

Cardiff Multi-Agency Strategy & Advisory Planning Group for People Who Are Homeless or at Risk of Becoming Homeless

Report to Supporting People Planning Group 13/11/03

Topic: Alcohol and Drug Dependency, Chronic Illness.

Alcohol and Drug Dependency and Chronic Illness have the most significant impact on the lives of individuals who find themselves vulnerably housed and living in the supported housing sector. Substance misuse especially is the highest recorded support need of service users in supported accommodation schemes, as shown in the figures below:

<i>All residents within supported accommodation</i>	Alcohol Issues	Drug Issues	Both Substance Issues	Chronic Illness	All 3 issues
Frontline Hostels (164 service users – 145 males and 19 females)	42 39 males 3 females	45 36 males 9 females	11 10 males 1 female	41 37 males 4 females	5 5 males
Secondary Support Providers (246 service users – 142 males and 104 females)	67 42 males 15 females	44 24 males 20 females	26 16 males 10 females	53 39 males 14 females	1 1 male

Further analysis of the support needs of services users in supported accommodation in these areas is shown at Appendix 1 (Frontline Hostels) and Appendix 2 (Supported Accommodation Providers).

Any support that can be offered or made available to service users depends on whether they are motivated to change their behaviour. For those that are motivated to change, a wait of 26 months currently exists for an in-patient detox. This is to be reduced to 10 months but this still presents an unrealistic timescale for someone to remain motivated. Currently 11% of Frontline residents and 32% of residents in secondary supported schemes are awaiting detox. for alcohol and 7% and 4% respectively for a drug detox.

Alternatives include counselling, although only 35 people in supported accommodation have so far indicated that they are engaged in this type of support. The majority of people receive support through the housing scheme in which they reside and are more prone to display challenging behaviour at those schemes and are likely to be excluded. At present 43% of those with an alcohol problem in Frontline hostels record chaotic use with a further 8% recording binge drinking, which adds to their challenging behaviour. Similarly, for those with drug misuse issues in Frontline services, 32% record chaotic use and 30% record use of Class A drugs.

What is needed is the relevant support to assist people to maintain their levels of motivation, which could be counselling, attending day programmes or having health workers visit them in the hostel.

A notable number of adults in services are unwilling to address their problems. There are six residents at Tresillian House for example whose state of health is very poor yet they do not want to give up drinking. Across the range of Frontline providers some residents are doubly incontinent and require a huge amount of care, which falls beyond the remit of supported housing providers. There is money available to put them in residential care but the homes will not accept them with such high levels of support. Equally, the service users are not ready to address their problems; their resistance is heightened by the loss of usually high level of disability benefits, which reduce to a minimum weekly allowance whilst in residential care.

For those that wish to engage in services but not change their behaviour, schemes such as Shoreline exist for street drinkers to live safely whilst drinking. However, there is a waiting list for this scheme and vacancies rarely occur. For those with more chronic use of alcohol, even Shoreline cannot cope with such high level of needs and these service users display more of a Chronic Illness, which requires more specialist, health related intervention that at present is not available. A scheme similar to Shoreline but with regular Health-funded support would ideally suit these individuals. This issue was discussed in more detail at the last SPPG meeting.

A simple measure for those that are not motivated would be for health and social care professional to support the hostels and the workers to manage service users who do not wish to change their behaviour and who present as challenging because of their substance misuse. Many hostel managers highlighted the benefits of having a peripatetic drug/alcohol worker to give advice to staff and to even undertake initial assessments. Funding for a drugs advisory worker funded by health/social care for even a short-term contract would benefit hostels and help workers interpret the drugs laws.

At present, due to legal and practical management difficulties, no such scheme exists for those who are not motivated to control their use of drugs. Such a scheme would benefit service users but needs creative and careful planning.

