Drug Use and Homelessness

Toolkit 1: Assessment of local need.

1.1 Overview:

Assessing levels of drug use amongst populations who are homeless is essential, in order to ensure adequate provision for this target group. But in practice it is a difficult task to undertake well, and, depending on the approach used, wildly differing outcomes can be obtained.

The following toolkit looks at strategies for undertaking assessment of local need using a range of methodologies. By doing so it should be possible to gauge the level of local need with high and low estimates achieved by different methods.[1]

The utility of good assessment:
The question of how many drug users are in housing need within a given catchment area, and the nature and quality of that drug use, should be fundamental for any planning or commissioning body.

Unless these questions can be answered, and answered with a degree of confidence, it is not possible to plan and purchase an appropriate level of housing provision and support for the target group. "*How many homeless problem drugs users who are not currently in structured treatment in your catchment area?*" Ask three different agencies in the same area the same question and the answers are likely to differ widely.

The assessment of local need should really happen before anything else. The results of this assessment should shape the type of support and housing commissioned, the ratio of different types of provision, and the policy and practice within that provision.

Counting via Housing or via Drugs Services?

Schematic diagram 1 (over) illustrates two of the key sampling points that will affect the research. The two points are:
(a) identify the housed and non-housed populations and assess drug use of these populations or
(b) identify drug users at different points of their treatment journey and assess their housing status.

[1] This is of course not the first paper to explore this subject. Readers may want to look at "Assessing the level of expected drug related need for supported housing" by Sheila Spencer, for other and additional approaches:
http://www.nta.nhs.uk/areas/treatment_planning/docs/needs_assessment_ho_04.pdf

