

Good Practice Framework for the Provision of Substance Misuse Services to Homeless People and those with Accommodation Problems

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Good practice framework for the provision of substance misuse services to homeless people and those with accommodation problems

PART A: Background

1. Overview

Individuals who are homeless have poorer physical and mental health than the general population, and often have problems obtaining suitable treatment. Evidence suggests that in relation to substance misuse the major problems faced by this group of people are gaining access to specialist services, avoiding a return to the circumstances that lead to their original problem and securing support for a range of other needs.¹

Homeless populations have a higher incidence of health problems than the general population, often characterised by having multiple health problems (primarily alcohol and substance misuse dependence, and mental disorders) and premature mortality.^{1,2} There is evidence that behavioural interventions for substance misuse and alcohol dependence can empower homeless people and lead to lasting health gain, as well as helping in treatment retention. Effective health interventions for substance misuse dependence include pharmaceutical interventions, hepatitis B vaccination, advice about safer injection and access to needle exchange programmes¹. A range of good practice in relation to other needs of homeless substance misusers is also emerging³.

It is clear that effective service interventions for this client group require:

- *engagement of homelessness service providers in the SMAT and DIP planning/commissioning processes in Wales;*
- *the establishment of effective working relationships, joint protocols and joint training between the specialist substance misuse service providers and homelessness agencies/housing authorities.*

Most recent research has focussed on the support needs of homeless people without children. There has been far less work on the possible support needs of homeless families and the assumption has tended to be that their primary, or only, need is for housing. Some homeless families may have more support needs, including substance misuse.

This framework considers the needs of the adult homeless population in Wales and needs to be considered alongside existing and developing substance misuse treatment and rehabilitation frameworks produced by the Welsh Assembly Government. These documents cover both drug and alcohol misuse. Of particular relevance are the framework for clients with co-occurring mental health and substance misuse needs and the ongoing work on Hidden Harm.⁴

Additionally this framework needs to be considered in the context of Health and Wellbeing Strategy development and Making the Connections.

2. Context

Homelessness is commonly used to describe a wide range of circumstances where people have no secure home. Homelessness is defined in legislation for the purpose of determining entitlement to help from local authorities and certain groups are defined in law as being in priority need of housing. However, in order to target substance misuse treatment services on the most difficult to engage homeless people, it is necessary to consider a wider range of clients. The housing duties owed by local authorities to homeless people with substance misuse problems will vary (see section 3). Many of the most chaotic and vulnerable people may not be in contact with housing authorities at all, but may be in touch with voluntary agencies. Therefore this framework is relevant to all agencies working with homeless people with substance misuse problems.

2.1 Definition of homelessness

There is a statutory definition of homelessness in the Housing Act 1996⁵, which relates to the duties owed by local authorities. This narrow definition focuses on whether someone has somewhere they can legally occupy where it is reasonable for them to stay.

The Welsh Assembly Government has set out a broader definition within its Code of Guidance on Homelessness⁶, which is more inclusive, and it is this definition which should be used in the context of this document. This definition defines homelessness as:

‘Where a person lacks accommodation or where their tenure is not secure’.

People covered by this definition include the following:

- *rough sleepers;*
- *those living in insecure/temporary housing (excluding assured/assured short hold tenants);*
- *those living in short term hostels, night shelters, direct access hostels;*
- *those living in bed and breakfasts;*
- *those moving frequently between relatives/friends;*
- *squatters;*
- *those unable to remain in, or return to, housing due to poor conditions, overcrowding, affordability problems, domestic violence, harassment, mental, physical and/or sexual abuse, unsuitability for physical needs;*
- *those threatened with losing their home and without suitable alternative accommodation for any reason;*
- *those required to leave by family or friends or due to relationship breakdown;*
- *those who are within three months of the end of tenancy and facing possession proceedings or threat of eviction.*

This definition recognises homelessness in a wide variety of circumstances. The following paragraphs describe some of the main settings where substance misuse services will need to be accessible for homeless people.

2.2 Rough sleepers

Although only a small proportion of homeless people sleep rough, they represent the most extreme form of homelessness and the group with the highest concentration of multiple support needs. They can be defined as:

'People who are sleeping, or bedded down, in the open air; people in buildings or other places not designed (suitable) for habitation'.

This definition will include, for example, people sleeping on the streets, in doorways, in parks, in bus shelters, or buildings not designed for habitation such as barns, sheds, car parks, cars, derelict boats, stations, squats, tents, or makeshift shelters.

