

Section 7 Sources of Information and Data: and arrangements for information sharing

Good information about service provision and client outcomes is key for both planning and delivery of appropriate and effective housing and related support and can play a key role in helping to appropriately address the housing and housing support needs for drug users. An important element of joint working is the sharing of relevant information with partners which can help service users and agencies in providing the right provision. With the right safeguards in place it is possible for information sharing to take place in a way that helps to deliver better services while still respecting service users legitimate expectations about the privacy and confidentiality of their personal information.

The legislative framework around information sharing is complex and there is a range of existing guidance available which has been summarised later in this section, it is not intended as a definitive guide.

7.1 Sources of Information and Data

This section does not attempt to describe or analyse current all information and data available. It recognises some of the challenges faced when sharing or comparing data and information for housing and drugs across organisations nationally regionally and locally. These may include the fact that data and information is generally collected in different ways and was not collected to respond to questions now being raised.

This section acknowledges that the lack of a clear picture of provision and need can:

- hamper both policy and planning decisions.
- make it more difficult to identify local, regional and national priorities and
- create difficulties in appropriate allocation of resources to best develop and improve housing and housing support

Without an adequate baseline it is also difficult to assess how housing and housing related support for drug users can support change and develop over time. There are a number of sources on statistical information on numbers, housing needs and current housing position of potential and actual users of drug and alcohol services. Some of these sources are summarised in the table below to provide an overview of what may be currently available to inform local pictures of need.

Data Source	Provider	Description
Data from housing and supported housing		
Homeless applications known as P1E returns	Available on the Communities and Local Government website.	Local authorities (LA) provide quarterly reports on the discharge of their responsibilities under the homelessness legislation to Communities and Local Government. (CLG) These are known as P1E returns. Detailed information is only required on an application which results in the local authority (or its contractor, on behalf of the LA) accepting responsibility for securing a home for the applicant and their household.
Supporting People Client Record Form	St Andrews University (this is provided to Regional GO'NTA to share with DATs via DIP Home Office)	The Supporting People programme requests that all supporting people providers complete a form which collects standard information about clients. The client record form is completed when a service user enters a service funded through the Supporting People programme in England. The client record form records the primary and

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		secondary group by which the client is defined, such as a drug or alcohol problem. This information forms one of the three SP national indicators.
Housing Corporation	Centre for Research and Market Intelligence (CRMI)	Centre for Research and Market Intelligence (CRMI) - manages primary national social housing datasets which are business critical to the Housing Corporation, and also the wider social housing sector. CRMI undertakes a wide range of research projects to inform policy and drive forward thinking in housing research. In addition we collaborate with the sector to share findings and fund joint research projects NROSH (National Register Of Social Housing) collects social housing property level data from England's Local Authorities (LAs) and Registered Social Landlords (RSLs). When complete, NROSH will become a single data repository of social housing stock covering the whole of England to provide better quality, more flexible and consistent data for analysis and reporting as well as reducing the data reporting burden on data providers.
		The RSR survey (Regulatory and Statistical Returns) is an annual event whereby every registered Housing Association take parts in a census which gathers information about: the type and amount of stock they own and manage; numbers of lettings; rents and service charges; number and reasons for vacancies; acquisitions; sales; and much more. Full details and latest analysis from RSR can be found at the RSR Website
Housing Associations rehousing (CORE) data	CORE website	C ontinuous R ecording is a national information source that records information on the characteristics of both housing association and LA new social housing tenants and the homes they rent and buy.
Data from sources relating to drug use		
Drug Interventions Record (DIR)	Home Office Drug Interventions Programme	The DIR records housing status of service users assessed and on the caseload. Status is described in terms of NFA, Temporary and Settled, descriptions of these terms agreed with other government departments and summarised in the DIR guidance notes for completion
National Drug Treatment Monitoring System		The NTA collects data on people in drug treatment nationally, and this includes their housing situation on entering treatment, and their treatment outcome, but not their housing outcome;
Treatment Outcome Profile	NTA	The NTA have developed a treatment outcome monitoring instrument (the Treatment Outcome Profile or TOP) to be used at the start of treatment and in care plan reviews and reported through the National Drug Treatment Monitoring System (NDTMS)
Local snapshots and case studies		
Other sources and local data collection systems		London Homelessness Network

Evidence around homelessness and social exclusion

This section describes information around homelessness under statutory and non statutory measures:

Statutory Homelessness Data

Local authorities (LA) provide quarterly reports on the discharge of their responsibilities under the **homelessness legislation** to Communities and Local Government. (CLG) These are known as P1E returns.

Detailed information is only required on an application which results in the local authority (or its contractor, on behalf of the LA) accepting responsibility for securing a home for the applicant and their household.

The P1E returns, record whether the individual was accepted as homeless because of a drug (or alcohol) dependency.