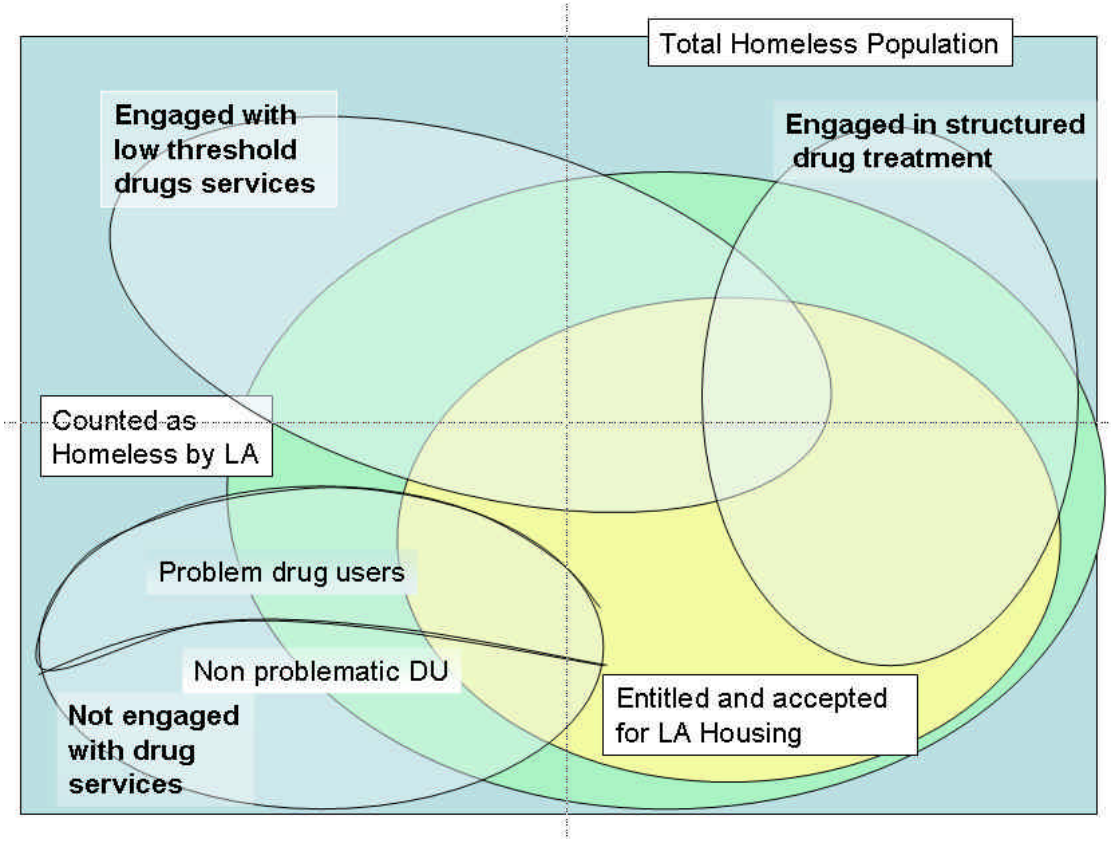


Diagram 1: Mapping Housing Status and Drug Engagement
n.b subset sizes are illustrative only and are not to scale or proportionate.

As illustrated, within the largest "Total Homeless Population," a smaller population will have been counted as homeless by the Local Authority, and a smaller population still will have been accepted for housing by the Local Authority.

Within our three primary groups of drug users, we have those who are not currently engaged with any drugs services, those engaged with low threshold services such as needle exchanges, and populations currently engaged with Structured drug treatment.

Those not assessed for housing, and not engaged with drug services are doubly excluded, hidden population which will be hard to quantify. Conversely, a count which only looks at those who have been accepted for housing and are engaged with structured drug treatment will exclude a large and significant population.

A good local assessment will endeavour to gauge the size and profile of each population within the above diagram.

1.2 Homelessness Definitions/Counting:

Prior to undertaking any local assessment, researchers and commissioners will need to clearly define what they mean by "homeless" and what is meant by "drug use."

1.2.1 Homelessness:

Rough Sleeping: this phrase has become increasingly contested over the past few years and so a significant number of people who are "homeless" will not feature in the count of rough sleepers. This could be, perhaps that they were not asleep or bedded down at the time of the count, that they were sleeping in a building, or had not slept on the streets in the last seven days.

Source: local streetcount

Statutory Homeless: this figure will reflect the number of people who fit within the statutory definition of "homeless" within the 1996 Housing Act. This figure will be far higher than the number of people who are classed as "rough sleepers." This figure is typically hard to assess as, a significant proportion of people who may be homeless will not have presented to the Local Authority and so will not have been accepted as homeless by the Local Authority.

There are likely to be a number of people who could be considered "hidden homeless" within this population, including those staying with friends, squatters, hostel, night-shelter and refuges, overcrowded HMOs, and B+Bs.

Source: Direct information requests from the Housing Authority of DCLG.

Local Authority "accepted as homeless" and entitled to housing:
A proportion of the people who may meet the statutory definition of Homeless may not be accepted as entitled to housing by the Local Authority; this may be because the person does not have a local connection or is deemed to be "intentionally homeless." Others may not be accepted as priority need, and may withdraw their applications, thus being under-represented in Local Authority figures.

1.2.2 How to assess the size of the 'hidden' population:

In order to augment the Local Authority figures, additional fieldwork will be required to assess the size of the population who may be statutory homeless but have not approached the Local Authority for housing. However, as this population are not being assessed formally, the figures will need to be treated with more caution.

Hostels/YMCAs/Shelters
Some figures will be available through statutory sources. So for example the CORE lettings dataset can look at the total number of people housed in Housing Association and Voluntary Sector supported accommodation within a catchment area, and the proportion of these who are statutory homeless. It can also highlight

the proportion where drug or alcohol use was recorded as an issue, though this figure may not be an accurate picture of the situation.

Some housing, including small, non-RSLs and LA hostels are not included in the dataset.

Bed and Breakfast
Estimates of the number of people living in B+B accommodation can be estimated by using the DWP dataset for payments made under Housing Benefit to people in B+B accommodation.

