THE ROLE OF HOUSING IN DRUGS RECOVERY

Section 1: Supported housing case studies

September 2012
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STEP UP PROJECT, ACTION HOUSING AND SUPPORT, DERBY

Step Up offers accommodation and tenancy support to drug and/or alcohol users wishing to undertake community detoxification, or returning from or entering into residential rehabilitation.

Key outcomes
- supported post tier 4 accommodation programme leading to sustained treatment success
- increased confidence in post tier 4 treatment leading to increased requests for tier 4 treatment
- increased confidence in the overall drug and alcohol treatment model.

Service summary
Step Up provides single occupancy accommodation within Derby that is not located in high crime areas. Accommodation is either purchased by the provider or secured from social housing providers and is let on an assured short-hold tenancy basis.

Referrals are made via the treatment services for clients who are demonstrating motivation to detox in the community, or enter into residential rehabilitation or those returning from residential rehabilitation and who require stable accommodation to do so.

The service provides intensive support and key working with the individual in order to address both housing and treatment support needs. Step Up key workers work collaboratively with the substance misuse services and the Community Care Manager in order to ensure the most suitable detoxification placements are made.

Resources
Capital funding was initially secured for 10 units through the Department of Health to enable properties to be bought up to a decent homes standard. Housing support funding is through the Supporting People grant with additional funding through the substance misuse budgets to provide an enhanced level of support hours to clients. There are currently 3 full-time staff and 20 units of accommodation.

Service user involvement
Action Housing has a well established service user group and Step Up clients are actively encouraged to participate in the Step Up fortnightly ‘recovery’ group and other activities on offer. Action Housing is currently implementing ‘the Hope™ strategy’ which is a social enterprise project, to compliment their existing services and maximise the employability of the clients. In relation to the last year (2011/12), 12 months is the average length of stay, with 87.5% of service users successfully exiting the scheme and moving on to long term stable accommodation.
Partnership working
Partnerships are well established between the provider and the substance misuse services, along with the broader support services required to ensure the client maximises their recovery capital. The key stakeholder group has provided strategic governance and oversight with performance monitoring through Supporting People.

Further information
Contact: Jo Seekings on 01332 256935 or jo.seekings@derby.gov.uk

Note: The National Treatment Agency’s Models of Care for Treatment of Adult Drug Misusers: Update 2006 describes four tiers of drug ‘interventions’ and the context for those interventions. In this model, tier 4 comprises of provision of inpatient substance misuse treatment and residential rehabilitation.

CONN3CT, CALDERDALE

Conn3ct draws together expertise from two partner organisations: Horton Housing and The Basement Project. Conn3ct works with people who have a drug or alcohol problem and are either in treatment or clearly trying to achieve stability, or those who have completed a clinical treatment and are abstinent. Conn3ct supports clients to live independently and to play a positive role in their community by offering support in three main areas: housing; education, training and employment; and therapeutic aftercare.

We aim to provide a high quality housing-related support service which is responsive to our clients’ needs, circumstances and aspirations, in order to prevent homelessness. We encourage and sustain recovery through a range of therapies and aftercare, and support and encourage clients to engage in education, training, volunteering and employment-related activities. We do this by providing one-to-one support, facilitating access to specialist advisors and providing groups which encourage social interaction as well as recovery focused workshops.

Referrals can be made to the service via the individual’s key worker, for example drug or alcohol workers, housing agencies, health professionals, Job Centre Plus, education, training and employment specialists, solicitors and probation. We also accept and encourage self-referrals.

Further information
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FALCON HOUSE, WALSALL

Falcon House is a supported housing service in Walsall, West Midlands, which is owned and managed by the Accord Group.

The Accord Group is made up of seven organisations that work together to provide 11,000 homes and a range of services, including care and support, to around 50,000 people across the Midlands and beyond.

Falcon House works with people with problematic substance misuse issues, whether as a result of alcohol or drugs. Customers must live within Walsall and be homeless to qualify for Falcon House services.

The aim of Falcon House is to reduce homelessness amongst substance users (as a result of drug and alcohol substance misuse) in the Walsall borough. This includes the provision of support for people misusing drugs and alcohol during and after detoxification, to facilitate access to appropriate medical services and co-ordinate the delivery of a daily programme of social inclusion in partnership with existing services.

Key outcomes
Performance is measured against a key performance indicator (KPI) set by commissioners in Walsall, which monitors the number of service users who successfully move on into appropriate accommodation at the end of the six month licence period. The target for year 1 (2011/12) was 16 move-ons and Falcon House achieved 19 positive move-ons.

