

# Working with Alcohol Use

## Guidance for homelessness accommodation services

**Let's end homelessness together**

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#### With thanks to

MHCLG and Matthew Kidd at Creative Inclusion

#### Published

March 2019

# Introduction

The needs of people experiencing homelessness are best met through a diverse range of provision. An effective whole system approach allows professionals working in the homelessness sector to match support according to individual circumstances, needs, and preferences.

Evidence suggests the biggest gap in provision is the lack of services willing and able to work effectively with people with more complex needs (Shelter, 2008)<sup>1</sup>. There are a shortage of services willing to house individuals who are drinking at harmful or hazardous levels, particularly when they're unready or unwilling to reduce their level of alcohol use. Individuals with complex dependencies and deep-rooted, unresolved trauma may not be ready to reduce or stop drinking in order to secure accommodation. To meet the needs of this group, the homelessness sector needs more accommodation services who are willing to house people whilst they are still drinking and offer sustained, person-centred support to help the individual move through the 'spectrum of support'. This guide offers information and advice to services on how to engage and support individuals who are drinking at harmful levels.

This guidance is suitable for homelessness accommodation services who are willing and able to adopt either:

- A high level of tolerance of residents' alcohol use
- Some tolerance of residents' alcohol use

The guidance aims to help services create an environment where change is possible and where all residents and staff are safeguarded from harm, but will not:

- Evict people for alcohol use
- Pressure or coerce people to reduce the amount they drink
- Pressure or coerce people to access alcohol treatment

## Key issues and recent developments

Research by Heriot Watt<sup>2</sup> estimates there are over 170,000 families and individuals in the UK who are experiencing the worst forms of homelessness. This figure includes people who are: rough sleeping, sofa-surfing with strangers, living in emergency accommodation, and stuck in other dangerous situations. Unless there are significant changes in the available housing stock and homelessness provision, rough sleeping is forecast to rise by 32 per cent by 2026.

Research by Shelter (2007)<sup>3</sup> suggests that Alcohol misuse is both a cause and effect of homelessness. Further evidence suggests Alcohol misuse presents major health risks to people who are homeless (Crisis 2002)<sup>4</sup>. This is reinforced by a smaller scale study, conducted by Alcohol Concern (2017)<sup>5</sup>, which explores the role of alcohol in relation to living situation and significant life events for the homeless population in Merseyside. This study reported variations between participants as to whether heavy alcohol use had caused them to become homeless or whether their being homeless led to them becoming heavy alcohol users.

Evidence suggests the level of alcohol consumption amongst people who are homeless is significantly higher than in the general population. Research by Jones et al (2015)<sup>6</sup> compared the alcohol consumption of 200 homeless people in Liverpool, Leeds and London with the general population estimate. The homeless sample reported consuming 97.1% (males) and 222.1% (females) more units per week than the general population. Over half of the respondents who were homeless were categorised as 'higher risk' drinkers (drinking at levels considered to be harmful or hazardous to health).

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Becoming homeless is often the result of several adverse life events, occurring within a relatively short time-frame, combined with a lack of support (either through friends and family or professional services). Alcohol is often used as a coping mechanism following mental health problems or adverse events (Alcohol concern, 2017)<sup>5</sup>. This can lead to harmful, hazardous and dependent drinking. Death of loved ones and relationship breakdowns are often a factor leading to homelessness and/or high levels of alcohol. Increasing alcohol consumption, combined with worsening mental health, in many cases is an antecedent to contact with the criminal justice system and/or the onset of physical health problems. As an individual's experience of homelessness extends, the more likely they are to develop additional needs and the harder it becomes to access responsive and effective support.

In 2018 SCIE (Social Care Institute for Excellence) conducted a rapid evidence assessment of 'what works in homelessness services'<sup>7</sup>. Evidence from this review suggests effectively responding to people who are homeless and have complex needs requires the development of "services which are able to identify and engage and sustain support to people over periods of time, during which needs invariably develop and change".

## Overcoming reluctance to house alcohol drinkers

PWLE (People With Lived Experience) of being homeless whilst drinking alcohol heavily have contributed to this guide through semi-structured interviews and focus groups. They often found accessing suitable accommodation (whilst they were still drinking) to be a frustrating experience. This is articulated in the following quote:

"It feels like people want a quick and easy excuse to shut the door on you. Endless forms, assessments and waiting around for hours in offices only to be told you don't tick the right boxes."

This experience reflects the fact that many accommodation providers are reluctant to house people who are drinking heavily. The common barriers to housing individuals drinking at harmful or hazardous levels include:

- A perception that their support needs will be too high
- A perception they will be unreliable
- A lack of confidence from providers in their ability to manage the associated risks
- Challenges in negotiating with stakeholders (e.g. neighbours and local businesses)
- Performance and monitoring requirements of supported accommodation often being incompatible with the lives of people who are drinking heavily
- Challenges in developing and maintaining inter-agency relationships which can flex and adapt to the changing requirements of people with complex needs
- A perception that only people who have existing capacity and motivation to stop drinking are ready to be housed (i.e. only people who are ready, willing and able can be helped)
- Limited access to information and advice on accommodating people drinking heavily

