Reach Out

Research into need for, and provision of,
accommodation for substance misusers in Staffordshire

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Jointly commissioned by Staffordshire Drug Action Team
and Staffordshire Supporting People

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Executive Summary

This research was designed as a follow-up to *Support, Support, Support*: research commissioned by North Staffordshire Drug and Alcohol Reference Group in 2000 to investigate the need for accommodation-based service provision for substance misusers in Staffordshire and Stoke-on-Trent. The current research was commissioned by Staffordshire Drug Action Team and Staffordshire Supporting People, to update the recommendations of *Support, Support, Support*, and to reassess need for and provision of services in the county. It was overseen by the Accommodation Group, convened for the first time in April 2004 in response to recommendation 1 from *Support, Support, Support*. The group will directly address recommendations 5, 7 and 8; the other recommendations are updated in this research.

Telephone interviews were carried out with 42 representatives of statutory and voluntary sector housing and substance misuse service providers, the eight district councils, the four IDAS teams, and one private landlord. Some statistical data was compared and analysed, together with data from Supporting People's *Access and Outcomes Survey*. A supplementary piece of research into the rural dimension of the issues was also carried out.

The current research shows that there is a little more accommodation-based provision now than there was four years ago, but there is still a very high level of unmet need. The original three overarching recommendations from *Support, Support, Support* are still valid for Staffordshire in 2004. Nine further recommendations were made in this research. The recommendations are listed overleaf.

There is as yet no way of measuring levels of substance misuse in rural areas, although the Countryside Agency and the Home Office are working on this. However, this research has discovered an innovative and well thought out way of measuring levels of homelessness in rural areas. This research challenges the Accommodation Group to implement this method in Staffordshire, for the ultimate benefit of some of the most vulnerable excluded adults within the county's boundaries.

Recommendations

(For a discussion of these recommendations, please see pages 16–22 of this report.)

Three overarching recommendations from *Support, Support, Support*:

1. Prevent people who have permanent accommodation from losing it due to problems arising from substance misuse.
2. Provide supported temporary accommodation for homeless substance misusers.
3. Provide supported semi-permanent accommodation for substance misusers moving on from temporary accommodation, residential detox and/or rehabilitation or newly released from prison.

Nine further recommendations from this research:

1. Every local authority housing department and housing association should ensure that floating tenancy support is available for all their tenants. Floating tenancy support workers should be aware of substance misuse issues and resources available to substance misusers. Substance misuse workers should be aware of floating tenancy support services and their referral procedures.
2. Work needs to be done with providers of services to domestic households, to develop a system for early identification of people with problems around literacy and fear of paperwork, to ensure that such people receive the support they need and don't incur debts.
3. Supported semi-permanent dry housing should be provided county-wide.
4. Direct access hostels which cater for drug users should be set up to serve areas identified by *Support, Support, Support*.
5. Efforts should be made to collect and collate statistical data more consistently to aid comparison and help with service planning.
6. All agencies should have information-sharing and support policies.
7. Increase awareness among service providers of the role and remit of other service providers.
8. Work to engage private landlords with these issues through the Accommodation Group and the Private Landlords' Forum.
9. Use the guidelines created by Sheffield Hallam University to carry out rough sleeper counts in the rural areas of the county.

(NB: It should be noted that although the Drug Action Team and Supporting People have funded this research, they will not necessarily be able to fund the implementation of all its recommendations. The Accommodation Group will need to consider ways of resourcing the implementation of the recommendations made by this research.)

Introduction and Methodology

This research was designed as a follow-up to *Support, Support, Support*: research commissioned by North Staffordshire Drug and Alcohol Reference Group and carried out in 2000 to investigate the need for accommodation-based service provision for substance misusers in Staffordshire and Stoke-on-Trent. The current research was originally commissioned by Staffordshire Drug Action Team (DAT) to update *Support, Support, Support* in Staffordshire alone, and in particular to assess existing provision. The DAT convened an Accommodation Group, made up of a variety of voluntary, statutory and private housing and substance misuse professionals and partners. This group met for the first time on 30th April 2004, and (among other agenda items) discussed the research and the draft telephone interview questions. A representative of Supporting People (SP) was at the meeting, and mentioned that SP was planning a similar piece of work to assess need. She suggested to the DAT that the two pieces of work could be combined. This was agreed, and the final aims for the research were:

- To review progress made in the last four years, since the publication of *Support, Support, Support*, in terms of its recommendations.
- To collect information on the level of need for accommodation for substance misusers in Staffordshire.
- To update the mapping of accommodation for substance misusers within, or accessible to residents of, Staffordshire.
- To focus on the county of Staffordshire, taking Stoke-based services into account only if they accept referrals from Staffordshire.

The original aim was to interview around 40 people, including representatives of

- Eight district councils
- Five private landlords
- Four Integrated Drug and Alcohol Services (IDAS) teams
- Twenty-four others, including housing providers

In the event it proved impossible to access five private landlords. Ten were approached, and only one agreed to take part. Of the other nine, two said they were not willing to take part in the research; one agreed to be interviewed but was not available at the appointed time and did not return subsequent phone calls; three asked for a request in writing (two by letter, one by email) which were provided but they did not respond; and three simply did not return phone calls.

Telephone interviews were carried out with 41 representatives of voluntary and statutory sector organisations in Staffordshire and Stoke-on-Trent, including eight district councils, four IDAS teams and housing providers, and one private landlord from Staffordshire. The questions asked are in appendix 1.

Each interviewee was assured that the interview would be confidential; that no statement they made that was used in this report would be attributed to them; and that any details in such a statement that might identify them would be changed. They were all asked whether they would be happy to be listed in a separate section of the report, so that readers could assess the range of interviewees whose views contributed to the research. Everyone said yes, even the private landlord when it was explained to him that he was likely to be the only one in that category. The list of interviewees is in appendix 2.

Statistical data was collected by Supporting People and assessed for content and consistency. Supporting People provided a copy of their recent *Access and Outcomes Survey*, and information from that research has also contributed to this report.

