



THE ROLE OF HOUSING IN DRUGS RECOVERY

A practice compendium

September 2012

Acknowledgements

CIH would like to thank the organisations that have provided the following practice examples and case studies. This compendium was initiated by a cross government working group which brought together professionals across housing and drugs recovery organisations to encourage greater working and integrated responses to support people recovering from drug/substance misuse.

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Introduction

Appropriate housing and related support are critical factors in supporting recovery. It provides the foundation from which people can enter and continue in education, training or employment and secure housing is a known factor in helping ex-offenders to avoid re-offending. 38% of rough sleepers in London have a drug support need. There is a greater risk of repeat cycles of homelessness where people have a drugs problem, and a greater likelihood of occupying poor housing.

The government recognised the role of housing in supporting recovery in its 2010 [Drugs Strategy](#) *Reducing demand, restricting supply, building recovery: supporting people to live a drug free life*. It explicitly stated that recovery required a 'whole systems approach' including housing alongside health, probation, education and wider support services. Its [annual review \(May 2012\)](#) sets the aim of extending the principles of drugs recovery to those partners whose support is critical in success, including educational establishments, employers and landlords. It is focusing on new opportunities for joint working, which will increasingly be driven by Directors of Public Health (in local authorities from April 2013) and new Police and Crime Commissioners once in place.

Many social landlords have long been engaged in this agenda, and are valued partners of commissioners in local authorities and health bodies in supporting people in drugs recovery. The examples set out in this publication demonstrate the often long running partnerships that exist and benefit both individuals in recovery, and local communities in terms of safety, reduced crime and anti-social behaviour. It is intended that these provide help and support to those housing organisations and local authorities who are seeking to extend these services, and make better links across general housing as well as specialist supported housing.

Understanding the new local context

Changes in the wider policy environment provide an opportunity to develop new partnership working and develop closer links between professionals working in the fields of housing and recovery. We are of course all operating in an environment where there are many demands on restricted local budgets.

New ways of working will be needed to take account of the changes in the Localism Act 2011 to the way people access social housing, the types of tenancies provided and the new powers for local authorities to discharge the homelessness duty into the private rented sector. And the reforms of housing benefit and the introduction of universal credit will need to be considered in how these services are maintained and developed given the changes these are likely to bring to the local housing market and supply available for people in recovery.

CIH provides briefing papers and support for the housing sector on [welfare reform and universal credit](#); [anti-social behaviour](#) and wider issues of [support and health](#). CIH, funded by DCLG, is able to provide free support to local authority commissioners to help them to maintain a focus on support and prevention when balancing the need to reduce investment in services ([Supporting People, Supporting You](#)).

This publication provides a collection of case studies, written by practitioners, which demonstrate work across housing and drugs support sectors, to provide support to people recovering from substance addiction/misuse.

Navigating through the examples

The examples in this publication have been grouped into three key areas:

- supported housing - examples that focus on specialist supported accommodation and connected floating support
- floating support - where help and support is delivered to people where they live, including those who move on from specialist to more independent housing
- move on - support for those moving on from supported housing.

There is a degree of overlap between some of these sections, so the case studies have been made available in one full report, or in three separate sections.

Section 1: Supported housing case studies

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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[Case study examples available in Section 3, page 52](#)

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

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. Tier 3 interventions include provision of community-based specialised drug assessment and co-ordinated care-planned treatment and drug specialist liaison. In this model, tier 4 comprises of provision inpatient substance misuse treatment and residential rehabilitation.

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)

- Foundation (a charity which provides housing support to people including offenders and women working in the sex industry)
- Stonham (a provider of supported housing services)
- Community Links (a charity providing supported housing services for people experiencing mental health and substance use problems)
- Crime Reduction Initiatives (CRI a charity which provides substance use services to young people in Kirklees)
- Kirklees Neighbourhood Housing (KNH a not for profit company set up by Kirklees Council to manage and provide housing services in Kirklees. KNH are a co-opted member).

Further information

Contact: Emma Hanley on 01484 221000 or emma.hanley@kirklees.gov.uk
or Jo Hilton-Jones on 01484 464128 or jo.hilton-jones@kirklees.nhs.uk

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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or Jo Hilton-Jones on 01484 464128 or jo.hilton-jones@kirklees.nhs.uk

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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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

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HOUSING AND SUPPORT SERVICES, ROTHERHAM

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

Contact: Malcolm Chiddey on 01709 255857 or malcolm.chiddey@rotherham.nhs.uk

Section 2: Floating support case studies

BROADWAY'S SPECIALIST ABSTINENT AND FLOATING SUPPORT SERVICE, LONDON BOROUGH OF HACKNEY

Overall purpose

The purpose of Broadway's service in Hackney is to provide vulnerable adults with specialist housing-related support in their recovery from substance use.

This is achieved by placing the service user at the centre of the support planning process, and support workers having access to a range of support planning tools to suit individual needs and preferences. Tailored, service-specific policies such as relapse management, testing, and engagement contracts give staff a framework in which they can work creatively with service users to build their confidence in an abstinent lifestyle whilst also building confidence in independent living skills. The service meets a range of outcomes related to housing support and also outcomes set by the Drug and Alcohol Action Team (DAAT).

Service summary

The accommodation-based service is made up of 14 units of supported housing spread across two properties. Each of the properties is abstinent, and service users are supported by Broadway staff based at the properties to maintain abstinence and develop independent living skills for the future. We support clients with a range of needs including: independent living skills; managing their recovery; offending behaviour; budgeting skills; accessing volunteering; our skills exchange and other work and learning opportunities.

The floating support service supports 25 clients with substance use needs who are living in their own homes and have tenancy-related support needs. The aim of the service is to provide short term support to enable people to stay in their tenancies and prevent homelessness. We support people with rent and tenancy issues, benefits advice, education and training advice and accessing drug and alcohol treatment in the community.

Staff support a mix of abstinent clients and floating support clients with a case load of 16 clients.

Resources

Staffing: the service is staffed by 17.5 hours per week of a team leader role. The team leader has overall responsibility for the day to day running of the service and leads, supports and motivates the 2.8 front line workers who provide the direct support to service users.

Funding: the service is funded by Housing Related Support and Hackney DAT. Total funding each year is £110,000.

Service user involvement

Service users are encouraged and expected to be involved in their support planning, and also to take responsibility for the environment in which they live. This is discussed in detail as part of the assessment process as we know that engagement from the individual is vital for the success of their recovery.

Support workers have a range of support planning tools and approaches, including the Outcome Star needs assessment, International Treatment Effectiveness Project (ITEP), Cognitive Behavioural Therapy (CBT) techniques, motivational interviewing, and 'standard' support planning to meet the needs and preferences of individual service users. Service users lead the support planning process and determine which areas of support they would like to focus on, and also determine the goals and aspirations that they would like to work towards.

Regular resident meetings are used to capture feedback from service users about any issues in the service that need to be resolved and ideas for suggestions of improvement.

Partnership working

The success of this service relies on effective joint working and the staff team work consistently to achieve this.

We work closely with Lifeline, Hackney's Community Drug Service. Services they provide include the Community Prescribing Service and Health, Enhancement and Recovery Team (HEART). The majority of referrals for both the accommodation based and floating support service come from Lifeline.

Our service users are linked in with Lifeline from the start of the process including an initial triage assessment to establish level of need at point of first contact and have access to structured 6-12 week rolling day programmes (running four days per week) and one-to-one key work sessions and counselling.

We carry out joint support planning with staff at Lifeline. This helps the service user as it means all professional support is centred on the client using one support plan. This means support is coherent and everyone is working towards the same goal. It is also more efficient and reduces duplication.

The floating support service supports tenants with a range of housing issues linked to their substance use. Our support staff use their housing, substance use expertise and knowledge of local services to ensure tenants keep their tenancies. We provide our support alongside other specialist support that is required, and focus on linking clients into community services to reduce dependency on any one service. For example a client with benefit and arrears issues might be linked into Hackney Law Centre to take action to maintain a tenancy.

We have a Joint Working Protocol with Lifeline to clarify roles and responsibilities which enhances the work we do together.

Broadway worked closely with Housing Related Support Commissioners and Hackney DAT during the set up of the service to ensure we were all clear on the aims and objectives of the service, and to share information about borough services. These partnerships are vital to the ongoing success of the service and both are involved in monitoring the outcomes we deliver.