1.2.3 Other "hidden homeless" populations:

The number of people in overcrowded accommodation, sofa-surfing, squatting or in other ways hidden homeless cannot reliably be calculated. Crisis[2] and others have written extensively and attempted to estimate the size of these populations.

It is especially likely that certain populations, especially BME populations and women will be under-represented through standard assessment techniques.

Unless and until a national audit of such populations takes place or local research looks in detail at the scale of the problem, we can only assume that any figure achieved through the statutory channels above will only be a lower estimate on to which the hidden populations need to be added.

[2] http://www.crisis.org.uk/policywatch/pages/hidden_homeless.html

1.3 Size of the drug-using population:

Using a variety of techniques, one can try to ascertain the size of the drug using population. But without significant resources, this can prove difficult and getting accurate figures is not easy.

A collection of research approaches can be useful including:

1.3.1 Estimates based on population size and demographics:

Method: by using existing research (e.g. British Crime Survey) and cross-correlating this with local census information it should be possible to crudely estimate the size of the drug using population.

This is probably the crudest measure, and is likely to produce the least accurate results. However, it can be useful for some broad brush-stroke analysis and to show up some key issues for services.

This snapshot will not accurately indicate the proportion of the drug using population that is in housing need.

Examples:

(a)

- The BCS 05/06 reported 8.4% of 16-24 year olds had used a Class A Drug in the last year.
- According to the 2001 Census, Manchester has a population of 74,448 15-24 year olds.
- Based on a rough analysis of these figures, we could reasonably expect there to be at least 6,253 people who used a class A drug in the past year in the sample age range.

(b)

- The BCS reports that 0.2% of 16-24 year olds used Heroin in the last year
- The 2001 census records Reading, Berks as having a population of 23,615 in that age range
- The BCS would therefore suggest that around 46 young people in Reading used heroin last year;

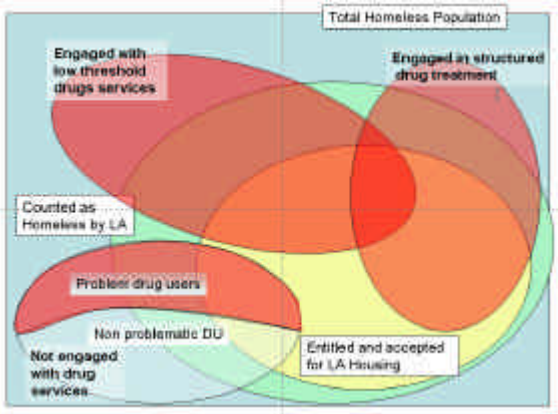
Notes:

the above figures are a poor estimate for a collection of reasons, including:

- The extent to which the BCS may under-record drug use
- The age of the Census figures
- The poor match between the census age banding and the BCS age banding
- Ignoring regional variations in drug use described in the BCS

1.3.2 Figures from statutory sources

- **Method:** Every Drug Action Team (DAT) is required to produce a Drug Treatment Plan on an annual basis. This Plan will include an estimate of the number of Problem Drug Users (PDUs) in the area, and the number of PDUs engaged in structured treatment.
  The estimate of the number of PDUs will be arrived at using a range of methods such a Multiple Indicator Model (e.g. Hickman Frischer Formula[3]) and Capture/recapture approaches.
  The number of people engaged in treatment will be based on the NDTMS dataset.
- Home Office research, some of which is unpublished, uses Capture/recapture and MIMs to estimate population size of problematic drug users. Some of these research reports will be made available to DATs.



The populations shaded in red are captured through these research methods.