Interview data was coded and analysed using NVivo software. When the analysis was complete, a potential gap in the research was perceived: although no specific questions had been asked about need or provision in the many rural areas of the county, a few answers had revealed recognition of the differing needs of these rural areas from the urban areas where most interviewees were located. Recent articles in the media increased the suspicion that rural issues had not been adequately addressed by this research. As a result, a short supplementary piece of research into rural homelessness and substance misuse was conducted, involving discussions with the Housing Policy Officer and the Rural Policy Officer from East Staffordshire Borough Council (ESBC), with the Rural and Economic Development Officer from Staffordshire County Council, and with the County Council's research department, as well as some desk research.

Findings

Telephone Interviews

Direct quotes from interviewees are in *italics*.

In response to **question 1** ('Do you provide, or are you planning to provide, any floating tenancy support to tenants with substance misuse problems in Staffordshire other than that funded by Supporting People?'), 29 out of 42 said no (69%). One of those said plans were being made, but were in the early development stages. Of the other 13, six (14%) said that they offer generic floating support schemes that include substance misusers.

The issue is the tenancy support we provide in Staffs is generic, so it doesn't come up on Supporting People's computer as for substance misuse, but there are drug and alcohol users in the service… They're current clients within our current provision, it's all Supporting People funded but it's not a specialist substance misuse service. Also drug users often want to be in a service which doesn't identify them by their behaviour.

We do provide it, but we're not paid for it.

The other seven (17%) offered various forms of support that might indirectly support a tenancy and/or someone with substance misuse problems; again, one of these said floating support was in their future plans.

We offer support to people with tenancy problems, but we can't do anything about the tenancy issues, you know, we've got no power in that.

In response to **question 2** ('Are you aware of other agencies who provide, or are planning to provide, floating tenancy support to tenants with substance misuse problems in Staffordshire?'), 12 (29%) said no. Eight (19%) said BAC, one adding 'and the O'Connor Centre'. Three (7%) said Arch, and three (7%) said Potteries Housing Association (PHA). Two (5%) said Alcohol and Drug Services in Staffordshire (ADSiS) and two (5%) said IDAS. One person mentioned each of the following: Staffordshire Probation Service (SPS), Coventry Housing in Stafford, Carr-Gomm, Walbrook Housing, Connexions, Hopwood House, Druglink, the O'Connor Centre, Gingerbread, the Elizabeth Trust, Bromford Housing Group, and Rethink.

However, some agencies cited by respondents as offering floating tenancy support do not in fact offer such support, such as ADSiS, IDAS, SPS, Connexions, Druglink and Gingerbread.

In response to **question 3** ('Are you aware of any existing or planned services in Staffordshire for early identification of people with literacy problems and/or fear of paperwork, to help them avoid getting into debt?'), no respondents knew of anything specifically geared towards early identification. Nine respondents (21%) said they work towards early identification of people with literacy problems and/or fear of paperwork within their own service, then

either give them whatever support they need or signpost them to other services that can help them. Five respondents (12%) suggested that the Citizen's Advice Bureau might be able to help. Two respondents (5%) said they would refer to Connexions if they identified a young person with these problems.

Question 4 had several sections: 'Are you aware of any existing or planned supported semi-permanent dry housing in, or accessible to people from, Staffordshire? If so, please can you tell us about it? Do you know whether it has separate provision for men and women? And does it have separate provision for drug and alcohol users?' In response to this question, 12 (29%) participants said no. Twelve (29%) mentioned Hopwood House in Stoke-on-Trent specifically, and another one said *'I think there's a dry house up Stoke'*. Eleven (26%) mentioned Fernleigh House in Stafford, and seven (17%) mentioned Burton Addiction Centre (BAC) and/or the O'Connor Centre.

Hopwood House is alcohol-only and has eight mixed beds and a new four-bedded women's unit. Fernleigh House has six beds, is mixed and technically is alcohol-only, although they often do accommodate people with other substance misuse problems as well as alcohol. BAC and the O'Connor Centre have up to 16 places in five houses in Burton for people who have gone through the BAC/O'Connor Centre rehabilitation programme. BAC are currently working to expand this provision.

Two people mentioned the Lyme Trust in Newcastle: *'I do know that occasionally the Lyme Trust will dabble with people who have alcohol problems, one of their rules is no alcohol allowed.'* Two mentioned the Bethany Trust in Stafford: *'there's the Bethany, which is not specifically a dry house – in fact it's not a dry house at all – but they do try to link people in with treatment if they make them aware that they've had a drug problem.' 'The only one I'm aware of is the one in Stafford, the Bethany Project, but I'm not entirely sure of their entry criteria, so whether they're dry or wet, I think they do admit people with substance misuse problems and I think they may have some dry and wet areas, I'm a bit hazy about the details but that one springs to mind.'* One mentioned the Salvation Army and one mentioned the YMCA.

Question 5 also had several sections: 'Are you aware of any existing or planned direct access hostels for drug users in, or accessible to people from, Staffordshire? If so, please can you tell us about them? Do you know whether there is separate provision for men and women? And do they have separate provision for drug and alcohol users?' Only one person answered 'yes' to this question, and then cited BAC, which is not a direct access hostel.

The only direct access hostel in Staffordshire is the Bethany Trust in Stafford, and it's not specifically for drug users. It has 33 beds. The Granville hostel in Stoke-on-Trent has 18 beds, and the Salvation Army hostel in Stoke-on-Trent has 60 beds. All cater for both men and women. One respondent, speaking of the Bethany Trust and the Granville, said

They are primarily for people in housing need but given the number of drug users they house… it's not provision established for drug users who have nowhere to live, it's for people who have nowhere to live and may happen to have drug or alcohol problems. Within that accommodation there is as far as I know separate rooms for men and women, but not men and women housed in different buildings, and people with drug and alcohol issues will be in there alongside people with a whole range of issues.

Another respondent, speaking of the Granville, the Salvation Army hostel and St Mark's night shelter, all in Stoke-on-Trent, said

All of those services, really their primary client group are homeless men and women in acute housing need, but by default quite a lot of those are also substance misusers, but the actual services aren't targeted directly at substance misusers.

Other people mentioned accessing hostels in Birmingham, Derby and Wolverhampton for Staffordshire residents with substance misuse problems (the Wolverhampton hostel is men only). Plans are being made for a direct access hostel in East Staffordshire, but they are at an early stage.

