

Standards for Working with Drug Users in Housing Settings

The Model



A straightforward, understandable model of provision on three tiers:

Bronze: The minimum acceptable standard to which housing agency should be able to achieve. It should not be inordinately expensive to reach this standard. Funders should ensure that all purchased services attain this standard.

Silver: Exceeds the minimum, providing an increased level of service and should be achievable within 12 months.

Gold: Aspirational and liable to require a more extensive programme of training and development. Would provide an exemplary model of provision.

Needs Assessment - Regional



Bronze:

- •Estimate of number of problematic drug users in catchment area, derived from official statistics such as BCS and NDTMS
- Estimate of number of accessible beds for this population in catchment area
- •Estimate of population size of housed drug users, based on SP returns
- •Estimate of non-housed population of housed drug users based on street-counts

Silver:

• as above, augmented with interviews with drug agencies, hostel managers, and users

Gold:

- Audit of existing bed-spaces, and their accessibility to drug users
- •Review of housing providers, their policies, exclusion rates and retention rates in relation to drug use
- •Full assessment of need, using qualitative and quantitative methods, and multiple sources including SP, drug treatment agencies, Nx, Local Authority, police

Needs Assessment -Client



Bronze:

- •Each client receives a basic needs assessment, which is documented
- client is referred to agencies as indicated by assessment

Silver:

- Client receives a basic needs assessment, which is documented
- careplan is produced resulting from needs assessment
- careplan is reviewed periodically

- Each client receives a comprehensive needs assessment as soon as practical once engaged with the agency
- •Client is involved in the development of the resulting careplan
- •Client is allocated a key worker to see through implementation of care plan
- Care plan is reviewed regularly
- needs assessment is reviewed regularly

Basic Needs



Bronze

- •Accessible drop in that will take ongoing substance users who may be intoxicated.
- •Provides basic opportunities to eat and wash.
- Housing provision that does not arbitrarily exclude active users
- •Policies & staff training in place to ensure a safe, legal but inclusive service.

Silver:

- •Proactive policy within housing & drop in to engage with substance users.
- •Services offer food that helps improve health & reflects needs of people who use drugs.
- •Housing services have flexible drugs policies that retain rather than excluding where possible.

Gold:

- Substance users receive full assessment of basic needs. Those who are homeless are able to rapidly access appropriate housing with support.
- •Attention paid to encouraging people to eat, take on fluids, and assisted with these basic needs where required.

Reducing Drug Deaths



Bronze:

- Staff have had OD training
- Basic risk assessment takes place
- •OD protocol in place
- Housing type reflects risk assessment

Silver:

- As above, plus
- •OD training sessions for residents
- •Policy does not discourage or penalise residents from seeking help during OD

- •As above, plus
- •Comprehensive assessment of risk factors, with matched interventions
- •Call-out protocol in place with emergency services
- Policy allows service users to have company when using

Harm Reduction - Nx



Bronze:

- •Staff maintain up-to-date lists of local needle exchanges and drug services
- •Information is clearly displayed and staff know where and when to refer to such agencies
- •Staff are able to provide basic harm reduction interventions such as reducing risk of overdose, not sharing and risks of mixing drugs

Silver: as above, plus:

- •Local agencies (e.g. Needle Exchange) undertake services on a satellite basis, and encourage take up of services
- •Staff have training to identify risky behaviour and support harm reduction work by other agencies
- •Policy and practice does not preclude effective use of needle exchange

Gold: as above plus:

- •Trained staff can undertake harm reduction interventions including needle exchange
- •Nx can take place in-house if required
- •Staff are comfortable engaging with a wide range of risk behaviours and can implement a range of harm reduction strategies

Wound care



Bronze:

- •Trained staff can identify key injuries and wounds
- Referral to external treatment providers

Silver:

- As above, plus
- •External agencies operate on a peripatetic basis, such as a satellite doctor, nurse and other health-care providers
- Effective use of follow up on treatment

- •As above plus:
- •Joint working protocols between agency and hospital to improve retention in services
- •Hospitals and agencies have agreed plans on discharge from hospitals
- •Full access to key agencies (MH, wound-care, GP, BBVs etc) via peripatetic services
- •All peripatetic services fully integrated with effective information sharing and care planning

Access to Drug Treatment



Bronze:

- •Staff are aware of local treatment agencies, and can signpost service users to these agencies
- Staff are aware of types of treatment available, and how to support these treatment interventions

Silver: as above, plus:

- •Local treatment providers undertake peripatetic sessions to meet and support users entering in to treatment
- Staff have training to assist in promoting change through brief interventions
- •Staff refer to agencies and protocols are in place to follow up such referrals.

Gold: as above plus:

- Services has a dedicated in-house substance worker/team
- •Workers can undertake assessment, referral, and key work clients
- •Local GP or drugs agency can provide prescribing interventions
- •Full joint working between agencies with effective case-management

Working with Substitute Prescribing



Bronze:

- Referral routes for people seeking prescribing treatments
- Assessment and record of clients receiving prescribed drugs
- Staff have had basic training to understand effects/risks of main drugs
- Residents have safe storage facilities

Silver:

- As above, plus
- Awareness re use on top, and risks
- Joint working protocols with prescribers

- As above, plus
- •In-house assessment and response for use on top
- •Three-way information sharing between housing, client and prescriber
- Rapid-referral to prescribing once housed
- •Transfer of prescribing and dispensing for residents after move-on

Holistic Input



Bronze:

•Staff are able to refer to a range of services that address wider need, including alternative therapies, employment training, social activities, life-skills and basic needs training

Silver: as above, plus:

- •A range of services are provided on a satellite basis, such as visiting input from employment advisors, acupuncture and shiatsu practitioners
- •The service offers accessible social activities for drug users
- Assessment and referral regarding life-skills and basic needs takes place

Gold: as above plus:

- •All service users receive an assessment relating to their holistic needs
- •An action plan is drawn up that addresses these needs
- •Training and education is available either in-house or on an external, joint-working basis

Effective joint-working



Bronze:

- •Information sharing protocols on a "need to know basis" are in place
- Regular meetings take place between agencies
- Agencies feedback to DAT and other appropriate structures

Silver:

- effective information sharing protocols in place; client gives informed consent so information sharing can take place appropriately and effectively
- •Regular meetings and joint training take place
- •Liaison is effective across the hierarchy of all organisations.

- •Colleagues from other organisations contribute throughout the service including meetings, reviews and training
- •Effective information sharing protocols are in place and reviewed regularly
- •All stakeholders, including statutory and voluntary agencies are integrated into the structure.

Service User Involvement



Bronze:

- •Service users have policies explained to them at intake
- •Complaints procedure in place
- •Scope for service users to make suggestions, with feedback from staff

Silver:

- as above, plus
- •Service user group formed, and can feed in to development/review
- •Regular consultation with service users including satisfaction evaluation

- •As above plus
- •Service users representatives able to attend meetings
- •Service users participate in interviews, reviews, job applications etc
- •Full user consultation at every stage of policy development