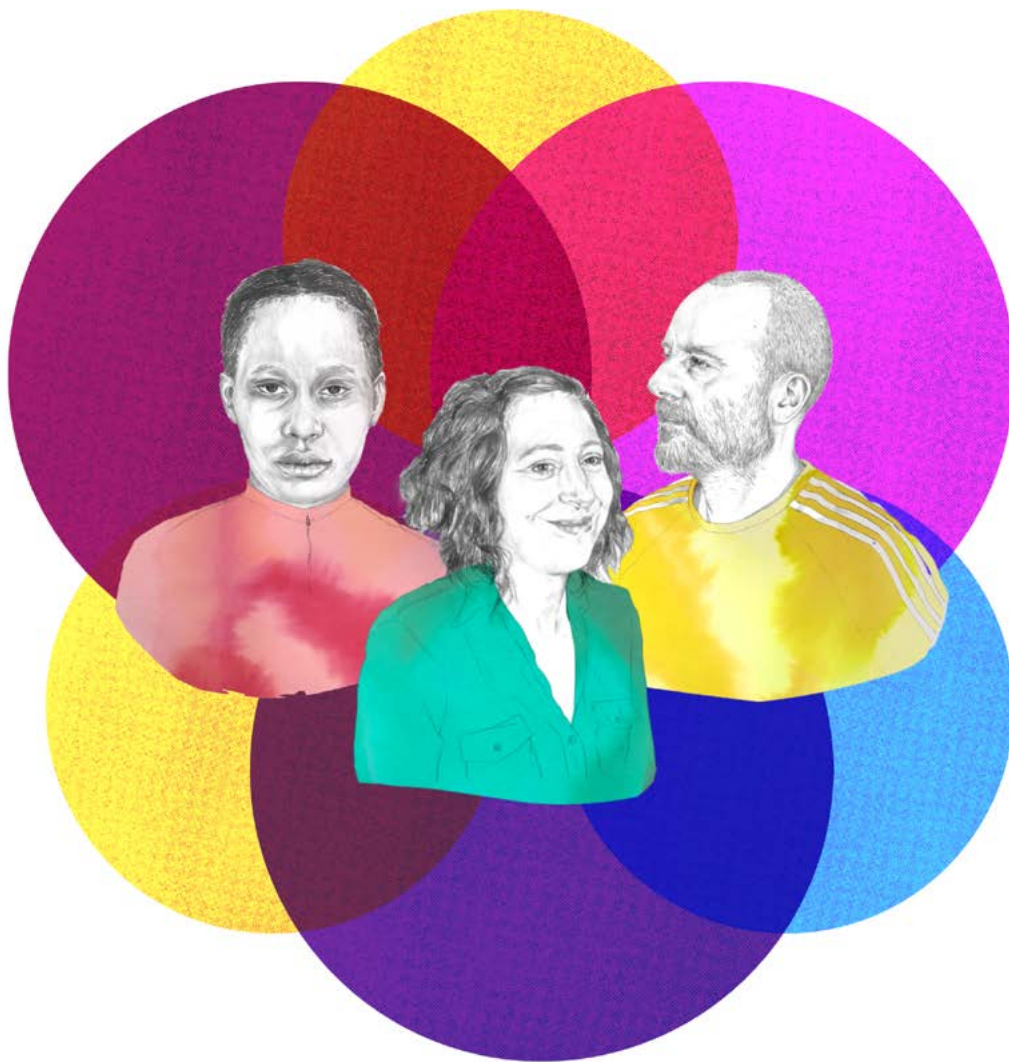


CREATING POSITIVE LIFE OPPORTUNITIES



Why invest in Residential Services
and Pathways?

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CREATING POSITIVE LIFE OPPORTUNITIES

WHY INVEST IN RESIDENTIAL SERVICES AND PATHWAYS?

Residential Services for drug and alcohol treatment offer people who require multiple services a single service that responds to their needs in one comprehensive and coordinated treatment pathway.

Residential Services offer a range of benefits to help people address problematic drug and alcohol use. People who use them are supported to identify the underlying psychological and social drivers of their behaviour and co-existing physical and mental health problems. Furthermore, residential services offer the ideal safe spaces for people to develop [Recovery Capital \(1\)](#) the skills, resources and relationships required to create positive life opportunities.