Complex Needs/Dual Diagnosis

There is also a need to recognise the impact of additional support needs, such as Mental Health, on the support required for an individual as these are inextricably linked with substance misuse and chronic illness. Those service users with either a drug or alcohol problem usually present with a range of additional issues as shown below:

To provide a suitable service, projects would need to demonstrate that they are able to cope with such high levels of needs, giving the higher levels of support that would be required and that cross-boundary working is inherent in the delivery of such support.

It is often very difficult to separate support needs and prioritise which is the greater need to subsequently find the most appropriate housing scheme to cater for that

need. The Homelessness APG has already identified schemes to cater for people with these complex needs and a bid for SPRG funding was included in the Supporting People Operational Plan 2004/5.

It becomes more difficult to move-on from supported housing if a service user has a drug or alcohol problem. More support to assist the individual to obtain and maintain their tenancy is a necessary measure to support the individual to make the transition into independent living.

Currently there are 660 Council and housing associations tenants on whom assessments have been received and, of these, 112 people have an ongoing alcohol or drug problem, with 125 identifying a chronic illness. Although the Council and other RSL's provide support to people in the tenancies, it is not clear how many are supported especially with their substance abuse problem. These figures are only a small proportion of all available tenancies in Cardiff and from the screening of general needs housing applications data, it can be seen that a further 153 respondents indicated that they need or have needed help with a substance misuse problem.

There are differences in the way demographic groups are predisposed to dependency or illness. The Homelessness APG have prioritised the following groups as benefiting from some additional support:

Young People

From research into the views of young people, 60% indicated they were motivated to change their substance misuse behaviour. It is also felt by agencies that young people are more likely to respond to services and interventions far more readily than those in an older age category. Therefore the Homelessness APG feel that a service catering from substance misuse for young people should be considered a priority for development as it is more likely to be successful.

More young people have reported problems in secondary supported housing as opposed to direct access hostels because generally, young people are referred directly to the specialist providers within the secondary providers. Those that find themselves within a Frontline hostel are there because they demonstrate chaotic behaviour and more complex needs. From the evidence available for those in supported housing, alcohol and drug misuse amongst young people shows the following split:

<i>Residents in supported accommodation aged 16-21</i>	Alcohol	Drugs	Both	Chronic Illness	All 3 Needs
Males (from a total of 46)	6	6	2	2	0
Females (from a total of 52)	4	10	3	8	1
TOTALS (98)	10	16	5	10	1

Women

Women have particular issues surrounding their drug and/or alcohol misuse because often there is the issue of children to be cared for or other issues such as domestic violence provide a greater issue to be addressed. There is a lack of specialist women services generally in the sector and seeking help regarding a substance misuse problem presents additional concerns for the woman, such as the fear of her child being taken into care, which is why the sector feels that the prevalence of such problems amongst women is under-reported.

BME

People also report alcohol and drug misuse and issues of chronic illness from black and minority ethnic communities. However the evidence currently held is minimal, although it is hoped that through targeted research being undertaken by the Council in the coming months, more details on the needs of people from black and minority ethnic communities will be made available.

General Issues

There is a lack of overall health services provided for people in hostels. The Nurse Practitioner for the Homeless is unable to cover all issues in her work, and is not a permanent position. A chiropodist visits hostels occasionally, but no other services are provided. It is felt that as a prevention measure, a small amount of money spent on health-related services such as nurses and CPNs similar to the Blackpool model, especially in frontline hostels, would save money in the longer term by preventing chronic illness.

Schemes that cater for multiple problems, where health and social services have an input are a major priority for the supported housing sector. Currently the majority of people with complex needs tend to rely on the services within the Frontline hostels because there is currently nowhere more appropriate to refer them and such residents are more likely to be excluded from these projects due to their chaotic behaviour. Secondary providers tend to be more specialised but again these tend to be in discrete areas.

Conclusions

- Priority One – Young Persons project providing detox. and support through to maintaining a tenancy.
- Priority Two – Project for women with or without children who have a substance misuse problem

Other schemes:

- Additional Shoreline project with Health services input
- Complex needs unit with Health and Social Services input
- Additional support services for hostels including drugs advisory worker and additional primary healthcare services