

Effective Services for Substance Misuse & Homelessness in Scotland:

**The recommendations of the
Advisory Group on Homelessness
and Substance Misuse**

**Effective Services for Substance Misuse & Homelessness in Scotland:
Evidence from a Global Review**

*This paper outlines the process, key findings and recommendations from the
Advisory Group on Homelessness and Substance Misuse.*

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1. Context:

1.1 In the summer of 2005 the Scottish Executive held a conference to consider issues relating to homelessness and substance misuse

1.2 Some of the key issues identified were:

- People affected by homelessness and substance misuse are one of the most challenging groups to provide effective services to; for both the housing and substance misuse sectors. However, people with homelessness and substance misuse issues are also among the most vulnerable and 'at risk' and often make numerous repeat applications for homelessness assistance
- It can be particularly difficult to manage the balance between providing appropriate services to those affected and ensuring that communities are not adversely affected by anti-social or criminal behaviour that may sometimes be associated with these types of problems
- Those affected by both issues often fall between services so that the problems for individuals and the challenge for services becomes harder to manage as time goes on.

1.3 Following the conference, it was agreed that an advisory group should be established to progress discussion about how to improve service provision for people affected by homelessness and substance misuse.

1.4 The advisory group was established in November 2005 and agreed its remit in January 2006, which was:

To develop and recommend a set of appropriate and adequate integrated approaches for working with substance misusers, i.e. problematic drug and alcohol users, affected by, or vulnerable to, homelessness. This should be based on joint working through integrated services at a local level to promote:

- Appropriate accommodation and levels of support which promote long-term and sustainable independence
- Access to primary care and relevant secondary care services
- Understanding and means of implementing harm reduction to prevent damage to self and others
- Holistic input to improve well-being and promote change
- Access to information about other appropriate services, suitable means of referral to such services and adequate support when necessary to assist their engagement with mainstream services
- To consider, disseminate and promote implementation of effective practice and to identify innovative practice where appropriate
- To keep Ministers informed of progress and report any relevant findings.

- 1.5 The group spent some months considering the range of issues that needed to be considered in order to move towards recommendations and concluded that there is a real need for a good evidence base in this field. As a result research was commissioned from the Centre for Housing Policy at the University of York. The researchers were asked to:
- Identify and review available evidence on service models and approaches that produce positive outcomes for people with substance misuse problems who are either homeless or at risk of homelessness
 - Outline and assess how positive outcomes in effective services are recognised and measured
 - Develop potential outcome measures for services.
- 1.6 The research was published in July 2008: *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review* (Scottish Government Social Research, 2008)
- 1.7 The research came at a highly opportune moment as it coincided with:
- The launch of the Scottish Government's drug strategy, 'The Road to Recovery'
 - The Scottish Government's consultation on 'Changing Scotland's Relationship with Alcohol'
 - The Scottish Government's development of new guidance on Preventing Homelessness & research into service barriers affecting people with multiple & complex needs.

2. **Key points from the research:**

The advisory group recommends that all those involved in the planning and provision of serviced for people affected by homelessness and/or substance misuse should read and use the findings of the research report. However, we have summarised the key findings of the research:

- 2.1 There are clear cause and effect relationships between substance misuse and homelessness. That is not to say that everyone with a substance misuse problem will become homeless but people with substance misuse problems are at higher risk of homelessness. This research also evidences that homelessness can lead to substance misuse and that existing substance misuse problems are likely to become worse once a person becomes homeless. In addition, the co-existence of mental health problems is noted in many cases. Paragraph 2.39 states that "these studies paint a picture of homelessness and substance misuse as mutually reinforcing conditions that are the result of sustained, multiple, compound disadvantage through childhood and adult life. There is evidence of sustained socioeconomic exclusion, isolation and alienation among homeless people with a history of substance misuse. There is also evidence that it is lone homeless people and young homeless people, rather than all groups of homeless people, who are characterised by high rates of substance misuse." Hence adults in homeless families appear less likely to be involved in substance misuse.

