

Laying the foundations: improving substance misuse outcomes through Supporting People

- This briefing provides an overview of how Drug (and Alcohol) Action Teams (D(A)ATs), Crime and Disorder Reduction Partnerships (CDRPs) and Supporting People Core Strategy Groups (CSGs) can work in partnership to successfully implement joint substance misuse, health and housing-related support strategies.
- Successful outcomes for substance misusers depend on a number of issues, but evidence suggests that one of the most significant is social stability. A key element of social stability is stable accommodation.
- Housing-related support can play a vital role in providing substance misusers with stability and hence improving outcomes for the individual as well as a number of different organisations, for example:
 - treatment outcomes for D(A)ATs and CDRPs;
 - public health outcomes for the health sector; and
 - crime reduction outcomes for the criminal justice system.
- The housing-related support needs of substance misusers in contact with the criminal justice system have been prioritised¹ but the support required by all substance misusers should also be considered.
- Actions to further the coordination between Supporting People CSGs, CDRPs and D(A)ATs can be divided into short-, medium- and long-term goals based on gaining commitment, generating consensus and embedding the changes.

How does this benefit me?

If you are a manager or commissioner of substance misuse or housing support services, this briefing outlines the win-win nature of joint working, and presents strategies for overcoming the challenges of partnership work.

The role of Supporting People in successful substance misuse treatment

Successful outcomes for substance misuse services depend on a number of issues, but evidence suggests that one of the most significant is social stability.² A key element of social stability is stable accommodation; for example, several recent studies³ have found that ex-offenders are more likely to re-offend if they do not have stable accommodation on release.

Recently published research⁴ suggests the Supporting People programme provides a number of benefits for substance misusers, their families and wider communities including:

- improved quality of life for individuals and their relatives resulting from greater independence;
- increased ability to participate in the community, reducing isolation and social exclusion;
- decrease in anti-social behaviour and crime;
- increased likelihood of completing treatment programmes;
- decreased risk of substance misuse-related deaths and self harm; and
- reduction in substance misuse-related public health issues such as discarded needles and hepatitis C.

Supporting People offers vulnerable people the opportunity to live independently through the provision of around 250,000 housing-related support services. Individuals with substance misuse issues are eligible for Supporting People funding targeted at two groups: people with drug problems and people with alcohol problems. However, substance misusers often have multiple and complex needs, which means they may access a range of Supporting People services in addition to those specifically aimed at them. These services include those for generic housing support and for single homeless people, ex-offenders, and young people at risk, but there are wide variations in the levels of provision across the country.

Improving the coordination between Supporting People and substance misuse services is likely to generate cost savings. At present, taxpayers frequently pay for substance misuse treatment that either is not appropriate for substance misusers' needs, is not completed or is not followed up with more cost-effective aftercare support. One of the central findings of the Audit Commission's recent report on drug misuse⁵ was that a wide range of services, including housing-related services, are required by substance misusers to ensure progress made during treatment is maintained. Better integration between Supporting People and substance misuse services could provide this.

The role of Supporting People in achieving substance misuse targets

D(A)ATs and CDRPs are required to develop three-year drugs strategies. These strategies must include challenging but realistic targets on a series of key performance indicators. These indicators are closely linked to the Public Service Agreement (PSA) targets for Action Against Illegal Drugs announced as part of the 2004 Spending Review.

The table below illustrates how partnership working with Supporting People teams can assist D(A)ATs and CDRPs meet these targets.

PSA Targets for 2005-08	Links with Supporting People
Reduce the harm caused by illegal drugs including increasing the number of drug-misusing offenders entering treatment	<ul style="list-style-type: none"> ● Supporting People services competent in recognising substance misuse issues will be well placed to identify and help resolve these issues earlier. Early identification helps to prevent further harm from substance misuse and means less expensive treatment options can be used; and ● ex-offenders are targeted for Supporting People services.
Increase the participation of problematic drug users in drug treatment by 100 per cent by 2008 and increase year on year the proportion of users successfully engaging in treatment	<ul style="list-style-type: none"> ● Supporting People service providers are a potential source of a large number of referrals to substance misuse treatment; and ● Supporting People services can provide housing-related support in a package of care designed to address a wide range of a substance misuser's needs. Substance misusers will gain positive outcomes for their treatment and housing-related support needs because of increased social stability.
Reduce the use of Class A drugs and the frequent use of any illicit drugs among all young people under the age of 25, especially the most vulnerable young people	Supporting People client groups include young people at risk, teenage parents and young people leaving care. Positive engagement with Supporting People services will assist in reducing substance misuse amongst young people because they will have increased housing-related support and social stability. This will help contribute to a reduced number of adults misusing substances in the future.

Figure 1: How Supporting People services can assist Drug Action Teams in meeting the PSA targets for 2005-08

One of the largest challenges that CDRPs and D(A)ATs face in meeting these targets concerns funding. Although the PSA targets have been accompanied by an increase in direct funding for drug treatment of £225 million between 2004 and 2008, there is an expectation that extra funding will largely be allocated to substance misusers entering treatment through the criminal justice system. The needs of substance misusers not in contact with the criminal justice system should not be forgotten in this climate. At the same time the Supporting People grant will be reduced by approximately £100 million and there will also be changes in the way in which Supporting People funding is distributed amongst local authorities. This will inevitably place strain Supporting People services.

