

Housing people who misuse substances: Making Housing First work

A report commissioned by
St Dominic's Housing Association



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1 Introduction

1.1 Terms of reference

This report was commissioned by St Dominic's Housing Association (SDHA), which was established in 2003 with the aim of developing a project that would provide hostel accommodation and support needs for homeless people with addiction problems in Tallaght.

SDHA committee members expended considerable effort and made numerous attempts to establish this project, but regrettably, without success. In 2008, the Homeless Agency, which has responsibility for the planning and co-ordination of homeless services in the Dublin area, adopted the Housing First approach in its plan *Pathway to Home*¹. Following this, SDHA was concerned about the applicability of this model to people who misuse substances, and commissioned this research with the following objectives:

- › Examine the applicability of the Housing First model to people with substance misuse issues
- › Identify best practice in relation to supports needed to ensure tenancy sustainability for this vulnerable group

This report covers both these areas: Section 2 discusses the Housing First approach and its general applicability to people who misuse substances. Section 3 examines some of the specific practical issues that need to be addressed when housing people who misuse substances. This section is intended to act as a guide for people involved in the housing of people with substance misuse problems.

It is worth stating at this juncture, that many, if not all, the issues discussed in this report are relevant to people who have an alcohol addiction as well as those who misuse substances.

It is also important to remember that there are perhaps 14,000 heroin users in Ireland, and the great majority of them are housed. So, whilst there is a higher prevalence of substance misuse among the homeless population than among the population as a whole, only a minority of people who misuse substances are homeless.

1.2 Methodology

The methodologies included a literature review; consultation with organisation stakeholders; consultation with people misusing substances; and consultation with the SDHA committee.

Consultation with twelve people misusing substances was carried out using semi-structured interviews by Fran Cassidy, and facilitated by St Dominic's Community Response Project. All the other interviews were carried out by Simon Brooke.

The following organisation stakeholders were interviewed:

- › Dublin City Council resettlement team
- › Dublin Simon SLI team
- › Peter McVerry Trust
- › Homeless Agency
- › Coolmine Therapeutic Community
- › Merchant's Quay Ireland
- › Ana Liffey Trust
- › St Dominic's Community Response Project
- › St Dominic's Housing Association management committee

2 Housing First



2.1 What is Housing First?

Housing First* is an approach to ending homelessness that was developed in the USA, which involves assisting homeless people to move into permanent housing as quickly as possible and providing appropriate support services to them in their homes. This is in contrast to the traditional route through emergency accommodation, transitional housing, and then into long-term housing. The crucial difference between the two approaches is that the traditional route – sometimes called ‘treatment first’, or the ‘linear’ approach – requires people to be ‘housing ready’ by the time they move into long-term housing; whilst the Housing First approach involves short-term stabilisation followed quickly by a move into long-term housing, with the provision of appropriate home-based services to help tenants maintain their tenancy and develop their independence and autonomy.

An article published in *CornerStone*, the magazine of the Homeless Agency that is due for publication in January 2011 – *Pathways Housing First: How to stop managing chronic homelessness and start ending it*² provides a very comprehensive introduction to the Housing First and sets out five core principles:

* This introduction is adapted from *Report of the evaluation of homeless services – 2008 Series* by Simon Brooke and Associates. This was an evaluation of the homeless services system in Dublin, which promoted the Housing First approach.

- 1 *Consumer choice* – almost everyone who is asked, says they want housing first. Once housed, consumers continue to choose the type, sequence and intensity of services (or no services)
- 2 *Separation of housing and treatment* – the provision of housing is not dependent on the tenant accepting treatment services.
- 3 *Providing services that promote recovery* – these include supported employment, education, wellness management and are provided in at least equal proportion to psychiatric and substance abuse treatment services.
- 4 *Community integration* – key workers encourage clients to develop natural supports in the community.
- 5 *Evidence-based practice* – from its inception, research was fully integrated into the model.

There is a growing literature, mainly from the USA, which asserts that the Housing First approach leads to better outcomes than the traditional route. An organisation called Pathways to Housing (www.pathwaystohousing.org), based in New York has been an enthusiastic advocate of this approach and has supported a research programme that has demonstrated significant benefits for Housing First over the traditional route through homeless services. Pathways to Housing claims that its Housing First approach has achieved a 85 percent housing entry and retention for clients who could not be served in traditional housing programmes. Tsemberis³ described the Pathways to Housing Housing First approach thus:

Pathways' clients have achieved results that were considered unattainable: clients living on the streets for years and deemed 'not housing ready' are now living comfortably in apartments of their own; clients deemed 'treatment resistant' are now choosing to take medication and actively participating in their own recovery; clients who were severely addicted are now choosing to stay clean and sober, and others who had long ago lost hope are now working toward personal goals that they had previously imagined were impossible. Pathways has been able to successfully engage into housing and treatment individuals who have remained outside the system and to maintain people in the community in their own housing. Within the team approach, the program came up with multiple, supportive approaches that encourage recovery and avert hospitalisation.

