

Improving Practice in Housing for Drug Users

**National Working Seminar
(25 July 2008)**

Report

31 October 2008

FOREWORD

Provision of housing and housing support has a role to play in supporting outcomes across a range of crosscutting areas such as tackling and preventing homelessness, addressing social exclusion, reducing re-offending and tackling worklessness. Drug users' problems may be complex and therefore require a wide range of responses and options.

Ensuring access to housing and related support services for drug users at different stages of change and recovery can present a number of challenges for national, regional and local partners, such as understanding of varying and complex needs, flexibility and responsiveness of housing and related support services, establishment of links and access to provision, services and support with health, skills development, local social networks, etc.

Identifying and promoting joined up solutions in housing and housing support services for drug users is important for local agencies and partnerships who have responsibility for services such as drugs, housing, crime, and community safety or mental health support services. Commissioners and all local partners, in particular those from drug services and housing providers, have a key role to play in developing effective and practical solutions for drug users. Such support may need to be provided jointly with other service providers including mental health, drug treatment and / or rehabilitation services.

The findings from the practice paper "Improving Practice in Housing for Drug Users" highlight the importance of a comprehensive and integrated approach to planning and delivery.

We welcomed involvement in this partnership project and the national seminar which provided the first opportunity to not only share findings with a range of partners, but also to hear from some of the case study areas about their approaches and practice. A range of partnerships, providers and service users have contributed to this work. Their practical approaches and solutions have contributed to establishing and managing a safe environment, developing responsive and flexible policies resulting in reduced rates of eviction, enabling access to and sustaining engagement with drug services and other support, creating a positive environment for workers and service users to set goals and plan how they might be achieved. All have created opportunities for service users to take control over their lifestyle and improve overall outcomes. The findings and approaches are not exclusive to working with drug users, they can be applied and adapted to support work with other vulnerable groups including individuals with mental health issues, problem drinkers and offenders.



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BACKGROUND

'The positive role that housing and services play in providing drug users with a stable base from which to engage with treatment services and effect change in their lives as well as prevent homelessness is well recognised. Those with accommodation are reported to be nearly twice more likely to have positive outcomes from their treatment than those who have no fixed abode. The provision of accommodation can be particularly important for those who are 'hard to reach' and engaged in harm minimisation services. This will include those that are rough sleeping for some or all of the time.' (Clean Break - Page 19) ⁱⁱ

The Home Office Drug Interventions Programme (DIP), Communities and Local Government (CLG), the Ministry of Justice National Offender Management Service (NOMS), the Housing Corporation, the Department of Health's (DH) Care Services Improvement Partnership (CSIP) and the National Treatment Agency (NTA) for Substance Misuse have identified the need to consider the issue of housing and related support services (described later) for drug users. They have worked with a national stakeholder group from both housing and drug fields to identify practice and solutions which may inform the prevention of homelessness amongst drug users.

The practice paper "Improving Practice in Housing for Drug Users" was written to support the development, planning and delivery of housing and housing support services for drug users. It builds on recent practice findings and work undertaken by the Audit Commission (2004ⁱⁱⁱ/2006^{iv}), Homeless Link (2007^v), Shelter (2006^{vi}), CSIP (2007^{vii}) and Addaction (2006^{viii}), and takes account of provisions such as "The Respect Standard for Housing Management" (2006^{ix}). The Paper does not seek to duplicate findings and information already shared.

The findings presented in this Paper suggest that housing^x and related support services for drug users can contribute to improving outcomes on crosscutting areas such as preventing homelessness; reducing evictions and abandonment; increasing engagement and retention in drug treatment; improving health and social well being; reducing re-offending, acquisitive crime and the causes and effects of anti-social behaviour.

Ensuring access to housing and related support services for drug users at different stages of change and recovery can present a number of challenges^{xi} for national, regional and local partners. Drug users' problems may be complex and therefore require a wide range of responses and options. These may include better integration between the local commissioning of drug, alcohol, housing and mental health services through to improved joint working between housing and drug services. These issues are particularly important for housing providers (including providers of supported housing) who are already housing drug users and are likely to be facing challenges such as tenancy failures, management of evictions and abandonment, all of which may be drug related.

Identifying and promoting joined up solutions in housing and related support services for drug users is important for local agencies and partnerships who have responsibility for services in drug, housing, crime, and community safety or mental health support. For example, housing services and landlords will have a particular role to play through their proactive approach in tackling anti-social behaviour at an

early stage - an expectation set out in "The Respect Standard for Housing Management".

Commissioners and all local partners, in particular those from drug services and housing providers, have a key role to play in developing effective and practical solutions for drug users.

