



Mayor of London Consultation Draft London Housing Strategy 2009

London Drug and Alcohol Network (LDAN) Response

The London Drug and Alcohol Network (LDAN) was established in January 2001 following the merger of the Greater London Association of Alcohol Services (GLAAS) and the London Drug Services Consortium (LDSC).

LDAN is a pan-London second tier organisation with a wide membership base covering over 200 drug and alcohol treatment service providers, from London's voluntary and statutory sectors. There are also associate and corporate members providing links with services outside of the capital.

LDAN supports its members through information sharing, capacity building and representation to develop high-quality drug and alcohol services for Londoners.

LDAN aims to:

- Provide independent and expert advice to member agencies, commissioners and other stakeholders
- Support member agencies in providing cost-effective high quality services that are user-focused
- Actively engage policy and decision makers, seeking influence and investment in services
- Represent the views of member agencies at a strategic and policy level

Introduction

The London Drug and Alcohol Network (LDAN) firmly believe that stable housing is essential to enable those with substance misuse problems to engage with treatment and work towards recovery. Yet drug or alcohol users can face many barriers when attempting to obtain settled accommodation, including a lack of coordination between relevant housing providers and support agencies. LDAN has therefore set substance misuse and housing as a priority work area with the commencement of the London Councils Homelessness Second Tier Support Project, in partnership with Homeless Link and Shelter.

The links between substance misuse and homelessness and insecure housing have been well documented:

A lack of stable housing can prevent substance misuse treatment from being successful

40% of drug users state that a lack of stable housing is the main barrier to them achieving their treatment goals¹.

Many homeless people have substance misuse issues

42% of clients in homelessness projects have drug problems, and 39% have alcohol support needs.²

Substance misuse can lead to homelessness

Three quarters of single homeless people have a history of problematic substance misuse³(rising to more than 4/5 of rough sleepers)⁴.

Homelessness can lead to increased substance misuse

Two thirds of individuals report increasing problem substance misuse after becoming homeless⁵.

Our response is based on the views expressed by LDAN members through email submissions and at a consultation event on the Draft London Housing Strategy, held at City Hall. The event was attended by professionals from both the drug and alcohol and the housing/homelessness sectors.

The key message that came out of the event is that *the housing strategy for London should recognise and provide for the particular housing needs of people with drug or alcohol problems.*

Our response focuses on six priority areas for action with specific recommendations for the London Rough Sleeping Delivery Board:

- 1. Housing, social re-integration and recovery**
- 2. Access to housing**
- 3. Support in housing**
- 4. Quality of Housing**
- 5. Substance misuse, housing and welfare to work**
- 6. Impact of drug-related crime and anti-social behaviour**

¹ Stephenson M (2005) National Aftercare Survey - Year 3, Addaction, London

² Homeless Link (2009) 'Survey of Needs and Provision', Homeless Link, London
<http://www.homeless.org.uk/policyandinfo/research/mapping/SNAP2>

³ Homelessness Directorate (2002) Drug Services for Homeless People Office of the Deputy Prime Minister

⁴ Fountain J and Howes S (2001) 'Rough Sleeping, substance misuse and service provision in London' National Addiction Centre, London

⁵ Fountain J et al (2002) 'Who uses services for homeless people? An investigation amongst people sleeping rough in London'. Journal of Community and Applied Social Psychology, 12:71-75.

1. Housing, social reintegration and recovery

The 2008 ten-year drug strategy, *Drugs: protecting families and communities*⁶, gives a greater focus on social re-integration for problem drug users, including accessing housing and employment. Stable housing is essential for those accessing or completing drug or alcohol treatment to enable them to engage with treatment services and to re-establish their lives.

It is important that housing providers in London establish clear links and referral routes with drug or alcohol treatment services to ensure that housing becomes less of a barrier to successful drug or alcohol treatment.

The housing and drugs/alcohol sector representatives at our consultation event suggested that key to 'recovery' is clients being offered the 'right' type of support at the 'right' time, and this is often dependent upon integrated service delivery between housing and drug services, as well as with social services, primary care, secondary care and mental health services.