- 2.2 The research considers five key models for working with homeless people with substance misuse problems, as follows:
- Joint working and case management;
 - Fixed site detoxification services;
 - Staircase, continuum of care and transitional models;
 - The Housing First model;
 - Permanent supported housing.
- 2.3 The conclusion is that there is no one approach that works for all and each model works for some people. However, on the whole, approaches that consider a person's housing needs and aspirations alongside substance misuse issues seem to have more success. The most positive evaluations come from the Housing First model in the United States. This model provides people with mainstream housing that they want to live in and provides services within that housing. Linked to the same principle, models where people do not access permanent or mainstream housing until they have demonstrated 'improvement' in their substance misuse seem to be less effective. However Housing First has demonstrated less success in ending substance misuse or promoting access to paid work.
- 2.4 In the UK, the most common approach to providing substance misuse services to homeless people is through a care management/joint working approach. This is different from the Housing First model which provides housing that the service user values from the start and provides support through one keyworker undertaking all support tasks. There is limited evidence as to the success or otherwise of joint working/care management approaches largely because no systematic evaluation has been undertaken. There is no evidence that the model in itself is ineffective. However, there is a generally expressed belief that when it does not work well it is due to a failure in joint working, rather than a failure in the principle of the approach – that the services are not available or are unable to work together effectively.
- 2.5 The research does suggest that for many areas of Scotland the most useful and cost effective approach may be to look at how existing services could be adapted in the light of the research: for example, using one post from a substance misuse or housing support team to focus on providing appropriate housing and realistic support to individuals affected by both homelessness and substance misuse. It may also be helpful to consider the sharing of a resource across authority or area boundaries.
- 2.6 The review found that on the whole responses requiring or promoting abstinence are not particularly effective in working with homeless people with substance misuse problems. Interventions adopting these approaches tend to have a high drop out rate of 60 to 80% and low success, although there is evidence that they do work for some people.
- 2.7 However harm reduction approaches were found to have more success which provides a clear implication that expectations for 'improvement' should not be set too high. The evidence suggests the need to be realistic and look for ability to sustain accommodation and a reasonably stable lifestyle rather than expect people to achieve complete abstinence and a fully independent lifestyle. The research also highlights that services based solely on treatment which offer no other support and do not coordinate with other services, such as stand-alone clinics offering detoxification, tend to be largely unsuccessful. Services that offer a range of supports, including housing related support, tend to be more successful at retaining service users and keeping them in accommodation. Therefore the more comprehensive a service is the more effective it is likely to be at retaining formerly and potentially homeless people in accommodation or settled housing.

- 2.8 The research notes that all mainstream service models have some successes. However there is no strong evidence that any service intervention is consistently effective at achieving independent living and an end to substance misuse for most of its users. While a permanent end to homelessness, independent living, paid work and an end to substance misuse is an attainable goal for some service users, this is not true for all. Promoting harm reduction and ensuring that someone is in settled housing is all that may be achievable for some service users.
- 2.9 In Scotland there is already a requirement to provide housing for all unintentionally homeless households in priority need. By 2012 this will extend to all homeless households, therefore one of the key elements of the successful Housing First approach is already met. However, it may be necessary to think further about:
- a) When housing is provided – the research suggests that holding off on permanent (settled) accommodation until a substance misuse or other problem is dealt with, is not the most successful approach, and
 - b) What housing is provided – again, the evidence suggests that it does need to be housing that is desirable or at least acceptable to the person in order for them to be able to invest in it.
- 2.10 The review found little evidence of any concerted attempts at preventing homelessness among people with substance misuse problems and, consequently, no real pointers for what might work. The research suggests that the problems faced by people with substance misuse problems who are at risk of homelessness are so complex that it would be difficult to know where to start. However, it does suggest that it may be useful to begin to highlight people with substance misuse problems as a key risk group alongside, for example, people leaving care, prison, or long stay hospital. This reflects an additional key finding that the higher the level of need, for example among people with long experience of street homelessness, long term addiction and severe mental illness, the less the chances are that services will be successful.
- 2.11 An additional finding of the review is that there is a global tendency to see the problems of homelessness and substance misuse as largely resulting from individual moral failure. Services in the US designed on these assumptions saw poor results but more recent services have adopted new models based on different assumptions. Moving beyond ideas of homelessness and substance misuse as simply being the results of individual moral failure is therefore essential if services are to be successful.
- 2.12 The issue of effective outcome recording and reporting was considered at some length and numerous problems highlighted. It was identified that substance misuse outcome measures such as TOPS and CISS includes a limited focus on housing or homelessness issues and outcomes so would not really be useful. It considered a number of broad outcomes models used in homelessness or housing support services and felt that these may be more useful although they still have problems in terms of consistency, organisational/worker focus or bias, relativity of positive outcomes for individuals (e.g. one person's outstanding success may be another person's backward step) and applicability over periods of time (i.e. sustainable outcomes).