Any service user moving to Falcon House must engage with statutory agencies. It is a prerequisite that they engage with either Addaction or Lantern House. Both of these services are known as tier three and tier four substance misuse agencies and our KPI’s are linked to the number of service users who are living in Walsall who engage with effective treatment programmes.

Service summary
The capacity of Falcon House is eight service users aged between 18 and 65 years old. The scheme is staffed 24 hours a day, seven days a week so that advice, guidance and support can be provided at all times.

The overall aim of the service is to ensure that service users have all the necessary life skills to live independently within a set time scale. All service users have an allocated support worker who meets with them on a weekly basis to assess and meet any support needs. Support workers help service users consider college, training and work opportunities as well as engagement in positive social activities.

The staff team support the service users in maintaining and learning new skills and coping strategies so that they will be able to move into independent and permanent accommodation. Unlike other accommodation they may have lived in, Falcon House works with service users to try to combat the ‘revolving door’ of homelessness, hostels and failed tenancies.
We treat everyone at Falcon House fairly and with respect. If a service user has special or different support needs we will look at how we can meet these so they can receive the same level of service as everyone else. Before residents can move into Falcon House they need to be motivated to engage and we need to be sure that we can meet their needs.

Resourcing
Falcon House is staffed 24 hours a day seven days a week and this is essential for both service users’ welfare and for supporting service users to achieve positive outcomes.

The staff team consists of a full time scheme co-ordinator, one full time substance misuse support worker, two part time substance misuse support workers (26.5 hours each) and two full time night concierge workers.

All staff have had experience of working within alcohol or drugs settings in various employment placements and a full programme of DANOS (Drug and National Occupational Standards) training has been provided to equip staff with the knowledge and skills to meet service user’s ongoing needs. The rationale for this is to allow the staff at Falcon House to understand and facilitate better joint working arrangements in partnership with statutory substance misuse agencies.

The support at Falcon House is funded by Supporting People. Service users receive full housing benefit entitlement towards their housing costs.

Service user involvement
Falcon House has meetings with service users on a monthly basis. Service users are able to raise any concerns or share their positive experiences.

In addition, Falcon House produces an in-house newsletter called Bird in the Hand which is written with input from service users and has details about external support agencies that can assist them on their individual journey towards recovery. The support sessions are central to the processes within Falcon House and all service users are required as a condition of their licence agreement to attend support sessions on a weekly basis.

Partnership working
Falcon House will accept referrals from both statutory and voluntary agencies that work with substance misusers. We work in partnership with both Addaction and Lantern House where clear information sharing agreements are in situ. We also work with the local health centre and the medical professionals based there. This is important as service users living at Falcon House are at risk of self harm/attempted suicide or both factors.

We have worked very closely and continue to do so with both local and national prisons as well as providing a release address for offenders on release who have successfully de-toxed during sentence.

We work closely with a service which is based in both Birmingham and Walsall called SAFE. The aim of this service is to work alongside women working in the sex industry and as a result of this joint working initiative, this has generated more referrals via this route.
There is a very strong partnership with the criminal justice agencies in particular the Police and Probation Service. As Falcon House has a no-exclusion policy, the relationship with the Police is vital and again this has generated referrals being made by West Midlands Police. Falcon House works closely with Integrated Diversionary Offender Management (IDOM) which manages the most persistent offenders; this may include joint meetings and closer monitoring arrangements.

Issues
The main issue is the management of referrals as the service has been oversubscribed since it opened on the 31 January 2011.

The scheme has in the past kept beds open for prison releases so that effective planning can take place with the Probation Service and community drug services prior to release, however this is difficult to follow through in all cases due to the loss of income on rooms whilst they are void.

Further information
Visit: www.accordgroup.org.uk


GILEAD HOUSE, BOLTON

Working in partnership with the Salvation Army Housing Association, Bolton Council’s Housing Strategy Unit has received £2m funding from the Homes and Communities Agency to develop remodelled service provision for single homeless men, effectively addressing the issues of long term homelessness and providing a framework for life skills development.

The 35 unit scheme will be designed to Homelessness Change principles and include a hub to provide homelessness advice, debt counselling, addiction support and training/employment advice provided by different agencies. This improved offer will be a focal point for multi-agency approach to addressing the needs of customers and will provide specific outcomes around obtaining paid work, participating in training and education, better management of physical and mental health and targeted interventions for substance misuse.