It is most important to be clear that, as Edgar and Geerstema⁴ point out, Housing First does not mean 'housing only'; as stated above, a variety of services are delivered to promote housing stability and individual well-being, often using the assertive community treatment model or case management.

Other research includes Gulcur *et al*⁵, who compared two approaches to housing chronically homeless individuals with psychiatric disabilities and often substance abuse. ('A chronically homeless person' is defined in the USA as 'an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.')

The first approach was the conventional approach (i.e. non-



Housing First) in which treatment and sobriety were prerequisites for housing; the second was the Housing First approach in which offered immediate access to independent housing without requiring psychiatric treatment or sobriety. Participants who were randomly assigned to the Housing First approach spent significantly less time homeless and in psychiatric hospitals and incurred fewer costs than those who were assigned to the conventional approach. Martinez *et al*⁶, researching in San

Francisco reached the same conclusions. Greenwood *et al*⁷ also found a direct relationship between Housing First and decreased homelessness and increased perceived choice. Padgett *et al*⁸ found that dual diagnosed adults (people with addiction and mental health problems) can remain stably housed without increasing their substance use, and concluded that Housing First programmes deserve consideration as a viable alternative to standard care. Similarly, O'Connell *et al*⁹, found that subsidised housing combined with intensive case management, reduced the risk of repeat episodes of homelessness even among individuals with more severe substance abuse problems.

A similar trend can be seen in Europe. Edgar and Doherty¹⁰, in their paper on supported housing and homelessness in the EU, refer to an evolution in supported housing (which includes transitional housing):

This evolution is sometimes reflected in the terminology used, with a distinction drawn between 'supported housing' and 'support in housing'. The former describes an approach where a planned programme of support is provided in a particular physical space (which may even have been purpose built); the support is centred on the accommodation which people move through. The latter term indicates a situation where people live in ordinary housing (self-contained or shared) in the community and support is provided (either permanently or temporarily) as required by tenants.

Thus, overall, there is growing evidence of a trend away from the traditional route of emergency accommodation – transitional housing – long-term housing, towards a Housing First approach in which people move directly into affordable housing and are provided with appropriate supports in that housing. Indeed the Housing First approach has been designated as an evidence-based practice by the USA Department of Health and Human Services.

2.2 Housing First and substance misuse

It is important to acknowledge that until recently the focus of research on Housing First concerned people with mental health problems. This was acknowledged by Professor Denis Culhane, in an interview with CornerStone magazine in December 2009 when he said, 'The largest population of adult homeless is substance users and it's the group for whom we've done the least amount of research.'¹¹

Almost all the literature claims better outcomes for the Housing First approach than for the treatment first approach. However one recently published paper, (Kertesz *et al*¹²) suggests that ‘for homeless individuals with a prominent and active problem of addiction, the data on Housing First are mixed and unsettled.’ (Note that ‘addiction’ here means either alcohol or drug addiction.) This assertion is based on the authors’ review of existing research, some of which they say shows that people who misuse substances leave their accommodation sooner than those who do not. They state unequivocally that, ‘No studies have compared a Housing First with a non-Housing First approach for clients recruited on the basis of having severe addiction...’ They also claim that the level of substance misuse among the population investigated in existing research was relatively modest. They do not assert that the Housing First will not work for people who misuse substances, but that more research is required to find out whether it works for people whose addiction may be severe.

This, as far as this author can tell, is the only paper currently published that is critical of some aspects of the Housing First approach, and so its claims need to be addressed.

It is correct to say that the particular area of applying the Housing First approach to people whose addiction is severe is under-researched. However, it is also a fact that large numbers of people who misuse substances (many of whom also have a mental health problem) have been housed very successfully through a Housing First approach. There is also a significant body of literature, mainly published in the UK, which is concerned with practical steps required to house successfully people who misuse substances.

Secondly, Kertesz *et al* appear to equate ‘success’ with reduced health costs that lead to cost reductions compared with other approaches, and/or making progress towards addictive recovery. However, support in Ireland for the Housing First approach is not predicated on a reduction in health costs but on a more effective use of homeless and housing services, together with better housing outcomes for formerly homeless people. So even if the Housing First approach as applied in Ireland did not lead to reduced health costs or ‘addictive recovery’, this would not undermine the case for the Housing First approach in Ireland. On the question of addictive recovery, the Housing First approach implies, as stated above, support for a harm reduction rather than an abstentionist approach to addiction, which seems to be implied by the expression ‘addictive recovery’, although this expression is not defined clearly in the paper.