Information for 2006/07 (Homelessness Statistics **June 2007**).highlighted the following

- the total number of statutory homeless acceptances was **73,360**.
- **0.6%** of total homeless acceptances were in priority need through being **vulnerable** primarily as a result of having been in custody or on remand.
- A slightly higher proportion (just **under 1%** of acceptances) cited leaving prison or being on remand as the reason for loss of their last settled home.
- those in need priority households who are vulnerable primarily as a result of drug dependency made up **0.5%** of homeless acceptances

Although not mandatory the data is collected for the following reasons to:

- ensure that Local Authorities are meeting national targets, for example the reduction in use of temporary accommodation by 50% by 2010 and the end of use of Bed and Breakfast for 16 and 17 years old except in emergency by 2010.
- performance manage local authorities, allowing comparison between local authorities
- inform assessment of need. Each local housing authority is required to consider the housing needs within its respective area, including homeless households, as part of their homelessness strategies. The data can therefore assist in which will inform the writing of local authority housing and homelessness strategies.

Headline P1E data is available the Communities and Local Government website.

The intention of the P1E data is to record the reason why an applicant is accepted as being owed a homelessness duty. Where an applicant is accepted as being owed a duty directly because of drug dependency this is recorded. However, where applicant is accepted as being owed a duty for another reason then it is this primary reason that is recorded, rather than any issues with drug use.

There are no statutory measures or data around non-statutory homelessness and social exclusion. This can create difficulties when it comes to identifying hard evidence to support decision making However, there are four key mechanisms to find evidence of

the impact of the work that providers are doing and the range of housing and drug related support needs of clients, these are:

- Rough sleeping figures and counts
- Supporting People data
- Supporting People outcomes data
- Single Client record forms

Describing the Housing Need of Drug Users using P1E data

- The statutory homelessness data does not show the number of drug users who could be considered as statutory homeless.
- There is a category on the P1E forms which local authorities complete when there has been a duty accepted which identifies drug use as the reason for homelessness, however completion is low and therefore the data is not published.
- Feedback indicates that drug users may declare themselves homeless for reasons other than drug use due to fear of exclusion from some accommodation/housing providers.

Supporting People (SP) Data

Supporting People Client Record Form data

The Supporting People programme requests that all supporting people providers complete a form which collects standard information about clients. The client record form is completed when a service user enters a service funded through the Supporting People programme in England.

The client record form records the primary and secondary group by which the client is defined, such as a drug or alcohol problem. This information forms one of the three SP national indicators.

The data is collected by St Andrew's University; each local Partnership is provided with an analysis of Client Record Form information on a quarterly basis by the Home Office via the NTA. This shows, for each Supporting People area (broadly the same boundaries as DATs) the following, each showing numbers of people entering supporting people services who have that particular issue as their primary or secondary problem:

- The number of people with a drug problem
- Single homeless people
- Rough sleepers
- Offenders
- People with mental health problems
- People with alcohol problems

In recording terms each person can have only one primary problem, but appear in up to three of the counts for a secondary problem. However important to note that a client may choose not to disclose their drug use and/or that it is a primary problem for them at that point.

Data has also been used to generate a performance expectation for local Drug Action Teams' treatment plans around the number of people with drug use as a primary or secondary need who access Supporting People funded services.

Supporting People Local System (SPLS) from which extracts are collected from providers to authorities. This information is then submitted to CLG on a quarterly basis. This information captures the remaining two Supporting People key performance Indicators which are:

- 1) How many service users have moved on in a planned way (Socially excluded groups) and
- 2) How many service users have maintained independence (Older people/people with learning disabilities, Mental Health and physical and sensory disabilities).

CLG and authorities can see how many people with drug problems have moved on from a service in a planned way to greater independent living. This information is also crucial to feeding in to local authorities' overall performance management framework.

Along side the KPI data is the outcomes set for housing support. This is a relatively new framework which was introduced in May 2007. The outcomes set is based on the DfES 'Every Child Matters' outcomes framework (2004) and under each domain has specific indicators which are key measurable outcomes for services users. These are;

Achieve economic wellbeing

- Maximise income
- Reduce Debt
- Obtain Paid Work

Enjoying and achieving

- Participating in training and education
- Participating in Leisure/culture/faith/informal learning
- Participating in work like activities
- Establishing contact with external services/groups/friends and family

Being Healthy

- Managing Physical Health
- Managing Mental Health
- Managing substance misuse
- Requiring assistive technology/aids

Stay Safe

- Maintaining accommodation/avoiding eviction
- Complying with Statutory orders
- Managing self harm
- Minimising harm/risk from others

Making a positive contribution

- Developing and achieving choice and control/being involved

For socially excluded groups (short term services) each Supporting People (SP) provider is required to complete a form which identifies which outcomes have been met (outcomes have to be linked to a need identified as part of the support plan) this data is then sent to St Andrews who provide detailed analysis on the outcomes on a quarterly basis. It is then possible to see how many people with drug problems have accessed paid work or reduced their debt whilst accessing supporting people funded services. The client record form and the outcomes form collects individuals national insurance number it will be possible to begin to track service users to see how many times the same individual accesses drug services funded through SP.

