HOUSING FOR RECOVERY

Findings from a survey on access to housing on behalf of the Recovery Partnership

Marcus Roberts
Director of Policy and Membership, DrugScope
August 2011

The Recovery Partnership was founded by the Substance Misuse Skills Consortium, the Recovery Group UK and DrugScope in May 2011 to provide a new collective voice on recovery for the drug sector to ministers and government.

KEY FINDINGS FROM OUR SURVEY

70% said housing services were 'difficult' or 'very difficult' to access in their local area

64% said housing services would become 'less accessible' in the next 12 months

89% said 'safe, secure and appropriate accommodation' was 'difficult' or 'very difficult' to access in their local area

62% said appropriate accommodation would become 'less accessible' in the next 12 months

53% reported reductions in Supported People funding for their clients.

Nobody seriously questions the importance of housing for successful engagment with drug and alcohol treatment and for recovery. The Drug Strategy 2010 explains that housing, with appropriate support, contributes to engagement and retention in treatment, improved health and social well-being, improved employment outcomes and reduced re-offending. But how far is the recognition of housing's role at policy level shaping the development of recovery-orientated practice? What is the impact of changes to housing-related policy for drug and alcohol services, including the removal of the ring-fence from 'Supporting People' and housing benefit reforms?

Over a two week period in June-July 2011, DrugScope conducted an on-line survey on behalf of the Recovery Partnership (DrugScope, Recovery Group UK and the Substance Misuse Skills Consortium). We reported on the findings directly to the Inter-Ministerial Group on Drug Policy, which brings together key ministers in Government with a role in drug policy. We received 91 responses to the survey from services across the country, with representation of the private, statutory and voluntary and community sectors and covering a range of treatment modalities (and homelessness services).

FINDINGS

The impact of changes to Supporting People funding

Over half of respondents expected Supporting People funding to decrease with the removal of the ring fence, with only one respondent expecting an increase in funding. Of 33 respondents who felt able to express a view, 17 estimated that they would see changes to funding of between 25% and 50% and 4 said more than 50%.

What, if any, has been the impact in your local area and for your clients of the removal of the Supporting People 'ring fence'?	
Decrease in Supporting People funding	53%
No significant change in Supporting People funding	22%
Increase in Supporting People funding	1%
Don't know	23%

One respondent commented on the impact of local funding reductions of 40% to local Supporting People

funding saying that housing stock was 'increasingly insufficient' and 'services that work to support clients in the community to maintain tenancies and to support them in their recovery (such as floating support) are more or less extinct'. Another said 'we set up a therapeutic sober living house with a plan to include funds from Supporting People. This will not happen now and we will be challenged to find alternative funding'.

If Supporting People funding is either decreasing or increasing are you able to provide an estimate for the scale of this change?*	
Less that 10 per cent	2%
Between 10 and 25 per cent	17%
Between 25 and 50 per cent	27%
More than 50 per cent	6%
Don't know	48%

** Only one respondent expected Supporting People funding to increase, compared to 48 who expected a decrease, so we have assumed these figures are for anticipated decreases in funding*

Concern was expressed that a reduction in Supporting People funding – and greater reliance on the private sector – was leading private landlords to "cherry pick" tenants. In particular, it was suggested that while housing might be more accessible for people who had achieved abstinence, little or no housing was available at the earlier stages of treatment.

Access to housing

We asked about the accessibility of (i) housing support (for example, through Local Authority Housing Departments) and (ii) safe, secure and appropriate accommodation for clients. Most respondents said that both housing services (70%) and appropriate accommodation (89%) were 'difficult' or 'very difficult' to access in their local area. Two thirds expected them to become less accessible in the next 12 months.

How would you describe the accessibility of housing services in your locality for clients of drug and alcohol services?	
Easy to access	3%
Reasonable to access	27%
Difficult to access	32%
Very difficult to access	38%
Don't know	0%

What do you expect to happen to your clients' ability to access housing services over the next 12 months?	
More accessible	11%
As accessible	20%
Less accessible	64%
Don't know	5%

How would you describe the accessibility of safe, secure and appropriate accommodation in your locality for clients of drug and alcohol services?	
Easy to access	0%
Reasonable to access	10%
Difficult to access	47%
Very difficult to access	42%
Don't know	1%

One respondent commented that 'I seem to have more and more clients and there seem to be less and less hostel places, longer waiting lists and less money for accommodation'. Another said "I have been in contact with many DAATs in the South East and, with the exception of one or two DAAT areas, access to housing for clients in drug and alcohol treatment is very difficult'. Others highlighted the problems of particular client groups. For example, explaining that 'young people aged 16-25 are placed in wholly unsuitable accommodation with little support which … contributes to their increasing drug use'.