2.3 Hostel and night shelter residents

Night shelters normally offer basic emergency accommodation for people who have been sleeping rough, or are at risk of rough sleeping. Hostels vary widely from emergency direct access accommodation for rough sleepers, to shared accommodation for students or young workers who may have no support needs. Not all hostels accommodate homeless people and it is important to identify the target group of hostels before including them in substance misuse treatment planning. Night shelters and hostels for homeless people have, in the past, often been used by long-term homeless people as a temporary respite from homelessness and some older clients have circulated between hostels and rough sleeping for many years. As it is very difficult for people sleeping rough to access or sustain substance misuse treatment without stable accommodation, hostels offer a major opportunity for these people to take the first steps into treatment services.

2.4 Bed and breakfast (B&B) residents

Some local authorities place significant numbers of homeless families in B&Bs as temporary accommodation, often because of a shortage of permanent social housing. However, many homeless people without children also place themselves in B&Bs for lack of any alternative and people in these circumstances may be isolated and not in touch with any support services. Others may use day centres for homeless people to access some support.

2.5 Homeless families

Most recent research has focussed on the support needs of homeless people without children. There has been far less work on the possible support needs of homeless families and the assumption has tended to be that their primary, or only, need is for housing. This has perhaps happened because they are usually entitled to help with permanent housing from the local authority, whereas most homeless people without children do not have this entitlement unless they are also vulnerable and have other clear support needs such as disability or ill health. Some homeless families may have more support needs, including substance misuse.

2.6 People staying temporarily with friends and relatives

These people, sometimes referred to as the “hidden homeless”, are a large and diverse group and should be regarded as homeless, or at risk of becoming so.

2.7 Squatters

Squatters should be regarded as homeless. Some may have a history of both homelessness and substance misuse.

2.8 Homeless offenders

The Welsh Assembly Government recognises the particular difficulties faced by people leaving prison. There is clear evidence that prisoners are at risk of homelessness (and of overdose) when they are discharged, and that this has an impact on re-offending. The successful resettlement of former prisoners is vital for the safety and security of the whole community. To support this work the Counselling, Assessment, Referral, Advice and Through care Services (CARATS), and other inter-agency links within the prison (e.g. Prison Link Cymru), assist homeless offenders upon release. High priority is given to anyone who is homeless and has a substance misuse problem. Harm minimisation information is also provided to all prison leavers to help with their resettlement.

There is a high incidence of substance misuse amongst former prisoners, and it is important that housing and substance misuse services work together with criminal justice agencies to aid resettlement.

Offenders released on licence are under the supervision of National Probation Service. Prior to release the Offender Manager prepares a sentence plan based on offender needs and will have identified the interventions required to build upon work undertaken during the custodial part of the sentence. Short term adult offenders (those sentenced to less than 12 months in custody) are not subject to licence supervision on release and it is more difficult to ensure progress in prison is maintained and built upon post release. The Transitional Support Scheme is designed to address the practical resettlement needs of those on short-sentences with on-going substance misuse problems. Community based services could help enhance the support by making strong links prior to a person's release to reduce the risk of the further offending.

In addition, early intervention is important for offenders at all stages of the criminal justice process as part of homelessness prevention and housing options; e.g. supported housing, floating support, temporary accommodation, general needs housing, private rented sector, etc.). The alignment of the Drug Intervention Programme and the Prolific and Other Priority Offenders scheme is also helping to support this approach.

3. Homelessness legislation issues

Homelessness legislation places a number of duties on local authorities and contributes to the context in which substance misuse treatment is provided.

Requirements of legislation on local authorities:

- *to ensure that advice and information about homelessness is available to everyone in their district, and provide specific advice to homeless people to help them find housing;*
- *to ensure that accommodation is available for people who are homeless through no fault of their own if they are in one of the priority need groups. These include families with children, pregnant women, young people, 16 and 17 year olds, former prisoners, and people who are vulnerable because of old age, ill health or a history of institutional living. Other people with substance misuse problems may be deemed to be vulnerable and in priority need (see 7.6), and the authority will have to secure housing for them;*
- *to carry out regular reviews of homelessness needs in their areas and produce homelessness strategies to meet these needs. From 2008 it is intended that this planning will be incorporated into local housing strategies, although authorities may choose to continue to have distinct homelessness strategies.*

PART B: Good Practice Guidance

4. Homelessness services (statutory and voluntary)

Voluntary and statutory homelessness services have a key role in the local infrastructure for meeting substance misuse-related need. Part of this role is to support individuals accessing treatment services. Homelessness services will need to ensure that staff are adequately trained to provide the services described below, and should liaise with the Substance Misuse Action Team (SMAT) to seek advice on appropriate training.