Key outcomes

The service has now been up and running for just over a year and this has been a period of transition from the previous service specification. The success of the service is measured by Key Performance Indicators identified by LB Hackney, a local outcomes framework identified by Broadway and measured quarterly and the DCLG outcomes framework which is measured upon exit from the service.

We have measured the success of the first year of this contract through internal reporting and annual returns to the commissioning authority. For a year end report, please contact Broadway.

Further information

Contact: Jenny Travassos on 0791 948 0795 or jennifer.travassos@broadwaylondon.org

FLOATING SUPPORT SERVICE, SOLIHULL

Solihull Floating Support Service provides floating support to people with substance misuse issues across all tenures. This can take the form of regular appointments at individuals' accommodation, at one of our partner agencies (Welcome in Chemsley Wood), at our office or at any other agreed appropriate place.

We also provide a weekly drop-in advice service, currently based at Welcome in Chelmsley Wood.

To be eligible for the Floating Support Service (substance misuse), the customer needs to have drug or alcohol misuse issues and be from Solihull, or have direct personal or family connections to it. They must also be in receipt of treatment for drug/alcohol dependency on commencement of the service. Normally, customers will be over 18. However, with agreement from the Crime and Disorder Reduction Partnership, support services may be provided to 16 and 17 year olds.

It is not an eligibility requirement for our support services that the customer has a tenancy. However, if the customer does not have a tenancy upon commencement of the service, then we will support them in establishing a tenancy as quickly as possible. This will involve assisting with a homeless application and the establishment of a tenancy.

We accept referrals from a range of agencies that are in contact with drug/alcohol users. These include:

- self referral
- Solihull Care Trust
- Birmingham and Solihull Mental Health Trust (including Dual Diagnosis Team)
- Citizens Advice Bureau
- Solihull Community Housing (homeless/arrears/anti-social behaviour teams etc)

- Drug Intervention Programme
- Probation service
- social services
- Aquarius
- non-statutory agencies.

This list is not exhaustive as we accept referrals from any agency that has contact with people who need the type of service we provide.

We provide support in the following areas:

- setting up and maintaining a home or tenancy
- advice/support on repair work/home improvements or if necessary finding other accommodation
- managing finances and dealing with benefit claims
- gaining access to services and local organisations within the community
- advice, advocacy and liaison
- developing domestic/life skills
- developing social skills/behaviour management as well as learning effective ways to resolve problems independently
- low level emotional support and advice on housing-related issues
- finding leisure opportunities, education, training and employment
- staying in contact with friends, relatives and other social contacts
- keeping the customer and their home safe and secure
- liaison/advocacy support (same ethnic group)
- liaison with Probation services
- maintaining contact with other agencies who offer support and advice
- signposting to culturally specific legal, health or treatment services
- issues relating to mental and physical health and wellbeing.

If the floating support worker is unable to help, they will try to put customers in touch with a person or agency that will be able to assist.

The duration of our support service is up to a period of two years. During this time we monitor progress through regular reviews, setting SMART objectives, person-centred planning and ensuring a holistic package of support.

Further information

Visit: www.midlandheart.org.uk

[Case study examples also available in Section 3, page 49](#)

TIER 4 AFTER-CARE ACCOMMODATION SCHEME, SOLIHULL

This scheme provides housing in Solihull for customers who have completed Tier 4 drug/alcohol treatment.

We are aware that customers returning to the community from Tier 4 drug/alcohol treatment find it difficult to find a suitable home due to the serious nature of their previous issues.

Therefore the scheme aims to:

- provide a suitable environment to enable customers to maintain the benefits of treatment and settle in the community to achieve long term stability
- provide support to the customer to sustain their tenancy
- support customers to continue on the recovery journey
- provide access to employment, education, training or volunteering.

The service we offer is housing-related floating support, including regular contact and person-centred support planning covering:

1. Setting up and maintaining a home or tenancy
2. Preventing tenancy breakdown and eviction
3. Developing domestic/life skills to live independently
4. Developing social skills and behaviour management
5. Developing budgeting and financial management skills
6. Claiming the correct level of benefits
7. Gaining access to other services in the community.

- customers must be 18 or over
- be a Solihull Treatment Programme customer
- have a plan to continue with successful recovery
- be willing to continue with their treatment programme
- have a suitable housing size
- not have an appropriate alternative.

Further information

Visit: www.midlandheart.org.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. Tier 3 interventions include provision of community-based specialised drug assessment and co-ordinated care-planned treatment and drug specialist liaison. In this model, tier 4 comprises of provision inpatient substance misuse treatment and residential rehabilitation.

SUPPORTED HOUSING AND FLOATING SUPPORT PROVISION, WIRRAL

Overall purpose

The Wirral supported housing service provides supportive community living for clients who have often led chaotic and transient lifestyles, providing a safe environment to develop independent living skills and explore options for safe, affordable, move-on accommodation. During their stay, clients will develop these skills and explore past behaviour traits and reasons for those behaviours. They will also develop confidence and self-esteem, and explore opportunities for training, education and employment in order to become active members of their community and society as a whole.

Key to the success of the supported accommodation is the floating support provided. This service picks up clients in the community living in their own accommodation, or moving on from supported accommodation with either ourselves or other providers, and helps them to maintain their tenancy and continue to work on the key tasks that were identified within supported accommodation. The service is also available to clients in times of difficulty or crisis.

Key outcomes

This service provides a semi-structured approach to shared community living, giving clients the opportunity to develop the necessary skills needed to live a pro-social lifestyle. It focuses on the following key outcomes:

- abstinence from substance use including alcohol
- a move on into stable affordable accommodation and tenancy management
- building family links and support networks
- a move into training, education, employment or voluntary work
- community involvement and links
- a meeting of any diverse needs
- pro-social behaviour
- increased recovery and social capital
- sustainment of tenancy
- debt and financial management.

The Wirral supported housing service currently has a successful move on and sustainment rate of over 90%.

Service summary

Phoenix Futures Wirral provides 21 bed spaces of supported accommodation for clients with a history of substance use, leaving structured treatment and re-entering the community. This is delivered from three houses in Birkenhead. The service provides one-to-one support sessions and group work focusing on relapse prevention and the development of life skills in readiness for moving into their own tenancy. This stage in recovery can often be when many addicts relapse back into old habits and is seen by many professionals as the most important stage of recovery. We feel this is often due to the lack of personal experience of living independently in the community without dependency on substances.

The staff team includes treatment graduates. This creates a learning environment, with clients supporting each other and using previous experience to provide inspiration and visible recovery for more 'junior' clients. It also provides the opportunity to develop interpersonal skills.

The floating support service provides 60 units of support in the community focusing on all areas of support mentioned in an independent setting. This provides a natural progression from supported accommodation.

Resources

The service is provided in three houses which are owned by social landlords and managed by Phoenix Futures. There is a housing benefit charge which is paid directly to the landlord. This includes housing benefit eligible charges to fund decoration and furnishing costs, and the day to day maintenance of each house. Clients make a small contribution from their benefits to pay for gas, electricity and water charges which are priced to mirror what they would pay living independently.

The service is run by three staff, managed by the local area manager, operating on a rota basis between 9am and 7pm providing one to one support, guidance and mediation. Staff time is split between one to one support and guidance with a large part of their time spent in the community with clients exploring housing and community opportunities, developing networks and empowering clients. The cost of the staffing team is £146,000 p.a. which also incorporates a 24 hour emergency on call system across the three sites.

The floating support service is a mobile service operating from a central office and staffed by three staff with management support. It covers the whole of the Wirral peninsula providing support for up to 60 units. The cost of this mobile support service is £142,000.

Service user involvement

All service users are encouraged to take an active part in service delivery and development. There are weekly 'business' meetings at each project where new opportunities are presented and where service users have the opportunity to express their opinions in all areas of service delivery. Client satisfaction surveys are undertaken on a quarterly basis giving service users the opportunity to comment anonymously on all aspects of service provision. These comments are then used to inform service developments. Service users take a pro-active part in their support needs using the Outcomes Star approach which is exceptionally good at eliciting client interaction.

All service users are given the support to fully integrate into all recovery support services in the local area and guest speakers attend from a number of agencies both drug and non-drug related, for example local colleges and JobCentre Plus.

Service users are also encouraged to play an active role in a more regional approach through being involved in service user recovery forums and are supported to attend, providing the opportunity to have a louder voice in the running of the services Phoenix Futures provides to its customers. There are also opportunities to attend conferences and promotional events,

providing inspiration to others and experiences of professional settings. This aims to develop interpersonal skills and opportunities for further recovery progress.