## Tackling perceptions that people's support needs are 'too high'

People's support needs are often easier to meet when they become active participants in their own support and a team of support is built around them. The approach needed is articulated well in this quote from a team leader of a homelessness service:

"We have to put the individual at the centre of their support, we have to ask them to consider what will help sustain them in accommodation. A multi-agency response is key to being able to meet people's requirements. We encourage people to work with a team of professionals. We ask them to understand that we won't be able to meet all their needs by ourselves"

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No individual service or professional should hold the full responsibility for meeting someone's support needs. In order to progress from homelessness to independent living, people with alcohol problems often need a period of sustained support with issues such as (but not limited to):

- Mental ill health
- Coping with difficulties and changes in their lives
- Practical assistance with benefits and bills
- Building a support network

### Tackling the perception heavy drinkers will be 'too unreliable'

Staff working in homelessness accommodation services should have an honest discussion with individual residents and negotiate which aspects of tenancy management they may need extra support with. The individual's support plan should identify ways to minimise the impact of alcohol use on their ability to sustain a tenancy.

- Keep support plans realistic
- Offer practical support with any tasks the individual finds difficult (This may include claiming benefits and budgeting).
- Reassure the individual you want to minimise the risk of them being evicted.
- Try to negotiate that any Housing Benefit is paid directly to the accommodation provider (This will usually be the case with supported accommodation)
- In some services residents pay a 'top-up' in addition to the rent covered by Housing Benefit. This often covers the costs of the food and fuel they use whilst on the premises. NDAP's (Norfolk Drug and Alcohol Partnership) guide to housing alcohol and drug users<sup>8</sup> recommends providing assertive support to ensure rent and/or top-up payments are made. This assertive support may include "attending post office payment days" with them, thus reducing the risk of them being able to spend that money on alcohol.
- See guidance on setting up a service for practical tips about other behaviours which impact on tenancy sustainment

Some of these measures may feel somewhat over-protective, infringing on people's rights and taking away their independence. It is important that any measures taken are subject to ongoing negotiations with the individual. Support provided to the individual should be practical and based on their needs 'in the here and now'. It is important to remember both staff and residents are working towards an immediate goal of avoiding eviction. If an individual has lost accommodation through rent arrears in the recent past, they will often recognise measures need to be put in place to prevent this cycle from re-occurring.

### Tackling a lack of confidence from providers in their ability to manage associated risks

Detailed guidance on how to handle intoxication, in a way which minimises potential incidents of violence and aggression, is provided in the guidance on setting up a service. The service should negotiate with individuals what is considered reasonable and respectful behaviour. This should be agreed as early as possible upon an individual taking residence and at a time when they are not intoxicated.

In well managed projects incidents of violence and aggression are kept to an absolute minimum. Well-managed services are well prepared for such incidents should they occur. Staff shouldn't be expected to put themselves at risk or handle incidents of violence or aggression by themselves. Services should establish and maintain strong working relationships with the local police and police community support officers.

### Challenges in negotiating with stakeholders

Housing a group of people who drink heavily will undoubtedly have an impact on any neighbourhood. It has the potential to place strain on the relationships between accommodation providers, local people, businesses and services, as evidenced in this quote from the head of a housing and homelessness charity:

“Even where accommodation providers or landlords are tolerant of people drinking, they are often put under constant pressure from neighbours who feel unable to put up with the impact of living close to one or more problem drinkers” (Anita Birchall, head of Threshold Housing Project)

Whilst residents will often be concerned about the impact of street-drinking in their towns and neighbourhoods, well managed engagement can help people understand that homelessness accommodation services have the potential to be part of the solution to street drinking rather than the cause of it.

Some homelessness accommodation providers who work with those with the most complex needs have benefitted from taking a pro-active approach in engaging with any resident groups rather than waiting for formal complaints to arise. Some projects may have places for resident groups, police, local businesses and the local authority’s anti-social behaviour team on their steering groups and/or management boards. Others have less formal relationships, ongoing communication rather than that just communicating following specific complaints or incidents of anti-social behaviour plays a key-role in managing tensions.

Projects should be aware of the implications of ‘the Anti-Social Behaviour Act (2003); which covers activities ‘associated with a property’ as well as what takes place on the premises itself. Projects will benefit from developing procedures which set clear guidelines for how staff will supervise the building and surrounding areas, a clear visitor policy and a shared understanding of when any help from the police or police community support officers will be requested. Some projects have found using private security firms beneficial in pro-actively responding to anti-social behaviour before it escalates to the level that the police are called out.

### Negotiation of performance and monitoring requirements

Difficulties can arise when homelessness accommodation services who work with alcohol users who have higher level needs are funded through bodies which have rigid ways of working and/or unrealistic expectations of how quickly people can or should ‘move through the system’. Homeless Link’s (2015) ‘Housing-led or Housing First’<sup>9</sup> identifies some of the challenges of trying to work flexibly with people with high level needs and meeting the requirements of funders.