4.1 Assessment - specialist homeless services

When conducting a holistic assessment with a service user, specialist homelessness services should seek to identify any substance misuse needs.

Minimum requirements of identification:

- *to meet substance misuse information and advice needs;*
- *to assess substance misuse-related risk;*
- *to provide harm reduction interventions;*
- *to assess which services are relevant for identified needs;*
- *to assess need for referral to substance misuse services.*

Screening tools should be developed in collaboration with the local specialist substance misuse services. Experienced specialist substance misuse workers should train staff in using the substance misuse screening tools. Development of a joint substance misuse screening tool is recommended because the screening can be recognised by substance misuse treatment services as the first stage of a substance misuse assessment.

The following topics should be covered when screening for substance misuse:

- *current patterns and circumstances of misuse;*
- *amount used;*
- *episodes of overdose;*
- *personal concerns about use;*
- *associated problems, for example criminal justice, child care, social problems, mental and physical health;*
- *risk assessment.*

4.2 Referral to specialist treatment

Homelessness and substance misuse services should develop referral protocols in partnership. Before a referral to a substance misuse service, informed consent from the service user is required and should be documented. Before gaining consent, homelessness agency staff should ensure that service users are well informed.

Requirements of homelessness services when informing service users:

- *to understand the environment and philosophy of each organisation;*
- *to understand the type of intervention provided;*
- *to understand the criteria for service provision;*
- *to understand referral procedures and any likely problems or delays.*

This information should be shared with and explained to the service user.

4.3 Joint working protocol

Community Safety Partnerships (CSPs) should ensure that there are effective joint planning and commissioning arrangements in place to guarantee that the referral arrangements described above are based on realistic access to services. Support from the homelessness agency should also continue after a referral for treatment has been made, where consent is given.

It is important to clarify responsibilities and expectations that the partner agencies have of each other. The development of a joint working protocol is an important good practice step to improving services in this area.

Joint working protocols should include or address:

- *named responsible contacts for co-ordinating joint work in each agency;*
- *a named key worker for each service user;*
- *joint meetings and reviews to monitor progress;*
- *clear procedures on advising and informing service users and gaining consent;*
- *clear and specific lines of responsibility on all relevant matters;*
- *training needs on agency roles and referral criteria;*
- *relevant legal issues for staff.*

4.4 Psychiatric services

Homelessness services also have an important role to play in supporting clients with mental health problems. Contacts with community psychiatric services should therefore be developed.

5. Specialist substance misuse services

As indicated in the overview to this document, research suggests that the key problems faced by homeless substance misusers are:

- gaining access to full range of services appropriate to their needs;
- sustaining engagement with treatment;
- avoiding a return to the circumstances which led to their original substance misuse problems;
- securing support for a range of other needs which have limited their ability to access and sustain treatment.

5.1 Key interventions

The key interventions for specialist substance misuse services should be:

- *to consider the possibility for dealing with homeless people as priority cases;*
- *to ensure that homeless clients have access to a full range of services appropriate to their needs;*
- *to ensure effective links with street outreach work in areas where there are rough sleepers, to encourage them into treatment;*
- *to provide access points in places used by homeless people, such as day centres and hostels;*
- *wherever possible to operate an open door, non-appointment policy;*
- *to endeavour to locate services in places which can be reached by people without their own transport, for example, peripatetic services in rural areas;*
- *to conform with the minimum standards for waiting times;*
- *to provide a flexible service which allows for possible repeated relapses by clients;*
- *to liaise with housing agencies to ensure stable accommodation is available, which may be in a hostel or temporary supported housing, pending permanent re-housing;*
- *to address the psychological needs and dependencies of users;*
- *to ensure other support needs are met;*
- *to screen/assess for homelessness and refer to appropriate service;*
- *to be aware of the homelessness services in local area;*
- *to provide appropriate training to homelessness agency staff.*

6. Specialist services for homeless substance misusers

In areas with high levels of homelessness, there may be a need to commission specialist substance misuse treatment services for homeless people in addition to better access to mainstream services. Some of these services may be more able to work in flexible and innovative ways with homeless substance misusers and may be more trusted by them.

Some specialist services can be provided by competent homelessness workers, others by specialist substance misuse workers providing a satellite service within a homelessness agency.