Both the drug/alcohol and housing providers were aware of disparity in relation to levels of coordination between council departments in different boroughs, and suggested that if Supporting People was located within the housing department and not with social care, then the local authority would be better able to meet the needs of drug/alcohol service users.

A key theme is that the goal of 'social re-integration and recovery' requires co-ordinated support with appropriate housing. More details on support in housing can be found in section three below.

2. Access to housing

Individuals with substance misuse problems can face many barriers when attempting to obtain settled accommodation, such as negative attitudes from landlords and a lack of coordination between relevant housing providers and support agencies.

We welcome the commitments in the London Housing Strategy to target empty homes, build 30,000 new social rented houses and to improve access routes to the private rented sector for vulnerable households. Despite increased accessibility to the private rented sector, it is essential that vulnerable people can still access social rented housing. Attendees at our consultation event suggested that housing provided by the private rented sector is not suitable for all clients and only appropriate if the right support package is in place.

Service user representatives from Equinox⁷, an LDAN member organisation that works with women and men with alcohol, drug, homelessness and mental health problems, suggested that: 'when renting privately, situations can occur such as rent being put up without warning or bureaucratic mistakes leading to non-payment of housing benefit putting your tenancy at risk. Social housing thus remains a preferred option over private landlord schemes.'

Concerns were expressed at our consultation event that the commitment to increase the number of family sized homes could decrease access routes into social housing for single homeless people and individuals with substance misuse problems.

⁶ <http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-2008>

⁷ <http://www.equinoxcare.org.uk/>

The draft housing strategy suggests that local authority housing options services will be improved. We welcome this: the improvements should include training for staff on providing holistic advice to cover issues such as substance misuse, accessing treatment and appropriate housing in the area. Some supported housing providers at our consultation event reported that housing options departments were operating an informal gate keeping process around access to re-housing options, which was causing clients to under-report their support needs related to drug or alcohol problems.

There is a need for staff training as well as achieving a cultural shift towards better inter-agency coordination between the housing and drug and alcohol sectors in London. Attendees at our consultation event highlighted a lack of understanding by some drug or alcohol workers on their potential role with regards to accessing housing and the types and range of support that housing providers can offer to clients. The new partnership between LDAN, Homeless Link and Shelter hopes to achieve greater understanding between these sectors.

Local connection criteria can present a barrier to accessing supported housing and substance misuse treatment for rough sleepers with multiple needs. The suggested pan-London supported accommodation services could help to create more coherent pathways of support for this group. However, there is a concern that the draft housing strategy's proposal to devolve responsibility to local authorities potentially threatens such cross-boundary working. We support the East London Housing Partnerships work to develop an East London Rough Sleeping Strategy and to set up arrangements for long term rough sleepers to be able to access homeless hostels across the eight boroughs involved.⁸

Local targets around housing, for example in Local Area Agreements, will need continued effective monitoring from the GLA, and at a national level through mechanisms such as the Comprehensive Area Assessment. Although the removal of the ring fence around Supporting People funding presents the risk that funding for floating support/supported housing for drug and alcohol users will move towards more 'popular' groups, we hope it also presents opportunities for more innovative cross-sector projects that will improve housing pathways for this group in London.

3. Support in Housing

The draft strategy has a focus on promoting opportunities through holistic support services for those in private rented or social housing. Floating support services can be very important in enabling people with substance misuse problems to sustain their tenancies. The role and provision of floating support services should be acknowledged and incorporated in the London Housing Strategy. Currently as well as there being a borough based lottery in terms of the housing an individual can access, there is also variability in the availability of support such as specialist floating support services.

The housing and drugs/alcohol sector representatives at our consultation event suggested that there is a need for *specialist* floating support to help people with drug or alcohol users sustain their tenancies. Generic floating support workers do not always have sufficient knowledge or experience to address problems associated with drug or alcohol use. Specialist training and links to partner drug and alcohol services should be in place. The 'risk' levels of individuals with drug or alcohol support needs are rarely constant and require ongoing assessment and varying levels of support.

⁸ <http://www.elhp.org.uk/>

It is important that support for individuals with drug or alcohol problems in temporary accommodation is sufficiently specialised and consistent. The NOTIFY system for notifying health, education and social services about those in temporary accommodation should include drug and alcohol treatment services to ensure continuation of care.