The Client Record Form is intended to collect data about clients accessing Supporting People services and so provides a picture of the needs of those clients using Supporting People services, not those whose applications for services are refused or who are waiting for services. It also, collects details on support needs rather than housing needs.

In most cases, service users would be encouraged to acknowledge a substance use problem as part of a support planning meeting. There will be individuals who do not acknowledge the problem or admit to one that is identified by a support worker, but increasingly supported housing providers are being encouraged to help their service users to address drug or alcohol use.

National Drug Treatment Monitoring System (NDTMS)

The National Drug Treatment Monitoring System (NDTMS) relates to the process of collecting, collating and analysing information from and for those involved in the drug treatment sector. The NDTMS is a development of the Regional Drug Misuse databases which have been in place since the late 1980's.

All drug treatment providers who deliver structured treatment interventions to clients must provide a basic level of data to the NDTMS on their activities each month known as the core data set. Data is uploaded monthly to the regional NDTMS teams. The data is submitted electronically to the regional NDTMS offices. From there it is 'cleaned' and sent to the national NDTMS/NTA office. Information on numbers in treatment and retention is published monthly on the NDTMS website and a performance report for NTA regional teams and DATs is also made available monthly.

The data is used at a national level to monitor progress towards Public Service Agreements (PSA). Regionally and locally the information is also used to monitor progress towards locally agreed targets which contribute to the PSA as well as to assess a number of other areas which indicate the effectiveness of the local treatment system. The information is also used to inform the annual needs assessment process which underpins the annual treatment planning process. Information on the accommodation status of those entering drug treatment is collected through NDTMS. This information is used to inform treatment needs assessment and treatment planning.

Drug Treatment Annual Needs Assessment

The purpose of the annual needs assessment is to examine, as systematically as possible, what the relative needs and harms are within the diverse populations who could benefit from drug treatment and to make evidence based decisions on how these needs might be most effectively met within available resources. The process involves identifying what works for those in open access and structured drug treatment and what the unmet needs are across the treatment system. Hidden populations and their risk

profiles need to be identified along with enablers and blocks across the treatment pathway. The needs assessment should profile the diversity of local need for drug treatment including rates of morbidity and mortality, the degree of treatment saturation or penetration and the impact of treatment on individual health, public health and offending.

As part of the needs assessment partnerships are asked to establish the met and unmet housing and housing support needs of those who could benefit from treatment, the treatment population and those leaving treatment. Every partnership is asked to establish an expert group to oversee the development of the needs assessment each year. The expert group will include representatives from housing, who can contribute the knowledge and information on the local drug using population from within the housing sector. This is a useful mechanism for sharing information about drug using populations at a strategic level and can contribute to more effective commissioning of both housing and drug treatment services for drug users.

The needs assessment guidance 08/09 includes information on a range of national and locally available data sources which can support the local needs assessment. These include:

- Home Office national estimates of prevalence of problem drug users
- National Drug Treatment Monitoring System
- Office of National Statistics information on drug related deaths
- Hospital episode statistics available from Public Health Observatories
- Drug Interventions Programme

For more information go to

http://www.nta.nhs.uk/publications/documents/nta_needs_assessment_guidance_2007.pdf

Harm Reduction

Harm reduction is a key ambition of drug treatment strategies at a national, regional and local level. The drug treatment system needs to address the level of drug related death and blood borne virus which can result from drug misuse. Every local partnership will have a harm reduction strategy to address these issues in their area.

The strategy will be underpinned by data relating to drug related deaths, blood borne virus and information on the distribution and collection of needles from local needle exchanges. The Office of National Statistics publish information annually on drug related deaths. These are deaths identified through the coroner's office as relating primarily to drug misuse. The Health Protection Agency publish information on rates of blood borne virus across local areas. Information on needle exchanges is collected at a local level.

Each partnership will commission services to address harm reduction issues identified in their area. This will include open access and needle exchange services. It will also include training for drug misuse professionals, generic professionals including housing workers, drug users and carers on drug awareness, relapse prevention, harm reduction and overdose management.

Treatment Outcome Profile (TOP)

The National Treatment Agency (NTA) has developed a treatment outcome monitoring instrument (the Treatment Outcome Profile or TOP) to be used at the start of treatment and in care plan reviews and reported through the National Drug Treatment Monitoring System (NDTMS)

Up until now the NTA has use process and proxy outcome measures, such as waiting times and retention in treatment to indicate the effectiveness of treatment. The Agency, treatment providers and commissioners have shared a long term goal to establish real outcome monitoring systems and committed to their development during 2007/8

Drug treatment outcomes in the UK are grouped in four key domains:

- Drug and Alcohol use
- Physical and Psychological Health
- Social Functioning
- Offending and criminal environment

The TOP includes looking at whether clients in drug treatment have housing problems and whether these change over time. Information for the TOP is collected by drug workers and submitted through the National Drug Treatment Monitoring System. After a substantial process of validation the TOP was rolled out nationally in October 2007.