Partnership working

Phoenix Futures plays an active role within all areas of partnership work in the borough, with a particular focus on recovery-orientated services, housing provision and training and education providers.

Phoenix Futures sits on the local recovery forum sharing best practice and opportunities for service users to access relevant partner agencies, providing information to commissioners to inform service gaps and developments to provide the necessary support in order to achieve the most positive outcomes for its clients.

We also sit on all local strategic Supporting People groups, developing service provision and promoting the benefits of the services we provide in terms of housing-related support. We play an active part in housing and homeless provision in the Wirral, developing opportunities for safe affordable move-on accommodation for our customers. For example, at the housing priority panel, we present case studies of clients to all registered social landlords and local authority housing providers to demonstrate the progress made by service users and their suitability for move on into independent accommodation. Without this advocacy, these clients may often be overlooked due to history of poor tenancy management and anti-social lifestyle.

There is a major emphasis placed on working with mainstream providers in the community in order for service users to take those steps needed to become independent from substance misuse related services. This is seen as fundamental to clients developing their skills in independence within the community and overcoming the barriers to integration into the wider society.

Further information

Contact: Mike Smith 0121 212 1122 or 07791 689723 mike.smith@phoenix-futures.org.uk

HOUSING-RELATED SUPPORT, SHEFFIELD

Overall purpose

The purpose of this service is to promote recovery from substance use by proving that recovery is achievable, and that all Sheffield residents have the potential to rebuild their life.

The purpose of the housing-related support is for Sheffield residents to access and maintain their own tenancies within Sheffield, and to live independently from problematic substance misuse and support services where possible.

Key outcomes

The key outcomes for supported housing provision are:

- enabling individuals to develop basic life skills, such as budgeting, debt management, cooking, cleaning, developing self sufficiency, self worth and confidence
- enabling individuals to develop coping skills, such as dealing with other people, dealing with risk situations, for example, realising trigger situations
- enabling individuals to use other support networks in the community. For example; peer-based support, mutual aid groups such as Narcotics Anonymous and Alcoholics Anonymous, local support groups, and other community services such as counselling support
- enabling individuals to build on social recovery capital within the community where they wish to resettle, such as volunteering opportunities, social events, engaging in education, training and employment
- developing relapse prevention techniques to use once they have their own tenancy beyond the service
- ultimately, enabling individuals to maintain their tenancy and moving on to independent living within the community whilst being engaged with employment, education or training.

The key outcomes for floating support provision are:

- to engage families and single adults in the service, as many of these clients do not have contact with mainstream treatment for various reasons
- to prevent evictions, loss of tenancy, or movement of tenancy if or when accommodation is not appropriate for the individual service user, for example if there has been domestic violence
- for individuals to engage with any safeguarding issues
- for individuals to access mainstream treatment for substance use if appropriate
- for individuals to address their substance use to have a positive impact on their tenancy
- to improve an individual's issues with general health, environment, building self sufficiency, self worth, confidence, coping skills, debt, accessing appropriate benefits, cleaning and cooking skills and change in behaviour so as to not affect their tenancy
- for individuals to maintain their property themselves and with their family, if relevant, to a satisfactory standard where they feel they do not need the service anymore and can continue living independently
- for individuals to identify they need further support and access supported accommodation if appropriate

- for individuals who have been through supported accommodation to have ongoing support until living independently from substances and services with access to education, training and employment.

Service summary

In Sheffield, Phoenix Futures provides 16 beds in two supported housing settings to support people who have either given up or had trouble with maintaining their tenancies through problematic substance use, and who require accommodation with extra support with a view to independent living.

We also offer floating support to families and single adults that are at risk of losing their tenancy, are in interim accommodation or have been through services and have remained abstinent from substances but need support in their own tenancy to maintain the level of independent living they have achieved.

Resources

All supported housing provision is Supporting People funded with Housing Benefit element. The residents themselves have to pay a contribution to the weekly rent on each project.

Priory Road Project also has funding as they provide accommodation to a small minority of people that require care support from the residential service. Care managers pay for this 're-entry' element as an additional component of a residential rehabilitation programme to support service users with a step-down service from the full residential programme.

Resources:

Priory Road – 10 bed accommodation

P/T Service Manager

P/T Team Manager

F/T Tenancy Support Worker

P/T Re-entry Worker

Glen Road – 6 bed accommodation

P/T Service Manager

P/T Team Manager

P/T Tenancy Support Worker

Floating support:

P/T Service Manager

P/T Team Manager

F/T Families Worker – Caseload 15

2 x F/T Single Adult Workers – Caseload 15

Service user involvement

Residents are involved in their own care by developing their own support plan and making decisions (informed by the workers as to what is available) on what and where they want their own support from within the local provision in Sheffield.

Within all services we use a compliments and complaints leaflet that is free of charge to post back to the service which service managers use as a feedback tool, should individuals wish to comment on any aspect of the service and delivery.

Also, service user satisfaction surveys are sent to every service user every quarter. The feedback is used in the delivery and development of services. For example, a user of the floating support service suggested that they would like an information pack on how to get back in touch with the service in the future should they need support again. This information is now issued at the start of engagement with the service.

Service users are also given the opportunity to sit on interview panels for staff members and this has proved a popular way for service users to be involved in the shaping of the team and the service. We do this by either using a group of service users to participate in a group that the interviewee has to facilitate, or the group of service users ask a series of agreed questions of the interviewee. We have also used a service user as a member of the interview panel. All service users are given training and support throughout the process.

We also have local, regional and national service user involvement forums. Locally, this involves the service users meeting regularly to discuss information and formulate plans of actions they wish to be involved in such as promotion of services at local events. They have recently purchased bikes so that service users from all Sheffield services can access a bike riding club. A member of the local forum attends the regional and national groups and feeds back information both ways.

Partnership working

We have been working within Sheffield since 1996 so we have developed and maintained strong partnership links with a variety of organisations. We have strong links with Sheffield Homes, our local housing provider for the city council. We have links with all Supporting People funded projects by attending the local Supporting People Forums and local Volunteer Housing Forums. We have developed links with statutory agencies such as South Yorkshire Probation Service and NHS Sheffield with local links to GP surgeries, dentists, and walk-in services. We also have a strong link to dedicated hepatitis services such as the treatment wing within Hallamshire Hospital which has a social worker attached to support people who are going through treatment.

We work in partnership with other housing agencies that also run long term supported housing projects for clients that come to us with multiple needs i.e. mental health issues. One example is The Greens which supports people for two years and beyond to gain skills in independent living by supporting them in their own flat in a block that is staffed 24/7. We also work in partnership with interim accommodation sites across the city and hostels to support people into housing-related support.

We have good working relationships with a number of volunteer projects that can offer placements to our residents. This includes Healthy Works Sheffield, promoting health to the general public of Sheffield and Voluntary Action Sheffield, which advertises all volunteer opportunities within the city. Recently, links have been made with Sheffield University to enable students to come and volunteer with the client groups to develop time specific projects they wish to conduct, to achieve an outcome for the students and the service users. One example of this that has been discussed is to work with students from the graphic design department to produce a Recovery Yearbook for the services.

Further information

Contact: Mike Smith on 0121 212 1122 or mike.smith@phoenix-futures.org.uk

INWARD HOUSE PROJECTS, LANCASHIRE

Overall purpose

Inward House Projects Ltd is a registered charity providing recovery housing services within Lancashire. We aim to work with both active substance users and those in recovery from substance misuse in assisting them to maintain/ sustain safe, stable and secure accommodation. We provide accommodation and non-accommodation based services across the locality in the form of supported recovery housing and floating housing support services.

Key outcomes

We work to achieve outcomes as directed by the Supporting People Framework. We report against the Every Child Matters outcomes and also work to the Supporting People Quality Assessment Framework (QAF) which is a quality performance and audit tool used by the local Supporting People commissioners.

Service summary

Supported Recovery Housing Service – this is a residential service for individuals in recovery from substance misuse. The project is abstinence based and provides individuals with a safe environment to develop the skills necessary to live independently and manage a tenancy. A structured framework of support is available to the residents and the focus is on developing the individual with skills and experiences which enhance life chances in the community and improve opportunities to lead a pro-social lifestyle.

Floating Housing Support Service – this service works with individuals who are still experiencing problems with their addiction and are also struggling with maintaining their accommodation. The aim of this service is to work alongside them and prevent homelessness. Work includes assistance with debts, claiming welfare entitlements, accessing advocacy services, appealing eviction notices, and the list goes on.