Facing the challenges

Although the benefits of improved coordination are clear, furthering the joint working of Supporting People CSGs, CDRPs and D(A)ATs may seem to be a daunting proposition. In improving coordination the goal for commissioners is likely to be the successful implementation of 'end-to-end treatment'. End-to-end treatment and key features underpinning it are described below.

End-to-end treatment

A substance misuser is likely to require support from more than one agency, which may include a combination of voluntary and statutory organisations. To be most effective each identified support issue should be addressed in an appropriate, seamless and timely fashion. This is end-to-end treatment and it means an individual may be subject to interventions from a range of agencies at any one time. The interventions should be underpinned by protocols developed jointly by the relevant agencies, including substance misuse and Supporting People services, and robust knowledge sharing and management systems.

The diagram below illustrates that Supporting People services have a crucial role to play in helping substance misusers at all levels of presented need, whether they are receiving treatment in the community, within a residential service or have stabilised and need fewer treatment services.

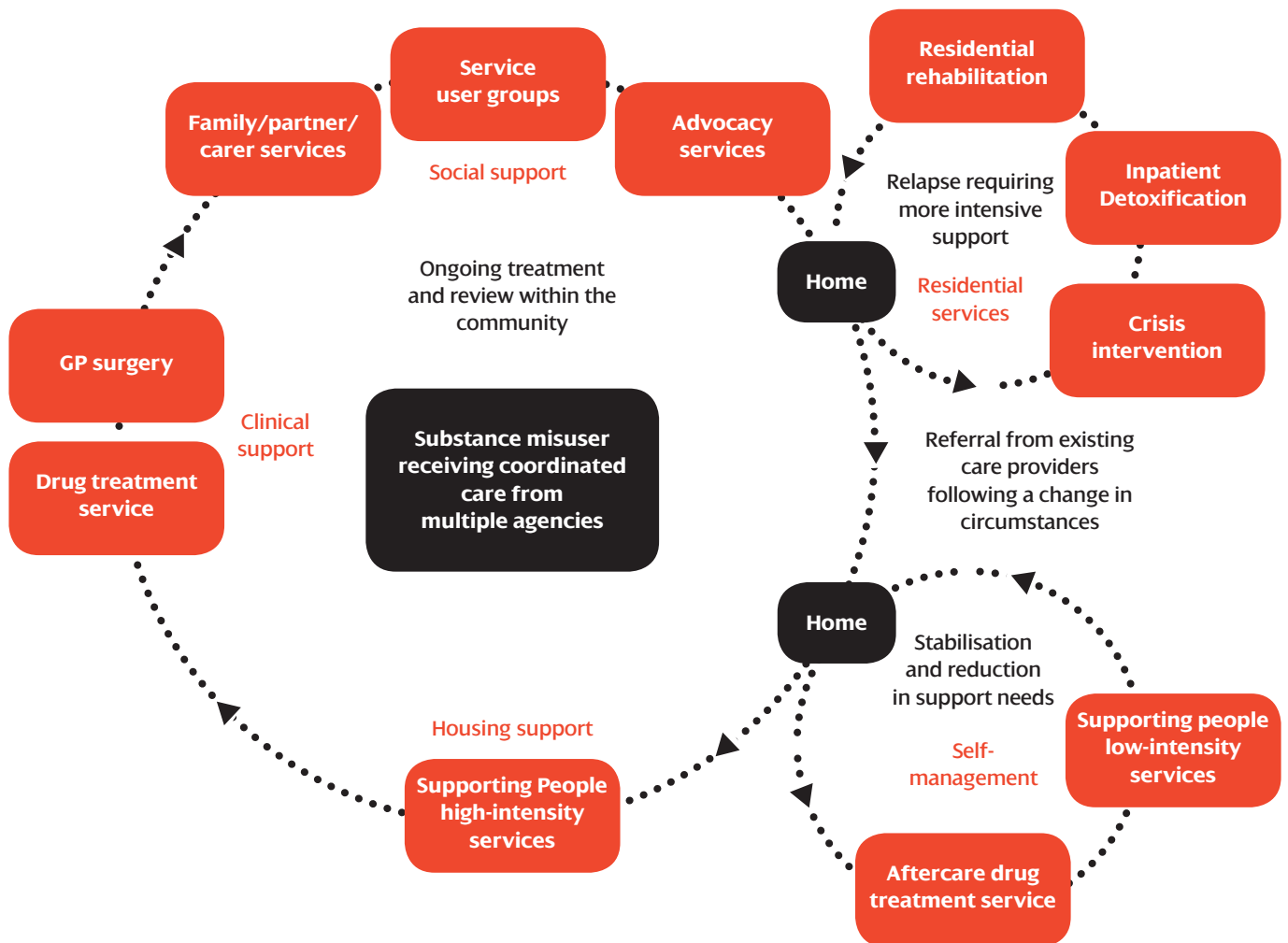


Figure 2: How Supporting People and substance misuse services can work in partnership at different stages of treatment to generate successful outcomes