The TOP will support the drug treatment sector locally, regionally and nationally to manage the drug treatment system on the basis of outcome evidence of effective treatment.

For more information

http://www.nta.nhs.uk/publications/documents/top_keyworker_guide_100807.pdf

http://www.nta.nhs.uk/publications/documents/top_manager's_guide_010607.pdf

Drug Interventions Programme (DIP)

The Drug Interventions Record (DIR) was initially introduced in April 2005 to record information and activity undertaken with drug misusers following an assessment of their drug misuse and 'related needs' undertaken by a worker from the Criminal Justice Integrated Team (CJIT) in the community and CARAT worker in Prison.

The DIR has three main functions:

- i. To facilitate and to improve the standards of continuity of care for drug misusers, and to minimise the duplication of assessments, in particular when clients are moving amongst custody and community, but also when information is passed between the case managers and/ or treatment providers;
- ii. To support the monitoring and research functions around the DIP, in line with the Programmes and other related performance management frameworks;
- iii. To be the Substance Misuse Triage Assessment (SMTA) form to be used for all CARATS clients, whether or not they are likely to become clients of the local CJIT.

The DIR was revised in April 2007 following consultation and feedback. The revised DIR and associated guidance for completion reflects additional questions on housing status and incorporates changes to how the information is recorded. These changes were

made to improve consistency and quality of information recorded DIP along with Department for Communities and Local Government, Ministry of Justice, Home Office, NTA, Youth Justice Board a number of other key partners and other government departments have worked together to establish common terminology for use on housing and homelessness issues.

The DIR may be initiated and completed in a variety of different settings including police custody suites, prisons, treatment agencies, CJIT offices and courts. In line with agreed local systems, completed forms are sent and input locally by data managers onto a specific database, which is sent monthly to the DIP Management Information Team at the Home Office. From there it is 'cleaned' and is reported back to local Drug Action Teams to inform part of the performance monitoring

Related guidance and forms can be accessed at <http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/DIR/>. Section 7 of the DIR (Social Needs profile) is used to record the accommodation arrangements of the client at the time of their assessment. The following descriptions are used:

No Fixed Abode:

- sleep on the streets
- use night shelter (night by night basis)
- Sleep on a different friends floor each night
- Other

Temporary accommodation:

- Staying with family/friends as a short term guest
- Bed & Breakfast
- Direct access short stay hostel
- House of multiple occupation
- Squatting
- Other

Settled:

- Local Authority(LA) /Registered Social Landlord (RSL) rented
- Private rented
- Approved premises
- Supported housing/hostel
- Caravan
- Own property
- Settled with friends
- Other

Recognise that there are ongoing issues about improving data quality and understanding of issues (see below) however the changes to the information can help to improve understanding of presenting needs.

The data displayed here, or received locally, should be interpreted in the context of two fixed parameters. These are that data collected on the revised DIR (2007):

- uses the shared terminology agreed with CLG, NOMS, NTA (Jan 2007) and other partners, so common understanding of terms is improving However it is also noted that the understanding of these new terms by CJIT workers who complete the DIR