Furthermore, one of the starting points of this research commissioned by SDHA is to examine whether there are specific issues that need to be addressed when providing housing for people who misuse substances; in other words it is attempting to address the very gap that Kertesz *et al* have identified.

Finally, it is important not to forget, as Edgar and Geerstema state, the Housing First must not mean ‘housing only’. It is implicit in the Housing First approach that a harm reduction policy is followed rather than an abstentionist policy, and that means ensuring that appropriate treatments are available for those who need them.

2.3 The role of housing for people who misuse substances

Whilst the specific area of Housing First and people who misuse substances has not been researched in detail, there is a body of literature, published mainly in the UK, which has examined a number of relevant issues concerned with providing housing for this group. Although this literature is not explicitly concerned with the Housing First approach, there is a considerable amount of overlap; also it provides a perspective which reinforces the issues raised in consultation with stakeholders in Ireland.

The central importance of housing and the acknowledgement that it is a necessary but not sufficient condition for treatment of substance misuse, is a widely held view. A report produced in the UK, *Drugs and Supported Housing*¹³ emphasises this, stating:

Accommodation is central to people's lives and the importance of good housing and social support is recognised as essential to success in treatment. Those with additional accommodation support attached to their treatment programme have much better outcomes. For some people – the homeless notably – stable accommodation is an important factor for effective treatment engagement.

Research by a UK charity, Addaction carried out in 2005, referred to in *A Guide to Improving Practice in Housing for Drug Users*¹⁴ found that 83% of substance misusers felt that stable housing one of the most important support services required to help them stay clean.

A widely referenced report, *Keys to Change*¹⁵ examined the role of local authority housing in the care and rehabilitation of drug and alcohol users in the London Borough of Lambeth. Although it was published in 1994, it is the most detailed and thorough study on the topic that this author has found, and its findings are very relevant to this research. These include a strong statement about the importance of housing:

Housing is the fundamental basis from which substance users can hope to:

- assess and reconstruct their identities;
- develop and maintain physical and emotional security;
- develop strategies for coping;
- avoid or minimise substance misuse;
- explore and expand the potential for social relationships, employment and educational opportunities.

If treatment strategies are to succeed, there must be an increased emphasis on the funding of complementary, community-based services, which reflect all aspects of a client's life.

Other findings from *Keys to Change* include:

- › Drug/alcohol users are vulnerable to harm if they do not have secure housing, and they are disadvantaged in their ability to access and retain affordable and secure housing.
- › Clients regard housing as an essential attribute of social adulthood and improved self-esteem, and a critical basis for making other beneficial life changes.
- › Testimony from clients suggests that secure housing has in many cases enabled them to remain abstinent or to reduce drug/alcohol consumption.
- › Housing as a resource contributes to the prevention of substance misuse by providing clients with a material foundation for developing quality of life.



All of this underscores the importance of housing, and perhaps tells us little that we didn't already know. But it is reassuring that this message is stated so uncompromisingly, and incidentally, provides significant support for the Housing First approach, despite the reservations expressed by Kertesz *et al* reported in Section 2.2 above.

2.4 Housing First in Ireland

Following the publication of *Report of the evaluation of homeless services – 2008 Series*¹⁶, which promoted the Housing First approach, this approach has been adopted by the Homeless Agency as part of its pathway model of homeless and housing services. These evaluations recommended a major reconfiguration of homeless services, which included ending transitional housing in its current form and providing a much greater supply of mainstream housing, making use of the existing over supply of new housing, together with appropriate visiting support.

It is important to emphasise that these evaluations made it clear that the Housing First approach would not suit everyone. Staff in homeless services estimated that nearly 70% of their clients needed mainstream housing with either no support or visiting support, and 30% had higher needs that could only be met by on-site support in dedicated supported housing.

2.5 Housing First: the views of stakeholders

All the stakeholders that were consulted for this research were strongly supportive of the Housing First approach for people who misuse substances. There was also unanimous agreement that there are some people who misuse substances for whom the Housing First approach would not be appropriate, either in the short-term or in some cases for ever. These are people whose needs are such that they would not be able to maintain a tenancy in mainstream housing, even with visiting support. For these people the most appropriate housing solution would be supported housing

which is characterised by having on-site support that might vary from a presence during the day right through to 24 hour waking support.

