

Clean Break – Development of integrated housing and care pathways for homeless substance misusers

Name:

Job title:

Organisation:

Email:

Telephone number:

1. What services do you offer to current or former drug users and who can use your service? *E.g. temporary or permanent housing, support, day services, treatment.*

2. Please describe how your service links to but is distinct from other local services for drug users. *For instance – please comment on the extent to which you receive referrals from or refer to housing/treatment agencies and which ones.*

3. What is your total caseload for a year from [insert name of authority] (current or former drug users only)?

Total Caseload	

T R I B A L

4. What number/proportion of that [insert name of authority] caseload fall into the study group? Can you estimate the numbers/proportions in each sub-group as follows:

a) **Clean:** Clean from street drugs and prescribed substitutes. This group may be using alcohol on a social basis.

Estimated number per year seen by your service	Number who are homeless/in need of alternative housing	% who are homeless/in need of alternative housing

b) **Non-illicit substance users:** clean from Class A street drugs, but functioning through the use of prescribed substitutes (such as methadone). This group may be using cannabis or alcohol on a social basis only

Estimated number per year seen by your service	Number who are homeless/in need of alternative housing	% who are homeless/in need of alternative housing

c) **Becoming stable:** becoming stable and cutting down on their street drug use through prescribed substitutes or other means, but not yet functioning well.

Estimated number per year seen by your service	Number who are homeless/in need of alternative housing	% who are homeless/in need of alternative housing

4 How do [insert name of authority] clients in these sub-groups access your service? e.g. by referral by from what agencies, based on what criteria?

T R I B A L

5. If you provide temporary accommodation, how and when do you assess next stage housing for clients in the study group? *Please obtain copy of housing assessment format if possible.*

6. What housing sources or agencies are you able to refer [insert name of authority] clients to for next stage housing, and what housing is available from those sources?

a)

<i>Source e.g. agency and project name</i>	<i>Type of housing that can be accessed</i>	<i>Units accessed per year for study group</i>	<i>Formal quota?</i>

b) Please comment on availability of both the next stage housing and any related support when needed for [insert name of authority] clients.

7. *Setting aside the sources of accommodation that you can currently refer to, and the accommodation your organisation provides* what is YOUR view of the types of housing and support needed by [insert name of authority] clients in each of the study groups. Please also specify the average time that you think the accommodation and/or support is needed for in each case.

b) Clean: Clean from street drugs and prescribed substitutes.

b) Non-illicit substance users: clean from Class A street drugs, but functioning through the use of prescribed substitutes (such as methadone).

c) Becoming stable: becoming stable and cutting down on their street drug use through prescribed substitutes or other means, but not yet functioning well.

8. If there is a shortage of accommodation of some types, what impact do you think this has on achievement or sustainment of treatment outcomes?

9. Permanent homes in the social housing sector will remain in short supply and some people in these groups will have to be referred to private sector housing. Given the shortage of social housing – who you YOU think should have priority for access to it?

10. What, in your view, is the scope for using private rented sector properties? And who do you think this option is most suitable for?

9 What are the weaknesses in the current system(s) in [insert name of authority] for ensuring timely access to appropriate accommodation for those in the study group so as to support efforts for abstinence/reduction?

10. What needs to change to address these weaknesses?