVQ level 3 in a Practitioners Assessment of Substance Misuse. They also run shared training sessions for staff and service users about substance misuse and harm reduction.

**Example** Thames Reach have demonstrated that joint working and shadowing with partners can build on training and develop good working relationships between partners, providing a clear understanding of which organisation has responsibility for which areas of support. This has helped prevent duplication and deliver a joined up service for the client. Meetings between Thames Reach and partner agencies at both practitioner and management level have helped to set out practical working arrangements to develop, effect change and resolve any potential conflicts. These underpin staff ability to deliver real, flexible joined up working.

Whilst knowledge and awareness of their circumstances were valued by residents, the ability to meaningfully engage on a one to one level through shared experiences was also identified as important.

**Example** Julian Housing uses a support model for clients called the “strengths model”. The model enables staff to help the client to recognise and use their strengths, talents, knowledge, skills and experience to help them achieve their goals. It provides in-house training every six months in core skills around working with mental health issues and service users. Of the two operational directors, one works solely on training and staff development.

Providers in some instances have also looked to build their staff team through building capacity of and employing ex-service users.

**Example** Framework Housing ensures all staff, where appropriate, receive training to NVQ level 3 in a Practitioners Assessment of Substance Misuse. They also run shared training sessions for staff and service users about substance misuse and harm reduction.

**Example** Julian Housing works with service users with a dual diagnosis. They place service users at the centre of service design by involving them in service development through participation in group meetings. The service users are represented by one of their representatives on the board of trustees. This is a permanent position. Julian Housing is also pro-active in helping service users get jobs including recruitment for in-house jobs.

### 3.2.4 Efficient and effective communication between stakeholders

Communication around the service users' needs happens at many different levels and spans many areas: housing, support services, drug treatment, planning, health, risk management to name but a few. Effective communication amongst relevant stakeholders is essential to ensure provision of services at the right level, at the right time and with availability of continuity of support where relevant.

The case studies highlighted that improvements in joint working were generally underpinned by clear routes of communication between both internal and external stakeholders, including service providers and service users.

Routes of communication covered direct and indirect approaches. The former included one to one sessions, induction meetings, service user involvement in group meetings and mentoring. The latter included regular reporting procedures for staff to inform continuity of care and publicity about the services provided. All were supported and informed by local and joint information sharing protocols.

Information sharing may happen on a number of different levels to support planning and delivery of housing and drug treatment needs. Ideally, there should be a service user's consent which, in turn, is accepted and understood by all the agencies that are working with the service user.

Where the providers delivered a range of services such as housing and outreach work, the effective and timely communication between internal and external stakeholders was vital to ensure the right level of service delivery and the continuity of support.

The providers need to consider how, what, when and with whom information is shared. They need to be clear about the purpose of information sharing on a case by case basis, who the key stakeholders are, and be clear about the expected outcomes of the information shared.

**Example** Thames Reach and Framework Housing have developed information sharing protocols that enable information to be shared between themselves and the local Primary Care Trusts. Information is also shared with other stakeholders to further assist the referral and planning of support for the client. In certain circumstances information is shared whether there is consent or not and this is usually around issues of risk either from or to the client. The information sharing protocols enable workers to share appropriate information to maximise a shared drug, housing and housing support service assessment to ensure the right level of service delivery is put in place to meet identified needs. Framework have also agreed arrangements (which include consent from the client) for sharing drug test results with Probation, which can count towards tests required as part of an individual's Drug Rehabilitation Requirement (DRR).

### 3.2.5 Improving Policies and Procedures

Case studies showed that some housing services and providers had reviewed and amended their policies and procedures to ensure that the changing needs of their clients were met within a safe and responsive environment.

It is important to bear in mind that no one set of policies or procedures fits all, but this balance was best achieved when policies:

- were responsive to individuals' needs
- took account of impact and compatibility with partner agencies
- were realistic
- involved service users in their design and implementation, thereby managing expectations.

Ongoing reviews of services ensure that they continue to provide the appropriate level of support to service users in a safe environment. Our case studies have

stressed the importance of the fact that the drivers behind the process of review may come from local partnerships such as homelessness, crime, health and drug partners, as well as service users.