However, the stakeholders had difficulty in agreeing precisely what were the characteristics of someone who needed supported housing rather than mainstream housing with visiting support. The concept of ‘chaotic drug use’ was discussed but not all stakeholders felt it was a useful concept in this context. This is discussed in more detail in Section 3.7 below.

The positive views of the Housing First were reflected in responses from interviewees who were substance misusers. Comments included:



If you're on methadone and stable you should be well able to (live in a flat).

People who use drugs can hold down flats and accommodation yeah...

If you have a stable place you're more inclined not to use.

There's a lot of people in homeless services a flat would work for ... a lot of people hate the rules of those places.

We [girlfriend and himself] wouldn't have been homeless if there was some system - an apartment with rent deducted ... you should have a home and help offered ... whatever suits people.



3

Practical issues to consider when housing people who misuse substances

From both consultation with stakeholders and the literature review there was widespread agreement about the range of issues that need to be taken account of when housing people who misuse substances. The rest of this section sets out these practical issues under the following headings:

- › Before moving in
- › The role of the landlord
- › Housing related supports
- › Isolation and loneliness
- › Who is Housing First not appropriate for?

It is important to stress that this section does not constitute a comprehensive guide for the provision of housing for people who misuse substances. There are many elements, for example pre-tenancy courses, and sensitive housing management which would apply to all tenants. The focus here is on issues that are specific to the needs of people who misuse substances. Furthermore there is no doubt that through experience of practical application, the content of this section will be broadened and improved upon.

It will of course be necessary at an early stage to determine whether or not the person is appropriate for housing under the Housing First approach. This is dealt with in detail below in Section 3.7 and will involve a comprehensive needs assessment that will include an assessment of support needs if this has not already been carried out.

There is a particular issue in relations to after-care facilities for people leaving prison. Substance misuse is widespread in Irish prisons, and represents a significant challenge to those involved in prisoner aftercare. A report published recently by the Irish Penal Reform Trust (*It's like stepping on a landmine... – Reintegration of Prisoners in Ireland*¹⁷) found that the lack of planning for release meant that prisoners had difficulty linking in with necessary services on release, including homelessness support, mental health care, and addiction treatment. The report noted that prisoners who leave without a place to stay are more likely to re-offend, and it found that homelessness and the provision of suitable accommodation was by far the most frequently mentioned difficulty facing prisoners and the service providers supporting them on release.

3.1 Before moving in

Location is crucially important

Of course location is important for all people but for those who misuse substances, it may have a particular significance. A letting in the wrong place may be setting someone up to fail. For some people it will be essential to avoid certain areas, for example where drugs might be freely on sale, or where people misusing substances may congregate or live. Others may have important social or family contacts that they will want to live near to. This issue is referred to in a UK publication, *Drug Services for Homeless People – a good practice guide*¹⁸, which states, 'It has been found that strong social and family support can increase successful outcomes from treatment. Where clients have such support available, every effort should be made to secure housing for them close to their support networks.'



Pre-tenancy planning is vital

There are a number of issues that potential tenants need to be given assistance to think about before they move into their new home.

Unwanted guests

One of the biggest challenges they are likely to face is from unwanted guests. This issue was raised by all the stakeholders and is frequently referred to in the literature (for example *Keys to Change, Tackling Drug Use in Rented Housing*¹⁹.) Current and former substance misusers may find themselves under pressure from peers to provide accommodation or a place to use substances, or still worse a place from which to deal in drugs. Those who were previously homeless may find it particularly difficult to turn away a homeless friend. If this happens, then the visitors, who will not have any personal investment in maintaining the tenancy, may be the cause of anti-social behaviour, which will jeopardise relations with neighbours and may ultimately lead to the end of the tenancy. The more vulnerable and lacking in self-esteem the tenant, the more likely that he or she will be exploited in this fashion.



In these circumstances it may be sensible for the tenant to decide before moving in, that he/she will not to tell anyone where he/she lives. It will also be crucial that whether or not this decision is made, if subsequently the tenant does receive unwanted guests, that he/she feels able to contact the landlord and/or the visiting support team, and both of these will need to be aware of this eventuality.

This difficulty was acknowledged by one substance misusing interviewee:

“

If some people had a place they'd be the type everyone would be coming up using the place to shoot up or whatever ... people in an estate wouldn't have it.

”

Buying drugs elsewhere

Deciding to buy drugs in a different neighbourhood is a basic strategy that will help to reduce the possibility of unwanted guests or the attentions of neighbours.

Sensitivity to neighbours' perceptions

Neighbours may have preconceptions about people who misuse substances, and tenants need to be sensitive to this. For example if there is a lot of coming and going by visitors, who may well be welcomed by the tenant, the neighbours may interpret this as drug dealing taking place. If this happens, then the relationship between the tenant and his/her neighbours will be threatened and neighbours may be less tolerant of any other behaviour.

