

Executive Decision Report

Review of Housing Related Support Substance Misuse services

Decision to be taken by: Councillor Rita Patel

Decision to be taken on: 15th August 2014

Lead Director: Tracie Rees

Useful information

- Ward(s) affected: All
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- Report version number: V1

1. Summary

- 1.1 Approval was given by the Assistant Mayor for Adult Social Care (ASC) in February 2014, to consult on a proposal to remodel Housing Related Support services for substance misuse, to offer a more appropriate service model.
- 1.2 This service provides 24 bed based units of accommodation located at Heathfield House; with no provision of housing related floating support.
- 1.3 A statutory consultation exercise ran for a 6 week period from 19th February to 1st April 2014, which sought views on a proposed mixed model of floating support and accommodation based support.
- 1.4 This report presents the findings of the consultation and the details are included at Appendix 1.
- 1.5 As a direct result of consultation the proposed model has been changed to include greater flexibility over the length of time individuals can stay in the accommodation based service, increasing it from the proposed 6 months to up to 12 months; and negotiation with providers regarding the numbers of beds.

2. Recommendations

- 2.1 The Executive is asked to support the recommendation to procure a mixed model of accommodation based and floating support, as detailed in option 3.
- 2.2 Scrutiny is asked to note and comment on the proposals.
- 2.3 To note that the original proposal has been changed following the consultation exercise.

3. Supporting information including options considered:

Background information

- 3.1 Both local and national evidence shows appropriate housing related support is integral for people achieving and maintaining recovery from substance misuse.
- 3.2 This is echoed in the Council's Homelessness Review 2012 which concludes that, "Appropriate and sustainable housing is a foundation for successful rehabilitation of drug and alcohol users. Stable housing provision and housing support are crucial to sustaining employment, treatment, finances and family support and is a major

resettlement need for those leaving prison, structured treatment and residential rehabilitation”.

3.3 Nationally, 75% of single homeless people have a history of problematic drug misuse, and the local needs analysis indicates the need for housing related support for those starting structured treatment for approximately 220 people per year.

4 Current and previous provision

4.1 Accommodation based services were originally provided at Evesham House, providing temporary accommodation based support for people with an alcohol dependency (6 beds) and Heathfield House, providing temporary accommodation based support for people with a drug dependency (24 beds). With the focus on recovery and the development of community services since the original accommodation based was created and with the budget reduction of £53,609pa, it was necessary to review the current arrangements.

Evesham House

4.2 Evesham House closed in January 2014 ahead of the planned review, due to the impact of the Housing Benefit cap. The residents were moved to independent accommodation and they all received floating support from the Action Homeless until their contract expired (Action Homeless, provided the support at Evesham House) on 31st March 2014, from this point on Action Homeless have provided ad hoc support through their other support service (Engage), which is provided for clients leaving the service. Of the 6 residents, 5 are still maintained their tenancies and 1 is in hostel accommodation.

Heathfield House

4.5 Heathfield House is owned and operated by Midland Heart comprising of 24 self-contained units for people who require short-term supported accommodation for adults recovering from drug/alcohol addiction. This contract was due to expire on 31st March 2014, but a waiver was granted until 31st March 2015, pending the outcome of the review. However, this cannot be extended further.

Review process

4.6 A review of the current delivery model highlighted a number of weaknesses:

- Access arrangements and eligibility criteria are unclear and providers decide who will be placed in the scheme
- There is no provision for early support to enable services users to maintain their existing housing provision
- There is no support following the end of the placement to ensure services users are able to maintain a new tenancy
- The contracts are not outcome focused so it is difficult to determine the impact the services have longer term
- There is no pathway or ‘move on’ provision and services users become entrenched in the services remaining there for periods of 2 years or more
- There is duplication of services being delivered by community drug and

alcohol treatment

Proposed new model

4.7 In response to the outcome of the review, a mixed model of floating support and accommodation based support is proposed. The key elements of the proposed new service are:

- Mixed provision with some accommodation based support and floating support to those living in the community
- A minimum 10 bed accommodation in a substance free environment
- Accommodation based support for up to 6 months before 'move on'
- Floating support to assist those that 'move on' and others that have substance misuse related housing needs in the community

4.8 The new model will provide capacity for between 96 and 152 service users per year, which is substantially more than the 24 places provided at Heathfield House. The needs analysis findings referenced in 3.3 indicate an estimated need of 220 users per year but it is not intended for this provision to meet this need in isolation. The needs will be met through a number of service areas which in addition to this specialist provision include general provision for housing related support and temporary accommodation which has been procured following the homeless review. Mainstream drug and alcohol community support services will also support this need.