The role of housing providers is important in:

- planning for the management of drug issues in their accommodation, which will help create a safe environment for all and assist with bringing drug users into treatment, thus reducing rates of eviction for anti-social behaviour and rent arrears
- considering provision of move-on accommodation for those leaving structured drug treatment, such as in-patient and/or residential rehabilitation provision
- providing accommodation for drug users who are not in need of drug treatment.

The role of drug services is important in housing by:

- providing support services that can help drug users maintain their housing and minimise harm to others
- helping drug users to address their substance misuse to help them move on from specialist accommodation to other types of housing
- supporting drug users to sustain their housing in order to help them continue to address their substance misuse issues.

The role of commissioners is important in:

- improving joint working and partnerships to meet particular performance requirements and/or shared outcomes
- understanding better the housing market and the delivery of support and/or care
- making best use of limited resources and/or links to wider strategic objectives.

The national working seminar held on 25 July 2008 provided the first opportunity to not only share the findings outlined in the practice paper "*Improving Practice in Housing for Drug Users*" (2008), but also to hear from some of the case study areas about their approaches and practice.

IMPROVING PRACTICE IN HOUSING FOR DRUG USERS

PART 1 - OPENING SESSION

Welcome by Shereen Sadiq – Aftercare team lead, Drug Interventions Programme (Home Office)

Shereen opened the seminar and welcomed delegates involved in planning, commissioning and delivering housing and related support. Invited delegates were drawn from a range of backgrounds including housing, drugs, criminal justice, local government and health. She highlighted that this was the first opportunity to share findings from the partnership project, “Improving Practice in Housing for Drug Users”, and welcomed the speakers and workshop facilitators who had agreed to support the day through sharing experiences and practice from their different perspectives.

She set the scene by explaining how the Home Office Drug Interventions programme (DIP), Communities and Local Government (CLG), The Ministry of Justice National Offender Management Service (NOMS), the Housing Corporation, the Department of Health's (DH) Care Services Improvement Partnership (CSIP) and the National Treatment Agency (NTA) for substance misuse had worked together with a national stakeholder group comprising of representatives, from both housing and drug fields, to identify practice and approaches that could inform and improve housing related support for drug users.

While the focus was on housing for drug users it was important to emphasise that the findings highlighted in the Practice Paper could be applied and adapted to support work with other vulnerable groups including individuals with mental health issues, problem drinkers and offenders. A focus on specific issues relating to alcohol was out of the scope, although the role of harmful and hazardous drinking was acknowledged.

Using a mix of presentations and practice based workshops, the aim of the seminar was to provide an opportunity for delegates to:

- hear how existing strategic, operational and service user-focused approaches have been developed
- explore the potential of how these approaches may be adapted or adopted from their own perspectives
- network
- share ideas, examples and approaches that have been useful.

Speakers' session

Main session speakers set the national context and importance of housing for drug users from the perspectives of health and housing.

Shereen Sadiq, Aftercare team lead, presented the rationale of improving practice in housing for drug users and introduced the first speaker. [Read Shereen Sadiq's introduction to the seminar.](#)

Key points

- A stable base is important for us all to be able to build on and move forward.
- Drug users with accommodation are twice as likely to be able to secure positive outcomes from their treatment as those without fixed abode.

- Housing and housing support services play a key role in helping drug users engage with and be retained within treatment.
- Providers and partnerships need to be aware of, and understand, one another's roles, their respective responsibilities and contributions to one another's outcomes and targets.
- Problems for some drug users may be multiple and complex, which require a wide range of responses and options.
- No single approach: identifying and promoting solutions is important for local agencies and partnerships who have responsibility for services including drug, housing, crime, and community safety or mental health support.
- Solutions can contribute to improving outcomes on crosscutting areas such as preventing homelessness; increasing engagement and retention in drug treatment; improving health and social wellbeing; reducing re-offending, acquisitive crime and the causes and effects of anti-social behaviour. This cannot be done in isolation.
- The practice paper contains practical information and findings supported by examples from the 13 case studies on how housing, drug and mental health services have worked together to find sustainable and successful housing solutions for drug users.
- The practice paper is a living document set out in 12 sections. The sections outline approaches and practice that could inform and help strategic partnerships, providers and service users to plan, commission and deliver a planned and integrated approach to housing and related support services for drug users.
- By adopting such an approach, local areas can help prevent homelessness, reduce crime and anti-social behaviour alongside helping service users to tackle their drug use and to improve their health and social wellbeing.
- The practice paper also brings together supporting information including relevant national strategies, regional and local delivery structures, and information and data sources. All sections of the paper are available on the www.drugs.gov.uk website. They can be read and downloaded as separate documents. As additional information becomes available, relevant sections will be reviewed and updated.