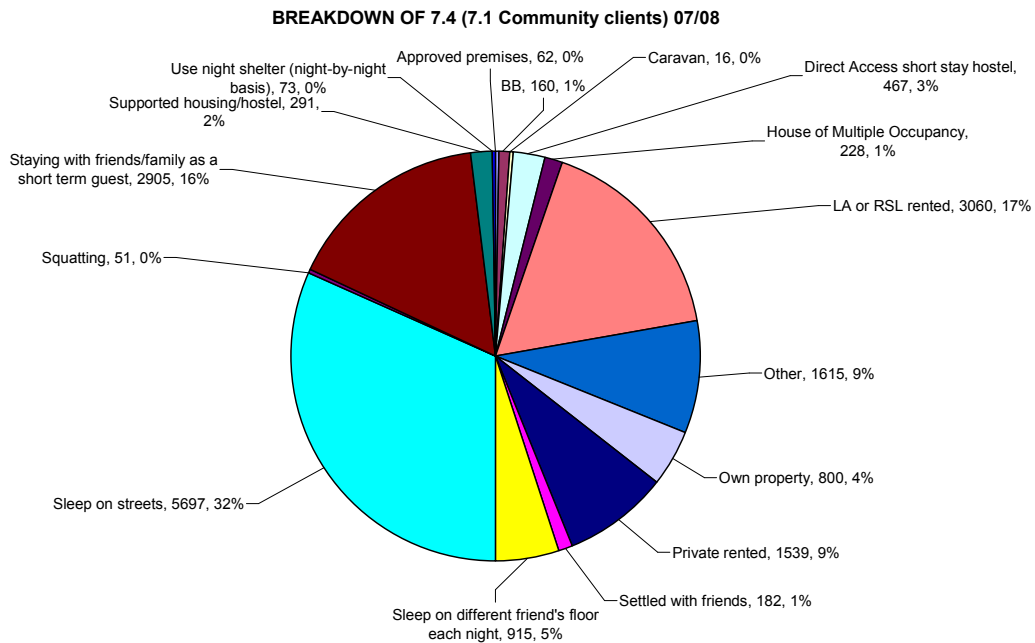
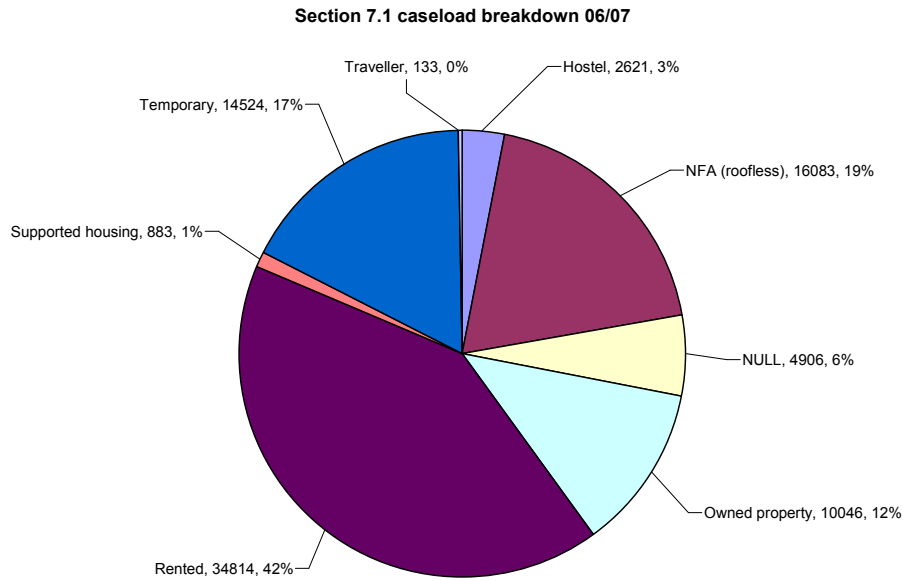
with the client can vary. Staff working in the housing field have a more detailed understanding of the shared terms than drug workers, and are more likely to record housing status more accurately. Drug workers are improving their understanding of the terms but without further awareness and/or training in housing for CJIT workers it is likely that they will record housing status differently from housing workers. This will improve over time. N.B. The pie charts below are for the year 06/07 and do not use the shared terminology that came into effect in April 2007.

- is not representative of the wider treatment population as it primarily focuses on those who come into contact with CJIT workers or CARAT staff through the criminal justice system. Where DIR data is being reviewed and analysed in a local context, it maybe helpful to seek advice e.g from the local drug action partnership or regional NTA to consider how information overlap with the wider treatment population.

The following pie charts illustrate the differences in DIR data collected between April 2006 and March 2007 and April 2007 and December 2008 using data relating to accommodation status recorded at assessment,

The first pie chart was created from information used to respond to Question 7 on the DIR (2005) using data from 06/07 and relates to the accommodation status as recorded at the initial assessment. The second pie chart represents data collected from question 7 in first six months of 07/08 and breaks the accommodation status and types using the revised data fields

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Need to acknowledge caveats in assumptions about the data (see reasons highlighted at the end of Section 7) . It is however important to identify the opportunity that the new data fields outlined in the revised DIR (2007) present with regards to the accommodation status of DIP clients assessed in the community. The pie charts broadly illustrates the differences and improvement in information which can help both local partnerships as well as providers with their local assessments of need .

OASys (Offender Assessment System)

OASys is the risk assessment tool used by the National Offender Manager Service (NOMS). It is used to record the progress of offenders who have been sentenced to an order or custody of greater than 12 months. The key aim of OASys is “to deliver a common, efficient and effective offender risk and needs assessment system that enables the prison and probation service to achieve the four Home Office targets for reduction in re-offending/reconviction rates, and for increased protection to the public.” It also identifies and classifies offending related needs, such as accommodation.

It is completed electronically by prison and probation staff, and acts as a plan for those in custody in relation to them accessing interventions which will reduce their risk.

It is stored locally by local probation areas and communicated to the National Offender Management Service in order to inform performance management and to monitor performance against the national targets. It is made available to Regional Offender Managers (ROMs) who are responsible for commissioning services for offenders. The ROM will sit on joint commissioning boards and needs to raise the accommodation needs of offenders at a local and regional level.

The OASys form records information as to accommodation status under 5 categories, while also considering the risk and or protective factor of the offender’s accommodation. A series of 9 questions are asked about the offender’s drug misuse, identifying current and previous misuse, risk and motivation to change.

OASys is now in general use but it is not required for offenders serving under 12 months imprisonment. The accommodation status can only be matched with drug use where an offender has either been convicted of a drug related offence or indicated drug misuse as a trigger to offending.