4.9 The key differences between this proposal and the current services are:

- It will cater for both drug and alcohol users
- It will increase capacity from 30 service users up to 152 service users
- It combines floating support to assist users moving on and others with housing needs not referred to the accommodation unit. Floating support is housing related support delivered to people in their own homes to help people who are at risk of losing their home due to their use of drugs and/or alcohol; and support people to ensure success and sustainability for those who are moving into a new home
- The accommodation unit would have a reduced number of beds and a shorter period of stay. However the shorter stay should lead to increased numbers of adults using the service and the inclusion of a floating support service which would offer early intervention and support for 'move on'
- Referrals for accommodation support should be for adults that are in contact with community based drug and alcohol services (incl. those in H.M.P Leicester.
- Shift from outputs specification to outcomes focused recovery model

4.10 A six week targeted consultation exercise was undertaken with services users, providers and key stakeholders from February 2014 to March 2014 on the proposed new model - see Appendix 1.

Consultation findings

4.11 The consultation clearly indicates support for a dedicated Housing Related Support substance misuse service, with combined accommodation and floating support. However there was concern about the 6 month time limit, with most

respondents saying this was too short and inflexible and a 9 to 12 month limit was more appropriate.

4.12 Concern was also expressed about the reduction in the number of beds and respondents felt that 10 may not be enough. Therefore, the numbers of beds will be negotiated with the new provider, if additional beds are needed.

4.13 There is a project being developed through a social enterprise 'Dear Albert', which will support those who have already achieved abstinence. This could increase the availability of temporary accommodation for those with substance misuse issues, which does not rely on Council monies. However, this project is still in the early stages of development and it is not known when it will commence.

Conclusion

4.14 The consultation supports the proposal to have a dedicated Housing Related support service for substance misuse, which includes floating support and accommodation based support. However, in response to the consultation it is recommended that the proposed model of 10 beds with a maximum stay of 6 months is amended to lengthen the period of stay up to 12 months and the stipulation for 10 beds is negotiated with any future provider.

5. Options

Option 1

5.1 Do nothing and continue with the provision of accommodation based housing related support provided at Heathfield House. This is not an option, as the contract with the existing support provider cannot be extended beyond 31st March 2015.

Option 2

5.2 Procure the model that was detailed in the original consultation exercise, which comprises of a mixed provision of accommodation based and floating support services with a 10-bedded unit offering up to a 6 months stay. This model reflects local needs, and addresses the weaknesses identified through the review process.

Option 3 This option takes into consideration concerns raised through consultation, making changes to the original proposal to reflect those concerns.

5.3 Procure a mixed model of floating and accommodation based support, offering temporary accommodation for up to 12 months. This model still responds to local needs, and addresses the weaknesses of the existing provision. A minimum 10 beds will be procured, with the provision of additional beds being negotiated with the new provider.

5.4 Depending on the numbers who may need accommodation based services for more than 6 months, this may have an impact on the overall numbers that can be supported with floating support services. However, this is likely to be mitigated if the opening of new services in the city operated by independent organisations as detailed in paragraph 4.13.

5.5 The service will be procured for a short term 15 month contract (with an option to extend) to bring the contract in line with the other substance misuse contracts. This will allow the recommendations arising from the spending review for substance misuse services. Although, a short contract presents a risk, potential providers will be made aware of the situation and they could consider partnerships arrangements for wider tendering process for substance misuse services.

5.6 To note there is ongoing discussion about the future use of Evesham House.

6. Details of Scrutiny

6.1 These proposals and consultation responses have been discussed within the Strategic Commissioning team ASC and with the Service Manager Hostels and Supported housing.