Steve Douglas, Chief Executive of the Housing Corporation, welcomed the opportunity to address delegates and spoke about the importance of Improving Practice in Housing for Drug users.

Key points

- Welcomed the good work done jointly with colleagues from the Home Office, Department of Health and the Department of Communities and Local Government in supporting the improvement of housing practice for drug users.
- Little doubt that housing has a key role to play in preventing homelessness and revolving door syndrome for drug users.
- Ensuring access to appropriate and timely housing and housing support services for drug users at different stages of change and recovery can present a number of challenges.
- Important to recognise those challenges early on, to assess the level and range of responses needed and to put these in place.
- To make the best impact, responses need to be arrived at and delivered jointly at national, regional and local levels with the involvement of relevant service providers.
- Homelessness and difficulty in accessing appropriate housing are often compounded by health problems. Conversely, drug users may already be housed

- but face challenges such as tenancy management issues, managing budgets, poor life skills, mental health problems and engagement with drug treatment.
- The role of housing is important in a number of ways, it should offer safe and secure environment in which to address complex issues. Appropriate housing and provision of services also plays a key role in preparing drug users for independent living.

Nick Lawrence, Deputy Director Head of Alcohol, Drugs and Tobacco Policy at the Department of Health, gave a presentation on 'Housing for drug misusers: A vital part of the treatment and reintegration agenda'. The presentation focused on supporting the recovery and reintegration of drug users through the treatment service and the housing provider. [Read Nick Lawrence's presentation on Housing for drug misusers.](#)

Key points

- 1 in 3 problem drug users are homeless or in need of housing support of some kind.
- Drug users usually become visible when:
 - Housing is not available or is unsuitable for drug users who are in or leaving treatment.
 - When drug users cause problems (nuisance, rent arrears, neighbourhood complaints).
- Provision for drug users is as much about preventing these problems as providing new services.
- Some drug users will also need support to develop and sustain their capacity to live independently in their accommodation, or to move on from specialist provision.
- Treatment challenge (new Drug Strategy 2008).
- Drive up levels of recovery and reintegration by:
 - maximising the impact of treatment for those who receive it
 - making treatment more personalised and outcome focused
 - supporting those leaving and planning to leave treatment with access to housing, education, training and employment
 - planning and managing clients' journeys through treatment and into work, helping them access the wider support they need to re-establish their lives.
- Drug strategy commitment: annual agreement between treatment providers, jobcentres & housing support services on cross-agency support for drug misusers on benefits.
- Acknowledged that Government Departments and National Treatment Agency can help, but local joint working delivers the real gains.
- Supporting the recovery and reintegration of drug users 'delivers' for the drug user, the treatment service and the housing provider.
- 'Making it happen' depends on partnership planning and delivery.
- New levers in drug strategy & PSAs can be used to support this process.

Key findings from the practice paper

Shereen Sadiq and Housing and Drug Advisors (HDAs) Gregory Green and Martin Nugent gave a presentation on the practice paper '*Improving Practice in*

Housing for Drug Users - A partnership project'. [Read the presentation on the Practice paper by the HDAs.](#)

Key points

- Provision of housing and related support for drug users is critical to achieving better outcomes in health and well being.
- Housing, drug and other support services cannot, and should not, work in isolation.
- The development of housing for drug users can be driven by a wide variety of local issues.
- These 'drivers for change' can come from a range of sources Local Champions, Service User Involvement, Local Structures and Delivery Groups and Needs Led Assessment.
- Evidencing Need. Housing and drug sectors need to understand more about the spectrum of needs of their local population.
- Mapping what housing and housing support services are available. Is it suitable, does it fit with local service users needs? Gap Analysis. If gaps exist, for whom? Mapping what other sources of advice, care and support are available.
- Benefits for partnerships include; development of shared goals, drug users entering housing in a consistent and planned way and evidence gathered to inform business cases for future development.
- For service users, benefits include; improved opportunity to address their drug use and other related needs, take control of their lives, develop skills and promote independence and well being.
- For providers benefits include; better managed tenancies, reduced evictions, safer environment, positive outcomes for service users and the development of partnership working.

Panel questions and answers session

Q1 What is the role of the Housing Corporation to get Registered Social Landlords (RSLs) on board who do not want to be part of Choice Based Lettings (CBL)? This is in the wider context of management of private landlords /tenancies where there is a need for more homes overall, but a disincentive to provide/produce smaller units, leading to people staying in hostels for longer.