Further information
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DRUG AND ALCOHOL HOUSING PARTNERSHIP, KIRKLEES

This case study demonstrates joint working between substance user support providers and housing providers/housing-related services in supporting recovery from substance misuse in Kirklees.

Purpose of the Kirklees Drug and Alcohol Housing Partnership
- to increase and improve communication and joint working between the member organisations of the partnership including staff, volunteers and managers
- to increase understanding of each other’s roles and remits
- to improve pathways and support for service users
- to solve problems and celebrate successes
- to share and reflect upon practice issues.

The partnership has active representation on the Kirklees Homelessness Forum and therefore issues can be fed to and from this group to a wider housing partnership.

The group makes sure key messages are communicated to key stakeholders, including staff.

The Partnership achieves its purpose by working in the following way:
- managers meet bi-monthly
- shared agenda in which the first five minutes of every meeting is set aside to prioritise discussions to be tabled in the meeting
- priority must be given to attendance at meetings. If members cannot attend a meeting they make sure that they tell at least one other member so that information can flow appropriately
- members take responsibility for implementing actions and resolving barriers to performance to enable the partnership to meet its objectives and implement new developments
- members take responsibility for developing sub-groups to deal with core issues.
- the chair and group take responsibility for maintaining the group’s direction. If decisions cannot be made in the group, separate discussions are arranged, and conclusions brought back to the next meeting
- staff and service user sessions take place twice a year for no less than 45 staff across the range of partnership services.

Membership
The partnership works alongside the Homelessness Forum which includes the statutory housing service and is made up of managers from the following third sector organisations:
- Lifeline (a charity delivering drug and alcohol treatment. In Kirklees this is delivered as an integrated service with Community Links (see page 12) and a local social enterprise Locala)
- On-TRAK (Lifeline’s Alcohol service in Kirklees)
- Horton (a charity providing supported housing and housing support services to single people who are homeless or in housing need)
DRUG AND ALCOHOL HOUSING PARTNERSHIP, CASE STUDIES, KIRKLEES

These case studies were presented by service users at the staff and service user session of the Kirklees Drug and Alcohol Housing Partnership which took place in February 2012.

Case study 1
S had been in services on and off for over 10 years dealing with a heroin addiction, and through this had experienced many aspects of Lifeline provision including court ordered treatment (Drug Treatment and Testing Order and more recently a Drug Rehabilitation Requirement Order) which ended approximately 18 months ago.

In the past 2 years, he has worked alongside Lifeline and Horton to provide him with suitable accommodation and support packages including services through Supporting People.

Approximately 18 months ago, S decided he finally wanted to make sure services were working for him and decided to stop ‘playing the game’ and actually allow his key worker and Horton support worker to work more actively with him. Due to the loss of fingers on his right hand due to a (cash in hand) work-related accident he decided he needed to ‘take hold of his life’.

This has resulted in him sorting his finances out and making sure he has the correct benefits in place, securing appropriate accommodation and reducing his methadone prescription. His confidence has improved dramatically over the past year and he now actively gets involved with service user sessions and opportunities within Horton and Lifeline.

Most recently, S has been interviewing for Horton services in Leeds, and shared this experience at a recent housing partnership staff session where he was asked to talk about the benefits of joint working (February 2012).
“I spent most of my time in Armley (HMP Leeds) looking out across the ring road, not knowing that Horton were there (across the road), now I found myself sat in the Horton office looking back at my time in Armley (HMP Leeds) reflecting on how much my life has changed for the better, as I’m now choosing the staff who are going to work with people in the future – its surreal”.

Case study 2
D was accepted for support by Community Links in November 2009. At this point, he was drinking four litres of wine each day and had been drinking for the past 30 years. D showed little awareness of the impact alcohol was having on him but acknowledged for the first time that he was not managing. Although he always paid his rent and utility bills, and his house was spotless, he did not connect his drinking with his memory loss, isolation or his low mood. D’s support worker helped him with tenancy-related needs around benefits and appropriate housing and to begin to relate his high alcohol intake to many of the problems he was experiencing.

D had attended Lifeline several years before and received a community detox at this time. Unfortunately he relapsed after 8 weeks. D was terrified of going through a further detox because he had had severe hallucinations in the past and linked these with dying. Over time, with much reassurance and education from his support worker and his GP, D agreed to give On-TRAK a go.

Quickly D received an in-patient detox and then went straight into the On-TRAK structured programme. At first he needed some support to get there and meet people, but very quickly he took up all the support that On–TRAK offered him, including motivation group and therapies. It gave him a structure for his week.