Resources

Services are commissioned by the Supporting People Framework for staffing and support only.

Service user involvement

This area of work is particularly important as it is one of the six objectives within the Supporting People Quality Assessment Framework (QAF). Regular evidence is required to demonstrate effective service user involvement and can take many forms from in-house meetings to surveys, questionnaires, user-led activities, planned programmes of support, influencing policy and practice.

Partnership working

We work in partnership with residential rehabilitation services, community treatment services, prisons, local authority housing departments, housing associations, Department for Work and Pensions, Jobcentre Plus, colleges, adult learning institutions, voluntary sector services, advocacy services, GP's, community mental health teams etc.

In reality we work with any provision which assists the service user to achieve their potential.

Further information

Contact: Ishtiaq Ali MBE on 01254 872761 or ishtiaq.ali@inwardhouse.co.uk

ACTION FOR ALCOHOL PROJECT, DONCASTER

Case Study 1

BH transferred to Action for Alcohol in November 2010. BH was originally referred by Doncaster Alcohol Services (DAS) to their accommodation project and, when BH transferred over to us, he had recently become abstinent from alcohol. He continued to be abstinent throughout his time with Action Housing. BH received support and advice in managing his finances and he successfully achieved this outcome. He also required support to access work-life activities and Action supported him to attend various day groups at DAS. This led to a volunteering role with DAS, helping to promote their services, and supporting and encouraging their clients through their recovery process.

BH was also supported to attend Rowan Earth to do several courses with them which were co-funded via Rowan Earth and Action Housing.

BH was then supported to find move-on accommodation in the private rented sector and received floating support to help him set up his new tenancy, including arranging utilities and various benefits. After about four months BH was managing independently and therefore we discussed and planned his departure from our floating support service. He remains abstinent from alcohol and is managing his tenancy independently.

Further information

Contact: Action for Alcohol Project on 01302 365244 or info@actionhousinguk.org

[Case study examples also available in Section 3, page 52](#)

FAMILY INTERVENTION PROJECT, LONDON BOROUGH OF TOWER HAMLETS

Overall purpose

Tower Hamlets Family Intervention Project (FIP) works with housing associations to support families with high-risk complicated needs. The team offers a unique skills set to compliment existing housing management services and proactively support residents at risk of eviction.

In 2009 the team won a Guardian Public Service award for their partnership work with East London housing association Poplar HARCA, one of the first registered social landlords to formally contract their service. The partnership has successfully demonstrated how the service can support those at risk and save money in the process.

The FIP model is based on a holistic 'whole family approach', which covers the needs of every family member and provides an assertive, tenacious community outreach service.

Key outcomes

The service aims to support all members of the family so they can get their lives back on track. It works by:

- identifying addiction and substance misuse and the effects on all family members
- addressing anti-social behaviour problems
- developing meaningful relations between family members
- targeting children at risk of exclusion, improving educational attainment and personal development
- helping people into further education, training and or work
- preventing eviction and homelessness
- saving money for the local authority, partner housing association and in the long term the tax payer.

Since the service was launched in 2007, it has helped hundreds of family members, predominately women and children. The majority of clients referred to FIP have addiction issues.

Service summary

A FIP worker builds a relationship with a client and a contract is drawn up which identifies sanctions and rewards. Through this the client is offered a broad range of services which aim to empower them to take ownership and get their lives back under control.

These include:

- one-to-one non judgmental support from a dedicated trained FIP key worker
- family parenting courses (including one tailored to the needs of families who have experienced drug misuse)
- sign posting and support into community drugs services and rehabilitation
- family therapy and cognitive behavioural therapy
- welfare benefit support and debt management
- budgeting and financial planning
- support in returning to education, volunteering and employment
- individual parenting guidance in the family home
- practical DIY and cleaning assistance
- Common Assessment Framework (CAF) assessment to identify family priorities, inform the FIP contracts and provide a review structure.
- direct child-focused work.

Staffing and funding

12 FIP staff are based in Whitechapel, Tower Hamlets alongside the borough's Parent Advice Centre and the Citizen's Advice Bureau and staff are also co-located in the offices of the housing associations they serve. All partners have found co-location has helped in sharing intelligence and joint working that benefits their clients.

Funding

FIP is a self-funded contracted service. Through the creation of the cost saving model, social landlords can demonstrate how they can save money through employing the skills of the FIP team. The cost for a FIP worker to support a vulnerable family is £14,000 per annum whereas the potential cost of targeted and specialist services to support a vulnerable family at risk is £250,000 per annum.

Service user involvement

The service users of FIP have a strong success rate in turning their lives around. To date no family has been evicted from their home since they have received support through FIP. The involvement of the service user from the outset is the key to the success of the project. Ongoing feedback is received from families through the project's assessment tool and a number of family members contribute to the service in a volunteering/mentoring capacity.

Partnership working

In 2008, residents of East London Housing association Poplar HARCA chose to fund and partner with Tower Hamlets FIP. Since then the partnership has:

- helped 536 family members, in one of the most deprived areas of the UK, get their lives back on track
- developed a multi faceted service for a core and controversial customer group who were previously neglected
- created a cost saving business tool.

Further information

Contact Nikki Bradley on 0207 364 4082 or fip@towerhamlets.gov.uk or email Kineara kineara.info@gmail.com which is a new social enterprise that offers nationwide consultancy advice on Tower Hamlets Family Intervention Service

Note: The CAF is a shared assessment tool for use across all services for children and all local areas in England. It aims to help early identification of children with additional needs and promote co-ordinated service provision. The CAF is undertaken with the consent and full participation of the child and their family.

PILOTING A PREPARATION FOR SUPPORTED ACCOMMODATION AND MOVE ON RESOURCE, DERBYSHIRE

Aims

A supported sober/drug-free living accommodation preparation workbook is being introduced across the Derbyshire Drug and Alcohol Action Team (DAAT) area, and further across East Midlands region, to standardise preparation for all service users within the area, and as a tool for workers.

The aim is to develop a better referral pathway that ensures service users are prepared prior to admission to housing and tenancy-supported accommodation which will contribute to them being able to manage and maintain their own accommodation or supported accommodation.

Target client group

Service users who wish to continue on their recovery journey and live substance-free lives in the community; who are engaged with treatment services and all other relevant services as necessary, who wish to remain sober/drug free and who are ready to reintegrate into local communities through access to education, training and employment. They are ready to move-on in a planned way to more independent living.

The need for the resource

Derbyshire has a number of supported accommodation units for people with drug and alcohol problems. The referral process and preparation work pilot is demonstrating that clients need to answer the questions contained within the workbook resource to ensure they are properly prepared for this type of accommodation and re-integration into the community. The viability of using the workbook to bridge the gap as a pre-tenancy support tool is also being explored.

Work with local partners

Derbyshire are working with local authority Supporting People, Action Housing Association and Support and South Yorkshire Housing Association to develop a joint assessment process utilising the resource pack.

How outcomes could be achieved

By using the outcomes framework contained within the resource pack, service users are being supported to:

- achieve economic wellbeing
- participate in education, training leisure/cultural/faith and/or informal learning activities
- be healthy and better manage their physical, mental health and substance misuse issues
- maintain their accommodation and avoid eviction

- secure/obtain settled accommodation
- make a positive contribution by developing their confidence and ability to have greater choice, control and involvement.

Further information

Contact: Mick Burrows on 01629 538227 or mick.burrows@derbyshire.gov.uk

SHP'S FLOATING SUPPORT SERVICE, LONDON BOROUGH OF NEWHAM

Overall purpose

The key objective for this service is to enable offenders with substance misuse issues to secure and remain in accommodation and reintegrate into the local community. SHP's service aims to:

- provide tailored support to each client to maximise their chances of integration into the community and minimise their chances of offending
- address the housing support needs of offenders with substance misuse issues
- encourage offenders to uphold conditions associated with their licence/order
- to address and reduce anti-social behaviour
- participate in/encourage inter-agency working
- provide support in a flexible manner which takes into account clients' racial and cultural backgrounds, respecting individual dignity and privacy; for up to two years
- build clients' confidence and self esteem and encourage independence
- support clients to develop skills, access education, employment and training and other meaningful activities
- assist in accessing welfare benefits entitlements, including housing benefit.

Key outcomes

April 2011/April 2012: 110 Service Users (including Open Access and Full Casework)

- maintain, prevent eviction or source accommodation: 95.4%
- maintain or engage with substance misuse treatment and/or comply with Criminal Justice Orders: 97%
- maximise income: 69.3 % (all service users complete a 'benefits check up' with support worker)
- engage in education, training or employment and/or positive activities: 86.4%.