A1 Recognition of the benefits of CBL and awareness of frustrations. It is a 2010 target for Local Authorities to introduce CBL in their area. The Housing Corporation will support Housing Associations in engaging with local authorities in implementing CBL.

Q2 Rather than there being a problem with lack of accommodation in hostels for single people, there is more of a problem with finding suitable accommodation for families. QUESTION TO BE ADDED.

A2 ANSWER TO BE ADDED

Q3 There is a need for approaches which have a preventative focus in order to enable people to access earlier 'lower tiers in treatment, especially mental health'. There is a need to intervene before the problem becomes more acute and severe. How can housing/homeless providers influence strategy in the health sector?

A3 Agreement that early prevention is key and there is an ongoing need to demonstrate the cost benefits of prevention. There will be an opportunity to identify and flag these areas of need through the Joint Strategic Needs

Assessment (JSNA) (Further information about JSNA can be found in Section 5 of the practice paper). It is also important that issues are fully understood, perceptions challenged and consideration of ways of making it happen worked through with partners. Local housing and homelessness forums and service user groups can inform and influence local commissioning strategies in addition to consultation.

Q4 There is acknowledgement that a goal of housing support is to move towards independent living and seek employment. Locally, there is an emerging issue for those in Supported Housing moving into employment who have found it difficult to meet their rental costs and have run back into difficulties. Access to advice on how to manage/prevent this from escalating may also be difficult. Those on low income (particularly single people) are struggling to top up and to meet the existing rental costs. In addition, access to advice to 'help advise/broker solutions' may be difficult (recognition that this is not unique to drug users, though the impact for drug users could result in relapse). Local housing advice support tends to be geared around those who are not in employment and is a 9-5 service. Concerns raised that less opportunity for support alongside higher rental costs could result in rent arrears, eviction and relapse. It is important that these 'points are taken into account when planning ahead, and arrangements considered to mitigate, such as offering reassessment reviews of support needs (once they had gained employment as some still needed some support). What could be done to stop this from happening in the first place?

A4 Importance of helping people back into employment highlighted in the new Drug Strategy in support of commitments raised in the Action Plan. Work is being undertaken between the Department of Health and the Department of Work and Pensions to understand the overarching framework. Acknowledgment that there is a 'journey to travel', both nationally and locally. Issues like this could be flagged and identified through the DAT treatment planning process as well as the forthcoming (since the conference the announcement of the Welfare Reform paper) reform. Introduction now of local targets (through Local Area Agreements) to address and meet local provision. It was key that clients who were not entitled to Housing Benefit were supported once they had gained employment. Need for additional engagement with DWP to look at the impact of this policy, particularly in view of ongoing developments highlighted in the Drug Strategy.

Q5 Drug users not yet engaged in 'structured treatment' may not always be identified as needing support. What is the role of the housing provider here?

A5 Importance for workers to undertake regular reviews of 'need' and have awareness of what support may be available, and how it is accessed. Good communication and sharing of information i.e. of what is available, require workers in drug/housing to have a general working knowledge of sources of additional advice/support, and to have access to local, updated directories.

PART 2 - WORKSHOP SESSIONS

The workshop sessions provided the opportunity to consider more fully the practical aspects of tackling the challenges faced by partnerships and providers when considering the range of housing and support required to meet the needs of drug users. They were delivered by representatives of the case study practice areas as outlined in sections 3 and 4 of the practice paper.

Each workshop ran in both morning and afternoon sessions for one hour and started with a brief presentation or overview where experiences were shared from the perspective(s) of two case study areas. This was followed by the opportunity for discussing, questioning and sharing practice to all workshop participants.

In order to help inform how work could be used, further questions included:

- How can what you have heard help your organisation (i.e. what are the lessons that you may be able to use/adopt/adapt)?
- What would be the next steps to take this forward?
- What things might get in the way of making it happen?

The summary of points agreed was written up by a note-taker for each workshop course.

Workshop 1 - Developing strategic approaches in housing for drug users.

Workshop Leads: Ben Mobbs, Norcas, and Heidi Wilson, Calderdale Metropolitan Borough Council

Summary - The housing landscape differs from area to area and as such the responses to housing drug users will reflect this. This workshop explored how two different areas approached the challenge of developing new strategic approaches which would better address the local needs of drug users. Delegates heard about the approach that Norfolk have taken to begin to advance service provision through development of the 'spectrum of possibility' as well as the work of Calderdale Metropolitan Borough Council in providing housing in an area with few specialist providers.

Summary points from delegates

How can what you have heard help your organisation?