Interviewees who were substance misusers were aware of the importance of neighbour relations:



“

Let the neighbours know as little as possible before people who use drugs move in otherwise they're on your back ... I get on great with my neighbours.

”

3.2 The role of the landlord

Of course, as with location, the role of the landlord is crucial in relation to all tenants, but because this group may be particularly vulnerable to financial difficulties, unwanted guests (as described above), and the possibility of anti-social behaviour that may arise from this, it is particularly important that housing management is both effective and sensitive. This requires that housing officers are properly trained to enable them to deal with issues that may arise confidently, safely and appropriately.

There needs to be a clear understanding of the respective role of landlord and visiting support team, and effective lines of communication between the two.

It is important to remember not all people who misuse substances will cause housing management difficulties. *Keys to Change*, referred to above, states, 'People with drug and alcohol problems do not generate exceptional housing management problems in comparison with public housing tenants overall.'

People who misuse substances are likely to have financial difficulties and may also be more prone to rent arrears, and as described above unwanted guests may lead to anti-social behaviour. In all these cases, where such issues arise, a quick and professional response by the landlord is essential. The longer rent arrears problems or anti-social behaviour are allowed to continue, the more intractable those problems will become.

3.3 Housing related supports

As stated above, Housing First means housing with appropriate supports. In Ireland the housing related supports will be provided by SLI (Support to Live Independently). The contract for this has been awarded to Dublin Simon Community and at the time of writing is just beginning to operate.

Existing visiting support teams, whether called resettlement or tenancy sustainment, already have considerable experience of providing support to people who misuse substances, and it is not considered that this paper can usefully add to the experience that already exists.

The most important things are that people who need support get it, and that the provision of visiting support to people who misuse substances incorporates the issues set out in Sections 3.1 and 3.2 above.

Substance misusers responded positively to the concept of visiting support:

“

If you were in a flat somebody who could come up and talk to you and see are you managing with bills and all, if it's your first time renting, somebody to put you right managing money, put it offside with bills. That would be really good.

Somebody coming to visit would be good.

The structure is very important ... you need the people to drop in to you.

I'd like someone on a weekly basis checking in on me, seeing the gaff isn't wrecked and seeing that I'm not dead.

”

One substance misuser spoke warmly of the tenancy sustainment service.

“

It's fifty times better where I'm living now [than the homeless accommodation]. I have the freedom of going in and out can have friends around and family. Two girls come out twice a week helping us keep the place ... one is tenancy sustainment one is about the baby ... it's about prevention from being made homeless again. Anything you need they're straight on it.

”

3.4 Isolation and loneliness

Stakeholders consulted for this research were unanimous in identifying loneliness and isolation as major problems experienced by people who misuse substances. Of course loneliness and isolation are found among many homeless people who are moving into their own housing, particularly among young single men who may be less socially adept than women. However these challenges may be found especially among those substance misusers who



are consciously leaving a well-established social network, which provides support as well as temptation, in order to reduce their substance misuse. These people, who are mainly young single men, may find themselves living in an unfamiliar area, perhaps living alone for the first time, and at the same time cut off by choice from previous friends. It's no wonder that they experience loneliness and isolation.

This was echoed by people substance misusers:



People just stay in bed on a 24 hours depression buzz if they've nothing to do.

I think you need to have somebody to talk to ... the more you don't talk the more you get depressed ... even talking to a stranger/counsellor is good.

You don't want to be sitting in all the time. It just depresses you.

Sometimes all you need is somebody to talk to ... apart from the depression it's the loneliness would kill you.



As well as being raised by stakeholders, this issue appears in the literature. *Keys to Change*, (see Section 2.3 above), refers to the difficulties of 'staying away from bad influences, and often from social environments', and also adds that people who are not working (which would be the case for most people in this research) have fewer opportunities to meet others. In the same research, social isolation (and craving for intimate relationships) was one of the factors raised by tenants as detracting from the benefits of stable housing and 'providing temptation or inducement either to relapse or to continue or increase drug or alcohol use'.

In relation to the specific issue of controlling substance misuse, the same study reported that 'both users and ex-users highlighted boredom and social isolation as the greatest impediments to control of substance use'.

There are no simple solutions to the problems of isolation and loneliness, but some things can help. Befriending and mentoring schemes have been developing in the UK recently and can make a real difference to people's lives. A publication from the UK housing and homelessness charity Shelter – *Mentoring and befriending for young homeless people: A good practice guide*²⁰ is a very comprehensive introduction to this area. The Homeless Agency is in the process of completing a draft best practice handbook for befriending and mentoring.