Service summary

SHP's service is for offenders with support needs relating to substance misuse (drugs and alcohol) who are:

- aged 18 and above and are Newham residents either living in the community (in any tenure including of no fixed abode) or in custody.

Resources

- staffing - two members of staff, supporting 32 clients
- funding – LB Newham and Supporting People.

Service user involvement

Service users are able to participate in a wide range of activities from SHPs Opportunity Programme including gardening, arts, film, drama, peer review, and SHP's Participation Reference Group, which is a forum for influencing SHP's policy and service development.

Partnership working

SHP runs 'open access' advice sessions at two treatment agencies and, where necessary, service users are engaged in full casework support. We have excellent relationships, with agencies within the borough and a large number of our referrals come from the local probation office. We are currently setting up surgeries to run directly from the Probation Office. In addition we attend partnership team meetings, to deliver presentations regarding the services we offer and deliver.

Further information

Contact: Jamie Mills on 020 7520 8660 or jmills@shp.org.uk

HOUSING AND SUPPORT SERVICES CASE STUDIES, ROTHERHAM

Male 28 was sacked from his job for stealing (which was linked to his drug addiction). As a result, his father kicked him out of his house.

He was given a Drug Rehabilitation Requirement at court and advised to attend the 'support drop in' session at Rotherham Drug Services (Clearways), which he did in June 2011.

At this stage he was unable to secure council housing because of outstanding rent arrears. He was placed into Action Housing supported accommodation in July 2011.

Since then, the client has paid off all outstanding rent arrears and is now actively viewing properties as a result of being on the priority housing list. He has been discharged from treatment services drugfree and has been in full-time employment for the past four months.

Once he has gained accommodation, he will continue to be supported by housing support officers for up to two years.

Further information

Contact: Malcolm Chiddey on 01709 255857 or malcolm.chiddey@rotherham.nhs.uk

Section 3: Move on case studies

HOUSING LINK WORKER FIRM FOUNDATIONS ACTIVITY, CALDERDALE

Between April and December 2011, Calderdale Council's Housing Link Worker dealt with 72 clients of Calderdale Substance Misuse Services (SMS). As well as seeing clients on a one to one basis, he also provides a wide range of information and assistance to Calderdale SMS workers to enable them to assist their clients with a housing problem that is affecting their ability to sustain treatment or recovery. He also liaises with Pennine Housing and other housing associations to resolve problems that SMS clients are experiencing with their tenancies. As a Council employee, he has access to various IT systems so Housing Benefit problems, rent arrears and difficulties with KeyChoice (the local choice based lettings scheme) can be resolved without the need to refer to another agency.

The funding of £10,000 provided by Calderdale Joint Commissioning Group to pay for bonds has enabled 20 SMS clients to move into privately rented accommodation and there is sufficient funding to pay for a further three bonds in 2011/12. Of these, nine are Drug Intervention Project (DIP) clients, one is on a Drug Rehabilitation Requirement and 10 are clients of SMS. Of the 20 tenancies facilitated, 17 are still in existence at the time of writing. Calderdale Council funds a Landlord Liaison Officer two days a week to secure tenancies and negotiate with landlords on behalf of the clients.

Without the assistance of the link worker, the Landlord Liaison Officer and the funding to pay for bonds, many SMS clients would find it very difficult to obtain settled and secure housing. In the past, many of the people we have assisted have been unable to obtain a tenancy because of previous rent arrears, anti-social behaviour and the fact they may have been involved with dealing drugs in the past. The same clients would also find it difficult to obtain privately rented accommodation without the intervention of the Landlord Liaison Officer as many landlords are loathe to take clients in receipt of Housing Benefit let alone those with any sort of substance misuse problem.

Firm Foundation Scheme case studies

JE

JE was a DIP client, also misusing alcohol, who was assisted by the Firm Foundations (FF) scheme to obtain a private rented flat in May 2010. He has conducted his tenancy well, kept his DIP appointments and has been clean of drugs for 12 months. He is now surrendering his tenancy to enter a 12 month rehab for his alcohol misuse.

ST

ST is an SMS client (alcohol) with a young son who was being threatened by a former partner and needed to move quickly. She was assisted to obtain a private rented property and since her move is engaging well with SMS and doing well.

AD

AD is a DIP client under the age of 25 who was also misusing alcohol. He was nearing the end of a prison sentence on referral to the FF scheme. Hostels and housing associations would not consider him because of his past behaviour. AD was assisted by the FF scheme to obtain a private rented bedsit on his release in August 2011, which he still occupies. AD is attending his appointments at the DIP and was assisted by his FF support worker to claim Disability Living Allowance on the grounds of his mental health.

DJ

DJ was an SMS (drugs) client who was assisted to find a private rented flat as, although he had always lived at home, relationships with his mother had become very strained and he had been asked to leave. DJ has kept his SMS appointments and maintained his tenancy well. He is now applying for jobs. DJ needed to move to his own flat quickly which he would not have been able to do if he had had to apply for social housing.

SB

SB was a DIP client who could be very chaotic and was a class A drug user for many years. SB was suspended from KeyChoice and therefore could not obtain social housing. He was assisted to obtain a private rented flat. Since then he has become clean of drugs and started a college course. He has maintained his tenancy well and is paying his bills regularly. SB is now moving to live nearer to his father with whom he has got a job.

Further information

Contact: Gillian West on 01422 392455 or gillian.west@calderdale.gov.uk

GENESIS HOUSING ASSOCIATION INTEGRATED OFFENDER MANAGEMENT SCHEME (IOMS), SUFFOLK

Overall purpose

To provide accommodation and support to prolific offenders with a class A drug habit.

Key Outcomes

Reduce offending and reduce drug use.

Service Summary

A prolific burglar with a history of heroin use, David* has been on the scheme since March 2010. Now 38 years old, this is the longest period he has spent out of prison since the age of 18. David's heroin addiction saw him spending up to £500 a day, a habit he supported through crime.

Following an assessment in prison, David was provided accommodation by Genesis Housing Association, and made a commitment to change his lifestyle. With guidance from Genesis' Offender Outreach Team he got involved with community activities, undertaking voluntary work in the Genesis Community Cafe. David has flourished in his voluntary placement, successfully taking on management responsibility for two weeks during the summer period.

David also took part in the Persistent Prolific Offender decorating scheme launched by Genesis in 2010. This involved decorating Genesis properties and other local properties including Church buildings. Voluntary schemes such as these are designed to provide meaningful occupations for service users; through their involvement service users gain new skills, and develop confidence and self-esteem in a meaningful role.

David has re-engaged with education at a local college, and is completing short courses in Introduction to Plumbing, that will add to his skillset and help to improve his CV and employment prospects for the future. Now with a sense of self-worth and ambition, David and Genesis staff are confident he will attain his goal of full time employment.

In collaboration with Genesis staff a support plan was developed with David's needs in mind. He secured a flat from a registered provider through the Choice Based Lettings (CBL) scheme, and has been successful in moving on to live independently for the last four months with support from his Genesis Offender Outreach Worker.

David has stopped using illegal drugs and is down to 10 ml of Subutexa day, with a view to further reduction. His offending has stopped completely as he now has no need to fund his previous life style.

Resources

Funding via Criminal Justice, Suffolk Drug and Alcohol Action Team (DAAT), and Housing Benefit.

Service User Involvement

In addition to re-engaging in education and undertaking voluntary activity, David has participated in a number of activities such as paintballing. The social impact of these sessions has proved to be a major positive effect for David and other residents, whose confidence has grown and has given them a taste of social inclusion and interaction. Currently in the first stage of planning, David will be taking part in a three day long distance sponsored walk along the Peddar's Way.

Partnership Working

Integrated Offender Management Programme partners include:

- Probation service
- Police
- DAAT services
- local authority
- local churches
- community groups
- Genesis Community (activities eg cafe, gardening, painting and decorating).

Further information

Contact: Susie Mills on 01284 732 554 or susie.mills@genesisha.org.uk

FREEDOM RECOVERY PROJECT, SANDWELL

Overall purpose

Freedom Recovery Project assists people in recovery in Sandwell to maintain abstinence and achieve their full potential. Summit House Support facilitates the community-based recovery side (case studies below are from this part of the project) and Changes UK facilitates a recovery house in Smethwick that can house three or four men who have been clean for one month or more.