In response to question 6 ('Do you collect information about people's substance misuse problems?'), 11 respondents (26%) said no, although three of these were planning to. One said

We are in the process of developing a risk assessment process for all new tenants that will endeavour to identify needs etcetera, our problem is that once we've identified them what the hell do we do with them because there are no services for anybody.

The other 31 (74%) said yes, and these were asked question 6a: 'If so, do you record information on those people's housing needs? If so, in what format and frequency? Can I have copies, and if not, would you make this information available to the Supporting People team?' Thirteen of the 31 (42%) did record information on housing needs and were happy to share collated information with Supporting People, and their names were passed to the Supporting People team to enable them to gather statistics. Of the other 18, 10 (32%) said the information they collected was only held as e.g. individual case notes and therefore could not be shared: because of confidentiality, any statistics would have to be extracted and collated manually which would be too time-consuming. Five (16%) said they didn't collect information on housing needs. Two (6%) said they hadn't done any statistics yet, but would make them available to Supporting People if they did. One (3%) said their assessment paperwork had just changed to give more detailed information about housing needs, and they would be doing statistics based on this in the future.

Question 7 was another multi-part question: 'Are you collecting any information on rough sleepers? If so, in what format and frequency? Was it an official count? When was it last done, and/or when is the next/first one

planned?' Seventeen respondents (40%) said no, although two of those said they do record if someone is no fixed abode (NFA).

There seems to be some confusion between definitions of 'rough sleeper' and 'NFA'. One respondent said

No, but we do record if people are no fixed abode.

Another said

I suppose everyone that's NFA would be considered a rough sleeper.

The other 25 (60%) said yes. Official counts are done by all the district and borough councils, but numbers are very low, and the guidance from the Office of the Deputy Prime Minister states that if an official count finds less than 10 rough sleepers, and local indicators are working effectively in identifying people on a regular basis, there is no statutory requirement to repeat the count.

We've done one official count back in March this year, with the ODPM rough sleepers unit, and we found the round number of diddley squat zero. We're doing one again in October or November just to try to see if there's any major difference, one was done at the end of the winter, one at the beginning of the winter. Hopefully we'll come back with nil again.

We had an official count done in 2001, and that was 7.

In that count they found one possible in the whole district, and that was just because they found a sleeping bag and rucksack, they didn't find a body, so we don't know if someone was sleeping rough that night or not.

When we get rough sleepers, it's like 'I've slept two nights,' 'oh right let's sort you out,' it's not perpetual rough sleepers.

In response to question 8 ('Do you have any information-sharing and/or support policies in place? If so, please can you give me details?'), answers were very varied. Sixteen people (38%) said they had organisational information-sharing policies and no support policies. Ten people (24%) said they didn't have either, although three of these mentioned informal information-sharing mechanisms. Five people (12%) said they had organisational information-sharing policies and individual support policies (e.g. care plans). Three people (7%) said they had individual information-sharing policies, based on consent, and organisational information-sharing policies, and individual support policies. Three people (7%) said they had organisational and individual information-sharing policies, and no support policies. Two people (5%) said they had individual information-sharing policies and individual support policies. One person (2%) said they had no information-sharing policy, but they did have individual support policies. One person (2%) said they had individual information-sharing policies and no

support policies. One person (2%) said they had organisational information-sharing policies and organisational support policies.

Respondents overall seemed to have a much clearer idea about what an information-sharing policy was than about what a support policy was. Several respondents asked what the researcher meant by a support policy.

Eight people mentioned the importance of informal and/or trust-based information-sharing in partnership working. Comments included:

You also have informal relationships with people outside the organisation who will share information on a need-to-know basis.

I have to say that informally there are ways of sharing information with other agencies, normally where you've got key contacts.

The other agencies that we work with, we don't have a written information-sharing policy but we have a verbal agreement, and that's probation, social services, Connexions, the YOT, there's all sorts of agencies.

In reality, if you trust them you tell them, it's what makes the world go round isn't it? Without that we would completely fall apart.

In response to question 9 ('What are the access routes into the housing you provide or manage?'), 19 (45%) said the question was not applicable as they did not provide or manage any housing. One added that they were involved in the steering group for the supported housing project for people with severe and enduring mental health problems due to open in Uttoxeter in 2004. (This project will have a strict no-drugs rule, and anyone with a substance misuse problem would have to be actively engaged in a detox or harm reduction programme to be considered for a tenancy.)

Of the 23 organisations that do provide or manage housing, 11 (26%) accept self-referrals and agency referrals. Nine (21%) only accept self-referrals. Three (7%) only accept agency referrals, and their accommodation provision is ring-fenced for people coming out of another service such as drug rehabilitation or a part of the criminal justice system.

<u>Statistical Data</u>

Data were provided by SPS, ESBC, the DAT, South Staffordshire Housing Association and PHA. The SP *Access and Outcomes Survey* was also analysed. The formats used for presentation of data were very different, which made comparative analysis impossible. However, some of the data did provide information that is useful for this research.

There were 462 referrals to the SPS accommodation scheme in the year to 31.3.04. High referral rates were recorded for Newcastle (95) Cannock (90), Stafford (85) and Burton (63). Referrals were notably lower in Lichfield (43)

Moorlands (40) and Tamworth (34) although this is more likely to be due to the absence of offender accommodation in the area than a lack of demand.

Of all those referred to the scheme, 88% (n=405) were male and 12% (n=57) were female. Over 58% were identified as having a drugs problem, and 39% were identified as having an alcohol problem. Seventy per cent (n=228) were homeless or threatened with homelessness at the time of referral.

Reasons given for clients' homelessness/accommodation problems were:

- Parents/relatives/friends no longer willing to accommodate – 20% (n=93)
- Discharge from custody – 20% (n=93)
- Relationship breakdown – 12% (n=55)
- Discharge from hostel – 7% (n=33)
- Domestic violence – 3% (n=13)
- Rent arrears – 3% (n=15)
- Emergency homeless – 1% (n=5)
- Other – 9% (n=40)
- Unknown – 25% (n=115)

Of the 462 people referred to the scheme, outcomes are known for 230. The remaining 232 cases are either still open or the outcome is unknown. There are 14 potential outcomes, from 'voluntary hostel/supported housing 25% (n=57)' to 'other 0% (n=1)'. The second highest outcome is 'no suitable places available 21% (n=48)'.