There is of course a role here too for the visiting support team, in assisting the client to identify appropriate activities (see Section 3.5 below) or to develop local contacts.

3.5 Meaningful activity during the day

This issue was also raised by many stakeholders, as well as being echoed in *Keys to Change*, which states that, 'too much time on their hands, boredom, and lack of stimulation' were identified by tenants as detracting from the benefits of stable housing.

The word 'meaningful' is important. Stakeholders were in agreement that the activity had to be meaningful to the client and so needed to be tailored to their needs. Drama therapy might be one person's saviour and another's nightmare; further

education might be precisely the right challenge for one person, but potential humiliation for another.

Substance misusers identified the importance of appropriate activities to counteract boredom:

“

I was doing my CE scheme while homeless, I was in Back Lane. I'd leave in the morning and come back at 5.30 and my day would be gone ... it was great. At the moment I'm just sitting around ... you start thinking of drugs, have the odd slip.

The CE scheme: Yoga, tai chi, art, doing all about history and literacy, commas and writing and stuff. It was brilliant.

I'd definitely be into meeting up for cinema or bowling. Fishing is great. Two guys who got places [to live] go fishing with Sister Eileen.

Activities, anything at all is good ... you need something to do, you need your mind occupied then when you go home you appreciate it ... it keeps your mind off the drugs.

I live on my own at the moment and I fuckin' hate it ... it's the boredom.

I need something to do during the day ... a course ... some days I don't even get out of bed ... I stay in the flat three to four days at a time. I want to feel a part of life. Something to get out of bed in the morning for, somewhere you belonged ... it's not necessarily financial.

I need structure. Here (St Dominic's Contact Centre) offers somewhere to go in the morning and spend the day ... that's important.

”

3.6 Family and social contacts

Allied to the above, the importance of family and social contacts was stressed by a number of stakeholders, and as reported above in Section 3.1 it should be an important factor when considering the location of clients' housing.

However, one stakeholder made the important observation that in many cases relationships with families had broken down, and that reconciliation may not be possible for a very long time, and so it was important to acknowledge that for many, family support would not be a current or future feature of their lives for some time to come.

3.7 Who is Housing First not appropriate for?

It is very important to acknowledge, as stated above in Section 2.4, that Housing First is not a panacea. Not everyone is able to live in mainstream housing, even with the support of SLI; some people need more intensive on-site support, either in the short-term, or for a long period.

This was acknowledged by many substance misusers who were interviewed for this research:

“

There are people who couldn't hold down places ... some people would be getting tablets and vodka straight away ... some people are very chaotic.

There are a good few who couldn't hold down a flat, some people ... are stoned all the time, they have no interest in somewhere to stay or would rather sleep in the car-park down the square.

I wouldn't be ready for own flat ... I know I'm not up to the running of it, looking after it ... I wouldn't be able to stay in my own accommodation ... banged up in a flat on your own you might as well be in Mountjoy.

You wouldn't think about rent and stuff when you're like that (using a lot of drugs).

We got an apartment before but were fucked out after three weeks for being drunk and abusive ... we fucked it up ourselves through the drink ... anti social behaviour got us fucked out. I think if somebody was coming out to check on us it would have made a difference. We would have welcomed somebody coming out to us.

Some people don't want responsibility of a flat.

Addiction is addiction, if you've money, you'll blow it.

There's times when I couldn't hold down accommodation ... all my money went on drugs ... I'd no money for food and bills. I wouldn't be able to pay a bill, a bill would be nothing, a bit of paper... I would buy a bag of gear.

A lot of people are happy in hostels because they don't want responsibility (of a flat).

A lot of people I know had flats and bedsits but went back to hostels.

I know a lad had a bedsit after ten years homeless. He slept on the floor for three months and then went back on the streets.

I guarantee I couldn't handle rent or bills or whatever.

”

A number of interviewees made particular reference to the problems created by crack.

“

People using crack - no way they could hold down houses ... when I was bad on it I knew for a fact that I wouldn't be paying bills.

People on crack live in hostels ... hostels for addiction. I can't think where else they'd live.

If you're bad on it (crack) you wouldn't be thinking of paying, eating, getting messages in for the week.

”

However, there was not a consensus among the organisation stakeholders on the specific characteristics of those for whom Housing First would not be appropriate.