6.1 Street outreach services

Open access substance misuse services (Tier 2 services) should be available to people sleeping rough. These would be most productively provided by joint work between substance misuse treatment services and homelessness agencies. Much of this work will be concerned with harm reduction which should encourage homeless people to stabilise their substance use and to enter accommodation.

Elements which should be included in street based harm reduction services:

- *needle exchange;*
- *advice on safer injecting, safer drinking and safer sex;*
- *advice on safer use of all substance misuses, including overdose prevention;*
- *support to access treatment;*
- *support to access other health and social care services, including primary care and benefits advice;*
- *support to ensure nutritional needs are met.*

Services should be carefully planned to ensure they play a part in encouraging people to move off the streets, rather than simply reinforcing street living. For example, they should encourage people wherever possible to go to a hostel or at least a day centre to receive additional services, rather than providing for all needs directly on the street. (Homeless substance misusers may need to develop confidence in the outreach service before they can be encouraged to more mainstream services, so this may have to be a progressive approach.)

6.2 Day centres

Tier 2 open access services should also be offered in day centres for homeless people, or on a specialist basis for substance misusers with the same approach as for street services. They should be linked to encouraging people to stabilise their use and, where applicable, move into hostels or other suitable accommodation.

Substance misuse agencies might offer peripatetic satellite services in a number of agencies. This might prove especially useful in rural areas with poor transport links. It is unlikely that community-based treatment could be effectively operated through homelessness day centres for some homeless substance misuse users, as clients require stable accommodation. However, day centres and particularly specialist medical centres for homeless people might also provide Tier 3 services, including after care services for those with stable accommodation.

6.3 Hostels, shelters and emergency provision

Tier 2 services should also be offered in hostels with significant numbers of homeless substance misusers. There are advantages in offering services on the premises, since they are likely to engage chaotic substance misusers who would not necessarily go to an external agency. Basic advice and information and initial assessments can be offered by competent hostel workers. Hostels are also a good base for harm reduction services for homeless people. More specialist services can be provided by substance misuse workers either employed by the hostel or by a substance misuse treatment service providing a satellite service in the hostel. It is essential that they are provided with professional support and supervision.

Where hostels provide for longer term stays, then separate specialist units within the hostel providing residential services might be considered (Tier 4a), including specialist services provided by statutory bodies i.e. detoxification and rehabilitation. These units can operate in self contained parts of the hostel, for example a separate floor with its own entrance. Such projects should also provide access to move-on accommodation and eventually to permanent housing. These units can encourage people into treatment who might not have otherwise accepted it and can also mean that they will not become homeless should they relapse.

Rules of notification and drug use (i.e. when authorities will be informed) should be clear and open to all clients. CSPs should be aware of the rules and regulations contained in The Misuse of Drugs Act (1971) Section 8.

7. Accommodation for homeless substance misusers

People without secure accommodation are less likely to access treatment and those leaving treatment without suitable accommodation and support are very likely to relapse. Treatment services for homeless people, such as detoxification and rehabilitation, should be linked into wider plans for accommodation and support. This need not mean an immediate move by clients into permanent housing. Hostels and supported accommodation are often more appropriate as a first step.

It is also important to ensure that adequate support is in place to prevent substance misusers from losing their accommodation. It is therefore essential that CSPs work closely with homelessness agencies and accommodation providers to plan the provision of suitable accommodation for homeless substance misusers.

Those substance misusers who have chaotic lifestyles can create agency management problems. This risk can be minimised by the provision of expert support. There will also be a need for hostels and supported housing, which are substance use free - especially for ex-substance misusers and homeless people who object to sharing accommodation with current users.

7.1 Assessing and meeting accommodation needs

The most suitable type of accommodation will depend on the individual's needs and the treatment stage they have reached. Assessing the accommodation needs of substance misusers at each stage of treatment, and ensuring they are met, is central to effective programmes for homeless substance misusers. This should inform their care plan. CSPs should ensure that substance misuse treatment services work jointly with housing agencies to include the accommodation needs of users in their care plans.

It is essential that the development of the resettlement plan should include all the service needs of the client and is made well in advance of any move out of each stage of accommodation. It will often be most effective to carry out a joint assessment with a homelessness or housing agency. Joint protocols should be agreed for the referral of homeless substance misusers to housing agencies. It is essential that referral agencies do not understate the level of substance misuse, or other support needs of clients in order to obtain accommodation for them, as this is likely to lead to a failure to ensure adequate support is in place and a high risk of renewed homelessness. Equally, CSPs should work with accommodation providers of all types to ensure that they are prepared to accept homeless substance misusers, provided care plans are in place for their support and eventual treatment.