The table below summarises this information by district.

District	Staff	Cann	N'cle	Burton	Lich	Tam	Moors	South
Number of referrals	85 (18%)	90 (19%)	95 (21%)	63 (14%)	43 (9%)	34 (7%)	40 (9%)	0
Number identified with drug problem*	41 (48%)	62 (69%)	54 (57%)	31 (49%)	22 (51%)	27 (57%)	24 (60%)	N/A
Number identified with alcohol problem*	35 (41%)	38 (42%)	34 (36%)	13 (21%)	18 (42%)	22 (36%)	14 (35%)	N/A
Number homeless/ threatened with homeless-ness	62 (73%)	64 (71%)	75 (79%)	45 (72%)	30 (70%)	16 (47%)	27 (67%)	N/A
Number of 'no suitable places available'	7 (16%)	12 (18%)	6 (22%)	9 (28%)	9 (31%)	1 (8%)	4 (37%)	N/A

*NB: these figures may include double counting where multiple problems were identified.

DAT data from the last nine months shows accommodation types for 43 people on release from custody. The options are council, hostel, private rented, no fixed abode, temporarily with family, with parents, with parents and siblings, and with partner. By far the highest proportion, 17 people (39%), went to ‘no fixed abode’. The next highest was to ‘council accommodation’ with nine (21%), then to ‘temporarily with family’ with seven (16%).

The ESBC return to the Office of the Deputy Prime Minister for quarter ending 30 June 2004 shows that of 34 applicant households found to be eligible for assistance, unintentionally homeless and in priority need during the quarter, by priority need category, there were no households recorded as having drug dependency as either a priority or secondary category, and just one household recorded as having alcohol dependency as a priority category.

The Access & Outcomes Survey invited participation from 182 organisations covering 414 supported housing services, and received responses from 108 (59%). It is not clear from the draft report how many supported housing services were covered by the respondents.

Respondents were asked to identify the primary and secondary client groups that their service was aimed at from a list of 20 options including ‘people with alcohol problems’ and ‘people with drug problems’. Two respondents aimed at people with alcohol problems as their primary client group, and one as their secondary client group. No respondent aimed at people with drug problems as their primary client group, although three did as their secondary client group.

Respondents were asked to identify the number of people accessing the service in the last year who needed one or more of 18 support tasks. These needs were lifted directly from the Office of the Deputy Prime Minister (ODPM) SP3 form, and did not include any mention of substance misuse. The 18th category was ‘other (please state)’, which received six responses out of 637; these may have included some that mentioned substance misuse, but the responses are not given in the draft report. Other support tasks given included several that could apply to some people with substance misuse problems, such as ‘managing behaviour’, ‘emotional support, counselling & advice’, ‘help in establishing personal safety and security’ and ‘supervision & monitoring of health and wellbeing’.

Respondents were asked whether any of 14 specific groups of people (including ‘other (please state)’) were excluded from accessing their service. The first group on the list was ‘people who misuse alcohol’, and the second was ‘people who misuse drugs’. Sixteen services (21.3% of respondents to this question) exclude people who misuse alcohol, and 18 (24%) exclude people who misuse drugs. (NB: there is likely to be some double counting here.) Twenty services (26.4%) did not exclude on any basis.

Respondents were asked to state their proposed outcomes for this service from a list of seven (including ‘other (please state)’). One of the outcomes given was ‘support user to complete a treatment programme to reduce

dependency'. Twenty-three services (24.7% of respondents to this question) stated that this was one of their proposed outcomes. (This seems incongruous as only a maximum of six services saw people with substance misuse problems as their primary or secondary client group (the possibility of double counting means that the figure may in fact be lower), and only a maximum of six services could have given substance misuse as a support need for their clients (i.e. if all the 'other (please state') answers to the 18th category of the question about support tasks were about substance misuse).) Respondents were then asked how many service users had achieved the proposed outcomes in the last year, and the responses show that this outcome had been achieved for 18 service users, or less than one per service.

Respondents were asked for reasons behind outcomes remaining unmet. The survey report states:

> The most common reasons given for service users failing to meet planned outcomes was either that the client had been evicted (22 service providers mentioned this as a reason in their schemes) or there was an unplanned move to alternative accommodation (22 service users [sic] mentioned this).

There is no indication of the role of substance misuse in any of these failures, but it is clear that accommodation problems play a central role. It is possible to speculate that the 'other/unknown' categories for reasons for homelessness/accommodation problems in the SPS data above, which together contain over one-third of the total, may include people who have been evicted, as eviction was not otherwise shown as a reason.

The survey made 11 key recommendations about research and development of supported housing services, but there was no mention of substance misuse in the recommendations.

<u>Supplementary Research into Rural Homelessness and Substance Misuse</u>

(A bibliography and resource list for this part of the research is in appendix 3.)

The Survey of English Housing 2001/2002 found that the average wait for social housing was 426 days in a rural area against 370 days in an urban area[1]. The Countryside Agency recently found that homelessness is increasing faster in rural areas than in urban areas: in its annual report *The State Of The Countryside* for 2004[2], it stated that 'between 1999-2000 and 2002-03 the proportion of homeless households in remote rural districts increased by just under 30%'. Also, research carried out for the Home Office in 2003[3] demonstrated that substance misuse is on the increase in various rural areas around England. There is a clear relationship between homelessness and substance misuse; for example, research carried out for Crisis in 2003[1] states that 'between 50-75 per cent of homeless single people have had drug misuse problems at some stage'. The National Treatment Agency's guidance for Drug Action Teams, *Models of Care*[4], recognises that

‘poor housing, or lack of access to affordable housing, is [a] contributory factor in drug misuse.’

Research carried out for Crisis in 1999[5] found that homeless people in rural areas are just as likely to sleep rough as their urban counterparts. In 2003, the Countryside Agency[6] found that homeless people in rural areas were more likely than those in urban areas to stay with family and friends, particularly when they first became homeless, which reflects the lack of available services for very vulnerable people in rural areas. The report says ‘Although a positive experience for some, staying with a friend or relative is typically characterised by insecurity, poor living conditions, limited privacy and restrictions on behaviour and lifestyle.’