Key outcomes

- freedom from dependence on drugs or alcohol
- prevention of drug-related deaths and blood-borne viruses
- a reduction in crime and re-offending
- sustained employment
- the ability to access and sustain suitable accommodation
- improvement in mental and physical health and wellbeing
- improved relationships with family members, partners and friends
- the capacity to be an effective and caring parent.

Service summary (community support)

We are a community-based outreach support programme offering holistic support to Sandwell residents in recovery. We provide a very welcoming and respectful service which includes group work, one to one and referrals/signposting, and deals with benefits, housing, or any other practical issues. We provide a number of interventions including:

- women's only group
- recovery group
- mixed group (for people who are still using but wish to reduce supported by people in recovery)
- chess club
- creative writing group
- Alcoholics Anonymous
- Narcotics Anonymous
- SMART Recovery programme
- pool
- Wii
- art group
- volunteering programme
- sexual health support.

Further services and initiatives are being developed by the service users and some are facilitated by them. We also run a peer mentor support programme and have access to work/employment support. People in recovery are actively encouraged to become part of our volunteering programme. We have links with Fircroft Adult Learning who offer residential accredited short courses in many subjects.

Resources

- 1.5 members of staff
- 4 volunteers
- management support.

Funding (amount and funding source)

Funding for the Freedom Recovery Project comes jointly via the DAAT and Sandwell Metropolitan Borough Council. The total amount of funding agreed for 2012/13 is £80,000.

The funding is split between the two charities, with Changes UK receiving £22,000 for the housing related support and Summit House receiving the remainder to provide community-based wrap around support.

Service user involvement

There is a very strong ethos of service user involvement. We aim to facilitate and empower a strong recovery community that is self-supporting. Volunteers are in recovery and encouraged to apply for posts. Service users are involved and a forum is being set up. Freedom staff are Recovery Champions and SMART facilitators and under the SMART partnership agreement are able to train service users as SMART facilitators. In 2012/13 staff will train service users in a level two peer mentoring diploma.

Currently we have 50 service users registered with the service, with 30 using the service on a regular basis (weekly) and the rest dropping in when they need support. The group is split between alcohol referrals and substance users.

Referrals

Swanswell (drug and alcohol recovery charity), GPs, self-referral.

Partnership working

The project is partnership of two charities, Summit House Support and Changes UK. The community recovery support group works with local colleges, benefits team and housing, has links with local training providers in the area, and is currently developing links with MIND and Women's AID to develop an idea for a Community Interest Company joint recovery resource. We work closely with local housing providers Sandwell Homes and Sandwell Metropolitan Borough Council and have developed excellent links with officers in the housing team.

Case study one

GD was referred to the Freedom Project for Community support in early December 2011 by the Community Alcohol team based at Edward Street Hospital.

GD had been Alcohol dependent for the last 15-20 years with three or four periods of abstinence ranging from 1 month to a year. He was drinking around 20-30 units daily at the time he was referred but had a deep desire to stop drinking so the referral was accepted.

We did a lot of work around GD's behavioural patterns and negative thought processes using International Treatment Effectiveness Project (ITEP) maps and a cognitive behavioural therapy (CBT) approach. GD's main areas of support identified in his recovery plan were substance misuse (alcohol), social isolation and employment/training. GD was sign posted to self-help groups in the area which he attended and found useful. He also began attending the Recovery Group at Freedom project as well as one to one weekly sessions. He has been abstinent from alcohol since mid-January 2012. GD was then supported to apply for voluntary placements with various charities. He was offered a voluntary place with two different charities but chose MIND as there was the opportunity for paid employment after completion of his volunteer placement. GD has also offered to help run the SMART recovery meetings at the Freedom project and has been accepted to be trained up as a SMART facilitator under the Freedom projects SMART recovery champion partnership agreement.

GD recently identified that he would like to move to avoid his former drinking partners, so he has been referred by the Freedom project to the Housing Strategy Team who have assessed him and are currently supporting him to move to be closer to his family.

Case study two

DP moved into Freedom House in May 2011. Prior to a six month residential rehabilitation detox at Western Counselling and a three month stay in an aftercare dry house DP had been an intravenous heroin and amphetamine user for around 10 years. His injecting related health had become so poor that DP had no veins left and on a few occasions had injected into his eye area causing serious damage.

DP began accessing community support from the Freedom Project in September 2011. DP was supported to gain stable accommodation with Sandwell Homes close to his mother who is his main support. He was supported to apply for and appeal a decision for a Community Care Grant and was eventually awarded £780. Whilst the decision was appealed we contacted Loaves and Fishes on DP's behalf who for a £25 donation delivered some essential second hand furniture and appliances.

DP's mother has also been supported by the Freedom Project. She is living in private rented accommodation and her local housing allowance had been cut when DP went into treatment leaving her with a monthly shortfall. This had left her with a high level of rent arrears which were increasing month by month. We supported her to apply for discretionary housing payments from Sandwell Council to cover the shortfall in her local housing allowance. The discretionary housing payments were granted to cover the full shortfall to be reviewed in four months' time. This means that she has been able to start making repayments against her rent arrears with a view to gaining council accommodation once the arrears are paid off.

DP has now been free from illicit substances for 18 months, apart from one lapse where he used heroin once. Due to his commitment to recovery DP is now a volunteer with the Freedom Project. He has also given inspirational talks at the Compass project to service users who are on Drug Rehabilitation Requirement orders. He has also put his name forward to be the service user representative for the new Sandwell shared care consortium

to offer his experiences of shared care prescribing and help to develop the shared care treatment model in Sandwell. DP has now moved off Employment and Support Allowance and is actively looking for work.

Further information

Contact: Tom Hayden on 07966 307953 or tom@summithousesupport.co.uk

SUBSTANCE MISUSE RENT DEPOSIT SCHEME (SMuRDs), LONDON BOROUGH OF ENFIELD

Outline

- scheme for substance misusers to access accommodation in the private rented sector e.g. one-bed properties including single bedsit accommodation, mandatory requirement to be in treatment and must work with floating support services
- partnership between LB Enfield Housing Homefinder Scheme, Drug and Alcohol Action Team (DAAT) and Enfield Floating Support Services
- commenced 2009
- a one-off incentive payment and damages deposit equivalent to one months rent, currently £1500 in Enfield, is paid to a letting agent who is prepared to let a property to a client accepted under the scheme in return for a 12 month fixed term tenancy
- deposits are reinvested back into SMuRDs if a client moves or leaves the scheme.

Achievements

- 54 clients housed in Enfield since 2009
- a cross section of drug, alcohol and criminal justice clients
- the most successful Homefinder Scheme for LB Enfield Housing
- client group has been the least problematic and has retained long term tenancies
- multi-partnership approach which includes Housing Team, DAAT, Enfield Floating Support Services, Enfield Drug & Alcohol Services and Integrated Offender Management (IOM) Team.

Current SMuRDs under 35

- 10 clients currently affected under the new legislation
- LB Enfield Homefinder Scheme and Housing Benefit lead have ensured that these clients are retained on the scheme at a minimum up to March 2013. For some clients this extends to September 2013 through access to discretionary housing fund (DHF)
- Enfield clients who are under 35 years of age housed with a registered provider will be exempt from this legislation
- further exemptions apply to clients who have spent at least three months in a homeless hostel or in a hostel specialising in rehabilitating and resettling within the community
- clients receiving the higher level care component of Disability Living Allowance will also be exempt in respect of the Shared Housing Allowance.

Impact of new legislation

- new clients accessing SMuRDs who are under 35 years of age will not be eligible under this new guidance – this is with immediate effect from December 2011
- single shared accommodation is in limited supply within the borough and legislation will impact on all under 35s
- no real evidence base on the quality of shared accommodation available for under 35 years of age housed in Enfield.

Further information

Contact: Fulya Yahioğlu on 020 8379 4030 or fulya.yahioğlu@enfield.gov.uk

HOMELESS LINK PROJECT, LONDON

Overall purpose

Between 2009 and 2011 Homeless Link worked on a project to reduce evictions and abandonment from supported accommodation. This was primarily focused on preventing people from returning to rough sleeping within London, and therefore involved finding solutions for people who had histories of going in and out of services in unplanned ways. This included those who required support with issues such as substance use and mental health.

To complement this work we also identified common barriers to people being able to access services in the first place, and examples of how these barriers could be overcome. These barriers focussed on issues which services perceive as too high a risk to manage, such as previous arson and schedule one convictions, and those whose support needs are too high or complex. In addition, we supported the development of a resource for supported accommodation providers in identifying an appropriate approach to managing drug use by those in their accommodation.