Furthermore, a recent report produced by the Centre for Housing Policy at the University of York for Crisis, *Staircases, Elevators and Cycles of Change: 'Housing First' and Other Housing Models for Homeless People with Complex Support Needs*²¹ states, '...there is a major lack of definitive evidence regarding which subgroups are most and/or least likely to experience positive outcomes under Housing First'. This is summed up by one US homeless service provider quoted in the above report:

The difficult part about this job is that ... there's no instrument, there's no assessment, there's no diagnosis, there's no way to figure out who would succeed in an apartment or not; unfortunately, because it would save us a lot of trouble! The only way to figure out who doesn't make it is to give them a chance...

However despite this pessimistic assessment, this author believes that there are some indicators which can be useful in assessing suitability for the Housing First approach.

The concept of chaotic drug use was referred to in some consultation interviews, but there was not complete agreement about what this term encompassed, nor whether it applied usefully to the Housing First approach.

One possible useful starting point is the concept of motivation. It was argued forcefully by some stakeholders that motivation was a crucial precondition for successful housing under the Housing First approach. These stakeholders described some people's substance misuse as being at a level where using substances would take priority over everything else, including maintaining a tenancy. It was contended that these people, because maintaining a tenancy would not be of the highest priority to them, would in all likelihood end up engaging in behaviour that would potentially threaten their tenancy. These views were echoed by some of the substance misusers quoted above.

Of course, lack of motivation would not exclude such people from all housing, but instead steer them in the direction of housing with higher support.

One stakeholder perceptively enquired as to whether anyone aged under 21 would be capable of fully independent living, irrespective of whether they misuse substances. The issue of age was reflected in some comments from substance misusers:

“

When I was twenty I just didn't give a shite to be honest. There was help and hostels there, my sisters would have helped, I just wanted drugs, drugs, drugs.

When I was twenty I wouldn't even have bothered with hostels ... if I had money for a hostel it would have been money for half a bag. I never bothered looking for places.

”

In this author's view it is not possible to set out definitive criteria that would determine whether or not Housing First is appropriate for a particular individual. Instead the assessment of suitability for Housing First should be made on foot of a comprehensive assessment of needs, and an assessment, in consultation with the client, of their ability or desire to live independently. A number of factors will need to be considered, including:

- › Nature and extent of needs;
- › Motivation (as discussed above);
- › The stage of treatment the person is at;
- › The extent to which the person has stabilised; and
- › Possibly their age (see above).

3.8 Supported housing

In essence, people will be considered to be not appropriate for Housing First because their needs are such that they would not, at the time of assessment, be able to live independently, even with the assistance of visiting support.

These people's needs can best be met by supported housing, which is a generic name for a range of housing configurations, characterised by specially designated housing with on-site staff presence. Different models are distinguished by the level of support provided, which may range from staff presence during the day but none at night; through staff presence during the day with a sleepover arrangement at night or a resident caretaker; to 24 hour waking staff cover.

There may also be other appropriate models, for example: shared houses, where people have their own bedrooms, but share facilities with other residents, or cluster flats where residents have their own flats but there may be some communal areas such as kitchens.

4 Conclusion



This report has set out the case for adopting a Housing First approach to tackling homelessness; it has discussed the implications of applying this approach to people who misuse substances; and has outlined a number of practical issues that may assist in housing people who misuse substances.

In contrast to the conventional route to long-term housing through emergency and transitional housing, the Housing First approach involves a swift move from emergency accommodation directly into long-term housing, with appropriate support provided to residents in their homes. The Housing First approach has been extensively researched in the USA where it has been found that this approach produces better outcomes than the conventional route.

Although Housing First is largely untested in Ireland, and it is acknowledged that the specific case of people with substance misuse problems is less well researched than other groups, there is a widespread belief among stakeholders in Ireland and in literature from elsewhere that provided it is done properly, the Housing First approach can be successful for people with substance misuse problems.

Section 3 of this report sets out a number of practical steps that can be taken which will increase the likelihood of successful housing of people with substance misuse problems.

The Housing First approach incorporates two critical elements: first and foremost it requires a supply of affordable housing; secondly it requires the provision of support to people in their homes.

The second part – the support mechanism – is in place, in the form of the Support to Live Independently (SLI) scheme, which provides visiting support to people who have moved into independent housing.

As far as the supply of affordable rented housing is concerned, the Department of the Environment and Local Government has established the Social Housing Leasing Initiative, which is a scheme for utilising the large amount of empty property across the country for social housing. This mechanism is planned to replace the building of new social housing by local authorities and housing associations. Regrettably however, at the time of writing, very little social housing has been produced by this scheme, which means that the Housing First approach is currently stalled.

It is greatly to be hoped that the current obstacles that are preventing the Social Housing Leasing Initiative from becoming operational will be addressed as a matter of urgency, so that people who are homeless now can be appropriately housed in long-term affordable rented housing in the community with supports as required.