Supporting people through a consistent pathway of care which features preparation, tailored residential treatment and aftercare [can lead to sustained improved health, stable family lives and employment \(2\)](#)

One of the key benefits of residential services and pathways is the protection they offer to people with severe and multiple disadvantage who are at greater risk of being the victim of, coerced into, or otherwise involved in crime.

WHEN PEOPLE WHO USE MULTIPLE SERVICES FACE COMPLEX SYSTEMS OF SUPPORT

Despite the best efforts of support providers, for some people who use multiple specialist community services, accessing the range of health and social care support they require can be impossible.

[Making Every Adult Matter \(3\)](#) describe this problem of gaps between systems and services as follows

“People facing multiple disadvantage experience a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health. They fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives.”

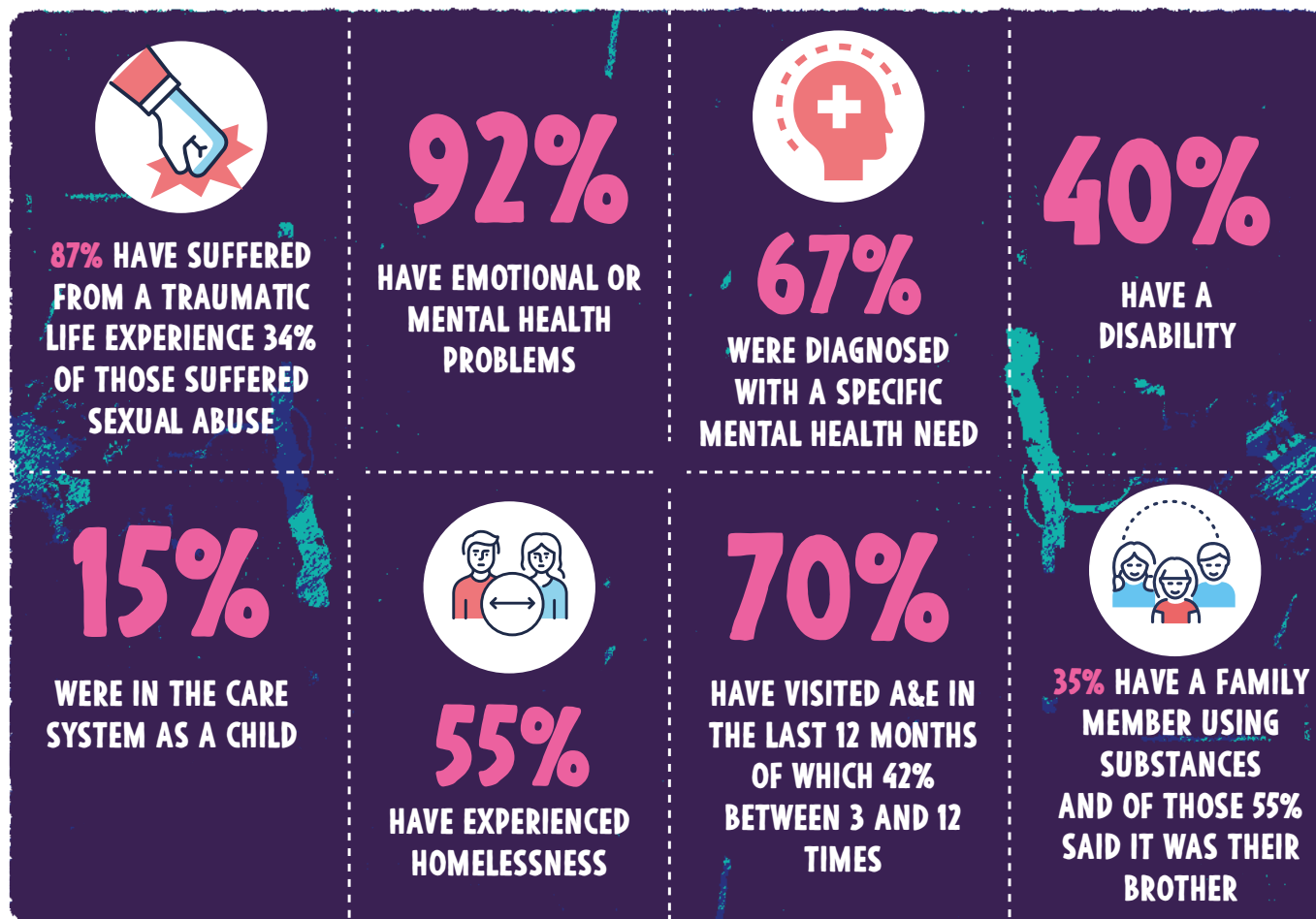
Faced with complex local support systems people can find they don't receive the joined-up care they require to address their multiplicity of needs, or, are even effectively excluded from health and social care services. People in greatest need and with fewest skills and resources, and the greatest potential to improve their health, are left at the greatest risk of harm. Vulnerability to crime causes a self-perpetuating negative downward spiral of health, hope and opportunity with the potential to exacerbate their difficulties and further disenfranchise them from access to assistance.