At the Pre-Sentence Report (PSR) stage, all Standard Delivery Reports (SDR) must be based on a full OASys assessment, but fast delivery and oral reports can be based upon an OGRS score and an OASys risk of serious harm screening. At the post-sentence stage, a full assessment should be completed in the community for all those cases designated at Offender Management Tier 2 and above, with the exception of Tier 2 cases with a stand-alone unpaid work requirement. (For further details about the Model see National Standards (2005) & national offender management model: application of tiering framework for more information (<http://www.probation.homeoffice.gov.uk/files/pdf/PC65%202005.pdf>)

There are two sources of accommodation data collected by prisons; one is information that is recorded by prison staff on the Local Inmate Database System (LIDS). LIDS identifies accommodation status on reception and is again updated prior to release. This data records accommodation status as either settled, temporary, NFA or traveller. The information is extracted from LIDS on a monthly basis by Prison Service Headquarters. The information forms part of the monthly management report to assist with the monitoring of prison service targets within each prison.

The second set of data is collected from resettlement units within each prison. It records the number of assessments completed within 4 days of reception, the accommodation

status on reception and again the accommodation status prior to release. The information is sent to the Home Office and is collated by the Partnerships Unit. It is then distributed to prison service areas, which are similar but not the same as ROM areas.

The purpose of collecting the information is to monitor the number of completed assessments against the Reducing Re-offending Housing and Housing Support Framework (January 2008) targets to support the accommodation needs of offenders. These are: 90% of sentenced prisoners and those on remand in local prisons to have an initial housing assessment undertaken within 4 days of reception; 60% of sentenced prisoners to move into settled accommodation on release from custody. The final target is 80% of offenders at the end of their order/licence to have an OASys assessment which shows them living in settled and suitable accommodation. By placing these targets in both the prison and probation services it ensures that prisons no longer see resettlement as something that stops at the prison gate but instead services and information follow the offender into the community.

Prolific and Priority Offenders (PPO) Data

Though a very small cohort of the offender and drug using population, these offenders are closely monitored due to the volume of harm they cause compared to other offenders. They commonly make up about 10% of the offender population. Additional information is available from the scheme, which has identified higher levels of accommodation need and support. Most of their detailed data comes from the OASys system and is cross referenced with information collected by local schemes. Previously the PPO data collection system could not effectively identify drug users. However, a new system of data collection has been introduced this year that will draw on the information collected in the revised Drug Interventions Record (07) and other data sources. Once details have been finalised it is hoped to be able to identify drug users as a sub set and then interrogate the information held on them about their accommodation status.

Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of its local community. Source Primary Care Trusts and Local Authorities The Local Government and Public Involvement in Health Act 2007 requires PCTs and local authorities to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of its local community. Responses to the consultation on the Commissioning Framework for Health and Well-being called for greater clarity on undertaking JSNA.

This guidance, which complements the statutory guidance Creating Strong, Safe and Prosperous Communities (currently out for consultation), provides tools for local partners undertaking JSNA. It describes the stages of the process, including stakeholder involvement, engaging with communities and recommendations on timing and linking with other strategic plans. It also contains a core dataset, and guidance on using JSNA to inform local commissioning, publishing and feedback.

The link to the JSNA page of the DH website

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

Supporting Information

Commissioning housing support for health and wellbeing

Jointly produced (2008) between Supporting People Team at CLG and the Care Services Improvement Partnership (CSIP, DH) this report aims to help commissioners in health, local government and other public services encompass the crucial issues of housing and its key role in promoting health and wellbeing.

It aims to help them to:

- respond to housing, care and support as part of their commissioning strategies
- make best use of resources by building on existing expertise and
- increase joint working between health, local government and other sectors.

Housing, care and support are critical to success in achieving key outcomes for health and wellbeing, such as helping people retain their independence and remain in control of their health care and lifestyles.

The report includes information about types of need, various support models and the policy background, as well as implications and practice examples.

For more information go to:

www.integratedcarenetwork.gov.uk/housing/index.cfm?pid=528&catalogueContentID=3529

Needs Analysis Commissioning and Procurement for Housing-Related Support

This guide (2008) is published jointly produced between Supporting People Team at CLG with the Care Services Improvement Partnership and complements their publication, 'Commissioning housing-related support for health and well-being', which is also jointly produced. This guide is intended for an audience of local authorities and their partners. It is particularly aimed at commissioners of housing-related support, adult services, health, and probation. It will also be relevant to corporate procurement teams, voluntary, user, and community groups and providers of housing-related support for information. This guide describes the cycles of needs analysis, commissioning, and procurement when applied to housing-related support, and links to the processes used in social care and health commissioning. For more information go to

http://www.spkweb.org.uk/Subjects/Capacity_building/Needs+Analysis-Commissioning+and+Procurement+for+Housing+Related+Support.htm

Information Sharing and Practice

As highlighted an important element of joint working is the sharing of relevant information with partners which can help service users and agencies in providing the right provision at the right time. With the right safeguards in place it is possible for information sharing to take place in a way that helps to deliver better services while still respecting service users legitimate expectations about the privacy and confidentiality of their personal information. In order to improve continuity of care and or support it is important to ensure consistency in terms of what when and how information is shared. The legislative framework around information sharing is complex and there is a range of existing guidance available.