- 2.13 An effective system for measuring outcomes for this group could clearly be developed, however this needs more detailed work and needs a debate on whether to go with a new system or to adapt an existing one. Key issues that would need to be considered are:
- Not being too ambitious in terms of anticipated outcomes
 - Incorporating some form of longitudinal measure to check sustainability of outcomes
 - Identifying forms of data collection that are robust but not too resource intensive.

3. Response to the Research findings

- 3.1 In March 2009 three events were organised to publicise *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review* (Scottish Government Social Research, 2008). As well as publicising the research, the aim of the events was to seek a response to the research from the fields of substance misuse and homelessness. The events also offered a training opportunity for specialist staff in the homelessness fields to learn some basic facts about the substance misuse issues and for substance misuse specialists to learn about homelessness legislation. The events were held in 3 venues across Scotland and well attended. Participants numbered 60 in Aberdeen, 80 in Edinburgh and 100 in Glasgow. A wide range of services, service users, planners and commissioners were represented. Requests for bookings were 176% of capacity, demonstrating a high demand for information across both the homelessness and substance misuse fields.
- 3.2 The research findings were welcomed as a validation of current understanding within the substance misuse and homelessness fields. Where this understanding is able to inform practice there was recognition that evidence-based good practice models could be developed and shared. It was generally agreed that although the research findings contained 'no surprises' it was valuable to know that the research paper could be used as an authoritative summary of the basis on which to develop good practice. Despite the research results being seen as unsurprising and familiar there was a general feeling that services as currently configured did not wholly conform to a best practice model based in the research findings.
- 3.3 There was considerable interest in the Housing 1st approach described in the research and some interest in finding out more with a view to developing models based on this approach in Scotland.
- 3.4 Other issues that were raised as being of current concern in the context of homelessness and substance misuse were:
- Difficulty in accessing accommodation
 - A lack of suitable accommodation
 - The loss of accommodation due to substance misuse
 - Involvement in substance misuse due to a lack of appropriate accommodation
 - The perception that the targets for housing providers – sustainable communities, rent collection, dealing with anti-social behaviour are incompatible with supporting problem substance misusers unless a 'bigger picture' is borne in mind
 - Local variation in the treatment service availability and accessibility for substance misusers

- 3.5 There was general agreement that practice development based on the research's evidence would help address these issues. The discussion also provided ideas about addressing stigma, improving service design and delivery and joint working to improve the interventions with this client group
- 3.6 The advisory group has taken account of the outputs from the three events and has incorporated responses within its recommendations.

Recommendations from the advisory group – based on the research report and work of the group including the seminars held in Aberdeen, Glasgow and Edinburgh March 2009.

The Advisory Group concludes that problems of homelessness and substance misuse are inextricably linked; it is therefore vital that joined up responses at strategic and organisational level are adopted and that means to address both homelessness and substance misuse are linked in the design and delivery of services to these client groups. The advisory group notes that these services are likely to be either provided directly through local authorities (housing and social work services) or the NHS; or they will be commissioned from voluntary sector providers by local authorities or the NHS.

1. Strategic and Organisational Responses for people affected by homelessness and substance misuse.

The advisory group recommends that:

Recommendation 1: A joint strategic response at national level is developed

At a national level, explicit links between Homelessness, Alcohol and Drug strategies and Directorates are essential for effective planning. The Scottish Government should endeavour to ensure that liaison and information sharing across its Directorates responsible for these policy areas is maintained and developed. This should happen during both the development and the implementation of national strategies for tackling and preventing homelessness and addressing substance misuse.

Recommendation 2: A joint strategic response at a local level is developed

Locally, the responsibility for implementing the recommendations in this paper should reside with the Alcohol and Drugs Partnerships (ADPs). These Partnerships should include appropriate representation from housing, homelessness and health functions including the person responsible for the delivery of and reporting on the Health and Homelessness Action Plan.