Unequal access to care, and the resulting increased risk of harm, denies people the opportunity for longevity and quality of individual and family life that are available as a basic human right to the majority of people. [The charity Revolving Doors Agency \(4\)](#) describe this effect as follows

“People in the revolving door often live in communities experiencing extreme social inequality and poor health outcomes. They experience significant health problems (including physical and mental health) which are often complicated by social issues such as unemployment, debt, homelessness and social isolation. Addressing these needs is key to reducing reoffending, reducing victims and keeping our communities safe.”

Phoenix's 2020 survey of Phoenix Residential Services (5) highlights the multiple needs that affect our residents

LIVED EXPERIENCE - WHAT OUR RESIDENTS TOLD US ABOUT THEM



BREAKING THE CYCLE OF DISADVANTAGE

Residential Services, when integrated as part of pathway of care, offer fair access to health and social care by bringing multi-disciplinary expertise, and intensity of support, together in one easy-to-access, safe, location. Addressing all areas of the individual's multiplicity of unmet needs in a single treatment episode reduces vulnerability and enhances protective factors against the harms of crime. Residential Services are both a safe haven from risk and harm and a gateway to healthy, happy lives.

FAIR ACCESS TO CARE

We believe the stability of this safe haven, and the opportunity of a gateway to healthier lives, should be available to all who need it. Sadly, this is far from being a reality with access to Residential Services defined by a funding-driven postcode lottery with pockets of excellent local practice, but an overall lack of national and regional coordination.

We might expect to see greater access to Residential Services in area of greatest deprivation where life and health expectancy are lowest (6).

However, our analysis shows this is not the case, whilst there is a strong correlation between poverty and the prevalence and harms of substance use, there is no correlation between prevalence of substance use and poverty compared to access to Residential Services.

The benefits to addressing this problem, and the relatively straightforward solutions are multiple and significant. Investing in Residential Services and Pathways, particularly for areas of greatest need, represents one of the most cost-effective means of reducing health inequality, improving quality of life for those most in need (and their

family and carers) and reducing pressure on local care systems.

“The range of therapeutic approaches employed in residential treatment makes some programmes especially suitable for those with the most complex needs and for those who have not benefited from previous community-based psychosocial treatment” (NICE 2007). However, there will be some people who desire to go directly into residential treatment and some may benefit from doing so. Such decisions will need to rely on a best clinical judgement.” [Drug misuse and dependence: UK guidelines on clinical management \(7\)](#)

WHY DO PEOPLE WITH SEVERE AND MULTIPLE DISADVANTAGE STRUGGLE TO ACCESS THE TREATMENT THEY NEED IN THEIR COMMUNITY?

Practically accessing multiple services

Access to a range of support can be logistically challenging. Managing multiple appointments, finding service locations and arranging transport can be impossible for people with multiple co-existing health conditions and commitments such as caring, childcare and employment. This can be exacerbated by the risk of, or reality of, homelessness.

Residential services bring all these areas of support under one roof.

Residential staff teams, peers in treatment, health and social care, welfare and local specialist support agencies are all brought together in one place.

Complex Care Coordination

Multiple support agencies working independently across health and social care can find it difficult to communicate effectively in order to ensure that care planning is coordinated and that care plans provides effectively for people who use multiple services.

Coordinated care planning is complicated by gaps between the remit of service, differing

Residential services offer coordinated care and treatment planning via one multi-disciplinary team focused on the needs of the whole person. This enables optimum phasing of care with detox and physical needs addressed followed by psychological and social needs.