It is important to consider the whole range of possible statutory provisions that are available in relation to information sharing depending of the different circumstances presented. Points raised by local agencies is the difficulty in navigating a way through this and making decisions about what information is appropriate and lawful to share.

The following papers provide guidance and information on practical information sharing arrangements used by housing providers, drug services and the criminal justice agencies

Access to housing Information Sharing Protocol Housing Corporation November 2007 This document sets out national standard protocol on sharing information about applicants for re-housing. It has been produced following consultation with CLG, DH, the Housing Corporation, Local Government Association National Housing Federation, local authorities and housing associations www.housingcorp.org.uk

Managing Drug Misusers Under Probation Supervision November 2007 Guidance For Probation, Criminal Justice Integrated Teams (CJITS) AND Counselling Assessment, Referral Advice and Throughcare Teams (CARATS). This guidance has been produced for CJITs, CARATs and offender managers in the National Probation Service (NPS). It is issued jointly by the National Offender Management Service (NOMS) and the Drug Interventions Programme (DIP) and has been developed jointly with the National Treatment Agency for Substance Misuse (NTA), Department of Health and Regional colleagues to support effective management of drug misusing offenders (DMOs). Describes the respective responsibilities of agencies regarding the sharing of Information, clarifies how drug-misusing offenders subject to 'statutory supervision' (i.e. offenders on community orders or post-custodial licence)¹ should be managed by probation offender managers, CARATs workers and CJIT staff and provides a checklist to assist in the preparation of local protocols. (See Annex C of the paper) A copy is available at http://drugs.homeoffice.gov.uk/publication-search/dip/AC_MANAGINGDRUG_MISUSE_GUIDANCE

Drug Interventions Record – A Briefing Paper April 2007 This paper is intended to be a reference document for criminal justice drugs workers in the community and CARAT and Clinical workers in prisons who will be using the revised Drug Interventions Record (DIR 2007) Describes how the DIR can be used to support effective sharing of information about clients :the CJIT in the community, e.g. in custody suites or courts and Prison Healthcare and CARATs teams and Probation services / (Offender Managers (OMs). A copy is available at http://drugs.homeoffice.gov.uk/publication-search/dip/2007_DIR_background?view=Binary

Drug Interventions Programme (DIP) and Prolific and Other Priority Offender ((PPO) Programme – Information Sharing October 2007 This short briefing provides a high level summary of the ethos of information sharing and covers three areas where understanding the parameters of information sharing are vital:

- Information sharing has an important role to play in ensuring effective continuity of care. With the informed consent of the individual, it is possible - and beneficial to the client - to pass relevant information about their treatment to other organisations involved in their care. This needs to be done within the boundaries set by a number of pieces of legislation, and within local arrangements.
- DIP and PPO interventions can only be effective if those involved with an individual are able to share information necessary to ensure an appropriate response to that person's compliance or failure to comply with what has been legally required of them.
- Information sharing also has an important role to play in intelligence gathering, for example in identifying particular crime hot spots. Where aggregated information is used for this purpose so that the client cannot be identified, the

provisions of the Data Protection Act 1998 (DPA) will not apply as it will not be personal data. The use of non-aggregated (i.e. individual) data is permissible where there is informed consent from the client but should otherwise be limited to those cases where such action can be clearly justified.

A copy is available at http://drugs.homeoffice.gov.uk/publication-search/dip/DIP_PPO_info_share

Partnership Guidance: Aligning the Prolific and Other Priority Offender ((PPO)

Programme and the Drug Interventions Programme (May 2007). (October 2007)
This guidance is intended to assist local areas in aligning their DIP and PPO schemes. In July 2006, the Home Office published Rebalancing the criminal justice system in favour of the law-abiding majority – Cutting crime, reducing re-offending and protecting the public. This set out the results of the Government's review of the criminal justice system, with proposals for reform and areas for further consultation. The paper recognised the success of the Prolific and other Priority Offender (PPO) programme in tackling the small hard core of offenders who commit disproportionate amounts of crime and cause most harm to their communities. It also recognised the success of the Drug Interventions Programme (DIP) in getting drug-misusing offenders into treatment. Recognising that many drug misusing offenders commit huge volumes of crime, the paper included a commitment to bring DIP and the PPO programme closer together to ensure that, between them, they identify and target the highest crime causing drug-misusers.

A copy is available at :

http://www.crimereduction.homeoffice.gov.uk/ppo/PPO_DIP_Alignment_Guidance_v2.pdf

Office of the Information Commissioner and Home Office statement

'The Crime and Disorder Act 1998 provides a **legal basis** for data sharing whilst the Data Protection Act 1998 provides a **legal framework** for good practice in handling personal information. **These acts should facilitate responsible information sharing between agencies in pursuit of a reduction in crime and disorder.** They should be seen as regulating rather than prohibiting.