7. Financial, legal and other implications

7.1 Financial implications

In 2012/13 substance misuse services were funded from the Housing Related Support budget to the amount of £259,309. As part of the council's budget strategy the service was required to reduce expenditure to £205,700; a saving of £53,600. Some of the savings were realised in 2013/14 and the service was partly funded from the Housing Related Support Reserve. In the current year the service is being funded from the ring fenced Public Health Grant. The closure of Evesham House in 2014/15 means there will be a one-off underspend in the current year of £62,700. This money will be returned to Public Health to help fund health and wellbeing services. The service will be operating to budget next year when newly procured services come into effect.

	2012-13	2013 -14	2014 - 15	2015 - 16
Evesham	99,843	79,200	0	0
Heathfield	159,466	143,000	143,000	0
Proposed New Service	0	0	0	205,700
Total Spends	259,309	222,200	143,000	205,700
LCC Budget	(259,309)	(205,700)	0	0
One off Reserves	0	(16,500)		
Public Health Grant	0	0	(205,700)	(205,700)
Total Funding	(259,309)	(222,200)	(205,700)	(205,700)
Balance (+ or -)	0	0	(62,700)	0

Pritivish Morjaria – Accounting Technician – Adults and Housing – Tel 37 4012

7.2 Legal implications

7.2.1 Procurement advice will be available through corporate procurement and the

commercial team in legal services as Recommendations are developed for a future Report, so that the procurement of any services complies with the Contract Procedure Rules.

7.2.2 Legal advice on consultation principles has been disseminated through departments and this Briefing describes the steps that have been taken to date. Further advice on consultation has been provided to colleagues in Care Services and Commissioning.

Greg Surtees - Solicitor, Commercial, Contracts & Capital Team, Legal Services, Tel 37 1421

7.2.3 'Property advice will be available from the Property team of the Legal department as and when required. When considering the use of Council owned properties, if there is any suggestion that there should be a disposal (i.e. the transfer of the freehold or the grant of a lease for a term in excess of 7 years) then regard must be had to the requirement to obtain best consideration under section 123 of the Local Government Act 1972. Further advice will be given, as appropriate, once the preferred option has been identified.'

Alex Snowdon - Legal Executive – Tel 37 1411

7.3 Climate Change and Carbon Reduction implications

There are no implications associated with this report.

8 Equalities Implications

Information on the profile of actual and future potential substance misusers, for whom the reconfigured service is targeted, is based on statistics of users of accommodation at Evesham and Heathfield, and on the profile of those in the mainstream community drug and alcohol services. As the proposed floating support has not been provided to date, there are no estimates available as to the profile of those using this element of the service although it is assumed that they will reflect the profile of those in the treatment system. Take up of the proposed accommodation/floating support service for substance misuse will be monitored on a quarterly basis and profiles compared against that of those in the treatment system to ensure that the service is able to meet the potentially diverse needs of users reflective of the city's demographic profile.

The main protected characteristics identified within the above two information bases are: gender (with the greater proportion likely to continue being male); age (particularly younger and middle aged users); disability (people with substance misuse problems have significant emotional and mental health needs that need to be addressed and therefore need to be monitored); ethnicity (the current trend is a majority being White but there can be changes in social-economic outcomes and the service will aim to be accessible to and be able to address the cultural needs of the range of diverse communities resident in the city). The service currently monitors sexual orientation and will maintain an overview of this protected characteristic to determine whether there

any changes arise over time.

There are a number of equality outcomes arising from the proposed reconfigured service incorporating housing accommodation and floating support: enabling a source of stable housing accommodation during the treatment period so that individual's recovery is not adversely affected – either through limited direct accommodation or support to maintain existing tenancies; enabling service users to maintain independent, sustainable living within their community by their not having to change location; the service having a broader reach for early intervention and support in terms of the numbers the service is able to directly support; as a result of its flexibility in providing early intervention and then after care, enabling more users to achieve successful recovery outcomes.

Irene Kszyk, Corporate Equalities Lead, ext. 374147.

9 Other Implications

None

10. Background information and other papers: 12.Summary of appendices:

Appendix 1 – consultation report

11. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

Yes/No

13 Is this a “key decision”? NO

**Consultation re:
Proposed new model for Substance Misuse housing-related
support services**

(17th February 2014 – March 31st 2014)

Findings report

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How to use this report

This report collates the responses from a 6 week targeted consultation exercise that took place from February 17th 2014 – 31st March 2014 and sought the views of key stakeholders in relation to the proposal for re-commissioning substance misuse specific housing related support service.