Example:

Leicestershire DAT Treatment plan estimates:

- PDU population of 2959
- 1069 PDUs in Treatment in 2005/06

Home Office statistics (unpublished) for the SE Region 2004/05 suggest:

- 460 opiate users aged 16-24 in Reading
- this figure is 10x higher than the estimate based on an analysis of BCS and Census figures in the previous table

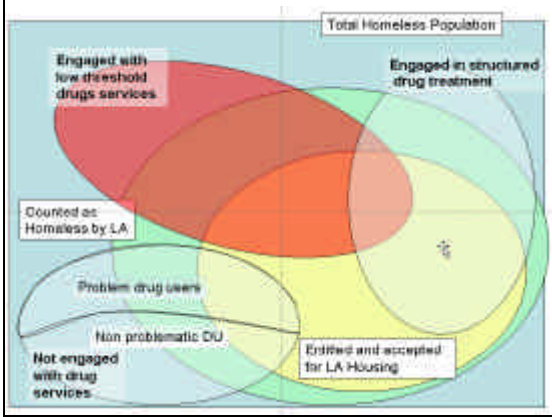
Notes

- These useful datasets will provide an estimate of the number of PDUs and allow an accurate assessment of the number of people in treatment.
- These figures will exclude key populations including those who have left treatment but may still need specialist housing. It will also exclude young drug users who may experience problems with their drug use but don't feature in the estimates of PDUs.
- The NDTMS dataset obviously excludes those not engaged with treatment
- The NDTMS dataset does not automatically record housing status in a consistent way

3 Estimating the Prevalence of Problematic Drug Misusers for Drug Action Team Areas in England and Wales Using the Multiple Indicator Method – Frischer, Heatlie & Hickman 2003

1.3.3 Figures from needle exchange/low threshold services

Method: Assessing the total number of individuals attending needle exchange (or other low threshold services) in the catchment area may provide an (under)estimate of the number of injectors in the catchment area.



The population shaded in red can be captured using this method.

Example:

The local Needle Exchange Coordinator undertook research and found that there were 3,821 individuals who used Needle Exchange in the last year in the catchment area.

- The minimum size of the injecting population is close to 4000 individuals;
- A proportion of injectors probably don't use needle exchange themselves, and so this figure will underestimate the size of the drug-injecting population

Notes

While this is useful it has several important limitations:

- Not all people with drug problems inject, and so will disregard problem drug users who don't inject;
- Not all injectors use needle exchanges; some may share equipment, or have equipment collected by friends;
- Local recording on an individual basis may not take place: not all Needle Exchange provision records individuals. Fixed site exchanges may be able to say how many individuals they see but in most areas we will be restricted to number of client contacts and number of packs exchanged.
- There is a risk of double counting - some users of Needle Exchange will also be engaged with structured treatment; research questions will need to establish the proportion of needle exchange clients also engaged with structured treatment.

1.4 Cross-correlating – Establishing the number of drug users in housing need

So far, we have looked at approaches to estimate the size of the homeless population, and to gauge the size of the drug-using population.

The next step is to estimate the extent of drug use amongst the homeless population, and the extent of homelessness amongst the drug using population.

As with approaches to measure the respective size of each population, a range of approaches can be used to assess the size of the homeless, drug-using population.

There are three primary approaches to assessing the extent of drug use amongst homeless populations:

a) rough estimates based on population size
b) assessment of drug use amongst people presenting as homeless
c) assessment of homelessness amongst people presenting to drug agencies

1.4.1 Population samples:

This, the crudest measure, uses broad analysis to gain a low estimate of substance use. Best used as a litmus test to explore if estimates proffered from hostels or other sources are even vaguely credible,

Method

1) The levels of drug use amongst people recorded as homeless will be as high as (and probably higher than) the general population.

a) Levels of drug use amongst homeless populations will not be lower than the reported levels in the British Crime Survey (BCS)[4].