Crisis’ 1999 research[5] also found that for some people, a substance misuse problem pre-dated their homelessness, while others developed a substance misuse problem after becoming homeless; in almost all cases, the problem worsened as a result of continuing homelessness. It was difficult for homeless people in rural areas to access accommodation provision of any kind or support services. People wanted emergency, temporary and permanent accommodation, and preventative support services based on individual needs, to be provided in rural areas. The research also demonstrated that if rural homeless people migrated to urban areas, their problems were more likely to multiply than be resolved.

Crisis commissioned further research in 2002 into homelessness and substance use[7], with the aim of providing evidence of the relationship between them. The research participants were homeless substance misusers in London, but its main recommendations on prevention are designed for implementation throughout the UK and implicitly recognise that migration of the homeless is unlikely to help. The recommendations are:

- Primary prevention initiatives to forestall homelessness and arrival in London should be increased throughout the UK. These initiatives should concentrate on drug users.

- Drug prevention, harm reduction and low-threshold drug services should be readily accessible for homeless people, especially for those who are newly homeless and those sleeping rough.

Migration is also an issue for substance misusers, as shown by the Home Office research from 2003[3]. Urban substance misusers who are trying to stop using may move to a rural area, under the impression that drugs are not available there which will help them to make a new start in life, only to find that the opposite is true. Rural substance misusers may move to urban areas under the impression that the availability of support services will help them to stop using, but make new friends with other substance misusers that they meet at those services which then makes it harder for them to stop.

Most of the services covered by the 2003 Home Office study[3] could only be accessed by referral from another agency, most frequently a GP practice.

However, homeless people in rural areas usually could not register with a GP as they had no address to give. GP practices working with the homeless and drop-in health centres are only available in urban areas. This study also found that the housing problems of substance misusers were particularly difficult to solve in rural areas due to the lack of accessible, affordable housing options.

Various pieces of research and guidance assert that tackling homelessness, substance misuse or both in rural areas requires a partnership approach. However, the Home Office research from 2003[3] is candid about the difficulties of providing an adequate range of support services for substance misuse in rural areas because of the resource implications: it takes more money and more time to provide the services, and the partnership working required to facilitate this has resource implications in itself. Funding is often based on needs assessments, but it is particularly difficult to assess the prevalence of substance misuse in rural areas, although the Countryside Agency and the Home Office are currently working on this. Nevertheless, the *Models Of Care* guidance[4] states that 'services will need to take account of urban and rural differences', and 'It may be more difficult to deliver drug and alcohol treatment services in rural areas than in urban areas. Commissioning of such services needs to take account of practical delivery issues to increase accessibility for drug and alcohol misusers needing these services, especially in rural areas', and 'consideration needs to be given to the provision of more individualised, structured, community-based programmes in rural areas'.

But there are guidelines for assessing the level of homelessness in rural areas. These were produced by Sheffield Hallam University in 2002[8] and piloted in North Lincolnshire[9]. The guidelines are comprehensive and explicitly recognise the relationship between substance misuse and homelessness. The pilot showed a huge increase in the number of rough sleepers: a rough sleeper count in 1998/99, using the Government's approved method of counting, gave a zero return, but when a specially developed screening tool was used with the help of statutory and voluntary agencies in October 2001, 21 people were counted as sleeping rough and a further 53 reported having done so for at least one night in the previous month. This pilot also explicitly recognised the relationship between homelessness and substance misuse. The guidelines have not yet been used in Staffordshire.

In 2003, Crisis[1] published research into the costs of 'single homelessness'. They conclude that preventing homelessness, although sometimes very costly in itself, is ultimately cheaper overall than supporting someone who remains homeless. They give some costs associated with single homelessness as follows:

- Failed tenancy: £1,410 – £4,010
- Temporary accommodation: £150 – £450 per week
- Outreach support services: £30 – £60 per week
- Advice/support services: £20 – £30 per session
- Day centre: £60 per day
- GP visit: £20

- Treatment for an episode of mental illness: £6,000
- Treatment for a case of TB: £7,000
- Processing application for resettlement: £450 – £850
- Rehabilitation: £650 – £1,100 per week
- Unemployment: £230 per week lost to the economy

Using these costs to assess six typical scenarios of single homelessness, they calculate that those six cases cost between £4,500 (over six months) and £83,000 (over two years). The researchers took great care to ensure that their scenarios were representative. Rural issues were mentioned in the report, and one of the scenarios was explicitly based in a rural area – although it was the one that cost the least, which may not have been entirely representative. But one recommendation did include a rural dimension, as follows:

> As a proportion of the total adult population, the findings of this report about the rough order of magnitude of single homelessness are (within England): 2½ per cent in London, 1 per cent in the rest of the South and 1½ per cent across the Midlands and the North. Even in small authorities, this implies a significant number of single homeless people, for example, in the low hundreds even in small rural districts. ***In preparing to carry out their duties, local authorities must ensure that they are gearing themselves up to operate on a scale that will allow them to tackle the full extent of the homelessness problem***.

Discussion and Recommendations

Support, Support, Support made three overarching recommendations for Staffordshire and Stoke-on-Trent:

4. Prevent people who have permanent accommodation from losing it due to problems arising from substance misuse.
5. Provide supported temporary accommodation for homeless substance misusers.
6. Provide supported semi-permanent accommodation for substance misusers moving on from temporary accommodation, residential detox and/or rehabilitation or newly released from prison.

Eight more detailed recommendations were made:

1. The formation of a group of public housing providers, to include representatives from all local authority housing departments and all the main housing associations in Staffordshire and Stoke, to work towards achieving consistent standards of provision throughout the area.
2. Every local authority housing department and housing association should ensure that floating tenancy support is available for all their tenants.
3. Work needs to be done with providers of services to domestic households, to develop a system for early identification of people with problems around literacy and fear of paperwork, to ensure that such people receive the support they need and don't incur debts.
4. The group of public housing providers should review the issue of grounds management.
5. Supported semi-permanent dry housing should be provided county-wide.
6. Direct access hostels which cater for drug users should be set up to serve areas identified by the research [Stafford, Burton, Newcastle, Cannock, Rugeley, Uttoxeter, Leek, Cheadle, Burntwood, Lichfield, Biddulph, Kidsgrove, and the rural areas of North Staffordshire, Staffordshire Moorlands, Cannock Chase, East Staffordshire and South Staffordshire (as well as Stoke-on-Trent in the original research)].
7. Service users and carers should be involved at all stages of the implementation of the recommendations in this report.
8. Further research is needed, in particular into
   - The need for residential rehabilitation in Staffordshire and/or Stoke-on-Trent
   - The need for wet house/drug house provision
   - The impact of barriers preventing parents from accessing substance misuse services
   - The needs of substance misusers from minority ethnic groups
   - The issue of eviction for rent arrears when the rent is paid by an agency
   - More up-to-date information about the potential savings that could result from the implementation of the recommendations