Key outcomes

Services and local authority areas that we worked with saw reductions of up to two-thirds in the numbers of people leaving their accommodation in an unplanned way. Throughout the period of the project, the percentage of people recorded as returning to rough sleeping in London (from CHAIN) reduced from 35% to 22%.

Service summary

Through the project we conducted extensive research into causes and levels of, and solutions to reducing eviction and abandonment. We then worked with five pilot projects, three of which were supported accommodation services and two were local authorities, to trial solutions and identify further learning. This was then disseminated widely.

Further information

Visit: www.homeless.org.uk/region-london

HOW JOINED-UP SERVICES REDUCED EVICTIONS AND ABANDONMENT, CASE STUDY, LONDON BOROUGH OF LAMBETH

In 2010/11, LB Lambeth co-ordinated a pilot project to reduce evictions and abandonment that included all those providers offering accommodation services to rough sleepers, both first stage and semi-independent, in the borough. In order to fully understand the causes, a process of active reporting, policy review, and multi-agency meetings was introduced for all providers for six months. The pilot was overseen by a partnership group consisting of representatives from Homeless Link, LB Lambeth, and representatives of the service providers.

Service managers were involved to share ideas and develop a protocol that would help to build on existing good practice within Lambeth and elsewhere and to develop a consistent standard of response to preventing evictions and abandonment within the borough. It was really important that the content of this came from the hostel managers and staff themselves in order to reflect the expertise held by this group.

The protocol was drafted and implemented by October 2010, and reviewed in January 2011. It contains guidance through four stages: identifying people at risk of eviction or abandonment early; discussing and deciding on appropriate action that will work for the individual circumstances; carrying out the agreed action; and systematically reviewing causes of eviction and abandonment within services. There is also guidance on appeals, and what to do in the event that an eviction or abandonment is unavoidable. The protocol itself includes template documents around discussion and issuing sanctions; and a wall-chart giving clear direction for staff.

As a result of the project, unplanned moves reduced across the rough sleeping provision by 31%, including a 65% reduction in evictions compared to the same period last year. In addition, planned moves increased by 31%, taking the positive move-on rate across the rough sleeping provision within Lambeth to 81%.

Resources

No additional financial resources were provided to the LB Lambeth or the providers of services in order to achieve the outcome. The only extra resource provided was the support of Homeless Link. To make the pilot successful the LB Lambeth had to see the work as a priority and dedicate some staff time to reviewing the active reporting and facilitating meetings of service providers.

Service user involvement

To ensure that service user views were included, they were consulted at the outset. Following the reduction, the partnership group recognised that a small group of people continued to move in and out of services. The Personalisation Worker at LB Lambeth was tasked with doing some focussed work with them to understand their individual issues and identify appropriate solutions.

Partnership working

The whole approach was reliant on partners coming together to identify the most effective ways of working with individuals who have historically been difficult to maintain in accommodation.

Further information

Contact: Joanne Thomas on 020 7840 4430 or joanne.thomas@homelesslink.org.uk

For more details of good practice and resources to help reduce unplanned moves, visit www.homeless.org.uk/evictions-project

For information on removing barriers to accessing services, visit www.homeless.org.uk/effective-action/barriers

For information in relation to management of drug use in homelessness services, visit www.homeless.org.uk/evictions-abandonment-toolkit-behaviour-criteria

BAC O'CONNOR CENTRES, STAFFORDSHIRE

Service summary

The BAC O'Connor Centres provide an abstinence-based, residential community rehabilitation programme in Staffordshire. We provide detoxification, residential or day rehabilitation, resettlement programme, semi-independent living flats and a floating support service to individuals from Staffordshire who have drug and/or alcohol dependency. We have 66 beds across Staffordshire, 8 for detoxification, 24 residential beds in Burton and 22 beds in Newcastle-under-Lyme and 12 semi-independent living flats in Burton on Trent.

One of the key elements of our service is re-integration into society including access to sustainable housing and independent living skills following completion of our intensive rehabilitation programme. Having stable accommodation is vital to ensure ongoing recovery as this also enables individuals to enter employment. In Burton on Trent, we have established a strong working relationship with our local housing association Trent & Dove Housing which has owned and managed more than 5000 homes since it took on East Staffordshire Council's housing stock after a transfer in 2001. Since this date Trent & Dove have worked in partnership with the BAC O'Connor Centres to ensure that those completing rehabilitation have access to appropriate housing where this is identified as a need.

Overall purpose

The overall purpose of the work undertaken with Trent & Dove is to ensure that those who require housing have their housing applications assessed in a timely manner. Trent & Dove reviewed its allocations system in order to move BAC O'Connor's clients into housing quickly, at the point they are identified as being ready to move. Historically, service users completing the BAC O'Connor Centre programme were kept in priority bands two or three meaning there were substantial waits for re-housing individuals creating a bottle neck

within the rehabilitation programme. In order to make those leaving BAC O'Connor a high priority they needed to be in band one. Trent & Dove made it possible for them to go straight through to the highest priority band one when they are deemed 'ready to move in to independent living'. The partnership relies heavily on both organisations working together with the service users, and Trent & Dove housing have an independent living team who visit service users at the start of their rehabilitation journey and visit on a regular basis throughout their rehabilitation programme to monitor their progress towards independent living. They interview the clients to find out more about their personal circumstances, which enables them to start finding appropriate housing in a suitable area away from any dangerous situations. During the final weeks of an individual's rehabilitation programme they are assessed as to whether they are ready to live independently. If it is identified that they are ready BAC O'Connor liaise with Trent & Dove and this ensures that they are placed in band one and can start to bid on suitable properties and individuals can be housed within a matter of weeks. For those not ready for independent living they move into the semi-independent flats at BAC O'Connor to work on the skills required to live independently.

Once re-housed, BAC O'Connor provide floating support to ensure that the service users receive ongoing support with managing their tenancy and have structures in place to support their ongoing recovery. This starts with a weekly visit and then reduces as the service users gain their independence and are able to manage the tenancy on their own. BAC O'Connor also provides a two year aftercare programme that individuals can access at the centre should they need ongoing support.

Key outcomes

Between 2002 and 2011 Trent & Dove had offered clients from BAC O'Connor Centres:

- 121 new tenancies
- 7 resulted in eviction/abandonment
- 14 terminated their tenancy
- 20 individuals were nominations to other housing associations
- 18 have successfully moved on to other tenancies types
- 53 remain Trent & Dove tenants.

Resources/staffing

The BAC O'Connor Centres have three members of staff dedicated to the resettlement team in Burton who work with individuals to prepare them for re-integration into the community following successful completion of the therapy programme. This team run a four week rolling programme and work with people on areas such as obtaining and setting up a home, managing a tenancy, budgeting and managing finances, independent living skills, preparation for work, compiling CV's, sourcing education, volunteer work placements and opportunities, and working in the BAC O'Connor Centre's Social Enterprise Langan's Tea Rooms which provides training and employment opportunities for service users who have completed the programme. The team work with all service users who enter the BAC O'Connor Centres, not just those being re-housed with Trent & Dove Housing. Trent & Dove Housing have six members of staff including the manager who works within the independent living team. One member of staff is dedicated to the project with BAC O'Connor Centre service users.

Service user involvement and partnership working

The BAC O'Connor Centres involve service users at all levels in relation to service delivery. There is a dedicated service user forum called RIOT (Recovery Is Out There) who work across all drug and alcohol services within Staffordshire. They are dedicated Recovery Champions who set up the group to inspire others in treatment to show that abstinence is achievable and possible and they act as advocates and mentors to those in the treatment system in Staffordshire. In addition, RIOT are currently setting up a radio station which is being supported by Trent & Dove Housing as their community interest project and have committed to renovating the room from which the radio station will broadcast.

Further information

Contact: enquiries@bacandoconnor.co.uk

MIDLAND HEART HOMELESS SERVICES FLOATING SUPPORT, SOLIHULL

M began to access our floating support service in September 2010 after he was referred to us by Welcome Centre. M had a long history of substance misuse which had contributed to his chaotic lifestyle and he was on 40mls of methadone daily. We supported M to review his housing options and helped him to make a Home Options application with Solihull Community Housing. M received a low band due to no priority. We supported M to complete a medical assessment questionnaire and provided various supporting letters from his GP and Drug Worker in February 2011. This helped to increase M's banding from E to B which in turn increased his likelihood of gaining a tenancy sooner. During this time, M continued to work with our service and his drug worker at the local Community Drug Team (CDT) on a regular basis and started to reduce his methadone script on a fortnightly basis.