Participants at our consultation event suggested that family support services are important because a chance to re-connect with family members can be an integral part of the recovery process. Support in establishing and maintaining social networks was also highlighted. Drug or alcohol users who live in isolated housing are particularly vulnerable to pressure to let people occupy or use their accommodation with the risk of being evicted once it has been taken over. Young people with substance misuse issues can be particularly vulnerable to this pressure. A young person's substance misuse service representative emailed LDAN to suggest that there is a need to develop more sensitive and appropriate housing for young drug users in London.

One member at our consultation event suggested that there is a need to acknowledge the reported benefits of the social support networks that exist in the street homeless environment and to try to replicate this in housing provision. The need for investment in six or seven bed - low support housing for continuing drug or alcohol users was identified, with community access control mechanisms to prevent the properties being taken over.

One of the key messages to come from our consultation event was the importance of further investment in the development of flexible low support housing for drug or alcohol users who may not be ready for a residential rehabilitation programme or other treatment programmes. We support the work of the London Delivery Board to work with the '205 group' of long term rough sleepers and projects such as City Lodge that aim to provide low support 'bed and breakfast' type housing for this group.

Homeless Link's Clean Break Research⁹ showed that every local area needs a flexible pathway of housing and treatment services to allow for relapses and a more personalised route to recovery. The 2008 Home Office practice report, 'Improving Practice in Housing for Drug Users'¹⁰ built on this report and included case studies such as the Thames Reach project, Brixton STEP¹¹ that delivers accommodation to drug users who are considering rehabilitation, but need time and support to enable them to make the positive changes required to successfully engage with drug treatment.

It is also important that appropriate housing and support provision is available for people who have completed treatment, or who are trying to remain drug or alcohol free, for example, after a period in hospital. The combination of waiting lists for drug and alcohol treatment services and inappropriate housing can cause individuals to relapse. A service user representative suggested that:

'There needs to be housing provision for individuals with drug or alcohol dependency as an alternative to the street, however there is a wide recognition of a need for 'dry' hostels. Homeless people trying to remain drug or alcohol free consider they are better placed rough sleeping than going into first and second stage hostels where they are likely to be surrounded by substance misuse'¹²

⁹ Homeless Link (2007) 'Clean Break, Integrated housing and care pathways for homeless drug users', Homeless Link, London

¹⁰ <http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/HousingandHomelessness/PracticeInHousingPracticePaper/>

¹¹ <http://www.thamesreach.org.uk/>

¹² Equinox service user representatives, <http://www.equinoxcare.org.uk/>

4. Quality of housing

Unstable or unsuitable housing can have an extremely negative impact on drug or alcohol use and treatment outcomes.

Although the increased access routes into private rented sector housing is welcome, it is vital that this housing is secure and of a good standard. Participants at our consultation event expressed concerns about poor standards of private rented sector accommodation used for vulnerable adults in London. The stress of living in accommodation that is in a poor state of disrepair or overcrowded can precipitate relapse for those in treatment and contribute to drug or alcohol misuse. It can have a negative impact on, for example, mental health to the ability to seek and sustain employment.

We welcome the commitments to “support vulnerable households in the private sector to improve their homes to the Decent Homes standard and beyond” and to “halve severe overcrowding by 2016”. Local authorities should ensure that all landlords working with vulnerable people are accredited and committed to providing a high standard of housing.

5. Substance misuse housing and welfare to work

The strategy has a clear focus on ‘areas of worklessness’ within social and private rented housing. It suggests that landlords should work with welfare to work providers to help tenants access training and employment. Landlords should also have an awareness of the additional support needs for people with substance misuse problems to move into employment and links to appropriate services. Although many people who are stable and undertaking treatment are able to work, there are barriers including stigma and the reluctance of employers to take them on.

People seeking to access employment should be able to receive advice on the effect it will have on their housing and other benefits and the subsequent affordability of private rented sector housing. Projects such as Off the Streets and into Work (OSW) have done work in this area, for example creating an ‘IntoWork Calculator’ to help single homeless people make informed decisions about the financial benefits of moving into work.¹³

Flexible low support hostels/housing mentioned above is also important for people who have substance misuse problems and need to be mobile to find and access suitable employment.