“Within LAs (Local Authorities) there was very little room for mistakes or being creative and service level agreements can be difficult to negotiate... Local Authority commissioners still appear exceptionally keen on the idea of "exiting/graduating" clients”

Evidence suggests that those with the highest-level needs are most likely to be excluded as a result of introducing rigid measures to measure whether homelessness services have achieved positive change in individuals. When it is assumed that change is always achieved as a result of intrinsic motivation, then individuals are often blamed for lacking it. In ‘How Do We Measure Success in Homelessness Services?: Critically Assessing the Rise of the Homelessness Outcomes Star’ Johnson and Pleace (2016)<sup>10</sup> state:

“recording how an individual is ‘positively changed’ by a homelessness service intervention appeals to a particular conception of human behaviour that assumes change is the result of careful (cognitive) consideration of alternatives and their consequence”

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Johnson and Pleace (2016) argue that individuals accessing homelessness services who fail to make the expected changes:

“Are in danger of being labelled unmotivated and irresponsible, while those who score well provide support for policies that consider ameliorating homelessness as best achieved by reforming individuals and focus solely on changing individual behaviour and risk”

An effective way of challenging the assumption that providers should compete to prove which is the most effective at changing individuals (therefore creating performance management frameworks which are likely to exclude the most disadvantaged) is to work alongside decision-makers, other providers and people with lived experience using a whole systems approach.

Threshold Housing Project have managed to use the learning and successes from their Housing First project and apply it in some of their supporting people contracts using a Housing led approach. Whilst shared and/or temporary accommodation cannot be used in a high-fidelity Housing First service, it can feature as part of a housing-led approach to homelessness which takes from some of the principles of Housing First.

The term housing-led covers homeless policies that focus predominantly on:

- Access to permanent housing solutions as soon as possible for homeless people;
- Targeted prevention for people at risk of homelessness; needs-based, person-centred support services to provision to people who are at risk of homelessness.

The support which services provide under a housing-led approach can include tenancy maintenance, social inclusion, employment and health and well-being and they are wrapped around the person whilst they are in accommodation rather than used as measures to prove how tenancy ready people are. Getting housed or re-housed isn't conditional on engaging with one size-fits all solutions, housing-led policies seek resolve situations of homelessness quickly and sustainably (FEANTSA, 2013)<sup>11</sup>.

Effective, needs-based solutions to homelessness will include wet housing with a package of sustained, person-centred support which will give individuals the best chance of finding a permanent solution to their homelessness.

People with lived experience of homelessness can work alongside commissioners and providers of services to demonstrate some of the negative impacts of traditional measures of 'performance' and to generate more creative ways to demonstrate progress is being made. In the further information section of this guide there is a link to a toolkit which documents the learning from the Manchester Homelessness Partnership about how to establish networks which can influence decision-makers.

Evidence suggests providers of homelessness services do want clarity about what the local authority want from a contract and reassurance when they are performing well<sup>12</sup>. There are ways of providing these functions without focussing on numerical targets.

During the commissioning of Housing First in Greater Manchester the commissioners worked alongside a group of individuals with lived experience of homelessness to develop an alternative, more flexible model to the cycle of change for defining what the relationship between the provider and those accessing support should look like at different stages of their journey. There is more emphasis on the commitments from the providers rather than the expectations the individuals accessing support will 'comply'. This group of individuals



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are now working alongside the commissioners and the providers to incorporate this in to a performance framework which allows for scrutiny of the providers without the kind of targets that exclude those with the highest-level needs. The relationship is based on a shared understanding of the conditions which will create opportunities to 'graduate from support' or 'move through the spectrum of support' without the risk of setting people back through placing unrealistic expectations and requirements on them.

### Developing and maintaining inter-agency relationships

The Public Health England (2017)<sup>13</sup> guidance document 'Better care for people with co-occurring mental health and alcohol/drug use conditions' highlights the importance of:

"Having the right buy-in from cross sector partners including adult social care, criminal justice, health, and substance misuse."

Multi-agency working agreements should set out clear roles and responsibilities but maintain enough flexibility to provide creative, individualised responses. Bureaucratic procedures should be minimised and relationships should focus on effective, multi-agency responses which best respond to individual need. Meaningful communication across agencies is often best achieved through a deep commitment to achieving shared goals and maintaining the effectiveness of the partnership.

### Accessing information and advice

Many people feel they operate best when they can be guided from what has worked, and what the learning is, from other services that have achieved similar outcomes from working with people with similar characteristics. Sources of further information and advice relating to the key areas of this document, as well as information about influencing and partnership working at a local level are provided later in this document.

Homeless Link's Partnership Managers can support organisations to develop a response to homelessness that is appropriate to the local area, meets client needs and complements existing provision. Find details of your region's Partnership Manager here: [www.homeless.org.uk/contact-regional-manager](http://www.homeless.org.uk/contact-regional-manager)

## Designing a service

Shelter's good practice report 'New Directions: supporting street homeless people with complex needs'<sup>1</sup> (2008) asserts "If an area lacks wet provision, its response to street homelessness is likely to be incomplete". The term 'wet housing' refers to housing where there is:

- A high level of tolerance of resident's alcohol use and
- There is no expectation on them to cut down or stop.

NDAP (2007)<sup>8</sup> have produced a guide for providers and commissioners of supported housing services to use when thinking through the delivery of housing for people with drug and alcohol problems. In NDAP's guide they state that the ethos of 'wet'/high tolerance housing is understanding that "some people will continue to drink alcohol on the premises. It works with this fact to ensure harm to the individual is reduced and the public is put at less risk".