Important to be aware of and to understand respective legislative frameworks. Housing professionals should know about the Substance Misuse Act (section 8 in particular) and drug specialists should know about the Housing Act; both should endeavour to work within the legislative framework needed to:

- overcome barriers to confidentiality
- embed partnerships
- be open and proactive about telling others they need to work in partnership
- access/develop relevant training to understand section 8 legislation and ensure staff and services have the correct working level of knowledge
- establish good relevant drug policies; you cannot just get a 'one size fits all' and think that staff will understand the relevance

- establish/build on links to private sector and develop relationships within this sector.
- develop your own strategy and services to suit your own locality – this is a hard process but it does build relationships and highlights specific need.

Your next steps

- Complex issues, complex needs cannot be resolved in isolation - partnership working is key to gaining shared benefits.
- Need for clarity on multi-agency working: where the client is within treatment and how this impacts on the issues/needs the client may have.
- Staff may need training on complex needs and multi-agency working.
- Arm the 'champions' with the skills and knowledge to be able to 'sell' the relevance of providing housing to drug users – identify commonality with partner services / agencies.
- Need to ensure that SP providers complete 2nd and 3rd support needs on client record form – this will provide better data on the support needs of the service user.
- Multi skill staff so that they can recognise other support needs and either deal with them or refer to appropriate services.
- Encourage partners to look at going through the “buy-in”, training and understanding of the value of the work.

What can get in the way?

- lack of knowledge about legislative frameworks
- some people / partners difficult to engage with
- lack of 'champions'
- poor networking
- too much focus on just housing or just health
- thresholds which keep going up and up
- eligibility levels may mean that prevention is no longer achievable
- lack of accommodation of all types (specialist, independents, semi-independents, etc)
- partners who do not want to engage
- lack of funding
- difficulties of conflict between different parties – example: 1 large hostel (80 beds) is causing concern to community and the police; it impacts on their crime statistics in the area. Housing and DAT recognise the need and value of it.
- How do you square the circle?
 - involve local councillors
 - use different language perspectives that can be understood by the other party
 - explain the problem or need, ask the other party about potential solutions
 - ensure that all appropriate services are provided within the hostel to meet service users' needs and therefore minimise impact on local community
 - work together with partners but do not try to tell them how to do their job

Examples of practice lessons to share

- Joint section 8 training that was delivered by police and DAAT to housing providers
- Integrated offender model service such as in Lancashire and West Yorkshire
- Provision /access to websites that identify and promote practice.

Any other issues

- Idea of a national mentor or champion that can help areas overcome specific problems.
- Mapping exercises at a local level to know what services are required.
- Need to get structures in place to be able to access need from an initial point (in community or prison) and then ensure that the holistic needs are process-mapped so that services meet need.

Workshop 2 - Providing for drug users' needs in a hostel.

Workshop Leads: Mark Sidney, Tyneside Cyrenians, and Karen Leenders, New Steine Mews.

Summary - The environment of a hostel raises challenges for organisations in managing drug use as well as the co-location of drug users at different stages of engagement with treatment services. In this workshop, delegates heard from Tyneside Cyrenians about the model of delivery they used as well as their 'Garden Rooms' service. New Steine Mews explained how they restructured their hostel to provide for service users who were moving towards abstinence from drugs.

Summary points from delegates

How can what you have heard help your organisation?

- The need for robust protocols both internally and externally to be put in place.
- Alternative accommodation models of provision can meet a range of individual need – different types of accommodation and support to meet differing levels of need.
- Support needs are greater than accommodation and drug treatment; they need to be assessed and met comprehensively across a range of services including mental health, education, training, employment, social inclusion, etc.
- Good entry and re-entry to services – services need to plan for service users moving 'backward' through services as well as 'forward'.
- Networking plays an important part of delivering services and moving service users to services that best meet their changing needs; networks can be formal and informal. The better the network, the better the chance of comprehensive partnership provision.
- Understanding that through joint-working shared targets of different agencies can be met. This can be underpinned by the Local Area Agreement (LAA) process.
- Good relationships and joint-working between the local treatment and housing providers are key to providing comprehensive support work for service users.
- Peer pressure can be positive (as well as negative). Providers who are delivering a service for both ongoing drug users and those seeking to become abstinent generally found service users aspired to a drug-free life style.

What would be the next steps to take this forward?

- Review local policies and procedures to ensure that they are appropriate for the intended client group.