Appendix 1

Summary of practical issues

Practical issues to consider when housing people who misuse substances

Section 3 of this report deals with the practical issues to consider when housing people who misuse substances. This appendix presents a summary of the information contained in this section in tabular form for easy reference. For more detail on the issues set out here, the reader should refer to the appropriate page in the document and/or other reports that are referenced.

Practical issues

References for further reading

Before moving in

- | | |
|---|---|
| › Areas where there are family and/or social contacts may be particularly suitable locations. | › Section 3.1 p12 |
| › Inappropriate locations would include areas where drugs may be freely on sale or where numbers of people misusing substances congregate or live. | › <i>Drug Services for Homeless People – a good practice guide</i> ¹⁸ |
| › Deciding to restrict other people's knowledge of the location to a minimum may help to avoid the attention of unwanted guests. | › Section 3.1 p12
› <i>Keys to Change</i> ¹⁵
› <i>Tackling Drugs in Rented Housing</i> ¹⁹ |
| › Deciding to buy drugs in a different neighbourhood will help to reduce the possibility of unwanted guests and/or the attention of neighbours | › Section 3.1 p13 |
| › The tenant is aware of the importance of good neighbour relationships, and of avoiding behaviour that might be misinterpreted. For example frequent multiple visitors might be taken to be an indication of drug dealing. | › Section 3.1 p13 |

The role of the landlord

- › Housing management needs to be sensitive to problems that people misusing drugs may experience. This may include rent arrears, as a consequence of financial difficulties; and anti-social behaviour following from attentions of unwanted guests.
 - › Housing management staff need to make particular efforts to ensure that the tenant feels able to contact them if a problem arises.
- › Section 3.2 p13
 - › *Keys to Change*¹⁵

Housing related supports

- › For some tenants who are misusing substances, visiting support will be essential if they are to maintain their tenancy, so where it is agreed this is required, it should be provided as a matter of priority.
- › Section 3.3 p14

Isolation and loneliness

- › This is a major problem, especially for those who are consciously leaving a well-established network of acquaintances. Single men may be particularly prone to this. Befriending and mentoring may help; and the visiting support team should be able to assist with identifying appropriate activities.
- › Section 3.4 p14
 - › *Mentoring and befriending for young homeless people: a good practice guide*²⁰

Meaningful activity during the day

- › Activity that is meaningful to the tenant can play a critical role in counteracting boredom and providing stimulation.
- › Section 3.5 p15
 - › *Keys to Change*¹⁵

Family and social contacts

- › Where family and social contacts exist, these may be extremely important elements of the tenant's life. Where appropriate reconciliation with family may be greatly beneficial. At the same time, it needs to be acknowledged that for some tenants, family reconciliation may not be possible.
- › Section 3.6 p16

Who is Housing First not appropriate for?

- › Not everyone is able to live in mainstream housing, even with the assistance of SLI. Factors to consider when deciding whether Housing First is appropriate would include:
 - › Assessment of needs
 - › Motivation
 - › Stage of treatment
 - › Extent to which the person's drug use has stabilised
 - › Age
- › Section 3.7 p16

Alternatives to Housing First

- › People who have been assessed as not currently appropriate for Housing First, will probably be most effectively housed in supported housing. This covers a range of housing arrangements, all of which have in common some provision of on-site support. This may be short or long-term depending on the needs of the tenant.
- › Section 3.8 p19

Appendix 2

SDHA board members

St Dominic's Housing Association

Board members 2002 – 2010

Jackie Blanchfield	<i>St Dominic's Community Response Project</i>
Sr Marie Cunningham	<i>Dominican Sisters</i>
Geoff Corcoran	<i>Tallaght Homeless Advice Unit (THAU)</i>
Julie Cruickshank	<i>HSE Dublin South West</i>
Mary Healy	<i>Tallaght Homeless Advice Unit (THAU)</i>
Fr Benedict Hegarty	<i>St Dominic's Parish, Tallaght</i>
Ciara Kenny	<i>St Dominic's Community Response Project</i>
Anna Lee	<i>Dodder Valley Partnership (formerly Tallaght Partnership)</i>
Eddie McKone	<i>Retired businessman</i>
James Parkin	<i>Barnardos</i>
Marian Tannam	<i>Dominican Justice Office</i>
Aidan Thomas	<i>Trustus (formerly Tallaght Welfare Society)</i>
Marie Whelan	<i>St Dominic's Community Response Project</i>
Marie Williams	<i>Dominican Justice Office</i>
Ciara Wray-Doyle	<i>St Dominic's Community Response Project</i>

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