Within any local area's response to street homelessness, 'wet' housing should exist alongside projects where there is some tolerance for people who continue to drink alcohol on the premises. Services which offer a 'some tolerance' ethos can be suitable for people to progress in to following any positive action they take on their drinking whilst in wet housing (if they have not achieved abstinence).



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Services with a 'some tolerance' ethos may be best suited to individuals who are homeless following a short stay in an institution (e.g. prison or secure unit), especially if this resulted in a period of enforced abstinence, which they do not wish to maintain. Great Places, Greystones, Riverside and Threshold have all commented on the importance of establishing pathways which allow individuals to quickly progress from high tolerance housing in to alternative accommodation when their support needs change and they start to reduce the amount they drink. This may mean moving in to shared housing with less tolerance or in to dispersed properties.

NDAP state that 'some tolerance housing' is most suited to individuals "Who are considering and planning to change their behaviour but are still using or in the early stages of change"<sup>8</sup>.

Services with high tolerance or some tolerance towards residents drinking alcohol on the premises, often at harmful or hazardous levels, will benefit from considering the following when designing a service:

- Co-design with people with lived experience
- A clear and detailed drug and alcohol policy
- Clear but realistic expectations of behaviour towards staff and other residents
- Flexible support plans which promote harm reduction
- Relationships with neighbours and local businesses
- Staff recruitment and team culture
- Training provided to staff and volunteers

### Co-design with people with lived experience

People with lived experience of homelessness should be involved in co-designing the service wherever possible. This will help the service develop effective strategies for engaging people who are drinking heavily and might have high support needs. In addition, coproduction with people with lived experience should influence the development of the values, principles and ways of working which underpin the service.

FEANTSA<sup>14</sup> state in their policy paper on peer support that participatory methods such as co-design and co-production are:

"based on the conviction that people have the right to have a say in the way that services they use are set up and run, and that people at social or economic disadvantage often face barriers to influencing decision-making."

In Greater Manchester this conviction influenced the creation of the Manchester Homelessness Partnership and a subsequent expectation that people with lived experience of homelessness will be involved in all decisions which affect them.

### A detailed drug/alcohol policy

The service's drug and alcohol policy should be flexible and driven by the principles of reducing harm and minimising exclusion and eviction. However, the policy should also set out some clear expectations of staff and residents. Everyone working or living in the service should be clear how episodes of intoxication will be dealt with. Most policies will provide guidance for staff about how to handle intoxication on a one-to-one basis to reduce any risks to the intoxicated individual and other residents. This will usually involve asking to speak to the individual away from any communal areas and requesting they 'go and sleep it off'. A follow-up conversation will take place when the individual is sober and staff will discuss with them in a non-judgemental tone how their intoxication may impact on others. The policy should also cover any exceptions to this standard way of operating (e.g. when any individuals are at immediate risk of harm).

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The policy should promote consistency around the use of alcohol in communal areas. It should be clear to everyone what is acceptable. Responses from PWLE show how trust has been damaged when rules are applied inconsistently. Most services operating a 'some tolerance' model will not allow any alcohol use in communal areas because of the impact on residents who are cutting down and/or working towards abstinence. Services operating a high tolerance ethos may also choose to place some restrictions on the use of alcohol in communal areas.

The responses of the PWLE who contributed to this guide suggest residents will usually be willing to limit activities that might jeopardise their tenancies. Their key asks of service providers to promote a meaningful agreement to stick to the house rules were:

- Make rules and requests which are realistic given people's current circumstances (e.g. ensuring that requests made of individuals respect the fact that dependent drinkers can't 'just stop' and reductions in alcohol use will cause discomfort)
- Rules are applied consistently. If one person is 'pulled up' for a behaviour then everyone who does it should be (albeit with some flexibility with regards the consequences)
- We need to trust staff member's motives for applying the rules. Show consistency, respect, empathy and provide an explanation, most of us have had an experience of people with power over us abusing their position and making decisions without empathy. Understand why our past experiences may mean we are suspicious or defensive.

### Clear but realistic expectations of behaviour towards staff and other residents

Creating an environment where change is possible but where people will not be evicted for ongoing heavy alcohol use is not an easy task. The responses of PWLE suggest that when people do achieve abstinence (which they aim to maintain) within a high tolerance service, then being able to move quickly to low or no tolerance housing or to a dispersed property is the best way to maintain it.

In between achieving abstinence and moving on to more suitable accommodation, individuals say they have benefited a great deal from activities which give them 'time out' of the accommodation, allowing them to maintain social contact without spending all of their time with people still drinking heavily. Some examples of the 'time out' activities people enjoyed are provided in the section on effective engagement and support.

Even when services maximise individual's opportunities to take 'time out' from the service, there will inevitably be some tension between residents. Any environment housing individuals with high and differing support needs will occasionally raise existing levels of mental distress.

House rules and expectations should be produced and reviewed, in partnership with residents, with the aim of creating a respectful environment which is conducive to change. This ambition has to be balanced with what is both practical and realistic when a group of individuals drinking at harmful levels are living together.