- Replicate the level of networking between housing and drug services at DAAT / Local Authority level so as to support the work with clients at all stages of the treatment cycle.
- Develop and increase the opportunities for service users to be involved in both strategic and operational delivery. Do not make assumptions about service users and negative aspects of peer pressure.
- Use examples of where joint-working and projects which support local agendas or LAA to see if they can be adapted or adopted to other areas.

What things might get in the way of making it happen?

- Lack of a strategic lead or champion to co-ordinate the work.
- Not having the range of types of accommodation to match differing needs.
- Supporting People (SP) and other funding streams not providing enough money for this group and the funds SP / drug treatment-tiered approach not being aligned.

Examples of practice lessons to share

- Employment of ex service users within services has led to a cultural change in services' attitudes towards service users. It is important to ensure that policies and procedures reflect issues which may arise, and that prospective staff have enough distance from their own drug using history before being asked to support others.
- Service users felt a one-stop shop for assessment and access to services was important. Both hostels had found ways of bringing services to service users within the hostel setting to meet their needs. Once engagement with the service had occurred and a level of capacity had been built up by the service user, more generic services could be accessed.

Any other issues

- Issue of the level of "risk" placed on a landlord, service provider and service users when offering a service user an Assured Shorthold Tenancy (AST) as opposed to a Licence. Due to the amount of time it can take to engage a landlord to deal with a tenant who is causing anti social, harmful or criminal behaviour and the ensuing legal process, Landlords are reluctant to offer the client group AST. In some instances, service providers would also rather have the flexibility of the Licence so they can deal with the problem more effectively by offering a quicker response to the service user, any service users that share the property, the community and the landlord.
- Discussion around need for the housing provider perspective to be reflected within commissioning for both housing and drug services. Housing providers highlighted difficulties contributing to commissioning strategy. Commissioning structures/forum for housing and drugs should enable /encourage involvement from local housing providers to contribute from their perspective(s). Recognition that these structures may exist in one form or another, however not always easy to find out about them and / or who could attend or provide contributions on your behalf.
- Leading on from this point, a particular issue was raised in relation to young people: many housing providers for young people work with age groups from 18 to 25. This may cross over the boundaries of young people/adult commissioning within drugs, which could mean that housing providers need to contribute to more than one commissioning process.

Workshop 3 - Responsive service delivery; approaches to support working with drug users.

Workshop Leads: Ben Curran, Julian Housing, and Zoe O’Leary, In Partnership.

Summary - This workshop provided the opportunity to hear from Julian Housing who were one of the early adopters of the assertive outreach model for helping people with mental health issues. Julian Housing support and manage housing for people with concurrent mental health and substance misuse issues, and have adapted their ‘Strengths Model’ to guide their service delivery. Delegates had a chance to hear how In partnership provided services to meet the needs of young women with substance misuse problems.

Summary points from delegates

How can what you have heard help your organisation?

- The use of the ‘Strengths Model’ which Julian Housing adopted could be useful in a number of ways:
 - It enables work with service users to become solution-focused rather than problem-focused.
 - The model helps an organisation to view service users as a resource.
 - The model helps clients to view themselves as a resource.
 - The model articulates an ethos which some participants felt they already used but found difficult to describe. The model does this in ‘business’ language, which may be helpful in contracting/commissioning settings.
 - The model can also be used in staff recruitment and supervision processes, and may lead to more effective recruitment and better staff retention.

- The development of a “Housing Pathways Process” can help in identifying and resolving barriers to delivery.

What things might get in the way of making it happen?

- Service providers and service users would like progress onto other accommodation, however there is sometimes no where to move on to. This can have a detrimental effect on service users – in the worst case they enter services clean and leave them as a user.
- Buy-to-let market within private rented sector. Many landlords have mortgages that exclude the landlord from being able to take on either DSS or offenders.

Examples of practice lessons to share

- In Norfolk the Housing Strategic Review group designed and implemented training for housing and drug services.

Workshop 4 – Identifying housing and related support needs for drug users.

Workshop Leads: Helen Wilding, Safe Newcastle, Kate Rowberry and Kate Bailey, Worcestershire CHOG+.

Summary - As part of the work in developing integrated approaches to housing drug users, several case study areas undertook local needs assessments. This workshop provided the opportunity to explore the background to the work undertaken by Newcastle and Worcestershire. Delegates heard what this revealed about housing need for drug users in both rural and urban contexts.

Summary points from delegates

How can what you have heard help your organisation?

- Homelessness “gateway” or “pathway” that manages all homelessness applicants through homeless and supported housing services, matching services to need.
- Recognition that many services were working with the same clients, therefore services were organised under the Safe Newcastle banner to work in partnership, providing a more comprehensive service for the service user.
- Strong relationship between commissioning and strategic groups.
- Service user involvement.