PART 1 – INTRODUCTION

Background of Service

Having somewhere to live that is safe and comfortable can help people recover from drug and alcohol problems. Housing related support offers people the opportunity to tackle their use of drugs or alcohol by providing them with support in their own home, or in residential accommodation.

The support that people might be offered could be:

- Help with somewhere to live
- Help with managing money and benefits
- Help with health issues like looking after medication
- Help to do practical tasks like cooking or cleaning

If people can get the right support they will hopefully find it easier to carry on with any treatment they may be having for alcohol or drug use. In Leicester, 30-40% of people referred to drug and alcohol treatment services say they need extra support with housing.

Leicester City Council currently has a contract for housing related support with Midland Heart who provides support within Heathfield House (set up in April 2008) which is a dedicated 24-bed facility for people with drug problems that require supported accommodation for up to 2 years.

Why we are consulting?

In the light of reductions to funding available for Substance Misuse Housing-Related support and a reconfigured drug and alcohol treatment system around a recovery, focus a new proposal for substance misuse housing-related support has been developed. Through consultation we wanted to find out what people think of these proposed changes, their thoughts about any alternative changes and to know how people might be affected if the services were changed.

PART 2 - METHODOLOGY FOR THE CONSULTATION EXERCISE

The following methods were used to consult on the proposal:

For Residents directly affected

For those that live within the projects an individual approach has been undertaken.

- We wrote to residents of Heathfield house to arrange individual 1-1 interviews and provided them with a FAQ about the proposal to support understanding of the proposal.
- We asked for their views about the proposal and sought to understand the impact on them and explain the support which would be available to them in context of their individual needs.
- Additionally, we scoped out whether individual advocacy needed to be arranged for any service user to enable them to participate.

Focus Groups/Engagement with interested parties

- Three focus groups were organised to allow for detailed discussion on the option proposed.
- Focus Groups -
 - Staff from Heathfield House
 - Staff from other provider groups working in the substance misuse or a related field
 - Users from community based drug and alcohol services.
 - 1 x service users (Housing and Substance misuse)

The Public

Information was placed on the LCC Citizen Space website with an opportunity for views to be posted online.

In addition we asked VAL to circulate information to other VCS providers not currently involved or delivering these services – in order to get a wider perspective on impact.

Promotion of this opportunity across wider substance misuse treatment and relevant user groups and stakeholders was undertaken to increase access and allow for online response.

Letters detailing the proposal and consultation exercise were sent to Councillors for Stoneygate and Castle ward –the two wards in the vicinity of Heathfield House and to the 3 Leicester Members of Parliament detailing the proposals and offering briefings if required. No responses were received from members of Parliament or local Councillors

PART 3 – Responses and Findings

Responses

9 residents of Heathfield house were interviewed.

11 people responded to the online survey, of these:

A carer/family member of someone with drug/alcohol problems	1
Member of the public	3
Professional/volunteer working with someone with drug/alcohol problems	4
Other (Please state)	3

16 people attended the service user forum

10 people attended the stakeholder group.

Key findings

- There was a lot of general support for a dedicated housing related support service for people with substance misuse issues.
- Focusing on Recovery and combining accommodation with floating support had the support of most respondents.
- However concern was expressed across all the respondent cohorts about the 6 month accommodation limit. The consensus was that this was too short with anything from 9 months to 2 years being preferred.
- Views on the need for a substance free environment were mixed- a large majority of users at the user focus group were in favour of this as were those Heathfield residents who responded on this issue. However, those who took part in the web survey were split 50:50 on this.
- Only a minority (2) of the web-respondents thought the proposals would provide enough resources for this area.
- Web respondents were also split on the eligibility criteria-5 of the respondents did not agree that users needed to be engaged with treatment services; there was overall support for this approach within the stakeholder and user focus groups.
- Move on issues was raised by a number of respondents. Move on schemes were seen as being important and there were calls for a protocol with housing options to provide a safety net, which is currently in place with LCC hostels.
- Some of the respondents within the user and stakeholder focus groups proposed different models including a two-stage model with smaller accommodation units

- Within the website respondent's questions were raised questions on whether this fitted with the overall LCC strategy on homelessness and changes recently made to hostels, eligibility criteria and floating support.
- Referral arrangements need to be clear and need to be robust.
- Would be good for post detox
- What about a smaller unit or units-doesn't have to be 10-bed
- What about the needs of women, young adults and eastern European clients.
- Peer led support needs to be embedded in the model

More detail about the consultation responses is contained in the HRS consultation analysis below.