Evidence suggests non-compliance with support plans and house rules are the most common reasons for people being evicted/excluded. When expectations are overly ambitious given the individual's current circumstances this can do more harm than good. People can feel they have let themselves and others down if they make promises they can't realistically commit to. Ultimately this may lead to all progress being lost.

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Realistic rules and conditions, that residents have an ongoing stake in developing, will build trust and give confidence to individuals that they can talk openly about any further support they might need. Services can maintain some flexibility, but they have to work within the law. They should be familiar with how legislation relating to Health and Safety and the Anti-Social Behaviour act impacts on service design considerations.

### Flexible support plans which promote harm reduction

- Safe drinking/harm reduction plan owned by the service user
- Maximise opportunities to act on 'moments of motivation'
- Involve them in producing strategies to reduce potential tension with other residents and neighbours
- Offer a customised service, providing the right support at the right time

Services should be flexible and responsive to reflect the personal circumstances of people who are homeless can change rapidly. One of the PWLE interviewed for this guide explained just how quickly his level of motivation changed, from being happy drinking a litre bottle of vodka a day to a goal of lifetime abstinence. He put this down to: "Consequences, realising I couldn't carry on as things were."

It is important to quickly link people with support during spells of abstinence and for staff to use positive reinforcement. When people with lived experience were asked what support they most valued at this time they answered:

- "They helped me cope with the boredom, they gave me confidence to try new things"
- "Someone to listen to you and help keep you motivated... Life gets harder because you start trying to rebuild bridges, you start to work on problems that never got resolved whilst drinking. Sometimes you get a kick in the teeth and it's so easy to just go back to your old coping strategy"

### Staff recruitment and team culture

Homeless services may want to make the following considerations when designing staff recruitment processes and developing the culture of the staffing team.

- Whether it is possible for PWLE to sit on recruitment panels
- How to promote PWLE being reflected in the staffing structure.
- How reflective practice will feature in the team's work.
- How principles and values will be developed and applied.
- Gender specific requirements for services and support offered

### Training provided to staff and volunteers

The contributions from PWLE illustrate how it's often the seemingly small things about a professional's approach that can make a big difference.

"I was getting these letters threatening me with eviction, they used a tone I wasn't responding well to. It is like they were making judgements about the cleanliness of my flat, making a judgement that I didn't care and was just lazy. Then I got a peer mentor who had experienced similar problems with his mental health, he just asked me what I wanted my flat to look like and what was getting in the way. He was by my side not looking down on me, we made time one afternoon to sort it out."

While this quote related to an individual's experience of moving in to dispersed accommodation. it highlights the value of using some of the principles of a Housing First approach, allowing the individual to draw in the support they need rather than assuming enforcement is the most effective way of resolving the situation.

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Many organisations have emerged which feature trained 'experts by experience' who can deliver 'peer to professional training'. This is when an individual with lived experience helps to convey to professionals how approaches and ways of working are being received by people accessing the service.

In addition to such peer to professional training, staff and volunteers may benefit from training in the following areas:

- Co-production
- Strengths-based practice
- Critical Time Intervention
- Reflective practice
- Advocacy

## Effective engagement and support

A review of the literature, interviews with frontline staff working in homeless services, and interviews and focus groups with PWLE suggest the following approaches and activities are most beneficial when working with people experiencing homelessness who are drinking heavily:

- Sustained person-centred support
- Critical Time Intervention
- Co-production
- Peer Advocacy
- Peer Mentoring
- 'Time out' activities

### Sustained person-centred support

Research (Cornes et al, 2011<sup>15</sup>, Craig et al, 2011<sup>16</sup>) suggests that people who face multiple disadvantage and exclusions benefit most from a consistent, trusted individual who can work alongside them in a flexible and person-centred way. This support is most effective when the professional shows genuine concern for what happens in the day to day lives of people experiencing homelessness and invests time in to establishing a relationship built on mutual trust. This model works best when the professional has the capacity to put the needs of the individual accessing support before administrative functions and targets set by commissioners. Whilst this is much more difficult in a traditional supported housing setting than it is in a Housing First service, Threshold have managed to incorporate some of the principles of Housing First which relate to person-centred support within their shared accommodation services. This is explored in more detail in the Great Moves case study.

### Critical Time Intervention

Evidence from Denmark and the USA indicate that a Critical Time Intervention (CTI) approach can achieve impressive results in ending homelessness (Pleace, 2018<sup>17</sup>). CTI is a time-limited practice that supports people vulnerable to homelessness during periods of transition in their lives. Features of CTI are intensive key-working and rapid access to housing, CTI has been applied with armed forces veterans, people with mental illness leaving secure units, people leaving prison and people leaving hospital.