Notes

- 1 Home Office and Office of the Deputy Prime Minister (2004) *Providing for the Housing Needs of Drug Interventions Programme Clients*, London: HO and ODPM.
- 2 Gossop, M. (1998). *The National Treatment Outcome Research Study Changes in Substance Use, Health and Criminal Behaviour One Year after Intake*, London: Department of Health.
- 3 These reports include: Social Exclusion Unit (2002) *Reducing Re-offending by Ex-offenders*. London: Social Exclusion Unit and Carlisle, J. (1996) *The housing needs of ex-offenders*. Joseph Rowntree Foundation.
- 4 Matrix (2004). *Supporting People Benefit Realisation for Office of the Deputy Prime Minister: Homelessness and Housing Support Directorate*.
- 5 Audit Commission (2004). *Drug Misuse 2004 Reducing the local impact*, London: Audit Commission.
- 6 Matrix (2003). *Transforming Public Services*, London: Matrix.

Features of end-to-end treatment

A number of areas need to be addressed if end-to-end treatment is to be meaningfully implemented, with the benefits experienced by service users. The key issues to be considered are discussed below.

Knowledge management systems are important in ensuring that frontline staff possess up-to-date information about local substance misuse and housing services across all treatment tiers. Staff should be familiar with how different services operate and the expectations placed on their clients so that they can assist potential service users to make informed choices about the options appropriate for them.

Treatment protocols should consider a number of issues including information sharing, screening, referral and assessment procedures and care planning if different interventions are to be coordinated effectively. Any protocols should be robust enough to respond to the chronic, relapsing nature of substance misuse. Should a change in individuals' circumstances occur that requires more intensive support, agencies should respond by referring the person to more appropriate services. Firm protocols act to prevent potential service users 'disappearing' from services. Similarly, a reduction in support needs should be acknowledged with protocols to ensure service users are referred to less intensive support services. This will ensure a steady throughput of service users, supported to live independently, and help to prevent blockages in more intensive and expensive services.

Capacity planning considers the supply and demand for services in order to deliver the most cost-efficient services. Needs assessments promote understanding of the local demand for housing-related support among substance misusers. Process mapping can be used to understand the systems and blockages hindering the seamless passage of substance misusers between services. Process mapping

exercises have the potential to present tangible solutions to capacity issues. It is frequently the case that capacity issues can be resolved in the short- to medium-term, providing there are co-ordinated strategies involving key stakeholders, and based on thorough assessments of the demand for services.

Joint commissioning D(A)ATs and CDRPs should work closely with Supporting People CSGs to ensure there are joint strategies to meet the housing-related support needs of substance misusers. Joint D(A)AT, CDRP and Supporting People strategies can be cemented through jointly funded initiatives with the potential to improve the stability of substance misusers, and hence their treatment and housing-related outcomes, in a cost-effective manner. Jointly commissioned initiatives can provide substance misusers with housing-related support appropriate to substance misuse treatment at the range of treatment tiers. These options could include night shelters, temporary accommodation, supported housing, generalist housing and floating support workers, but provision should be based on detailed understanding of potential service users needs. Consultation with potential client groups and their carers will be vital in developing this understanding.

Conclusion – making the change

Although many of these features will require long-term commitment, there is a range of changes that can be made to ease the process. These changes are summarised below. The Matrix Knowledge Briefing 'Transforming public services'⁶ may also provide useful information for commissioners.

Short-term changes are often most successful when they concentrate on building commitment to the task at hand. One way to do this is to nominate a 'champion' tasked with promoting the benefits of coordination between Supporting People CSGs, CDRPs and D(A)ATs to all relevant stakeholders. It will be important that relevant information is gathered so that the benefits of improved coordination can be identified as 'win win' situations in language that is recognisable to all stakeholders.

Medium-term changes can be associated with building consensus among stakeholders about what should be done. It is important to gather accurate information about the supply and demand for services, as well as information on how issues are currently tackled so that stakeholders can work together forming the solutions. Well-planned away days, with input from service users and carers, can be good opportunities to bring this knowledge together. Although generating solutions in this way may take more time than leaving the decision to a small group, in the long-term the results are likely to be more workable with stakeholders more committed to their implementation.

Long-term changes are successful when they become an embedded part of stakeholders' work. For this to happen training in the new systems amongst relevant staff, both providers and commissioners, is likely to be required. New systems will need to form part of induction and performance review processes in relevant organisations. Finally, the systems themselves will need to be regularly evaluated to ensure they remain responsive to changes in both local and national policy.

Matrix specialises in providing independent, evidence-based solutions that form the cutting edge of the policy-making agenda.

Knowledge informing improvement

Epworth House 25 City Road London EC1Y 1AA www.matrixrcl.co.uk
tel +44 (0)20 7684 5777 fax +44 (0)20 7684 5776 email enquiries@matrixrcl.co.uk