With both services offering support, and D committing to all appointments offered, his confidence and self-esteem grew. He found himself taking the lead in On-TRAK groups and that he had something to say; he wanted to contribute. D began to talk about the future again, to make plans for himself and to get on more with his family. In February 2012, a year and a half after his detox and four months after moving on from Community Links, D came to the networking morning for the partnership organisations to say how much both these services had worked for him and how well he is still doing.

Further information
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SPECTRUM COMMUNITY HEALTH COMMUNITY INTEREST COMPANY, WAKEFIELD

Spectrum Community Health Community Interest Company (CIC) provides advice, care and treatment through a range of health and wellbeing services for the people of Wakefield on behalf of the NHS.

We use our flexibility as a social enterprise to be responsive to the needs of our local community, extending beyond traditional healthcare boundaries to deliver care that is personalised, evolving and effective.

Advocacy pilot
A 42 year old homeless man, who was a service user from Turning Point, was not seeing or engaging with any health professionals including the GP. He had discharged himself from hospital after being verbally abusive to the vascular surgeon and nursing staff. He had extensive infected venous leg ulcers which were neglected and was using heroin for pain relief.

Interventions provided
- initial work to establish a therapeutic relationship so that the leg wounds could be dressed. This involved using different opportunities, places and times to do the work
- facilitating access to the vulnerable adults housing service and completing forms for immediate housing
- identifying the need for temporary housing and collecting food parcels
- continued wound care and prescription of appropriate pain relief following liaison with GP
- supporting place in a hostel in Castleford and helping get him registered to bid for properties through the Choice Based Lettings system
- debt management
- lifestyle change support.

Outcomes
- not using any illicit drugs
- drug free for the first time in 26 years
- engaging with services for wound care and wounds now healing for the first time in 10 years
- family relationships re-established
- debts now dealt with so he is able to bid for permanent housing.

Further information
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or David Fish on 01924 330500 or david.fish@spectrum-cic.nhs.uk
GENESIS HOUSING ASSOCIATION, SUFFOLK

Overall purpose
To accommodate a street homeless person; to continue and expand on the support he was already receiving; to make steps towards him living independently in the local community.

Key outcomes
- received an alcohol detox and had periods of abstinence
- maximised his benefits
- addressed arrears at a previous hostel
- better manage of mental and physical health
- moved into own tenancy at the seaside to have greater independence.

Service summary
Since the breakup of his marriage over 15 years ago, John*, a 54 year old man has had a continually unsettled way of life. This has been exacerbated by enduring mental health problems and alcohol misuse. Living mainly in hostel-based accommodation, his unpredictable behaviour and alcohol issues have in the past led to his eviction on more than one occasion.

John had spent a period of time in prison after being charged with non-violent harassment of a female staff member at a hostel. He has also had problems developing relationships with females. After being released from prison, he lived in another hostel, but was evicted because of unacceptable behaviour directed towards a female resident. He was charged with common assault as a result of this; the charges were eventually dropped.

Once he moved into his current accommodation at Merchant's Court, John's support worker developed a comprehensive support plan and care plan with input from: Norcas, an independent charity that works with people with alcohol issues; Julian Housing; Community Alcohol and Drug Service (CADS) and the NHS. Regular joint meetings were held with external agencies to identify support needs and appropriate treatment.

Physical and mental health
John had emphysema and so was moved from the first floor to a ground floor room. During a chaotic period in his life, he had not bothered to collect prescriptions for medication. His mental health deteriorated to a point where he became a voluntary patient in the mental health unit at the local hospital. As part of his care plan John received support to collect his prescription and continue his treatment for emphysema.

For his alcohol issues John was supported by an outreach worker from Norcas, and by a worker from CADS, a community based alcohol and drugs service. John underwent detox treatment as an inpatient at the local hospital. Following this John received treatment to address his mental and physical health issues. The combination of treatment and support, along with the detox began to have a positive impact on John's life.
Following a period of being settled John had an alcohol relapse. With help from his alcohol workers and the staff team at the scheme he slowly turned the situation around and overcame his relapse. He went on to open a bank account, understand rent statements and to address his arrears from a previous hostel, again with support from the staff team.

After another period of stability John felt ready to move back into the community and began to bid on properties through Homechoice. He was successful with one of his bids; however the landlord subsequently decided not to allow him to move into the property because of concerns over the risk of anti-social behaviour and John’s previous mental health issues.