The amount and type of accommodation and support available varies widely in different areas and SMATs should work closely with local authorities' housing and homelessness strategies and with Supporting People programmes to ensure that plans are in place for accommodation and support to meet the

needs of local substance misusers. These plans should include the need to be responsive to changing circumstances in clients' lives and to any crisis points they might experience. Consideration should be given to the provision of inclusive accommodation for all substance misuse maintenance and abstinence clients that will provide separate facilities within the same premises.

7.2 Night shelters

Traditional night shelters offer basic standard accommodation in dormitories, where residents book in each night and are not allowed inside during the day. They offer only limited support for other needs. Night shelters are unlikely to be suitable for detailed work with substance misusers, although CSPs could help them to operate as a first point of contact for harm reduction services and referral to treatment services. Night shelters could also be encouraged to help residents to move to longer term hostels as a first step to tackling their substance misuse problems.

7.3 Hostels

CSPs should be in contact with all the hostels for homeless people in their areas, through participation in the local authority homelessness planning arrangements. Hostels should be active partners in planning, and in some cases hosting substance misuse treatment services for homeless people.

Many hostels exclude substance misusers altogether, thereby making successful engagement with treatment very difficult for homeless people. Some hostels, however, can work successfully with them.

CSPs should plan jointly with hostels for accommodation, harm reduction and treatment for homeless substance misusers. Local organisations can provide good practice.

Managers need to satisfy themselves fully with the law on this subject.

7.4 Supported housing

The next step for some former substance misusers in hostels and those moving on from residential treatment will be into other forms of supported housing. Supported housing can also form a base for engagement in community treatment services. Some continuing users may also need supported housing.

For some clients, a period of intensive support will be necessary to ensure they do not relapse or lose their tenancy. They may then be able to move on to independent housing. People with very high needs, for example those with a dual diagnosis of substance misuse and mental health problems, may need long term supported housing. The range of models of supported housing include:

- *shared houses* - where people have their own bedrooms but share facilities with other residents;
- *cluster flats* - where residents have their own flats, but there may be some communal areas such as kitchens;
- *dispersed housing* with visiting support;
- *floating support*.

7.5 The role of permanent housing in effective substance misuse treatment

Some homeless substance misusers may have histories of unemployment and possess lower skill levels. Long-term housing prospects can be in the social rented sector, private sector or owner/occupier in the local authority's homelessness strategy. Access through the private sector can be facilitated through bond schemes.

CSPs should address the local housing strategy needs of homeless substance misusers with local authorities, the private sector and RSLs, through participation in the local homelessness planning and Supporting People programmes. CSPs should also review any previous exclusions when considering applications from substance misusers.

It is acknowledged that clients engage more readily with and continue on substance misuse maintenance and abstinence programmes when living in permanent housing.

7.6 Homelessness legislation interpretation

SMATs should discuss with housing authorities the extent to which authorities should take account of substance misuse problems in assessing whether a person applying as homeless should be considered as vulnerable under the homelessness legislation and therefore entitlement to accommodation.

Substance misuse is not included in the legislation as a specific reason to consider homeless applicants as vulnerable, but authorities may consider applicants for any "other special reason". The 2003 Homelessness Code of Guidance states that.

"The critical test of vulnerability for applicants...is whether, when homeless, the applicant would be less able to fend for himself than an ordinary homeless person so that he would be likely to suffer injury or detriment, in circumstances where a less vulnerable person would be able to cope without harmful effects". Some homeless substance misusers could fall within this definition.

Each homelessness application should be considered on its merits and authorities should consider the circumstances of all substance misusers. Some may qualify as vulnerable on other grounds, for example because they have dependent children, mental health problems, or because of a combination of needs of which substance misuse is but one.

Local authorities and substance misuse treatment services should consider the ways in which problematic substance misuse can contribute to vulnerability in individual cases.

SMATs should discuss with housing authorities the importance of taking account of substance misuse problems and the need for stable accommodation for recovering misusers, in considering the vulnerability of homeless substance misusers who apply to the local authority.

7.7 Co-ordinating lettings and treatment needs

It is very important that housing is available for people leaving rehabilitation at the time they need it. If it is offered too early, for example while clients are still in residential treatment, they may be tempted to leave treatment to take up the offer. If no suitable housing is available when they leave treatment the risk of relapse is likely to be greater.