Conclusion

From the consultation it has been established that there is clearly overall support for a dedicated housing related support service for substance misuse; and a mixture of floating support and accommodation has been welcomed. However, significant concerns were expressed about the 6-month residency limit and to a lesser degree the proposals capacity to respond to need.

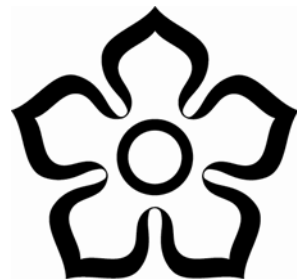
HRS consultation analysis-

1.The web survey-11 responses

1.1 Overall responses by agreement/not in agreement (comments summarised)

In agreement	Not in agreement	Did not respond
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	Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
Agreement/Non-agreement (11 responses)							



City Mayor

	Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision	
Non-Agreement Comments	-There will be difficulties with move on for homeless. -Not clear how service will be affected by those using. -Do we need additional floating support-what about that recently commissioned across the city?	Concerns about government motivation.	Too short for this group-move-on will have to be looked at very quickly.	Floating support not enough-more accommodation /24 hour support needed.	Limits to those in treatment-what about those in aftercare.	What about those on a reduction plan or script. Needs awareness and procedure.	Need more than 10.Demand for floating support will be greater.	
			No quick fix. What about rent arrears? What will assessment criteria be? What role will housing options have? Could lead to cherry picking. 12 months more realistic although should aim for 6-9 months.					
	-Not enough accommodation support-floating support not enough		As long as required.		More detail needed on eligibility criteria-e.g. how far along the journey they should be before they are moved on.	Need to be realistic otherwise residents might lie. Need more info on how will deal with incidents		Where is the supporting evidence for 30 floating support? Why are these needed when other beds have been taken away? Probably not enough
	-We already have floating support-risk of duplication.	People need stability and period of reduction before they would benefit.	1 year needed.		Needs to take into account needs of homeless/those in temporary accommodation more.	Will affect harm reduction as residents will use unsafely elsewhere.		This service will marginalize and “out “people”-make them feel inferior-this needs evaluating.
			Not long enough for this chaotic group unless already making changes.					
			Not enough for chaotic users.					10 too small

	Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
	-Will not support many that need it unless at high risk of eviction from LCC services.		Needs to be more flexible and negotiation around housing arrears needed.		If they are in treatment already what is the difference in the support provided by this and existing providers.	Success will depend on quality of staff. Must be real commitment to change from users. Those that need the service less likely to be in control of their use.	Need more accommodation.
More support will be needed for those that are victims of abuse.			Need areas where use allowed and not allowed.			Unsure	
6 months only suitable for a minority.			Just window dressing-void in understanding of real issues.			Need to be given more information to decide.	

1.2. Other comments (in respondents own words)

Clearly positive comments	Clearly negative comments	Comments where it is not clear whether positive or negative about the proposal.
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Is there anything else the council should consider regarding the future of Housing Related Support for people with substance misuse issues?	Please feel free to make any further comments in relation to this proposal:
<p>When used appropriately, supported accommodation can be an excellent resource available for treatment services who are dealing with some of the most vulnerable individuals. There is a tight time restriction with this proposal which will make it difficult to effectively provide intensive support and the proposal needs to take into account that for many of these individuals their last few months and even years may have been spent in hostels, custody or sofa-surfing. 6 months does not provide an adequate length of time to stabilise these individuals and allow them to move on into independent living at a pace suited to them.</p> <p>Furthermore, limited bed spaces (10) seems unrealistic given the number of service users who may require supported accommodation. I am aware of the need to drive down budgets and of course, this proposal is not exempt from that. However, I would argue that it is better to invest our money in providing intense support for a longer period of time as this initial investment will make a better pay off when the individual is in recovery and independent, rather than lapsing and re-presenting to treatment as they were ushered into independence before they were adequately prepared.</p>	<p>Whilst I agree with the proposal to withdraw funding from the current provision - I am not sure that I feel that all possible new avenues have been explored, surely this is the opportunity to do something totally radical around housing related support - not just more of the same old stuff.</p>
Provision for under 18's and pregnant women, addiction is not 9-5	Drug addiction is not 9-5 and it can take make attempts drug users face many difficulties