What do you expect to happen to your clients' ability to access housing services over the next 12 months?	
More accessible	10%
As accessible	24%
Less accessible	62%
Don't know	4%

Issues identified included housing benefit changes, lack of social housing, lack of investment by local authorities, increasing competition for private rented accommodation, finding deposits, past problems with tenancies and the quality of some housing provision.

1 **Quality of accommodation**. Several respondents had concerns about the quality of some housing. It was commented that 'service users tend to be ghettoised in low quality – and sometimes unliveable – accommodation. This provides the antithesis of a "recovery community". Another was concerned about 'a number of private landlords who extort, manipulate and abuse service users, and fail to maintain their properties'.

2 **Hostel accommodation**. The suitability of multi-occupancy and

SUPPORTING PEOPLE: An example of the impact

'Since the removal of the Supporting People (SP) ring fence and the recent pressure on public funding we are seeing a leakage of funding from this vital component of the recovery journey through SP cuts'.

'An example: Portland House service was an innovative rehabilitation service that was delivered in partnership with Phoenix Futures and Framework Housing Association in Nottingham. This service delivered an intensive rehabilitation service for women experiencing problematic substance misuse. Phoenix Futures provided therapeutic interventions for the women's addiction issues and Framework Housing Association provided the life skills support. The service was well regarded by commissioners across the country and had very good occupancy of over 95 per cent for many years and achieved excellent outcomes. The service closed in March because Framework Housing Association lost their SP funding. This was an across the board cut in SP funding by the local authority. This is a funding decision taken outside of the recovery sector that has impacted directly on recovery provision.'

hostel-style accommodation was a concern in the light of plans to extend to claimants under 35 years rules preventing them receiving housing benefit for self-contained housing that currently apply to under 25s. It was suggested that it would be helpful for hostel staff to receive training on recovery and for better enforcement of housing standards in hostels. A clinician commented 'a problem I regularly face is trying to help a patient who is motivated for treatment but lives in accommodation where drugs and/or alcohol use are widespread'. A question was raised of whether women could be required to share multi-occupancy housing with men or would be entitled to access appropriate single sex accommodation.

3 **Treatment and behaviour**. Some hostels advertise that they support people with drug and alcohol problems but 'deny access if they return under the influence and evict if they use drugs or drink on the premises'. This was identified as a broader issue, particularly with respect to young people under 25, who, if they declared issues around drug use could find themselves labelled as a 'management problem' – 'once labelled in this way support for a person fades, behaviour is "logged" as incidents and the tenancy eventually fails'. Clients who had rent arrears may be excluded from housing until the debt is repaid. People who have criminal records or have been evicted from previous tenancies can find themselves excluded for as much as two years after the conviction.

4 **Stages of recovery**. There is a lack of suitable accommodation for people in the early stages of treatment. It was suggested, for example, that 'supported housing in the early stages would be most appropriate and once stable the client could be moved to a time limited leasehold property – as ideally they will have reached a point where they are self-sufficient and could move on'.[1] Another issue is people who need a 'fresh start in a different area'.

THERE IS A LACK OF SUITABLE ACCOMMODATION FOR PEOPLE IN THE EARLY STAGES OF TREATMENT

5 **Different groups**. Issues were raised about the availability of supported accommodation for young people, women, families and people experiencing domestic violence. One respondent explained that 'if you are male and single you are less likely to have housing options, as you are not deemed as a priority'. Concern was expressed about the impact of lowering of housing benefit allowances for single people.

6 **Residential rehabilitation**. Concerns were raised about support for people leaving residential rehabilitation. Community Care Grants have provided financial assistance to help with the costs of setting up a home. The Welfare Reform Bill 2011 includes provision to abolish Community Care Grants, replacing them with locally administered assistance at the discretion of Local Authorities. Other respondents reported positive experiences of accessing housing – for example, in one area clients who were hard to re-house on leaving residential rehabilitation had been referred to the Supporting People 'High Priority Panel' and placed successfully. Some expressed concerns that service users not yet in abstinence-based treatment were excluded from housing. One housing provider sought to justify this, commenting on the 'pro-citizenship outlook' of 'post residential rehabilitation clients', and claiming 'the sheer level of support they enjoy … means that we can say with a huge degree of certainty that they are completely drug, and often alcohol free, which means in terms of being "suitable tenants" they are a safe bet. We cannot say the same for people accessing our services from the non-recovery population'.

Some comments on accommodation and prisoner resettlement

Lack of housing for prisoners on release was a recurring theme, with comments including:

'Clients being sentenced to shorter sentences who have properties removed should … have a guarantee of suitable accommodation on release … custodial services must inform housing providers that a person is in custody … to negate the numbers being charged rent while in prison and being released to huge debts'.