Support to access training and employment can help tackle isolation for people who may have completed treatment and moved into new housing. The new focus on reducing worklessness in social housing should not lead to restricted access for those that are not in employment.

A service user representative suggested that ‘it is common to find individuals coming through the treatment system who want to come into the field as workers, however as soon as treatment is complete they are expected to find paid rather than voluntary work, thus discouraging skills development and the ability to move into more sustainable work.’¹⁴

¹³ <http://www.osw.org.uk/calculator/intro.asp>

¹⁴ Equinox service user representatives, <http://www.equinoxcare.org.uk/>

Employment support projects provided by housing or drug and alcohol service providers need to involve sustainable continuing support such as in-work support. An example is the Camilia Botna Project in Hampshire¹⁵ which provides residential training and work experience as well as ongoing career support for vulnerable young people including those with drug or alcohol problems.

6. Impact of Crime and anti social behaviour

The draft strategy has a focus on regenerating and re-designing neighbourhoods as a means to tackle crime and anti social behaviour. Secure and well designed housing can improve the quality of life in an area and help to prevent individuals turning to drug and alcohol misuse and crime. It can also help to tackle some of the problems for communities that are associated with drug use and drug markets.

However, it is important that the broader root causes of drug-related crime and anti-social behaviour are addressed and communities have adequate access to appropriate support services. The strategy includes a suggestion of 'cross-borough pilot projects that combine accommodation and support to reduce re-offending'. These schemes, as well as the sanctuary schemes for victims of violence need to be well linked to substance misuse services.

Local authority allocations policies currently do not always allow choice as to what area an individual is moved to. Housing options teams need to allow individuals who have/have had substance misuse issues the choice to refuse housing if it is an area where there they have previously had involvement with groups of people who engage in illegal drug use or other criminal activity. Victims of domestic violence with substance misuse issues have a particular need for flexibility in relation to housing and which areas might be appropriate.

An LDAN member service user representative suggested that 'there are limited options for individuals coming out of rehab. Being sent back to an area an individual is from can put them at immediate risk of relapse'.¹⁶

Because of strict planning requirements in certain Boroughs in relation to developing homelessness or drug and alcohol services, these services are often located in areas which already have high drug and crime problems.

Good neighbourhood and housing design, such as access to green spaces, can have a positive influence in the recovery process. Making neighbourhoods more open and communal can also reduce crime. However there are concerns that re-generation can lead to the displacement of vulnerable groups. When an area is re-generated there can often be strict criteria as to who is relocated back into the area.

London Rough Sleeping Delivery Board

The strategy commits the Mayor to the development, implementation and monitoring of a strategic action plan to end rough sleeping by 2012, through the new London Delivery Board. We welcome the specific commitment to support the development of a 'specialist project for rough sleepers with multiple needs especially targeting those who have behavioural and health-related problems linked with alcohol abuse.'

¹⁵ <http://www.cameliabotnar.com/index2.html>

¹⁶ Equinox service user representatives, <http://www.equinoxcare.org.uk/>

Drug and alcohol services should be involved in this specialist project and the London Drug and Alcohol Network (LDAN) would be happy to facilitate links between the board and drug and alcohol services across London.

The Health and Social Care Sub-group of the London Rough Sleeping Delivery Board that will focus on 'improving access to health and social care services' should have a clear focus on drug and alcohol services. Access to GPs and nursing care while in hostel provision can be essential for people with substance misuse issues, as well as access to specialist drug and alcohol support and treatment services.

We welcome the target to work with rough sleepers with no recourse to public funds and suggest that this work must include links to support for substance misuse problems. EU10 nationals often do not have access to secondary health care including substance misuse treatment. The fact that there have been fatalities among EU10 rough sleepers misusing drugs and alcohol is an issue that the housing and drug and alcohol sectors in London need to work together to address.

As mentioned above, we support the work of the London Delivery Board to work with 'entrenched rough sleepers' who may have drug or alcohol problems, and to develop flexible pathways into housing for this group.

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