When someone makes the transition from an institution into the community the CTI model follows three distinct phases:

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1. **Transition:** This is the most intensive support phase. During this stage the key-worker makes sure the individual receives support around the practicalities of moving in-to accommodation, for example setting up benefits, bills, and furnishing a property.
2. **Try-out:** At this stage, the key-worker's direct involvement with individuals is less intensive, whilst they have a relationship which will allow them to step up the level of support again should a crisis arise. At this stage the support should be wrapped around the individual and anything they might want and need to prepare them for less contact with the keyworker.
3. **Transfer:** The final stage is the transfer of care into the support systems that have been created. During this phase, there will be an explicit set of activities that solidify the support system that is in place. There should be a final meeting with all parties to allow reflection and ensure there is a planned ending to the client-worker relationship (Crisis, 2018).<sup>18</sup>

While the model of CTI used in Denmark and the USA has yet to be fully replicated in the UK, some good models of resettlement and tenancy sustainment lend on some of the key features of CTI, recognising that times of transition are particularly tough and at these critical times a higher level of practical support may be needed. Services which do not have the resources required to offer open-ended, sustained person-centred support have adopted features of the a CTI approach, this is explored in more detail in the Great Moves case study.

## Co-production

Co-production means sharing decisions about service design and delivery and sharing responsibility for the delivery of services with people with lived experience. If people are involved in sharing decisions about service design but are not involved in day to day delivery, then co-design rather than co-production is taking place. If people with lived experience are consulted but the decisions are ultimately made by professionals, then what is taking place is service user involvement.

Co-production, co-design and service user involvement are all examples of participatory activities. According to FEANTSA "Participation is a way of working that empowers people to participate in decisions and actions that affect their lives<sup>14</sup>".

Public Health England's guidance on involving people who use services for alcohol misuse states: "Because of their direct experiences of services, service users know better than anyone what works – and what does not. Involving them in (service) development brings unique insights and taps into a valuable resource. Services will be more effective if they are developed and delivered with the direct involvement of the people who use them".<sup>19</sup>

People can share decisions about their own care. This is an example of coproduction taking place at an individual level. As a Booth Centre volunteer states, coproduction relating to people's own care is about "Empowering people to do for themselves" – see the full video at: [www.boothcentre.org.uk/co-production.html](http://www.boothcentre.org.uk/co-production.html)

SCIE's rapid evidence assessment asserts:

"Individuals who were at a point in their life where they were able to co-develop solutions to their homelessness were more successful in doing so. Individuals are often at very different points in their journey through homelessness and their recovery from substance abuse can impact on their engagement with interventions. Person-centred delivery that focuses on providing the right services at the right time can therefore be crucial to achieving successful outcomes."

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The rapid evidence assessment produced by SCIE quotes a professional who talks about the importance of sharing decisions with people “who actually want to better themselves”<sup>8</sup>. It is notable that those with lived experience who contributed to this document were uncomfortable with an inferred message that those showing motivation would get a more person-centred response, more empathy and more investment from workers. Whilst the individual who made this comment may not have been passing judgement on people who don't feel ready to “better themselves” right now, it did raise concerns among people who have felt workers ‘give up’ on them too quickly, as evidenced in this quote:

“Just because they're not ready right now doesn't mean you can judge them or give up on them. You've got to understand the pain they're going through which is stopping them from liking themselves right now. If you don't think you deserve any better you're not going to act like you do. Staff should help you reach the point where you're not in pain and like yourself rather than judge you for not being motivated”

They spoke about the importance of well-trained and well-supported staff who don't burn out, who maintain empathy and respect even when the individual lacks the belief that they can change. The lived experience focus group felt professionals can share small decisions with everyone about how they'd like to be supported, even if they're not yet ready to become fully active in their own care.

Co-production on a collective level is about working with a group of people with lived experience (whether current users of the service or people who've accessed similar services) to create a sense of shared ownership. As brilliantly articulated by one of the Booth Centre volunteers in the following comments.

- “It's our centre”
- “We're valued and involved in everything”

Further examples of how co-production can be embedded in service design and delivery are provided in the Great Moves case study and in the Homeless Link toolkit which documents the learning from the Manchester homeless partnership.

## Peer Advocacy

Individuals who have unresolved trauma and/or have had a series of negative experiences with people in positions of power or authority often ‘build-up’ resolvable situations to levels which cause them severe emotional distress. This emotional distress then presents in behaviour which others deem challenging and/or aggressive and this results in more negative consequences. An individual with lived experience articulates this in the below quote:

“I normally convince myself the worst is going to happen.... Then I go in with an attitude that makes sure it does”

The individual spoke to someone else with lived experience about the importance of not jumping to conclusions, hoping for a positive outcome but being prepared for a negative one. They spoke about how losing control of his emotions was “unworkable” in that it couldn't possibly make the situation any better.

If peer advocacy is managed well it can reduce tension between residents, but if not it can raise them. The individuals acting in this capacity may be viewed with suspicion by other residents. Whilst peer advocacy has the potential to reduce the ‘us and them’ mentality it also has the potential to exacerbate it. The resident can be caught between and not feel fully accepted or valued by either the staff or their fellow residents. There have



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also been instances of professionals feeling that individuals in such roles have colluded with residents and even inflamed situations.

Peer advocacy may be more effective if provided by individuals who are no longer residents, although there may be a shortage of services who are able to provide such independent peer advocacy.

## Peer Mentoring

According to FEANTSA (the European Federation of National Organisations working with the Homeless) peer support is “a supportive relationship between people who have a lived experience in common”, i.e. homelessness. Different meanings have been attached to the term ‘peer mentor’ in homelessness services in the UK and the level of responsibility and commitment the role entails. FEANTSA make an important distinction between peer workers and peer supporters.