A few months later, John made a bid on another property at the seaside. This time, with support from the local authority, he was successful in securing a home. Staff and external agencies supported John with this move by attending meetings, viewing the property with him, supporting him to make a claim for a Community Care Grant, and helping him to move in.

Resources
At the hostel John had a key worker who was on site five days a week. He also received around the clock support from the whole staff team who shared support plans and managed risks; with John’s permission external support agencies were involved in this. The care plans were added to the support plans so that they ran concurrently.

Service user involvement
John took an active part in residents meetings at the hostel, and was involved in writing and developing his support plan. He was given time to understand how to manage his own risks and minimise harm to himself.

John actively participated in the planning of a number of activities at the hostel, including barbecues, a curry night, and a Halloween party. An active member of the community at the hostel, John’s involvement in these activities helped him learn to interact with other people and overcome some of his mental health problems. He also attended multi-agency and one-to-one sessions, which covered a range of issues in his life. This approach was not without its own challenges, and on occasion meetings were held without John present.

Partnership working
Norcas
John had previously received support from Norcas whilst living in another hostel. This support continued after his move into Merchants Terrace, and then into his own tenancy. Norcas also helped John track down his pensions. They were able to drive John to attend appointments, and were flexible enough to attend the supported housing at short notice when he went into crisis.
CADS
John had fortnightly appointments with CADS where his worker came to the scheme to meet with him. His alcohol detox was arranged through CADS. Together they developed a care plan with a number of actions including counselling and attending the Structured Day Programme run by Norcas, with the aim of remaining abstinent.

Julian Housing
Prior to moving into Merchants Terrace, John had had difficulties with his benefits, and had been supported by Julian Housing to resolve these. This support continued whilst John lived at the hostel, and then was put on hold until the he was ready to move on. Julian Housing now offer support to John in the community.

Homechoice
They worked with John to find the most suitable accommodation for him and liaised with the staff team to understand the complex issues he faced in finding a home.

NHS
A diagnosis of schizophrenia and acute depression meant working closely with the NHS to address John's mental health issues. He regularly attended appointments with his GP and had psychiatric appointments at the local hospital. After a suicide attempt he spent time as an inpatient in the local hospital.

Hostel
With two staff on-site at all times, John had access to the support he needed for any physical or mental health issues. This on-site support prevented deterioration in his wellbeing, further assistance from emergency services or any extension of John’s inpatient's stay. On his return from hospital, John received care and support from the hostel staff, reassuring him that people were concerned about his mental health, thereby reducing the risk of another suicide attempt.

Hospital and care appointments were carefully planned and managed. Hostel staff offered John the option of a period of continued support after he moved out of the hostel and into his new accommodation at Merchants Court in case the community workers were unable to meet his needs. If John suffered any periods of instability he had somewhere he could go without having to return to the hospital for mental health or physical support.

Further information
Contact: Susie Mills on 01284 732 554 or susie.mills@genesisha.org.uk
Male 22 with previous offending history who had served a prison sentence in 2011 was of no fixed abode with a partner (who was also in shared care drug treatment).

His parents didn’t want him at home so he and his partner often slept in a garage. An additional problem was that the client could not start hepatitis C treatment whilst with his family because he wanted to keep it a secret from them.

On being given a Drug Rehabilitation Requirement he was advised to attend the ‘support drop in’ session at Rotherham Drug Services (Clearways), which is provided one afternoon a week. The session is attended by the council homelessness officer (services secured by partnership working with the Alcohol and Drug Strategy Team, initially paid for but now provided free of charge). Also in attendance at the sessions is an ‘Action Housing’ Tenancy Support Officer, funded by Supporting People and tendered in conjunction with the Alcohol and Drug Strategy Team (who are members of the Supporting People steering group). The workers jointly supply housing, debt and financial advice without appointments and in relaxed settings.

After attending a drop in meeting in August 2011 the client was offered temporary accommodation which is supported by a housing support worker.

Because Rotherham Alcohol and Drug Strategy Team have been approved to put selected clients (engaging fully in treatment) onto the housing priority list (which is done by the housing homeless worker in conjunction with the drugs case worker) the client was given priority housing status. As a result, he viewed a property in early November and his tenancy started three days later. He still holds the tenancy with no issues arising although he will still receive housing support for up to 2 years.

The client has now completed his hepatitis C treatment and is expected to be discharged from treatment, drug free in the next few weeks. He has also been removed from the Integrated Offender Management register, as a result of not offending. In addition his partner has also been discharged from services drug free.

Further information
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