- At the least, we would expect levels of drug use amongst the homeless to reflect national trends. So for example if 8.4% of 16-24 year olds used a Class A drug in the last year, we can expect that at least 8.4% of hostel residents and accommodation seekers in this age range will have used a Class A drug in the past year.
- We can reasonably expect that the figures will be higher than the national trends because:
    - The BCS probably underestimates the levels of drug use and
    - People who are homeless or vulnerably housed use drugs to a greater extent than their housed counterparts

b) Research has demonstrated that the levels of drug use amongst homeless populations massively exceeds national trends

- Different research has arrived at different figures. But all research looking at the needs of homeless drug users has demonstrated high levels of drug use.
    - Research by Crisis recorded that 55% of a sample of 389 people interviewed had used heroin in the last year; 56% of hostel residents

[4] http://www.homeoffice.gov.uk/rds/bcs1.html

had used a drug in the last year[5];

- The Rough Sleepers Unit[6] suggested that 20% of rough sleepers use drugs; this figure is far lower than the figures suggested by Crisis and others

Using these figures it is possible to crudely estimate the size of the drug using population amongst existing hostel residents and rough sleepers.

2) We can audit local housing providers and assess the reported levels of drug use amongst their residents. If the levels of recorded drug use are amongst those housed or accommodation seekers is significantly lower than the national trends it suggests:

- Drug users are not presenting for accommodation or
- Drug users are not disclosing their drug use or
- Drug users are being excluded from provision

Example:

- From 1st April to 30th June 2005, the LB of Lambeth accepted 80 applicants between the ages of 16-24 as homeless
- Based on the BCS, we can expect at least 8.4% of people in this age range to have used a Class A drug in the past year. So of the presenting applicants, around seven applicants will have used a Class A drug in the past year. However this is likely to substantially underestimate the situation.
- At the end of December 2004, the LB Lambeth recorded 317 people living in hostel accommodation;
- If the trends from the Crisis research were true for this hostel population, at least 177 of these used a drug in the last year.
- If a snapshot of drug users in hostel accommodation showed a prevalence of drug users substantially below 177, it would indicate that drug use was not being adequately assessed, or that drug users were not accessing hostel-type housing. (It may also be an indicator that there was a below average level of drug use in Lambeth, a premise that should be swiftly discarded by applying Ockham's Razor[7])

Limitations:

- Such an approach can only hope to provide the crudest of estimates, and will not be adequate for detailed service planning.
- However it should prove useful for discussions with housing providers. If every housing provider asserts that they house no class-A drug users, a crude analysis using the Crisis framework will indicate the level of "missing" homeless drug users.
  Planning using the BCS is wholly inadequate, and, more than anything highlights the inadequacies of this tool for close-detail work.
- To achieve a more accurate picture, additional assessments will be required.

[5] Crisis: Home and Dry? Fountain, J: 2002. Criteria for inclusion, respondent had slept rough at least six times in last six months

[6] http://www.communities.gov.uk/archived/general-content/housing/coming/

[7] http://en.wikipedia.org/wiki/Occam's_Razor

1.4.2 Use of Sodzi model to assess need

Method

Roseanne Sodzi[8] developed a model for assessing the size of the drug-using homeless population, and this model was adopted by the NTA and is used in many Drug Treatment Templates by DATs.

Sodzi's model proposes that:

- **70% of Drug Users have housing issues**
- **60% live in rented accommodation (40% RSL, 20% private)**
- **30% are homeless**
- **10% live in hostels**

What it should tell us:

By applying Sodzi's formula to the estimated number of Problem Drug Users in a catchment area, an estimate of the number of drug users in housing need can be obtained. These will be broad estimates but provide a useful starting point for assessing scale of the problem.

In practice there will be a HUGE gulf between Sodzhi's estimates and the numbers actually presenting for housing. This doesn't automatically mean that Sodzhi's model isn't applicable. It may suggest a significant unmet need.