**Peer Workers** may be volunteers or paid members of staff, but crucially they have formal roles and work tasks which they are expected to complete to a certain standard, and they are expected to work within the parameters of organisational policies and procedures and quality standards. Peer workers in mentoring roles will usually be responsible for assisting with specific requirements identified in a resident’s support plan, often the ones which relate to social inclusion and community engagement. Most providers take the position that people should have a recovery period themselves before becoming a peer mentor to guard against the emotional strain of the work adding to the risk of relapse, and ensure they are able to offer support, rather than focusing so much on their own needs. Peer mentors with this level of responsibility should be individuals who do not themselves live in the accommodation where they are providing support.

**Peer Supporters.** In some homelessness services the peer support element is more informal and based on everyone having an equal level of authority. Within these services the provider plays a less active role in organising peer support activities. They may get people together in many ways. These projects are usually harder to manage because people are not directly accountable to the project for any support they provide. Any homelessness services planning to use such informal peer support should consider how best to introduce it to best safeguard everyone concerned.

## Key functions of peer support

- To inspire others
- To give people hope for the future through self-disclosure and by being the ‘living proof’ that recovery is possible.
- Role-modelling
- Building trust, understanding, and an empathy
- Self-care/Self-management skills
- Sense of belonging in the community

## ‘Time out’ activities

The individuals with lived experience of homelessness who contributed to the production of this guide really valued support which was provided away from the accommodation. Lots of individuals experiencing mental distress in a relatively confined space often felt like “a pressure cooker”. Tension between residents was commonplace and this was vastly reduced when in a different environment.

One individual described what he gets out of attending an AA meeting with one of the peer workers:



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“It helps me de-stress when I’m away from the project with like-minded people, somewhere where I can get things off your chest”

Another of the individuals didn’t feel they benefited much from mutual aid groups but did enjoy activities which took them away from stressful situations and discussions around alcohol

“My support worker took me fishing. It helped me realise I could enjoy myself again”

## Alcohol treatment options

NICE (National Institute for Clinical Excellence) guidelines state that all providers of alcohol treatment should offer:

- Interventions to promote abstinence and prevent relapse as part of an intensive structured community-based interventions for people with moderate and severe alcohol dependence who have:
  - Very limited social support (for example, they are living alone or have very little contact with family or friends)
- or
- Complex physical or psychiatric comorbidities and/or
- Not responded to initial community-based interventions

If a heavy drinker, who isn’t currently considering either abstinence or reducing the amount they drink, consents to treatment then the short-term emphasis will be on harm reduction and trying to reduce the health risks presented to them. Support available to people who are motivated to make changes to the level at which they drink should ordinarily include:

### Clinical interventions

Only trained clinicians should provide advice about the level an individual who is alcohol dependent should reduce their alcohol intake. Clinical interventions also include prescribing drugs which help manage withdrawal symptoms, reduce cravings or make people ill in the event they drink alcohol (In certain circumstances the drug ‘Antabuse ‘is used as an incentive not to drink as individuals will not feel any positive effects, but only severe negative ones).

### Psychosocial Interventions

These include:

- **Cognitive Behavioural Therapy** which is focussed on understanding and changing the cycle of thoughts, feelings and behaviours which impact on an individual’s drinking
- **Behavioural Therapy** (e.g. Rational Emotive Behavioural Therapy) which helps an individual gain insight in to their behaviour and develop alternative ways of coping
- **Social network and environment-based therapies** which focus on helping an individual understand the impact of their social networks and environment on their drinking and make changes that will support reducing or abstaining from alcohol.

Keyworkers (usually referred to as recovery worker or recovery coordinator) will usually use a combination of the therapies mentioned above in both group and one- to -one settings. Some services have specialist group workers and/or ETE workers who work with people in the early stages of recovery, whilst others try to ensure these skills exist within all of their ‘client-facing’ members of staff.

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Assertive linkage to **community support** networks and self-help groups (e.g. AA, NA, SMART recovery and peer led Acceptance and Commitment Therapy meetings).

### Detox

Detoxification (detox for short) refers to the period in which the individual experiences physical withdrawal symptoms. For people with mild to moderate dependence and complex needs, or severe dependence, the offer may be an intensive community programme following assisted withdrawal in which the service user may attend a day programme lasting between 4 and 7 days per week over a 3-week period.

### Residential rehabilitation programs

Rehab for short – these are designed to support individuals with the following detoxification needs:

- Intensive therapeutic interventions
- Social functioning
- Life skills
- Education, training or employment-focused needs

### Public funding for residential rehabilitation

Many local authorities operate a funding panel to review individual cases against their criteria for residential placements. Applications to the panel are usually supported by a professional working within the substance misuse service. They will need to make a convincing case that the individual would not be able to sustain recovery in community settings. Funding for Residential rehab in the UK has reduced significantly over the past 8 years. Panels will ordinarily only consider funding the individuals with the most complex needs. A case needs to be made that only intensive therapeutic interventions provided away from the area the individual developed an alcohol problem will enable an individual's sustained recovery. This is most likely to refer to individuals with deep, underlying and unresolved trauma who have little or no positive support network in the local area.