<p>treatment approaches, differing access thresholds for support and funding policies.</p> <p>In the community there is a lack of incentive for one support agency to take the lead in coordination care.</p>	
<p>Co-existing mental health and substance use</p>	
<p>A particular long-standing challenge for many people has been accessing coordinated Mental Health and Substance Use treatment. <u>Specialist community-based teams tend to focus on one of those specialisms and clients can find themselves bounced between services (8)</u></p>	<p>Residential services can help resolve this long-standing issue by providing coordinated mental health and addiction treatment as one specialism.</p>
<p>Providing clients with the time they need</p>	
<p>Some people have a need for more intensive and extensive support.</p> <p>In community settings the amount of time and expertise some people require to improve their health can be hard to find. For example, each drug support worker in the community setting may be supporting 50 people.</p> <p>When people are held in the wrong setting community resources are pressured and client's engagement in the support they are offered can be negatively affected.</p>	<p>Typically, in Residential Services a worker will support an average of 5 people, creating the ability for keyworkers to create more in-depth therapeutic relationships.</p> <p>This increases engagement in treatment and therefore deeper and more sustained treatment outcomes.</p> <p>It also frees up resources in the community for those with more universal needs.</p>
<p>Access to positive social support</p>	
<p>For people with multiple needs it can be hard to find people with similar life experiences in their community.</p>	<p>Residential services offer peer support from <u>people with similar life experiences as highlighted by Lankelly Chase (11)</u></p> <p>"Experiencing addiction, abuse or homelessness can be very isolating, and</p>

people experiencing those issues have often had to follow their own independent path from a young age. The system sometimes reinforces people's isolation and sense that it is all their fault, while the circumstances they are in are in fact the result of a set of interdependent relationships. We need to support people to build positive relationships and social networks, and to be part of "recovery communities."

Immediate risk

People who face immediate risk from others in, or near their home may fear accessing local services for fear of being recognised.

In these cases, Residential Services can offer a new, safe environment away from immediate risk so that people's priorities can shift from avoiding immediate harm to addressing their health issues.

Where desired the opportunity of a fresh start in a new place can be the beginning of a new life.

Undiagnosed Needs

In the absence of appropriate support in the community people can find their needs are not met through a lack of diagnosis. Obscured by substance use mental health, developmental and personality disorders can go undiagnosed for many years.

Detox and access to Residential Services offer the ability for people to better understand their issues and gain a diagnosis and appropriate longer-term treatment and support.

Care planning in residential setting brings together mental health/developmental/substance misuse/health needs in a single document with all aspects under ongoing review. Discharge plans incorporate all aspects of individuals functioning.

Scarcity of resources

The number of people who desire and require Residential Services as a % of all people in drug and alcohol treatment is small, this reflects the severity of the disorder and therefore the need for intensive intervention.

At a Local Authority level therefore, the absolute numbers of people are low.

With scarce resources available those resources tend to be focused on the majority people with common need.

People with more complex needs can fall through the gaps of local systems.

Despite being a relatively small number of people, we believe everyone should have access to the evidenced-based form of treatment and support to meet their needs.

Investing in Residential Services can fill gaps in community systems especially when commissioned regionally or nationally.

There is a significant cost to failing to provide for people with multiple needs. [Lankelly Chase estimate that "Severe and multiple disadvantage is conservatively estimated to cost £10.1bn per year" \(9\)](#)

The role of trauma

87% of the people who use Phoenix Residential Services have experienced a traumatic life experience. [Often multiple trauma and often severe and chronic abuse as a child. \(5\)](#)

Engaging with a diverse range of community-based specialists and the need to repeat life experiences multiple times to multiple support staff may risk re-traumatisation.

Residential Services are typically carefully designed to create a therapeutically effective environment for people who have experienced trauma.

[In line with trauma-informed principles they typically offer choice, high levels of collaboration, trust, empowerment and safety. \(10\)](#)

Stigmatisation

People who need Residential Services are highly stigmatised people with little formal patient advocacy or social support.

This can mean that opportunities to support people with severe and multiple disadvantage may be missed.

The unrelenting stigma and discrimination experienced by people with multiple disadvantage and involvement in the criminal justice can be a strong disincentive to maintain the resilience required to seek support.

When looking at real life stories of interaction with services, [Lankelly Chase report \(11\)](#)

“Most of the interactions people have had with services could be seen as missed opportunities. By stigmatising people and focusing on ‘risk’ rather than recovery, services end up not providing the right support and disempower people. Services are missing key moments when help is needed and people are reaching out”.