Example

Manchester City Council Drug Treatment Template estimates that there are 6236 Problem Drug Users in the City.[DAAT Template 2004/05]

Applying the Sodzi model would mean an estimated:

- 4365 Drug users with housing issues
- 3741 PDUs living in rented accommodation
- 1870 homeless PDUs
- 623 sleep in hostels

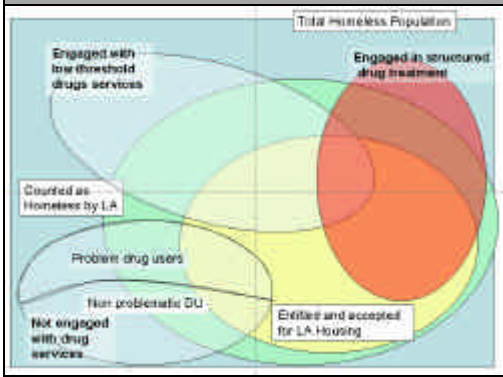
Limitations

- Use of Sodzi on top of a MIM estimate could pile estimate on top of estimate; at some point some sampling of local service users needs to take place to verify the estimates and modelling;
- Local variation could be significant: for example where there is a shortage of hostel or rented accommodation the distribution could change.

[8] Sodzi, R (2003), *Housing for drug misusers in the South West: An assessment of current provision and a description of a model to estimate the level of service required,* GOSW

1.4.3 Assessment of Drug-treatment services and their clients' housing status:

Assessing Triaged Clients
Method:
• All clients who are triaged, or receive an initial assessment with a drugs agency (including Required Assessments) have their housing need assessed. This will include clients for whom a DIR has been completed
What it should tell us:
• The level of housing need amongst the population who are using drugs and have contact with drug agencies, though are not currently engaged in structured treatment
Limitations:
• Dataset will exclude drug users who are do not come in to contact with drugs services – probably those who are the least problematic in terms of their drug use • Will need to avoid double counting those who subsequently enter treatment • Will also exclude those who have not had a recent triage, and may have been engaged with services for a long time

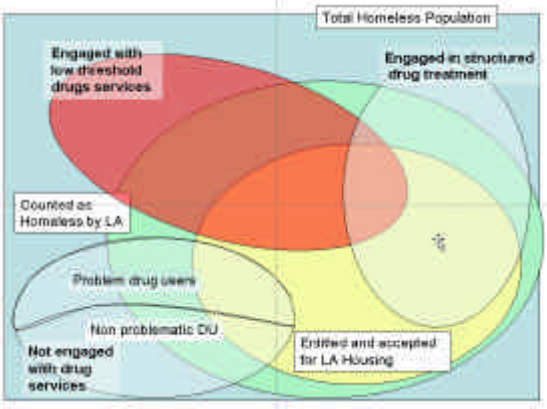
Assessing clients entering treatment
Method:
• The housing status of all clients entering drug treatment is assessed as part of the standardised TOPS data collected for the NTA; • This dataset can be interrogated to show the number of drug users entering treatment who were identified as being homeless at the point of assessment
What it should tell us:
 • The level of housing need amongst drug users entering or engaged with treatment • This approach assesses the population shaded in red
Limitations:
• Dataset will exclude drug users who are not in treatment – this may include non-problematic users, but also those with serious problems not engaged with drug treatment. • The TOPS data reflects client's perception of their housing – some people may say they are NFA when they are not

Low Threshold Service Snapshot

Method:

- Research takes place in a low-threshold setting such as needle exchange or walk-in drug project
- Service users are asked about their current housing status; this may be by interview or self-completion questionnaire
- Additional questions, (e.g. as client had a Local Authority Assessment, is client also engaged with Treatment, where they currently sleep) can also be asked.