It is clear that the three overarching recommendations from *Support, Support, Support* still hold true for Staffordshire in 2004. The accommodation group

that held its first meeting on 30th April 2004 is Staffordshire's response to recommendation 1. This group will address recommendations 5, 7 and 8. The issues covered by the other four recommendations were re-addressed in the current research and form the basis of the first four recommendations below. The other five recommendations have been made on the basis of the current research.

Recommendation 1: Every local authority housing department and housing association should ensure that floating tenancy support is available for all their tenants. Floating tenancy support workers should be aware of substance misuse issues and resources available to substance misusers. Substance misuse workers should be aware of floating tenancy support services and their referral procedures.

There is more floating tenancy support available than there was four years ago, and plans are being made to increase this further. Nobody is offering floating tenancy support specifically for substance misusers, but floating tenancy support services are bound to encounter a significant number of people with substance misuse problems:

We currently do generic floating support, and of those clients at the present time a minimum of 25% have substance misuse issues. It may not be their primary reason, but if you look at the primary and secondary reasons together, it's a minimum of 25%. So the answer really is yes although we haven't got a drugs worker per se.

From the responses to the research, it does not seem that it would be particularly helpful to try to focus floating tenancy support specifically on substance misusers at this stage. It would be more useful to try to make floating tenancy support universally available to local authority and housing association tenants in Staffordshire, and to ensure that all floating tenancy support workers are fully trained in substance misuse issues.

The key point for us is that we don't only now provide housing, support needs is absolutely critical, the large majority do have not only housing needs but support needs, so it's a much more rounded job these days, working with other agencies.

Both housing and substance misuse providers saw the importance of working in partnership:

When it comes to substance misuse we wouldn't feel equipped to provide specific support, however we feel equipped to provide the tenancy support. If you've got an IDAS worker quite often they are not looking at the tenancy issues as clearly as the substance misuse issues. We work in partnership. People pooh-pooh generic support, but… you've got very intensive support, but sometimes it lacks the tenancy support, the tenancy issues aren't dealt with and we can deliver that then the other issues they're getting support for, they don't have to worry about the tenancy issues if we're there. We play to our strengths, and don't try to do something we can't do. In an open spirit of

partnership, because we are more than willing to go with partners on anything, because we realise the benefits of that.

We don't provide any support at all on the housing side, which I don't think is very good; I feel we should provide more on the housing side, or more links, because I think homelessness is a fairly big issue that is not tackled with drug and alcohol use. We obviously do get people with housing problems, and if there are we will either phone up the housing authority or the social worker, but I don't think there's enough of a link, and there's not enough we can actually do. It's one of the big issues, I was talking about it to some colleagues last Friday at a course I'm doing, they work in Coventry and Warwickshire and Birmingham and they have similar problems, that people who do use drugs and alcohol, once they're free of them from here they go back to the same housing and environment that they've had before, and what would be useful would be to have some link with whatever, either to be part of a link or to have a link with an organisation that could look at, I don't know, tenancy or housing elsewhere. It's frustrating when you get clients who come back to you, who have been successful in giving up for a short time, and that they're at the same address, you know it's the same environment. We know it's a difficult one, you can't always say here's a new house and a new life in another part of the country where there are no drug users, there doesn't seem to be any link or strategy that goes with alcohol and drug use and accommodation or housing or whatever. I think what's needed is a holistic approach, you've got to look at it all, when someone presents with an issue see what all the problems are that need to be looked at, not just send them on a DTTO or send them to IDAS as though that is the answer.

As an interim stage, until floating tenancy support is available county-wide, providers should focus on raising awareness of existing floating tenancy support services and their referral routes, as well as other relevant community-based support options.

Recommendation 2: Work needs to be done with providers of services to domestic households, to develop a system for early identification of people with problems around literacy and fear of paperwork, to ensure that such people receive the support they need and don't incur debts.

There has been some progress on this issue since it was identified in *Support, Support, Support*, but it has all been within individual services for their own service users. There is still a clear need for a system that works throughout the county so people don't fall through the net and incur the enormous financial and human costs of a failed tenancy:

Within our generic tenancy support, literacy problems and people not opening their post is quite a big issue, mainstream housing providers don't refer people early enough for tenancy support, we get referrals when they're practically at court stage and there's not a lot you can do with that.

Recommendation 3: Supported semi-permanent dry housing should be provided county-wide.

There is significantly more provision than there was four years ago, when Hopwood House in Stoke-on-Trent – then with only eight beds – was the only option. Fernleigh House in Stafford wasn't mentioned in *Support, Support, Support*, as at the time it was closed for refurbishment; it has also undergone a complete change of management. When it reopened, it took a while to fill the six beds again, but it is now full with a waiting list. The five houses in Burton-on-Trent, for people who have been through the programme at BAC or the O'Connor Centre, have opened in the last four years. Hopwood House in Stoke-on-Trent has recently opened a four-bedded unit for women.

So there is now supported semi-permanent dry housing in Stoke-on-Trent, Stafford and Burton-on-Trent. Nevertheless, this is still widely felt to be an inadequate level of provision:

It's one of the things we're desperate for, like a lot of people.

In recognition of this, BAC are working to expand their provision in Burton-on-Trent. It will also be necessary to consider other sites in the county for supported semi-permanent dry housing.

Recommendation 4: Direct access hostels which cater for drug users should be set up to serve areas identified by *Support, Support, Support*.