**Example** In Norfolk, N-DAP recognised the importance of having accommodation and support services to support and improve treatment effectiveness. This focus created the driver to work with housing providers, review their services and map them against a spectrum of accommodation and support need. This helped housing and drug providers to meet their clients' presenting and ongoing changing needs.

Such a responsive approach was shown to enable housing providers to equip the service users with comprehensive information that set out clear boundaries. The objective here was to ensure that the service users had the maximum benefit of available information and were able to manage expectations. Some of the elements of this approach included:

- frank and open discussion with clients about drug misuse
- referral to drug and other health services
- reduction in drug deaths
- reduction in eviction numbers
- opportunity to accommodate service users that have lapsed or relapsed
- managed move-on to settled accommodation when appropriate.

Some housing providers working with service users that have not yet engaged with drug services, or who have but still are using drugs, have amended their policies through the adoption of a proactive harm reduction approach to managing drug use within their premises. These housing and support services have reviewed their substance management and harm reduction policies to ensure that they respond to the changing need of service users.

The case studies have also stressed the importance of induction procedures that clearly address specific issues around drug use, harm reduction and health and safety.

The review of policies and procedures has enabled housing related support services to ensure a responsive service with the engagement of service users. The case studies have shown that overall better outcomes were achieved in provision of health, housing, drug and criminal justice services when they were underpinned by policies that facilitated engagement with the service user.

The case studies have shown that one of the key challenges for agencies is about the policy and procedure work around access to accommodation and subsequent move-on. These challenges were multi layered as they dealt with access, move-on policies and procedures, managing move-on expectations and managing move-on pathways.

Examples of challenges might include access issues for service users with dependent children, service users not wanting to remain abstinent from all substances including tobacco and alcohol. In addition, some providers have noted that where specialist facilities for service users existed, they tended to be gender orientated.

The case studies have shown that providers' ability to influence, review and design policies and procedures was one of the key principles in ensuring that the process of moving into and out of accommodation was responsive and underpinned by realistic frameworks. For example, some providers considered the relevance of barriers to access such as no pet policies, abstinence or single room occupancy. Others set out to engage service users in assessment of how current policies work for them and have subsequently amended those policies.

The success of any service provision depends on successful move-on. The case studies have shown that managing move-on expectations, particularly where housing options may be limited or in short supply, posed particular challenges. Agencies were clear that clients needed to consider:

- a wide geographical area that may be different or broader than what they originally were prepared to live in
- all housing options rather than what they may have considered in the past
- managing barriers to accessing move-on as a consequence of their past behaviour (e.g. rent arrears, anti-social behaviour).

The agencies were also clear of the need to have a consistent overall move-on policy that would provide a realistic procedural framework for managing service users' expectations. The key elements of such a framework would include:

- the right assessment to develop and access tenancy management skills
- training and other related life skills
- mechanisms for effective communication of relevant and updated information that can demonstrate positive changes in behaviour and skills
- ability to work with and around realistic expectations about the type of property available
- consideration of the time and location to achieve a settled move-on solution.

Larger housing providers and local authorities have been able to develop referral routes and pathways between different accommodation types. For example, Framework Housing Association developed the Hostels Pathway. This procedure has been adopted by Camden Local Authority which manages people through the homelessness system to achieve settled accommodation.

**Example** Camden Hostels Pathway was introduced in 2007 to ensure that all clients in hostels and supported housing projects in Camden received good levels of service and support which help clients to move towards their own home. The Pathway is based on a four-stage structure and every bed in every Pathway Project falls into one of these. The four stages are:

1. assessment accommodation
2. progress accommodation
3. specialist supported accommodation, and
4. move through accommodation which improves knowledge and skills to live independently.

A key worker will develop a support plan with the client to identify what accommodation and support best suit the client's needs. All Pathway Projects (hostels and supported accommodation) in Camden work in partnership and provide specific housing and support services based on needs. Clients are expected to move between projects as their needs change.

### 3.2.6 Effective use of occupancy agreements

Findings from the case studies highlighted that some housing providers have used licence agreements to encourage a client to engage with relevant support.