What would be the next steps to take this forward?

- Developing a model similar to those developed in both Newcastle under the Safe Newcastle partnership or in Worcestershire under the Chief Housing Officers’ Group + would be useful to replicate in other areas. This would provide the partnership and structure that could take forward housing solutions for drug users.
- Partnership and joint-working need to be supported by training to ensure that staff understand roles and boundaries, and that duplication does not occur.

What things might get in the way of making it happen?

- Different agendas and priorities of partners may need to be overcome before effective partnership working can happen.
- Recognising this can take a long time to build strong and effective relationships with partners, though it does not have to be done all at once.
- Political and public buy-in.
- Lack of a champion or champions to start the process and to create the initial buy-in through explaining the potential of the benefits across a whole range of services.

Examples of practice lessons to share

- Homeless “gateway” or “pathway” showed who was in services at any one time, and also who was not but should be. This allowed decisions about priority to be made as well as matching limited resources to need more efficiently.
- In Newcastle the strategic planning group and the commissioning group have the opportunity to discuss and review services when they are not performing as expected (performance review), and to ensure services still meet need (planning). This was seen as a useful way of resolving issues that often manifest themselves at service delivery level.
- Newcastle has developed a standard referral form that is used by all referrers and providers.

Any other issues

- The lack of move-on accommodation into suitable and settled accommodation was seen as a major cause of blockage for supported housing providers. Service users were in many instances staying in supported accommodation for too long. This issue is being looked at through Choice Based Lettings (CBL), developing

the private rented sector and also by adapting specific tools such as MOPP (Move-On Plans Protocol).

- CLG are looking at developing some work with the private sector to provide accommodation specifically for PSA 16 clients including offenders and drug users who are homeless, but not owed a housing duty or in priority need. The proposed scheme (decision to be taken end Sept 08) will facilitate the leasing of private stock to Registered Social Landlords (RSL) who in turn will manage it and rent it to the PSA client group. The scheme is looking to agencies (such as NOMS) to underwrite some of the costs incurred as there is additional exposure to the landlord by housing this client group. Clients will have floating support and be part of a managed homeless pathway.
- Buy-to-let market - some mortgages have exclusion policies such as no DSS.
- Two tier authorities may have slower delivery mechanisms to set this work up.

Workshop 5 - Service user involvement in strategic planning, commissioning and operational delivery.

Workshop Leads: Max Harris, Safer Bristol Partnership, Lisa Reynolds, Users Feedback Organisation (UFO), and Mark Tunney, Tyneside Cyrenians.

Summary - Service user involvement was a key part of the planning and commissioning process in Bristol. The service user group, UFO, were commissioned by the local Supporting People (SP) body to undertake a peer review of local drug-specific SP services. In this workshop, delegates heard how services users influenced commissioning as well as the important role and involvement of service users in the operational work of housing services.

Summary points from delegates

How can what you have heard help your organisation?

- Seeing how far service users can become involved in the commissioning process encouraged other areas to rethink current practice within commissioning groups and service providers.
- Replication of the process to other service user groups requires support and training for those involved.
- Service user involvement was fully integrated throughout the planning process, making it less 'tokenistic' and more embedded.
- The way in which the consultation involved UFO also potentially overcame a common user involvement weakness in supported housing projects, in that it was able to capture some of the perspectives from people that may not currently be able to access SP funded services or may have had difficulty doing so in the past.
- Some service users may feel that they have contributed to 'consultation' processes in the past, but little has been changed. Because the Bristol process gave real control to service users throughout the process, the early achievements of this involvement gave increased confidence in the process for the service users themselves.
- This level of service user involvement leads to better levels of satisfaction among service users as well as better matched services in terms of need.
- In general, it was felt that the way the process was designed in Bristol broke down a number of prejudices between staff, service users, commissioners and providers.

What would be the next steps to take this forward?

- You need to establish a strong service user organisation or network and build up relationships with them over time before you can move on to achieve what Bristol did.
- There is a need to sell the benefits of this process before implementing any changes to local service user involvement.

What things might get in the way of making it happen?

- The ability to replicate the process used to other areas/localities might be hampered by commissioners not seeing the value over and above what they currently do.
- A lack of funding to support service user organisations could act as a barrier.
- A lack of support and training for service users would discourage them from getting involved and staying involved.
- The time it takes to build a service user group's capacity to be able to undertake the type of review that will win credence from commissioners, planners and providers.
- There is the potential for providers to show resistance to this process. This could be a particular issue where supported housing is not SP funded. There may therefore be less 'pull' in terms of engaging these services. Generally, the Bristol experience has been positive, and the support through agencies/departments in the area helped this.