There are still no direct access hostels for drug users in Staffordshire (or Stoke-on-Trent). Plans are being made for a direct access hostel in East Staffordshire, but they are at an early stage. In the meantime, homeless drug users are either going to the direct access hostels in Stafford or Stoke-on-Trent, which are not specifically for drug users, or going to the direct access hostels for drug users in Birmingham, Derby or Wolverhampton (men only in Wolverhampton). There is still a high level of need for this provision in the county. This research did not reassess the exact areas that were identified as needing services in 2000, because it was widely felt that these are still the areas of need. The areas identified in the county were Stafford, Burton, Newcastle, Cannock, Rugeley, Uttoxeter, Leek, Cheadle, Burntwood, Lichfield, Biddulph, Kidsgrove, and the rural areas of North Staffordshire, Staffordshire Moorlands, Cannock Chase, East Staffordshire and South Staffordshire.

Recommendation 5: Efforts should be made to collect and collate statistical data more consistently to aid comparison and help with service planning.

All agencies dealing with substance misusers should collect basic information about their housing situation and needs, and all agencies dealing with housing and homelessness should collect basic information about their service users' substance misuse issues. The Accommodation Group should work to determine the exact level of information it recommends for collection. There will be a need to raise awareness of certain distinctions, such as that between a rough sleeper and someone of no fixed abode; there are likely to be equivalents in the substance misuse field.

Recommendation 6: All agencies should have information-sharing and support policies.

At present there is enormous inconsistency between agencies with respect to information-sharing and support policies. One respondent demonstrated best practice, and spoke eloquently of the need for and the purpose of these policies in meeting the needs of service users:

When a client lands, they're introduced to the whole system, and everything that we will attempt to provide for them to be able to succeed because that's what we all want. And from that there are certain people that we have to have authority from them to share that information, they are made aware of the need for that because of their vulnerability and the safety aspect for them, and it helps them to deal with extended issues, and without that sometimes we can't move forward because we're not an isolated organisation, we can't be, so we have to have a referral system, a group discussion mechanism, a support mechanism, could be anybody from IDAS to Social Services, and they will do the same to us, we're all in the same pool aren't we really, those of us who are working in the alcohol and drug field, we need that sharing of understanding and everything that goes with it. Without that kind of willingness you've got no chance.

The Accommodation Group should consider ways to publicise this kind of best practice, and to encourage those agencies that don't have one or the other type of policy to put one in place. It might be helpful to gather a few good existing policies from member organisations for use as examples.

Recommendation 7: Increase awareness among service providers of the role and remit of other service providers.

This research uncovered many cases of a lack of knowledge by service providers of what other service providers can offer and to whom. In the era of partnership working, signposting and referral, this kind of ignorance can have a negative impact on service users, as they are sent on to services that cannot help them. The Accommodation Group should consider how best to do this. Options include the production of a directory, use of a website, training sessions, and short structured presentations at meetings. One respondent saw a clear role for Supporting People:

It horrifies me the number of silos that exist, people beavering away at their own little area, we seem to be losing out on cross-departmental sharing of ideas or even just talking to each other, so Supporting People has been a bloody good idea because at least people are talking to each other. Whether they listen or not is an entirely different matter! We should be looking at person-centred planning, not tick-box planning, people don't fall into silos.

Recommendation 8: Work to engage private landlords with these issues through the Accommodation Group and the Private Landlords' Forum.

It was very difficult to engage private landlords in this research. The one private landlord who did take part was asked a supplementary question: did he think that other private landlords would give similar answers to him, or different ones? He made it clear that the private sector has very different priorities from the statutory and voluntary sectors:

I think that the majority of private landlords would give the same answer. Being down to earth, private landlords have to run a business, and any of us in life, if there is an easier way to do things we'll do that. I know that people on drugs have got their problems, and we've discussed this here, and said why should we take on this problem when they've got families, and we have to make a profit. We don't get any money from any sources to do this, and even the deposit guarantee scheme in our area quite frankly isn't very good, so it's quite natural that if we've got two applicants we'll take the one that's working or whatever.

While it seems unlikely that private landlords will ever, for example, finance their own floating tenancy support schemes, it may be possible to encourage them to signpost tenants in difficulties to support services where those exist. Also, Cannock Chase District Council has recently employed a floating tenancy support worker for the private sector; if this scheme is successful, other district and borough councils may wish to follow suit.

Recommendation 9: Use the guidelines created by Sheffield Hallam University to carry out rough sleeper counts in the rural areas of the county.

One respondent had a lot to say about service provision and distribution across this predominantly rural county:

I do think that in the shire county we have a number of challenges that are going to be difficult to respond to because of the way funding works these days, funding is chasing this myth of value for money or cost-effectiveness, and equates a quality service with a lump sum of money, and as long as you do that you're going to have difficulties providing services in a shire county, because from where we sit we think that whilst our service may be a priceless resource for the shire county, it ought to be the hub of a variety of services that allow us to triage people and quickly get them back into an appropriate service in their home area. Let me give you a recent example: a teenager with mental health problems was embroiled in criminal justice problem in Burton and came to us as homeless, as soon as he was with us the other agencies working with him in Burton became unhelpful, police wouldn't transfer his case so he had to schlep over to Burton twice a week to register or he would be breached, we said is this reasonable when there is no direct route from here to Burton and this kid is living on welfare benefits. He'd have to get a bus and change, or get a train and change. He was engaged with social services, children and families, so as soon as he left Burton they said they didn't have the resources to come and pick him up, and our local social services department said 'not our problem mate'. Other agencies were similarly unhelpful. We would have liked to try to place him back in supported lodgings or a young persons' hostel or whatever was appropriate to his needs

in Burton. I can also give examples from Cannock, Tamworth, Penkridge, Wombourne, you name it. There are people across the county who need help immediately, need to be back in their home area and get the help in a familiar area, but those units of accommodation would necessarily be small, you wouldn't get anything bigger than a six-bedroom house but they would still need staffing and it's the staff costs that drive service costs and therefore they would look expensive. I think you also need supported flats as well as floating support, a number of people in a clearly defined area with staff presence, not necessarily 24 hours but certainly Monday to Fri nine-to-five, again it's not a cheap service but makes far more sense of what's going on in the county than the current spread of services as they've historically developed. And of course when you get to substance misuse then it highlights even more the need for those sort of services, because there are lots of issues around substance misuse that are more than the drug itself or the addiction, but are to do with the way people relate to significant people in their lives, the way they relate to other issues in their lives, whatever, but again it's a nonsense to try and in effect dump them in direct access hostels either in Stoke or Stafford, or do what the Chase Division of Staffs Police are plugging which is to make their lives hell so they leave the county.