M's change in behaviour led to him re-building relationships with his family, and especially his mother. M made regular bids for properties and was eventually offered a one bed flat in North Solihull in April 2011. We supported M to apply for relevant benefits to assist with setting up home and worked with him around tenancy support and returning to independent living.

M has now redecorated his flat and purchased all furniture and white goods needed and settled in very well. M is also in a settled relationship for the first time. He is still under CDT on a voluntary basis and is continuing his reduction plan which is now 15mls per day with a view to completing mini home de-tox. M feels empowered that he can now move forwards in his life with confidence.

What has been the short term value of this service?

M's previous history suggests that had he remained outside of this service he would definitely have experienced further use of drugs throughout the period. He would have certainly experienced homelessness with an estimated average of around 13 weeks of rough sleeping, 63 weeks of temporary accommodation.

The estimated cost of these incidents would have been around £8000 during this period. The prevention service delivered represents a saving to public funding of around £3,500 with more to be added for the longer term.

Further information

Contact: 0870 60 70 300

[For more details on Midland Heart's services in Solihull see page 21-23](#)

SHP AFTERCARE AND SOCIAL INCLUSION SERVICE, LONDON BOROUGH OF CAMDEN

Overall purpose

In 2009, LB Camden's Supporting People Programme, Drug and Alcohol Action Partnership and Drug Intervention Programme commissioned SHP to support clients to access employment, training, education or volunteering in order to sustain independent living outside of the borough's accommodation pathway and/or promote recovery from substance misuse. In 2012, the scope of the service was expanded to include the delivery of the Drug Rehabilitation Requirement to clients sentenced to this Community Order and the delivery of a tier three drug treatment programme.

The service has a number of key objectives:

- to enable clients to achieve and sustain their chosen educational, employment and other pro-social goals
- to support the development and delivery of peer support and networks
- to assess individuals' work related and training support needs
- to facilitate appropriate volunteering opportunities
- to liaise with employers to promote and raise expectations around the employment of the service's clients
- to respond to individual's stage in the recovery process
- to deliver the Drug Rehabilitation Requirement to Camden clients who are sentenced to this by the Courts.

Key outcomes

In 2011/12, the service:

- supported 658 clients
- successfully delivered the SHP Fuchsia 4 week structured day programme to 377 clients
- supported 299 clients to access a work placement or enter employment
- supported 116 clients to complete their drug treatment programme whilst engaged with the service
- supported 246 clients to commence full time education
- supported 85 clients in to volunteering opportunities.

Service summary

People within the Camden accommodation pathway and/or are resident in Camden (aged 18 and above) and have issues in relation to substance misuse (drugs or alcohol) are eligible to access the service.

Referrals can be made by a wide range of agencies and organisations including self referral by the client.

Resources

- staffing – 14 staff
- funding – LB Camden and NHS Camden.

Service user involvement

Clients are encouraged to become involved in the delivery and development of the service. At any one time the service has 30 Recovery Champions (clients who were formally in substance treatment) who act as mentors to clients who are engaged in substance treatment. Clients also volunteer within the service to carry out telephone surveys, arrange events (both recreational and vocational), deliver aspects of the SHP Fuchsia Day Programme in addition to feeding into service development in client focus groups.

Clients are also encouraged to participate in a range of activities from SHP's Opportunity Programme including SHP's Participation Reference Group – a forum for influencing SHP policy and service development.

Partnership working

The service works with all accommodation pathway providers in Camden, operating satellite services from some. Satellite services are also run from CRi (Crime Reduction Initiatives) and relevant Camden and Islington NHS Foundation Trust's services, including prescribing services. Additional partnership working is undertaken with colleges and other education and training providers, London Probation Trust, employers and voluntary organisations.

Further information

Contact: Jamie Mills on 020 7520 8660 or jmills@shp.org.uk

Note: The National Treatment Agency's *Models of Care for Treatment of Adult Drug Users: Update 2006* describes four tiers of drug 'interventions' and context for those interventions. In this model, tier 3 interventions include provision of community-based specialised drug assessment and co-ordinated care-planned treatment and drug specialist liaison.

SHPs modular day programme, Fuchsia, is a four-week course designed to be flexible according to the confidence of the clients. While it addresses individual issues and employment needs clients learn to support each other and those who complete Fuchsia are trained to mentor clients on the next course.

ACTION FOR ALCOHOL PROJECT, DONCASTER

LP transferred to our floating support service in November 2010. She was previously supported by Doncaster Alcohol Services in the Accommodation Support Project, formally known as Fulwood. LP received support in money management and maintaining her new housing association tenancy and, when she left our service, LP was still abstinent from alcohol. In March 2011, LP successfully completed the programme of support and is now managing independently.

LP contacted us in May 2011, shortly after leaving the service, to see if she could do some volunteering for our organisation. A meeting was held with LP, her previous support worker and the Locality Manager to see which volunteering opportunities in our organisation best fitted with LP's interests.

LP has now been volunteering with us since July 2011. She has remained abstinent from alcohol and is carrying out administrative tasks and completing needs assessments for potential clients that have been referred to our service. She has been shadowing support workers and often attends client reviews with the support staff and is learning the roles of both the support worker and admin worker duties.

LP attended a recent Supporting People Providers Forum with the Locality Manager and helped to promote the services that Action Housing and Support offer in the Doncaster area. LP thoroughly enjoyed this process and said it was nice to give back and inform people of her journey through the services and how this has helped her to get where she is today.

LP is currently in the process of enrolling on a NCFE accredited level 1 course in business administration which she can do in the workplace. She is also very keen to continue with other training courses to increase her knowledge and employability skills to hopefully obtain paid work later on when she feels she is ready for part or full time employment. LP appreciates the volunteering role she has been given by Action Housing and feels this is helping her with her recovery and believes she is giving back a positive contribution back to society.

Further information

Contact: Action for Alcohol Project on 01302 365244 or info@actionhousinguk.org

[For more details on Action Housing's service in Doncaster see page 32](#)

CONN3CT, CALDERDALE

Client B was one of the first be referred to the conn3ct service. He had just completed a detox in Bradford and wanted to resettle in Calderdale to be near his family. His plan was to stay with his daughter until he was able to secure his own tenancy. Due to his historical attempts at clean time/stability there were issues with trust and he did not get on with his daughter's partner. As a result he had to move out and was no fixed address (NFA).

He did not want to present as homeless because he had very large arrears with a local housing provider. Also, he did not want to go into a hostel in Bradford as he perceived this as more of a threat to his stability than staying NFA. Conn3ct housing support workers have been supporting him whilst he has been sleeping in barns and squats in the area. Although he sometimes stays with his sister this causes problems with her landlord who wants to charge her extra when he stays there and checks to see if B is there. To ensure he does not put his sister's tenancy at risk he will only stay with her one or two nights a week.

As part of B's support, we have met with his former housing provider to discuss his debt. B accepts that he owes the arrears, and arrangements have been made to repay the debt. The housing provider acknowledged the severity of his situation and agreed they would look at his case again after three months. They did reassess his case but they did not lift the suspension.

B has also had issues with his benefits. He is fit for work and wants to work and so has been on Job Seekers Allowance (JSA). However he has faced barriers to accessing work due to him being NFA and has received benefit suspensions making his time on the streets even more difficult without money. Support workers have been able to signpost him to services that provide food parcels to relieve the immediate pressure and have liaised with Jobcentre Plus to help things run more smoothly.

A further issue regarding a historical Housing Benefit overpayment has also added to the difficulties around B accessing accommodation. Support workers have assisted in addressing these in order to make him as tenancy ready as possible.

conn3ct were made aware of some available properties with a local housing provider and have supported him to secure a tenancy with them. This was hard considering his housing history as there have also been failed tenancies in Scotland. Support workers gave the Housing Officer an honest and accurate reference of the person they knew and had been working with since he left detox. More importantly they thought it best for the housing officer to meet B to enable an honest discussion. Both these measures had significant impacts on the housing officer's decision and B moved into his flat. He received housing support for six months and has since successfully maintained his flat independently. As part of his exit plan for support, he accessed the Education, Training and Employment (ETE) element of the service and secured a voluntary placement which he completed successfully.

After nine months volunteering he secured part-paid employment with the organisation which he continues to maintain.

Further information

Contact: Tara Longhurst on 01422 306840 or conn3ct@hortonhousing.co.uk

[For more details on Conn3ct services see page 7](#)