'I would like to be able to complete a housing needs referral on behalf of my client prior to their release from short-term custodial sentences so that upon release they have a better chance of accessing appropriate accommodation sooner'.

Partnership Working

How would you describe the engagement of local housing stakeholders in the recovery agenda?	
A sufficient level of engagement	9%
Some engagement	33%
An insufficient level of engagement	43%
No engagement	8%
Don't know	7%

Over half of respondents to our survey said engagement of housing stakeholders in the recovery agenda was either insufficient (43%) or there was none (8%). On a positive note, the majority said that there was progress towards more effective joint working, and more than one in six reported 'good progress'.

A couple of respondents talked about the local development of Joint Protocols. Others expressed frustrations at difficulties in securing housing provider participation in strategy groups (for example, a Reducing Reoffending Strategy Group). Predictably, barriers to information sharing emerged as an issue, and concern was expressed about

1 Interestingly, one respondent questioned whether clients should always be stratified into strict 'needs groups' for the purposes of housing support, explaining that it could be beneficial if 'small groups of clients who have formed relationships at each stage are able to continue together'

short-term commissioning cycles and compartmentalised funding. Several respondents commented on the need for 'hands on' involvement (for example, a scheme where drug workers ran surgeries in homeless hostels in Bristol[2]). One Local Authority had funded and appointed a post for a homelessness worker specialising in people with drug and alcohol problems and providing a bridge between housing and drug services.

How would you describe progress towards more effective joint working between the housing or homelessness sector and drug and alcohol treatment in your local area?	
Good progress on more effective joint working	16%
Some progress	49%
Little progress	29%
No progress	6%

Another issue was the need for training and workforce development around the recovery agenda. Sixteen per cent of respondents said people working in drug and alcohol treatment had 'high training needs' on housing, and 80% felt there was 'some training need'. Forty two per cent said people in housing services had 'high training needs' on drug and alcohol issues, and 55% identified some training need.

Some practical recommendations

We asked contributors what specific changes to policy and practice they would like to see. Suggestions included:

- National monitoring and oversight of the impact of reduced public spending on the availability of housing;
- Ring-fencing – or other protection – of local housing investment;
- A nominated team or individual in Local Authorities with a specific responsibility for housing and recovery;
- Joint commissioning and shared outcome frameworks for drug and alcohol and housing services to incentivise partnership work in support of recovery;
- Incentives for landlords to develop and make available empty properties;
- Pre-tenancy qualification schemes for vulnerable clients to give housing providers confidence in their ability to manage a tenancy, with involvement of private landlords;
- Support for clients to address rent arrears and specialist accommodation schemes designed for people who have had problems with other tenancies;
- On-going support from housing teams once someone is in accommodation, (for example with financial management of rent and bills);
- Consideration of the role of amnesties for rent arrears;
- Local Authority bond schemes to enable clients to pay deposits to private landlords and cover rent payments in the early period of a tenancy;
- Service user involvement in developing accommodation services;
- Providing clarity about the legal responsibilities of housing providers (especially around section 8 of the Misuse of Drugs Act 1971 – and review of this provision);
- Housing benefit or other incentives for engagement with recovery (for example, access to more independent and supported housing for clients who have not been involved in the criminal justice system for a given time period, have engaged with treatment and/or contributed to the community);
- Reviewing the impact of local residence tests, which can tie people to an area where their networks are based around previous drug or alcohol misuse;
- Improving access to Tier 4 recovery services, including residential treatment option for street homelessness clients.

Some comments on partnership work

'Despite being invited to meetings to discuss the recovery agenda some housing providers fail to attend. A recovery action plan has been launched ... but gaining the buy in from housing stakeholders is proving difficult'.

'The recent opening of a harm reduction suite as a joint venture between the DAAT and Action Homelessness has led to some fantastic inroads. The suites are being replicated across five sites. Training has been sourced by the DAAT for frontline workers, including both housing options staff and hostel staff, and a programme of training will run over the next 12 months.'

'Brighton and Hove have done some effective work in the last five years integrating both treatment and accommodation pathways. We have now employed a nurse to work specifically with dependent drinkers in hostels, facilitating slow alcohol reduction using a recovery model.'

OVER HALF OF RESPONDENTS TO OUR SURVEY SAID ENGAGEMENT OF HOUSING STAKEHOLDERS IN THE RECOVERY AGENDA WAS EITHER INSUFFICIENT (43%) OR THERE WAS NONE (8%)

2 Although it was reported that funding for this sort of work was being withdrawn.