The guidelines created at Sheffield Hallam University are comprehensive and flexible. The process is firmly based in partnership working, and has five stages:

1. Establish what is and is not known about homelessness in your area.
2. Form a partnership to take the necessary decisions and support the count exercise.
3. Design a screening tool capable of counting homeless people, that is relevant to your requirements and the local context in which it is to be used.
4. Implement the screening tool.
5. Process data and generate the count (includes methods of eradicating double counting, profiling the counted population and estimating the unknown or hidden population using multiplier methods).

This method would also enable the collection of more information about the prevalence of substance misuse among the rural homeless as part of the basic profile information.

If the new guidelines are as effective as their pilot suggests, Staffordshire has a double opportunity: to use an innovative method of assessing rough sleeping which will reflect well on the county at a wider strategic level, and – much more importantly – to make a real difference to the lives of some of the most marginalized, excluded people within its boundaries. There are very vulnerable people, many of whom will be substance misusers, sleeping in cars, garages, sheds and out-houses, community venues, churchyards, gardens, barns, parks, fields and woods throughout the rural areas of this county. This research challenges the Accommodation Group to make a commitment to finding those people and providing the services they need.

Appendix 1: Questions for Telephone Interviews

Name:
Job title:
Organisation:

1. Do you provide, or are you planning to provide, any floating tenancy support to tenants with substance misuse problems in Staffordshire other than that funded by Supporting People?

    1(a) If so, please can you tell us about it?

2. Are you aware of other agencies who provide, or are planning to provide, floating tenancy support to tenants with substance misuse problems in Staffordshire?

    2(a) If so, please can you tell us about them?

3. Are you aware of any existing or planned services in Staffordshire for early identification of people with literacy problems and/or fear of paperwork, to help them avoid getting into debt?

    3(a) If so, please can you tell us about them?

4. Are you aware of any existing or planned supported semi-permanent dry housing in, or accessible to people from, Staffordshire?

    4(a) If so, please can you tell us about it?

    4(b) Do you know whether it has separate provision for men and women?

    4(c) And does it have separate provision for drug and alcohol users?

5. Are you aware of any existing or planned direct access hostels for drug users in, or accessible to people from, Staffordshire?

    5(a) If so, please can you tell us about them?

    5(b) Do you know whether there is separate provision for men and women?

    5(c) And do they have separate provision for drug and alcohol users?

6. Do you collect information about people's substance misuse problems?

    6(a) If so, do you record information on those people's housing needs? If so, in what format and frequency? Can I have copies, and if not, would you make this information available to the Supporting People team?

7. Are you collecting any information on rough sleepers?

   7(a) If so, in what format and frequency? Was it an official count? When was it last done, and/or when is the next/first one planned?

8. Do you have any information-sharing and/or support policies in place?

   8(a) If so, please can you give me details?

9. What are the access routes into the housing you provide or manage?

Appendix 2: List of Participants

1. Andy Pitcher, Housing Services Team Leader, Beth Johnson HA
2. Anthony Everall, Property Landlord, Everalls Properties
3. Carla Lyndon, Operations Manager, ADSiS
4. Caroline Abel, Homelessness Strategy Officer, Newcastle under Lyme
5. Darren Russell, Manager, Rugeley Foyer
6. Dave Brown, Chief Officer, The Bethany Trust
7. Dave Llewellyn, Community Mental Health Nurse Specialist Addictions, IDAS Cannock
8. David Rowe, Deputy Centre Manager, Salvation Army, Stoke-on-Trent
9. David Whittaker, Homelessness Strategy Officer, Lichfield DC
10. Debbie Roberts, Prison Link Worker, Staffordshire DAT
11. Diane Hilton, Treatment Manager, Rehabilitation Unit, HMP Drake Hall
12. Emily Skeet, Strategy and Development Officer, Supporting People
13. Gill Rimmer, Community Mental Health Nurse, IDAS Stafford
14. Ian Hutton, Housing Policy Officer, East Staffordshire BC
15. Ian Philp, Principal Housing Officer, Stafford BC
16. Ian Young, Head of Housing Services, Staffordshire Moorlands DC
17. Jackie Nolan, Community Mental Health Nurse/Caseload Manager, Silverdale Medical Centre
18. Jane Christian, Service Manager, Druglink Staffordshire
19. Jane Murray, Community Psychiatric Nurse Team Leader, IDAS Burton on Trent
20. Jane Stokes, Support Co-ordinator, Trent & Dove HA
21. Jane Whyatt, Senior Housing Agency Officer, Trent & Dove HA
22. Jayne Gandy, Project Manager, Stonham HA (Fernleigh House)
23. Jerry Turner, Independent Living Manager, HomeZone Housing
24. Jo Malkin, Manager, Uttoxeter Mind
25. Jo Marsh, Principal Assistant Substance Misuse, Staffordshire Social Services
26. John Mason, Homelessness Strategy Officer, Staffordshire Moorlands DC
27. John Morgan, Senior Clinical Nurse (Addictions), Edward Myers Unit
28. John Swindells, Housing Advisor, Aspire Housing
29. Louise Tandy, Homelessness Strategy Officer, Cannock Chase DC
30. Mac McCoig, Homelessness Strategy Officer, Stafford BC
31. Marie Mackness, Tenancy Support Officer (Private Sector), Cannock Chase DC
32. Martin Amiss, Community Development Officer, Burton Addiction Centre
33. Michael Toft, Senior Practitioner, IDAS Tamworth
34. Nicky Eve, Assistant Manager, South Staffordshire HA
35. Nigel Haywood, Tenancy Services Manager, Cannock Chase DC
36. Pat Main, Homelessness Strategy Officer, South Staffordshire DC
37. Patrick King, Housing Advice Officer, Tamworth BC
38. Paul Williams, Housing Advice Manager, Tamworth BC
39. Sarah Smith, Partnerships Officer, Staffordshire Probation Service
40. Simon Lovatt, Accommodation Support Manager, Potteries HA
41. Steve Freeman, Clinical Caseload Manager in Addictions, Combined Healthcare NHS Trust
42. Suzie King, Assistant Director of Client Services, Arch North Staffs

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