Relevant Legislation includes

Data Protection Act 1998

<http://www.opsi.gov.uk/acts/acts1998/19980029.htm>

Drugs Act 2005

<http://www.opsi.gov.uk/acts/acts2005/20050017.htm>

Human Rights Act 1998

<http://www.opsi.gov.uk/acts/acts1998/19980042.htm>

Crime and Disorder Act 1998

<http://www.opsi.gov.uk/acts/acts1998/19980037.htm>

Department of Constitutional Affairs Guidance 'Public Sector Data Sharing: Guidance on the Law November 2003

<http://www.foi.gov.uk/sharing/toolkit/lawguide.htm>

Summary

Some of the challenges identified on use and application of data for drugs and housing include:

- The terminology used in the data collection systems e.g for DIR and NDTMS is not commonly understood by other Housing agencies Local Authority housing departments. This could reduce the value of the data particularly when compared to that collected by Supporting People and NOMs (Oasys).
- The level of knowledge and understanding of workers/practitioners (drug services) of housing terminology , related issues and data can impact on what information they record through existing 'systems' (NDTMS and the DIR). This in turn can effect the 'picture of housing' when this data is compiled for local and national use.

The accuracy of the data and its ability to inform planning of housing and provision of housing support for drug users is variable. In many areas the focus of data collection is on the nature and extent of drug treatment needs rather than housing. Analysis of available information may not be able to provide the nature or extent of the problem of housing need for drug users (i.e. the range or spectrum of need): and may not be able to capture changing needs

- Data is collected using a variety of terminology which is not understood or able to be compared with data from other agencies; as with other 'data capture/assessment forms' which record housing, there have been problems with a lack of shared terms that can be used to describe housing status and types. Drugs, Housing and Criminal Justice agencies are likely to use different terms. Comparison between data sources is therefore not possible unless there is an agreed/shared approach to how the data is treated.¹
- Available information may not be complete. Services and service users report fear of disclosure of drug use to housing services/agencies on the grounds they would be rejected or excluded .
- Underreporting of drug users provided with support who are as statutorily homeless.
- Existing data provided through the Supporting People programme is useful but is often partial. Data collected relates to those drug users who receive a service rather than those who applied for a service;
- Services particularly drug treatment - collect data on where users have come from but not where they are living after treatment;
- NOMS data (OASys) is not currently universally completed for those on remands

¹ Shared terminology was agreed in 2007 to inform the Housing fields (Housing status)for data capture on the revised DIR(2007) (see guidance) work is underway to ensure that this terminology is adopted and integrated within other national systems.

Additional Sources of Information – References and Websites

Collecting and Analysing Data in relation to the Housing and Support Needs of Substance users - Guidance for Community Safety partnerships Housing Providers and Supporting People partners in the North East June 2007 Sheila Spencer.

Assessing the Level of Expected Drug Related Need for Supported Housing, Home Office Drugs Strategy Directorate with EATA, Sheila Spencer, and Addaction, 2004

Homeless Link Clean break: Integrated housing and care pathways for homeless drug users – Research Report (2007)

www.homelesslink.org.uk

Homeless Link Clean Break Toolkit (2007)

www.toolkits.homeless.org.uk/cleanbreak

Survey of Needs and Provision Services for Homeless Single People and Couples in England : Linda Breiheim-Crookall, Alice Evans Diane Illes and Peter Watson Homeless Link and Resource Information Service (2008)

www.homelesslink.org.uk www.ris.org.uk

Housing for Drug Misusers in the South West: An assessment of current provision and a description of a model to estimate the level of service required, (Rosanne Sodzi, Regional Public Health Group, September 2004

On the mapping and analysis of met and unmet housing and housing support needs for drug users in Bristol, Potential Training & Consultancy and Sally Weaver consultants, 2005

Needs Assessment Guidance for Drug Treatment NTA (6.1 Using Routine Data Page 19) July 2007

http://www.nta.nhs.uk/publications/documents/nta_needs_assessment_guidance_2007.pdf

The National Drug Strategy: a guide for local partnerships, McGrail Sara, MacKintosh David London Drug Policy Forum 2008 - This is a source of information for those new to local drug strategy development and implementation. It is also a handy reference document for those keeping up to date with changes brought about by the 2008 National Drug Strategy and the new local performance frameworks.

http://www.cityoflondon.gov.uk/Corporation/our_services/social_services/London_Drug_Policy_Forum/

Websites

Communities and Local Government department – homelessness statistics: <http://www.communities.gov.uk>

CORE (Housing Association recording system):
<http://www.core.ac.uk/core/>
<http://www.core.ac.uk/core-news.html#>

Supporting People Client Record Form site:
<http://www.spclientrecord.org.uk/>

Clean Break toolkit: <http://toolkits.homeless.org.uk/cleanbreak>
www.homelesslink.org.uk www.ris.org.uk