CSPs should ensure that substance misuse treatment services work jointly with all accommodation providers to co-ordinate access to accommodation with treatment timetables. For other clients who have not been accessing residential treatment, the offer of stable accommodation is, in itself, a crucial part of treatment.

7.8 Area of refocusing (resettlement)

Many people want to be housed away from the areas of former substance misuse to avoid contact with some former acquaintances and dealers. It is important that this is offered both within the landlord's stock and by mutual arrangements with other landlords. 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. Clients should have care plans and care co-ordinators. Mechanisms should be in place to ensure accommodation is available for substance misusers moving into the area.

7.9 Tenancy support

CSPs need to have a central role alongside local authorities and Supporting People partnerships, in commissioning a range of housing support services for substance misusers, including homeless people. Tenancy support can help to prevent homelessness.

A range of support should be available within resources to cover the following issues:

- *choosing a new home which is suitable and at a time when the client is ready to manage their own home;*
- *Drug Intervention Programme (DIP);*
- *moving in and furnishing the home.*

Typically Supported People would assist in funding:

- *ensuring the tenant understands their rights and responsibilities, particularly the payment of rent;*
- *claiming welfare benefits;*
- *money management;*
- *basic help with personal and emotional problems;*
- *access to specialist support for mental health and substance misuse problems;*
- *resolving disputes with neighbours or the landlord;*
- *education, employment and training;*
- *helping the tenant to integrate with the local community;*

- *co-ordinating and acting as a broker for other services;*
- *emergency support if a tenant is at risk of abandoning their home.*

It is important to point out that funding for all of these services can come from a number of sources and commissioning organisations should work flexibly to meet the identified needs.

Effective tenancy support can reduce tenancy breakdown to very low levels.

Common features of successful schemes include:

- supporting people with multiple needs and not excluding them because, for example, they have both mental and substance use problems;
- providing detailed pre-tenancy support to ensure that the housing offered is suitable and people are aware of their rights and responsibilities;
- focusing on practical ways of sustaining the tenancy, rather than seeking to solve all the client's problems;
- providing multi-disciplinary services, without rigid professional boundaries between team members;
- assertive support that seeks to engage tenants with the service. (Simply offering the service is unlikely to be successful with many clients but due consideration should be taken of the clients needs);
- a flexible style of work which is often better managed by independent agencies. It is also important to clients that support workers are seen as independent of the landlord and not part of a statutory system from which many of them feel alienated;
- for tenants in need of long-term supported housing, the provision of an exit strategy;
- clear guidance and protocols for support workers in schemes.

8. Source material/references for the framework

The working group set up to produce the framework did not commission new research but relied heavily on three major source documents. Three additional resource documents are also included.

¹ **World Health Organisation** - *How can health care systems effectively deal with the major health care need of homeless needs of homeless people (2005).*

This is a Health Evidence Network (HEN) synthesis focusing on the evidence of effective treatment for the types of ill health from which homelessness people often suffer.

² **Home Office Research Study 258** - *Youth homelessness and substance use: report to the substance misuses and alcohol research unit (2003)*
Dr Emma Wincup, Gemma Buckland and Rhianon Baylis.

This report presents the findings of a research study of substance misuse amongst homeless young people in England and Wales over an 18 month period starting in January 2001. These findings provide the most recent experience of the needs of homeless substance misusers that dictates the content of the good practice guide.

³ **Home Office and DOH** - *Drug Services for homeless people - good practice handbook (2002)*.

This handbook was jointly commissioned by the Office of the Deputy Prime Minister Homelessness Directorate and the Home Office Substance misuse Strategy Directorate. It was produced by a multi-departmental group which included the Home Office, NTA and Department of Health. The handbook was specifically targeted at English Substance misuse action teams whose functions in Wales are to a large extent undertaken by the Substance Misuse Action Teams (SMATs) as subgroups of Community Safety Partnerships. Much of the good practice recommended in the framework is directly sourced from this handbook.

⁴ Advisory Council on the Misuse of Drugs (ACMD) - **Hidden Harm** - Responding to the needs of children of problem drug users.

This report presents the findings of an inquiry by the Council that has the children of problem drug users as its centre of attention. The report estimates the number of children so affected in the UK, examines the immediate and long-term consequences of parental drug use for these children from conception through to adolescence, considers the current involvement of relevant health, social care, education, criminal justice and other services, identifies the best policy and practice here and abroad and makes policy and practice recommendations.

⁵ Housing Act 1996 (ref).

⁶ Code of Guidance on Homelessness (WAG) ref.