**Example** In Partnership Project uses their hostel licence agreement to state that all clients must engage with their own support service. This means a client must reside at the hostel permanently, engage with support and as a minimum consider harm reduction issues if they are still using drugs. Other services such as Thames Reach use the licence agreement to ensure that all residents engage with the local drug team within 4 weeks of moving into the hostel.

### 3.2.7 Managing evictions

The case studies have shown that changing local circumstances may be reflected in review of policies including eviction policies. One of the case studies highlighted that housing providers reviewed their eviction policies following their local partnerships' substance misuse and housing needs assessment. This enabled them to manage better their service users' current / changing needs in relation to substance misuse whilst maintaining a safe environment.

**Example** The Newcastle Homelessness Forum has agreed a Drug Management Protocol which is intended to reduce evictions for substance misuse from within the city's homelessness and supported accommodation providers. This Protocol underpins the policy that housing providers will work with substance misusers and try to ensure that they receive the right level of support in the right type of accommodation. A Preventing Evictions and Repeat Homelessness Protocol developed with housing providers has helped to reduce the number of evictions from social housing, and is to be matched by a similar protocol with supported housing providers.

The above Protocol has helped to turn around the general approach to eviction policies. It acknowledged the need to ensure that a service user's difficulties in engagement with the services did not automatically lead to a breach of contract. Great emphasis was placed on the need for a thorough process of consultation and warnings to address and amend behaviour and thus sustain the tenancy.

In instances when eviction was necessary, the case studies have shown that housing providers have worked with other accommodation and support partners to ensure that the service user was aware of the situation and had access to relevant and timely information about other housing options. Information about the client and their eviction was passed to local outreach and homelessness services with the intention that the client could be re-engaged with services that offered street outreach and drug services.

### 3.2.8 Managing re-engagement

Providers in the case study areas were keen to stress the importance to understand the different and competing tensions when a client has been evicted, and the effect this had on partners who were working with the client. An eviction may often lead to pressures on local homelessness, outreach, drug services, health, criminal justice services, anti-social behaviour teams and the family. These partners, while recognising that eviction might be inevitable, would support the service users' re-engagement with accommodation providers in a view to addressing their behaviour and to providing appropriate support.

Some providers in the case study areas have recognised that some of their policies can act as a barrier to re-engagement. These may include length of exclusion from services, the appeals process and how they may approach re-applying. The providers have therefore undertaken reviews to ensure relevant policies permit re-engagement where appropriate. Some housing providers have developed re-inclusion policies to accommodation in recognition of increased knowledge and understanding gained through partnership working with drug services and other partners.

**Example** New Steine Mews will initially try to manage eviction by sharing information with the Rough Sleepers Team who will seek to find alternative accommodation for the service user. In all cases service users will be informed of the process of re-engagement, the timeframe for this to occur, and that there is an appeals process. In deciding the initial timeframe and when considering any appeal, each case will take into account:

- the nature and severity of the breach of licence
- whether there was use of violence
- the views of the victim of the violence
- the level of responsibility the perpetrator now takes for his or her actions.

### **3.3 Making best use of information and data.**

The case studies have demonstrated that housing providers who have recorded their own service outcomes, as well as those required by funders and commissioners, have been in a position to better evidence key outcomes for their service.

Using the robust collection of information and data to support their outcomes monitoring enabled them to demonstrate how their service adds value, and benefits the client and different partner agencies, as well as the delivery of the services they are specifically commissioned to provide. It has also presented the opportunity to show how they can have an impact on shared outcomes with partners. Providers of housing and drug services recognised that support needs were constantly changing. Information, data and monitoring were key elements to monitor outcomes and to inform how the changing situations could best be planned for.

**Example** The outcome focused approach adopted by Tyneside Cyrenians enabled them to not only meet contract requirements, but also to demonstrate other outcomes they were helping the client to achieve. It also meant that they had access to relevant information and data which enabled them to respond to planning requests and bids for funding. The outcome approach involved updating of data and information, and helped in the review of the appropriateness of the services, assessment of what works and changes to services as relevant in order to meet service users' changing needs.