### Recovery Housing

An alternative to residential rehabilitation programs is what is known as 'recovery housing'. The housing is usually abstinence-based and operates on a 'no tolerance' ethos with regards to alcohol use. The bed-space within recovery housing projects is usually paid for through Housing Benefit. This is often accompanied by structured day-care provision which is provided through the budget of the substance misuse service.

It is usually a much quicker and straight forward process to obtain a place in recovery housing than residential rehab, but individuals will have needed to detoxify from alcohol first and be motivated to maintain their abstinence. On occasions where people have felt pressured to move in to recovery housing with a no/zero tolerance ethos regarding alcohol, homelessness often recurs. If an individual only wishes to take a break from alcohol or reduce the amount they drink, a form of accommodation with some or low tolerance would be more suitable.

## Further reading and sources of support

### **Key issues and recent developments in relation to alcohol and homelessness**

Crisis embarked on a large evidence-gathering programme to understand what is needed to end homelessness across the United Kingdom. As part of their evidence-gathering, Crisis have commissioned this rapid evidence assessment (REA) to understand what services work to address and end homelessness:

[www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/a-rapid-evidence-assessment-of-what-works-in-homelessness-services-2018/](http://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/a-rapid-evidence-assessment-of-what-works-in-homelessness-services-2018/)

### **Addressing reluctance to house alcohol drinkers**

Further information which may help people develop networks can be formed which can influence responses to homelessness within a local area which include 'wet' provision is available through the Making Every Adult Matter (MEAM) coalition and is available at:

<http://meam.org.uk/voices-from-the-frontline/policy-influencing-guide/>

Homeless Link have produced a guide which documents the learning from the Manchester Homelessness Partnership:

[www.homeless.org.uk/connect/blogs/2018/jun/15/manchester-homelessness-partnership-toolkit](http://www.homeless.org.uk/connect/blogs/2018/jun/15/manchester-homelessness-partnership-toolkit)

### **Guidance on designing a service**

Homeless Link have published a guide to setting up a service which goes into detail about:

- How to establish the need for a new service
- Why local context is significant
- Thinking creatively about models of service provision

[www.homeless.org.uk/thinking-about-setting-up-service](http://www.homeless.org.uk/thinking-about-setting-up-service)

### **Staff recruitment and team culture**

Free training on coproduction is available through Expert Link: <http://expertlink.org.uk/being-the-difference/>

Further training opportunities which may help staff develop their skills to create a more inclusive, psychologically informed environment: [www.homeless.org.uk/events/training](http://www.homeless.org.uk/events/training)

### **Co-design with people with lived experience**

Homeless Link have produced a range of guides which can help services reflect on how best to share decisions with people with lived experience: [www.homeless.org.uk/co-production-toolkit](http://www.homeless.org.uk/co-production-toolkit)

### **Guidance on engagement and support**

Homeless Link have produced guidance on positive approaches to supporting people who are experiencing homelessness:

[www.homeless.org.uk/our-work/resources/positive-approaches](http://www.homeless.org.uk/our-work/resources/positive-approaches)

Homeless Link have also produced guidance for providing a gendered response to women experiencing homelessness:

[www.homeless.org.uk/supporting-women-who-are-homeless](http://www.homeless.org.uk/supporting-women-who-are-homeless)

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Riverside have found that SMART (Self Management and Recovery Training) recovery has been useful in helping residents develop their motivation and self-management skills. Further information about SMART recovery is available at: <https://smartrecovery.org.uk/>

Further information about self-management for health conditions (including alcohol misuse) is available through NESTA at: <https://media.nesta.org.uk/documents/rtv-supporting-self-management.pdf>

Further information about working alongside people with health conditions (including alcohol misuse) and involve them more in decisions about their own care is available through NESTA at: [https://media.nesta.org.uk/documents/making\\_the\\_change.rtv\\_.pdf](https://media.nesta.org.uk/documents/making_the_change.rtv_.pdf)

A presentation which provides more information about the role of peer mentors and peer advocates is available here (copy and paste the PDF link into your browser):

[www.fsw.at/downloads/ueber-den-FSW/infos-fuer-organisationen/Peer support in the homelessness sector FEANTSA.pdf](http://www.fsw.at/downloads/ueber-den-FSW/infos-fuer-organisationen/Peer_support_in_the_homelessness_sector_FEANTSA.pdf)

[www.feantsa.org/en/feantsa-position/2015/10/03/feantsa-position-peer-support-a-tool-for-recovery-in-homelessness-services?bcParent=27](http://www.feantsa.org/en/feantsa-position/2015/10/03/feantsa-position-peer-support-a-tool-for-recovery-in-homelessness-services?bcParent=27)

### **Alcohol treatment options**

Guidance from Public Health England on providing effective care for people with co-occurring alcohol and mental health problems is available at:

[www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services](http://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services)

NICE (National Institute for Clinical Excellence) guidelines on the treatment of alcohol misuse:

[www.nice.org.uk/guidance/CG115](http://www.nice.org.uk/guidance/CG115)

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## **What we do**

Homeless Link is the national membership charity for organisations working directly with people who become homeless or live with multiple and complex support needs. We work to improve services and campaign for policy change that will help end homelessness.

# **Let's end homelessness together**

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