What it should tell us:



- Proportion of clients who attend low threshold services who are currently homeless
- Proportion of these homeless clients known to the Local Authority, or engaged with drug treatment
- Where the hidden homeless drug-using populations are concentrated by service attendance

Limitations:

- Is a snapshot; may change over time
- Excludes people who don't use low threshold services; for example recreational users or those who don't use needle exchange
- Relies on client's interpretation of their homeless status

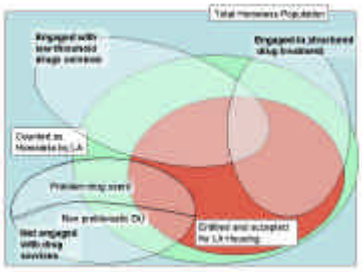
Example

Lifeline in Manchester surveyed 100 injecting drug users and asked questions about housing situation.
They were surprised to find 80% were homeless, of whom 37% were sleeping rough. Extrapolating from these figures to the estimated 2400 Injecting Drug Users (IDUs) in Manchester, Lifeline concluded that there could be between 1730 and 2110 homeless IDUs in the City, of whom 650 to 1,130 slept rough at various points. They noted that these estimates were significantly higher than the City Council's estimates of 768 homeless and 7 roofless individuals. [9]

[9] Multi-Drug Injecting in Manchester
A survey of 100 injecting drug users attending Lifeline Needle Exchange Scheme in 2006
Dr.Russell Newcombe, Lifeline: 2007

1.4.4 Local Authority Assessment

Method:



- People approaching and accepted by the Local Authority as being homeless also have their drug use assessed.
- People receiving support via Supporting People, where drug use has been recorded as a primary or secondary need

What it should tell us:

- Proportion of people who are identified by the LA as homeless who also use drugs
- Proportion of people housed and receiving support who have drug-related support needs

Limitations:

- Will exclude populations who do not approach the Local Authority for housing;
- Relies on assessment skills of Housing Officers, or SP workers who may not be familiar with drug-related issues
- Housing applicants may down-play their drug use for fear of being excluded from housing
- Won't differentiate between patterns of drug use
- Lacks a standardised approach to recording drug use

Sources

- Supporting People Client Records and analysis at http://www.spclientrecord.org.uk/
- Since 2004, P1E forms ask if a household member is vulnerable due to drug or alcohol use, but this data is not recorded or available in any meaningful way at this time.

1.4.5 Voluntary Sector and RSL assessment

Method:

- People approaching RSLs, hostels and other Voluntary sector accommodation providers for housing have their drug use assessed.
- This data could be extracted from CORE dataset or via local approaches to housing providers

What it should tell us:

- Proportion of people who seek housing outside the LA who identify as using drugs

Limitations:

- Will exclude people not seeking housing
- Relies on assessment skills of admissions officer
- Users may downplay or not reveal use to secure offer of accommodation
- May double-count people who have also presented or been assessed for housing by the LA
- Recording of drugs within CORE as a support issue is of little use. For example, looking at the CORE set for St Mungos HA in London does not record drug use as a support issue at all, despite the fact that a significant proportion of St Mungos client group are dependent drug users.

1.4.6 Independent Research in Housing, homeless and rough sleeping settings

Method:

- Researchers not attached to housing provision interview service users, rough sleepers and residents to assess the nature and extent of drug use
- Respondents are aware that information will not be shared with housing providers.

What it should tell us:

- Should provide an accurate picture of drug use amongst the target populations
- This can then be extrapolated to estimate the levels of drug use across the wider homeless population

Limitations:

- Expensive and time-intensive to do well
- Will not count hidden populations such as sofa-surfers or squatters unless they use some provision; so will only reflect the populations who are currently engaged with services at some level.

About this paper:

This resource was written by Kevin Flemen/KFx and is the first in a series of tools for organisations and individuals commissioning or developing services for ongoing drug users in housing need.

The aim of these resources is to produce tools which are clear, practical and useful to practitioners, to make them available free of charge, and to encourage their development and implementation.

Feedback is welcome; you can write to KFx at kfx@ixion.demon.co.uk

For more examples of work, or to look at other resources, go to the Drugs and Housing website at www.drugsandhousing.co.uk or the main KFx website at www.ixion.demon.co.uk