Examples of Practice Lessons to share.

- Service user groups can be commissioned to provide consultation and feedback.

Any other issues.

- It was suggested that further work could be carried out to measure the positive benefits for the UFO members involved, in terms of skills gained, increased self-confidence and self-esteem, etc.

PART 3 - FINAL QUESTIONS AND ROUND UP

Gera Drymer, Housing Corporation

Gera welcomed all delegates back from the workshops and provided them with brief overview and available feedback from the workshops, using information from the morning session.

Workshop 1

- Need to know legislative framework (staff training)
- Set out drug policies, understand legislation and work with it
- Be open about seeking to establish partnerships
- Complex issues, complex needs that cannot be resolved in isolation
- Multi-agency working: need to know and understand where the client is in the treatment and impact on housing needs
- Data protection a 'misleading' confidentiality barrier
- Partnerships / sales / local champions
- Understanding how sectors work

Workshop 2

- Need for robust information sharing protocols
- Alternative models of provision
- Housing providers' perspective is key
- Drug treatment not an isolated issue
- Partnership working is needed
- SP grant conditions may get in the way
- Commissioning needs more of a partnership approach

Workshop 4

- System required for matching service user needs with accommodation
- Knowledge of who is and should be in services (local assessments)
- Service users want a single point of contact - need to take on board
- Strategic planners and commissioners need to be able to plan, commission and review services jointly; good data collection is key

Workshop 5

- Service user involvement needs to be resourced and sustained
- Issues raised by service users may be hard to take on board - a challenge worth the effort
- Providers need to learn how to overcome barriers in getting service users involved in service commissioning, (training) etc

Gera provided the opportunity for additional questions and highlighted the opportunities for further queries to be addressed through the feedback forms which were also available online.

Next steps

Information from the seminar:

- Eleven sections of the practice paper now available in the DIP section of the www.drugs.gov.uk website.

- All presentations shared, including the workshops', also made available on the DIP section of the www.drugs.gov.uk website within two weeks from the seminar.
- Feedback forms collated and incorporated into the seminar report.
- Feedback from the workshops included in the seminar report to provide a brief summary of the event, to be completed by end of October 2008. It would then be available on said website.
- The practice paper remaining on website, to be updated, and feedback on what could be useful for inclusion welcomed from delegates and contributors.
- Delegates were informed of the conference organised by SHELTER's good practice unit, which would focus on similar issues as those raised and provide the opportunity for more housing practitioners to hear about the findings.

Shereen thanked all those who contributed to helping plan, facilitate and inform the seminar. Particular thanks were given to all the workshop leads, speakers and Aftercare team. All delegates were thanked for their active contribution and participation. The seminar was closed by Gera and Shereen.

ⁱ The term Hard to reach is quoted here as used by Homeless Link; This Paper recognises those individuals often described as 'hard to reach' may conversely find services hard or difficult to access.

ⁱⁱ Homeless Link Clean Break – Development of Integrated housing and care pathways for drug users – Research Report (Homeless Link) 2007

ⁱⁱⁱ Audit Commission Drug Misuse 2004: Reducing the local impact, Audit Commission (2004)

^{iv} Audit Commission: Key Learning on Estate management, Audit Commission (2006)

^v Homeless Link Clean Break – Development of Integrated housing and care pathways for drug users – Research Report (Homeless Link) 2007

^{vi} Shelter Safe as Houses: An Inclusive Approach for Housing Drug Users, Steve McKeown (2006) Shelter

^{vii} Care Services Improvement Partnership (CSIP) What's the Score? Housing Learning and Improvement Network, CSIP (2007)

^{viii} Addaction Aftercare Three Years On Mark Stephenson, Addaction (2006)

^{ix} The Respect Standard for Housing Management, Home Office/Communities and Local Government (2006)

^x Housing – the term housing in this Paper is taken to include a range of options such as social housing, the private rented sector, home ownership, including low cost home ownership and supported housing.

^{xi} Challenges faced are not unique to housing or drugs. They may include problems with previous tenancies, rent arrears, credit rating and history of anti social behaviour. In collaborative, joint working and understanding of partner agencies not developed or formalised, providers feel unsupported. Eligibility criteria, policies and procedures may be crossed easily, which may minimise re-engagement and exclude those vulnerable groups not yet engaged in treatment or who have relapsed. Lack of housing provision, particularly for those with complex needs i.e. mental health limited, reluctance of landlords. Partnership and planning structures not well developed. Identifying how partnerships providers and service users can be part of the solution.