Residential Services provide an open, inclusive and non-judgemental environment that further serves to better equip people to navigate the service system in the future.

Specialised support may not exist in the community

Some form of highly specialist support don't exist in local communities.

Residential Services offer a number of national specialisms such as gender specific support, family focused treatment and mental health addiction specialisms. Some specialisms may only exist nationally within Residential Services.

[For example, Agenda report \(12\)](#)

“Less than half (49.0%) of all local authorities in England and only five unitary authorities in Wales (22.7%) report substance misuse support specifically for women”

WHY ARE PEOPLE WITH MULTIPLE NEEDS MORE LIKELY TO BE AFFECTED BY CRIME?

One feature of multiple disadvantage is that people affected by substance use, trauma, poverty, homelessness, disability and health issues tend to be vulnerable to both the psychological and social risks that lead to an increased exposure to crime.

These figures highlight the complex relationship between vulnerabilities and the harms of crime and involvement in the criminal justice system

[The mental health charity Mind \(13\)](#) has highlighted that people with mental health

problems are three times more likely to be a victim of crime than the general population and five times more likely to be a victim of assault (rising to 10 times more likely for women).

Whilst the [Prison Reform Trust \(14\)](#) reports that one in seven people who left prison in the year to March 2018 were homeless. This increases to more than one in five people serving a prison sentence of less than six months. Furthermore, eight in 10 women in prison (79%) reported that they had mental health issues compared with seven in 10 men (71%). And that a third of people

(34%) assessed in prison in 2017-18 reported that they had a learning disability or difficulty.

Dame Carole Black in her phase Independent Review of Drugs (15) reported that

“More than a third of people in prison are there due to crimes relating to drug use (mostly acquisitive crime). These prisoners tend to serve very short sentences, have limited time in prison treatment and poor hand-offs back into the community. They are very likely to re-offend.”

The Prison Reform Trust (16) reports women in prison are highly likely to be victims as well as offenders. Over half the women in prison report having suffered domestic violence with 53% of

women reporting having experienced emotional, physical or sexual abuse as a child

Women in Prison (17) report that 48% of women have committed an offence to support the drug use of someone else.

Whilst the relationships between vulnerabilities and crime can be complicated Public Health England (18) report that drug and alcohol treatment in England in 16/17 resulted in 4.4 million fewer crimes.

There is therefore a compelling a case to enabling access to drug treatment for people with multiple disadvantage.

ADDRESSING VULNERABILITIES THAT LEAD TO INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

A multiple diagnosis of a substance use problem combined with other health and/or personality disorders are associated with broad range of adverse outcomes including involvement in crime

Risk factors that can increase the risks of involvement in crime (19)

- History of antisocial/criminal behaviour
- Antisocial personality pattern: Poor self-control and weak problem-solving skills
- Antisocial Attitudes and values
- Antisocial networks of friends and acquaintances
- Family/Marital circumstances that feature low levels of affection and care
- Education/Employment history that features low levels of achievement and involvement
- Leisure pursuits that lack involvement in pro-social leisure and recreational pursuits

Protective factors such as the following can mitigate the risk of exposure to crime (20)

- Positive attitudes, values or beliefs
- Conflict resolution skills and Problem-solving skills
- Good mental, physical, spiritual and emotional health
- Success at school
- Good parenting skills
- Strong social supports and Community engagement
- Positive adult role models, coaches, mentors
- Good peer group/friends

- Steady employment
- Stable housing
- Availability of services (social, recreational, cultural)

HOW DO RESIDENTIAL SERVICES MITIGATE RISK FACTORS AND ENHANCE PROTECTIVE FACTORS?

Residential Services utilise a number of evidenced based approaches in their treatment models. They have an underlying approach delivering varying levels of structure and specialism. But all services tend to offer a mixed-model of support and a range of person-focused specialist psychological interventions enhanced by family support, housing, employment and education and positive social activities.