### **3.4 Improving service user involvement**

Improvements to Service user involvement were consistently identified as important in all the case studies. There were many examples from providers of how they have engaged with service users and ensured that their views were considered and acted upon when practical and appropriate. The service users' views often helped, and in some cases have been of direct importance, to shape the services.

**Example** Bristol Service User Feedback Organisation involved service users to consult with all local Supporting People services that work with service users on behalf of Supporting People and Safer Bristol Partnership. This has led to re-commissioning of services. The service users involved in the review benefited from training and built up experience that is valued by future employers. Moreover, the experience helped them gain a personal sense of achievement.

**Example** Tyneside Cyrenians involve service users on different levels. There is an annual service user survey, 'Tell TC', which allows the opportunity for both staff and service users to make comments. Blogs are also being developed to enable a chat room for service users to be created. A proportion of staff are also ex-service users.

The case studies have shown that incorporating clients' views into day to day running of services have brought about better engagement with the service and helped build stronger working relationships between service users and staff.

**Example** Single Homeless Project (SHP) was having difficulty managing one of their high support hostels due to the amount of visitors that were staying with service users. By discussing the issue with the clients they realised that many clients found it difficult to refuse entry to visitors and in many instances were only allowing them in due to pressure from the visitor. They therefore drew up a "no visitor policy" that has the full support of service users. The policy reduces the likelihood of dealing on the premises and increases the safety of the scheme for staff and residents. Those residents who no longer need the safety of a closed environment are moved on to projects where visitors are allowed. Links with family and friends are maintained and facilitated through the key work and support planning process.

**Example** Thames Reach has developed a scheme that provides out of hours telephone support to clients. After consultation with service users Thames Reach also amended their service provision from having two daily group meetings to one group meeting in the morning, and a one-to-one key session in the afternoon allowing clients to express issues on a personal level.

From the service users' perspective, additional benefits of inclusive approaches have helped embrace opportunities to learn valuable skills towards training and employability. It has also helped to raise self-esteem and levels of motivation.

The value and importance of safe and settled housing for individuals was emphasised in one case study area working with women involved in prostitution. They described how the provision of safe and settled housing facilitated first time engagement with treatment and counselling, and also enabled them to attend college courses and to find employment.

**Example** In Partnership Project works with 16 – 25 year old women. The project involves service users through 'service reviews' and by regular attendance at a variety of both formal and informal key-worker sessions. Support and house meetings also provide the opportunity to raise issues about how services are delivered and make suggestions about change and future delivery. A lot of key-

work is undertaken to build self-confidence and support clients to attend training or college, and to engage with external courses (e.g. through the Prince's Trust and the local college). Some of the service users have successfully completed courses and activities and obtained certificates as well as formal or informal qualifications.

The views expressed in this Practice Paper are those of the authors, not necessarily those of the Home Office (nor do they reflect government policy).

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<sup>1</sup> It is recognised that the term 'support' can cover a wide range of services. In recognition of the complexity of service users' needs and required responses, the term support has been used in this Paper as follows:

- Housing related support: this term is used to describe the services which help develop and sustain an individual's capacity to live independently in their accommodation. These can include life skills training, tenancy management training, budgeting, managing debt, cooking, getting information, paying bills, etc.
- Housing and support: this term refers to the range of additional support needs including managing drug use, improving physical and mental health, developing life skills, rebuilding relationships with families and friends, working with mentors. These services can take place in a range of accommodation settings, including hostels, general needs and other types of tenure, and can include a range of forms of provision, for example, key working, floating support or signposting to other services. In the instances where support services of both types are being highlighted they are referred to as housing and related support.

<sup>2</sup>The Home Office commissioned a three year study to produce prevalence estimates of PDU at a local and national level. The reference report for this is below: Measuring different aspects of Problem Drug Use: Methodological Developments. Home Office Online Report 16/06. Singleton N, Murray R, Tinsley L. There is a useful document on the NTA website [www.nta-nhs.org.uk](http://www.nta-nhs.org.uk) which describes how to use the estimates as part of treatment system needs assessment. Needs assessment guidance for adult drug treatment July 2007: Supplementary guidance notes for understanding and using estimates of problematic drug use obtained by CRC or MIM methods.