Recommendation 3: National and local governments and those planning and commissioning services recognise the importance of investing to save over the long-term

There is a need for service provision to be more securely funded in this area. People affected by homelessness and substance misuse need stable and long term service provision. Where funding changes impact on service delivery, including the ending of funding, consideration should be given to transitions for service users from one service to another to maintain continuity of support and for staff so that skills and experience are not unnecessarily lost.

Recommendation 4: A joint operational response at local level is developed

Substance misuse and homelessness services should be required to evidence on an ongoing basis how they work in partnership with each other in order to achieve positive accommodation and support outcomes for individual service users. These outcomes should be monitored by the ADPs. Effective partnership working must be in place across both statutory (local authority and NHS) and voluntary sector services.

Recommendation 5: *More flexible approaches are developed in rural areas*

In rural or island areas, the challenge of providing effective responses to people affected by homelessness and substance misuse will be greater. The possibility of sharing initiatives across local authority or health board boundaries should be explored and encouraged in such areas.

2. Service design and delivery for people affected by homelessness and substance misuse.

The advisory group recommends that:

Recommendation 6: *Mainstream services supporting people affected by homelessness or substance misuse routinely consider the impact of substance misuse or homelessness on the ways in which they provide services.*

All services for people with drug and alcohol problems should be required to state how they respond to people affected by homelessness. All services for people affected by homelessness should be required to state how they will respond to people with alcohol and drug problems.

Recommendation 7: *Service development and commissioning are based on evidence of good practice*

All services working with people affected by homelessness and substance misuse should be able to demonstrate that their approach to service design and delivery takes into account evidence of good practice as discussed in the research report: *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review* (Scottish Government Social Research, 2008).

Recommendation 8: *The starting point for service delivery is an individual's priorities*

The starting point of service delivery should be based on the perspectives of the service user:

- All options for accommodation and support should be fully discussed with the service user and agreed on by all services and the service user - based on what is both acceptable and realistic
- A personal plan should be developed based on what the service user needs, wants and can manage in terms of both housing and support
- Neither substance misuse services nor housing should be withheld until the other is in place – both should be provided at the same time and be designed to support each other
- Offers of accommodation, particularly permanent accommodation, should as far as possible be agreed as appropriate between the service user, the housing provider and other support services. However, it will be important to acknowledge and work with restrictions caused by lack of appropriate housing stock and the need to support balanced communities
- One worker should be identified and agreed as co-ordinator of the personal plan.

Recommendation 9: *There is on-going evaluation of the effectiveness of services in this field managed through the ADP planning and monitoring processes*

- Commissioners and planners should ensure that service specifications incorporate a requirement that evaluation information is provided on a regular basis:
- Evaluation information should include reporting outcomes for service users
- Outcomes for service users should be realistic and person-centred and based on appropriate and agreed indicators
- Outcomes should be agreed with service users and outcomes reporting should be based on distance travelled towards recovery and resettlement
- ADPs should use the mechanism of the Delivery Reform Group's Outcomes Toolkit to ensure effective reporting of outcomes for people affected by substance misuse & homelessness

Recommendation 10: *Targeted service user participation and involvement is supported*

Feedback from service users with substance misuse issues should be actively sought by providers of homelessness and housing services through targeted user involvement. Similarly, providers of substance misuse services should actively seek feedback from service users affected by homelessness through targeted service user involvement.

Recommendation 11: *Training across homelessness, housing, alcohol and drug fields is supported in statutory and commissioned services*

There is a need for training across the substance misuse and homelessness fields in awareness around these issues and how they are inter-linked. Commissioners and service planners should be satisfied that services can account for how staff awareness will be raised and stigma challenged. Services and staff should also be able to explain how agencies will work together, through signposting, joint working and partnership as appropriate. These arrangements should be monitored through service evaluation. ADPs should have an overview of the training available.

Recommendation 12: *The stigmatisation of these populations is addressed at a local and national level*

There is a need to tackle the discrimination experienced by people affected by homelessness and substance misuse – from professionals and from the public. All service providers should be proactive in this area, supported by ADPs. National government should consider their role in challenging stigma.

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