Some services specialise in areas such as trauma, gender specific treatment, disability or whole family support. But all Residential Services aim to address risk factors and develop protective factors through developing [Recovery Capital. \(1\)](#)

For example, complementing specialist interventions most Residential Services feature

- Development of **Respect for authority** by the creation of structure within the running of the service and a highly structured daily routine
- Staff in Residential Services offer **positive role models** to support services to work effectively
- Anti-social behaviour, values and beliefs are challenged by the structure of the service in order to fosters a **safe, healthy family-type atmosphere that supports behaviour change**
- Processes for addressing negative behaviours such as impulsivity and poor anger management through group sessions and 1-2-1 work that supports personal **growth and development**

- Anti-social peer networks are challenged by **encouraging positive support networks and taking responsibility for each other** and the impact of behaviour on residents as a whole
- Social skills are developed by the use of structured timetable of activity often including work programmes and **positive activity** such as Phoenix's Recovery through Sport, Nature and Arts projects



Residential Services teach people much more than just how to manage their substance use. They support a wide range of vulnerabilities and needs and encourage residents to adopt a set of values of honesty, concern for others, a work ethic and continuous learning. These 24/7 learning environments enable people to develop and practise protective factors with risk factors identified addressed, resolved or managed.

OUTCOMES

Treatment outcomes vary across different Residential Services and are highly sensitive to the severity of need within the treatment population, treatment preparation and the duration of treatment.

[Sheffield Hallam University in a 2017 Evidence Review for Residential Services \(2\)](#) reported that

“There is a strong and consistent evidence base supportive of the benefits of residential treatment that derives both from treatment outcome studies and randomised trials. The areas of benefit focus primarily on reductions in substance use and offending behaviour but some studies also show benefits in areas including physical and mental health, housing stability and employment”

Taking an average over the last 3 years Phoenix Residential Services residents self-reported that they had improved their -

- **Physical health by 52%**
- **Psychological health by 78%**
- **Quality of Life by 91%**

Investing in Residential Services helps address the inequality of access to healthcare that leads to people being at risk of harm in the communities in which they live. Improved access to Residential Services and Pathways (featuring preparation, tailored comprehensive treatment and aftercare) creates a gateway to positive life opportunity.

MYTH BUSTING

Residential Services have typically been utilised by a relatively small percentage of overall drug and alcohol treatment population. Over the last 10 years funding has reduced and access has deteriorated across most of the UK. In some areas there is no pathway to access residential services.

This has meant that visibility and so awareness of Residential Services can be low in some areas. Here are some answers to typical questions we are asked.

AREN'T RESIDENTIAL SERVICES EXPENSIVE?

In financial terms, effectively meeting the specialist needs of people with more severe and chronic illness costs more than for those



with less severe and more common needs through more universal healthcare services. If appropriate services are not provided, and people fall through the gaps of local systems, failing to meet those needs in the community is much more expensive.

For people with multiple needs Residential treatment is more therapeutically and cost effective than a sequence of treatment episodes in the community addressing a range of issues.

THERE ISN'T DEMAND FOR RESIDENTIAL SERVICES IN MY AREA

Poor awareness of treatment options can give a perception of lack demand.

If you believe there is low demand in your area have you considered whether people are routinely informed about Residential Services as treatment option in an open and supportive manner to enable them to make informed choices? People have the right to be involved in discussions and make informed decisions about their care.

Are trauma-informed services/assessments in place to make access as easy as possible, with assessment based on clinical judgement rather than funding availability?

Ensuring these processes are in place will give a true indication of demand.

ISN'T THERE A LACK OF RESEARCH INTO RESIDENTIAL SERVICES?

It's true there is a lack of research in certain aspects of Residential Services for example Phoenix work in partnership with academic researchers to evidence and learn about Residential Services. There is always more we can learn however there is a strong and consistent evidence base supportive of the benefits of residential treatment that derives both from treatment outcome studies and randomised trials garnered over decades of delivery.

ARE RESIDENTIAL SERVICES RISKY?

Residential Services provide a safe, contained environment that is well placed to identify, mitigate and manage risk. People who use Residential Services are at greater risk as they tend to have a greater complexity of need. Clinical guidelines direct us how to mitigate risk. It is particularly important to ensure Residential Services form a part of a residential treatment pathway that offers preparation, tailored and comprehensive care and aftercare. Throughout each stage of the pathway strategies should be in place to warn clearly of risks and to mitigate them.

ARE RESIDENTIAL SERVICES REGULATED?

Yes, Residential Services are regulated by the Care Inspectorate in Scotland and Wales and CQC in England as Addiction Care Homes. Services are inspected and rated and reports are available publicly as they are for other Care Homes.



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You can find out more about Residential Services in England and Wales at
www.rehab-online.org.uk

You can find out more about Phoenix Futures Services at
www.phoenix-futures.org.uk

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