Is there anything else the council should consider regarding the future of Housing Related Support for people with substance misuse issues?	Please feel free to make any further comments in relation to this proposal:
	sin the community with easy access to drugs
<p>Acceptance that people with substance issues are chaotic and should not be reprimanded with 'intentionally homeless' decisions or arrears from hostels, when at present, they get little more than token support to maintain tenancies and manage budgets. This is especially true for service users who are housed when the council has full knowledge they are dependant or problematic substance users. The housing of these individuals looks great on paper and in the figures. But there many individuals coming through the hostel system who are being 'set up to fail'. There needs to be a more hollistic approach to addressing substance misuse and housing, rather than the current approach when the only concerns before moving someone into a tenancy is their eligibility and arrears.</p>	<p>You might want to find out who has suffered injury. addiction, malnourishment diseases, accident and mental health disorders as a result of the described situations not being recognized.</p> <p>The bedroom tax has also probably not helped this group of people either.</p>
<p>Going around in circles - its all been done before, with specialist council housing related substance use teams in the past, that have now been swallowed up into mainstream services Nothing new</p>	<p>It goes no way to addressing the true problem and needs starting again with wider imput from people with real understanding. In industry the front line views are nearly always taken on new products at the planning stage. That is fact but nearly always lost in local govenment.</p>
<p>What their move on options will be in leicester and how / where they will be rehomed after sucessful treatment or in the event of a negative / unplanned exit from treatment.</p>	
<p>Service cannot have rigid time limits imposed on service users completing a planned programme of support. People are individuals and cannot be all treated exactly the same LCC should look at services that already exist and should ensure that new services are additional too not a replacement for existing services delivering the service should have some recognised substance use training which meetings minimum requirement to deliver harm reduction techniques</p>	

<p>Is there anything else the council should consider regarding the future of Housing Related Support for people with substance misuse issues?</p>	<p>Please feel free to make any further comments in relation to this proposal:</p>
<p>I have already stated what needs to be considered. It is often difficult for services to provide support unless the people who need to be supported are happy for this. This requires specialist assistance and outreach and floating support is insufficient on its own. The volunteer services and student services have helped people but they also need support to do this. There is no job guarantee for them either.</p> <p>When the person who needs support with living is able to assess their own situation, it is better all round, there is less confusion and people know where they are and what they are doing.</p>	
<p>Review who and how these proposals are made. They show as normal a total lack of understanding of the real picture. Send the staff developing these and other proposals out on the streets and frontline that includes at every level from the very top. Then maybe things may improve in general and not be in rapid decline as has been the case in the last 5 years regardless of spending cuts.</p>	

1.3. Key points from web survey:

- A majority said they were in favour overall however only 'focussing on recovery' and 'combining accommodation with floating support' had significant backing. Other areas were subject to much criticism.
- Most concern was expressed about the 6 months limit where most respondents thought this was not enough.
- Significant concern was also expressed about whether the proposal had sufficient resources to address the issues, the eligibility criteria and proposals to have a substance free environment.
- A repeated theme related to questions on whether this fitted with the overall LCC strategy on homelessness and changes recently made to hostels, eligibility criteria and floating support.

2 Views from 9 Residents at Heathfield house.

2.1 Responses we can relate to key questions (with comments in respondents's own words where relevant).

Clearly positive comments that can be linked to this aspect of the proposal	Clearly negative comments that can be linked to this aspect of the proposal	Comments where it is not clear whether positive or negative about this aspect of the proposal.	No comments provided that can be linked to this aspect of the proposal.
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	Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
Agreement/Non-agreement(9 responses)							
Comments	I don't agree with the proposal		Some people need motivating - 6 months more support/more	Floating support is good. I want to get a flat anyway. As long as you are		Perhaps a no tolerance approach is needed - I am flexible with people - it depends on the	you are halving the beds, what about fluctuation of people.

	Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
			involvement. 2 years people think they have loads of time and they don't..	getting the help that's all that matters.		person, it might need to be inflexible.	
			Knowing its 6 months will put you on your toes. There is no helping some people - they have to want to change. They need motivation for change needed.	Good re floating support - people lapse because they can realise they are on their own. (b)		Need to stay on top of people using.	
			If you know only 6 months going to have to get self in gear.	floating support is a good idea		Drug testing - think it would be that way.	
			It is a short length of stay. Taking drugs filled my day up - way a lifestyle that you become trapped			I agree that you can't use in the project - it's tough luck. If they want to it's up to them let them get on with it but not in the project.	

	Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
			<p>in. My experience of people involved in drugs is they think they are ready but when the commitment comes to it just is not possible, they cannot keep up with the commitment. They do not keep up with commitments; people can't adjust until they are truly ready to adjust.</p>				
			<p>6 months might be a bit short - all on individuals - things could be hard. May be 6 month trial - should be put up to one year then six months</p>			<p>- a substance free environment important - if people are clean and doing well and a person moves in they can drag people down.</p>	

	Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
			rehabilitation				
			I don't think 6 months is long enough.. don't know what to say - seems a deadline/strict deadline - seems a deadline pressure. Don't agree it's not enough time to settle and sort self out. People need to be given extra time...				
			I think 6 months is a bit short to be honest - might not be an incentive to stay clean - 12 months better				
			sounds brilliant but 6 months is				

	Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
			a bit tight				

2.2 Other comments (in respondent's own words).

Comments that are clearly positive about specific aspects of the proposal.	Comments that are clearly negative about aspects of the proposal.	Comments where it is not clear whether positive or negative about the proposal, but may be positive about the current HRS service.
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Is there anything else the council should consider regarding the future of Housing Related Support for people with substance misuse issues?	What would be important to you about any new housing-related support service
Key worker No1 job is to make the person feel as if they are able to cope with that one thing at that time. Think staff have been brilliant here. Reason I have succeeded is the support structure has allowed me to concentrate on beating my addiction. Allow you to not worry	Floating support is a good idea - a substance free environment important - if people are clean and doing well and a person moves in they can drag people down.

Is there anything else the council should consider regarding the future of Housing Related Support for people with substance misuse issues?	What would be important to you about any new housing-related support service
about bills/other pressures. Up until now I never paid bills - not had to deal with everyday things. Needs to support people to be able to manage. I deal with stress by just bolting and this is what people like me do...	
People need support to go forward - such as job search and housing.	Help with moving on, settling - giving support when changing
The government needs to think more - they are leaving people on the streets...	People to help you keep on top of bills. People reminding you. Budgeting and getting registered with GP.
Heathfield has really stabilised me - to come in here you have to be clean. If heathfield wasn't here, I would still be in the hostel system and using...	Being offered security - it is hard to change when you don't know what's going on/i.e. you don't feel settled and secure. Need to be focused on fighting your addiction 100%...
	Proactive helping - courses. Getting people secure - to rely on themselves. Something to get them engaged - give them focus, give them food. Learning to eat and cook important skill to learn.
	Support 24/7 absolutely. Need them there so you can talk. Doors always open.
	Be good to have groups - CBT. Communication - interaction. Not being isolated - It would be good to separate the sexes .

2.3 Key points from the resident's survey

-Although not all questions within the proposal were asked directly responses clearly contain some support for some aspects of the proposal-in particular having a substance free environment and having floating support.

-Where voiced there was significant concern expressed about the 6 month limit in accommodation.

-there was a lot of general support for housing related support for people with substance misuse issues.

3 Focus groups(3 groups)

3.1 Responses we can relate to key questions

Clearly positive consensus/significant majority agreement that can be linked to this aspect of the proposal	Clearly negative consensus/significant majority disagreement that can be linked to this aspect of the proposal	Mixed comments about this aspect of the proposal.	No comments provided that can be linked to this aspect of the proposal.
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3.2 Other key points from the 3 groups:

- Referral arrangements need to be clear and need to be robust.
- Move on schemes are important and there needs to be a protocol with housing options to provide a safety net which is currently in place with LCC hostels
- Would be good for post detox
- What about a smaller unit or units-doesn't have to be 10-bed
- Floating support should include family if needed and or right for the client.
- What about the need of women, young adults and eastern European clients.
- Peer led support needs to be embedded in the model