

## GOOD PRACTICE GUIDELINES ON HOSTEL ACCOMMODATION: THE VIEWS OF HOMELESS DRUG USERS

### **Amenities**

Let people use the electric sockets in rooms for personal items.

Provide free tea and coffee making facilities (including decaff and herbal).

If possible, individuals should be allowed to cook for themselves, especially as they progress to independent living.

### **Buildings**

Buildings should be bright and light, not institutionalised.

Provide drug free areas and don't mix active drug users with those trying to get clean.

If rooms have to be shared, pair compatible people who are likely to get along.

Wherever possible, walls should be soundproofed and fire doors adjusted to close silently.

### **Cleanliness**

All facilities should be regularly cleaned, particularly communal toilets, bathrooms and kitchens.

Any drug paraphernalia and blood stains should be professionally removed immediately.

The building should not smell.

### **Drugs**

Whilst drug use might be tolerated in some hostels, it should be undertaken discreetly and not be disruptive to others.

Open dealing should not be tolerated.

Where possible, hostels should provide in-house drug treatment and promote harm reduction.

To preserve human rights, individuals who are not ready should not be forced into treatment.

### **Evictions**

Hostels should not be too hasty in evicting people; they should always listen to anything the resident has to say in defence of their behaviour.

Residents should be allowed some sympathy and flexibility in relation to unpaid rent, particularly if this arises because of benefit problems.

When evictions are necessary, residents should be allowed back to collect their possessions and, if possible, be given the opportunity to store their belongings until they have somewhere more stable to live.

## **Food**

Food provided should be fresh and varied with healthy options (which can be particularly important for those who are Hepatitis C positive).

Residents should be allowed to take food back to their rooms so that they can eat in privacy and away from company they wish to avoid.

More flexibility around mealtimes would be appreciated by those who have activities away from the hostel during the day.

Residents should have the option to opt out of meals and not be charged.

## **General support**

Residents appreciate a wide range of general support, including help with form filling and benefit claims; budgeting and money management; dealing with debts; assistance with education, training and job hunting; organised activities and outings to reduce boredom and help structure the day; help with family and legal problems; and assistance with move-on to independent living.

## **Health and hygiene**

Many residents need and want help with wound care.

Many residents need and want help with mental health problems.

Many residents need and want advice in relation to BBVs.

If possible, free clothes, toothbrushes and toiletries should be provided.

## **Injecting**

Residents need, want and appreciate advice on safer injecting, crack pipe use, groin injecting, and sharing behaviours.

Residents need, want and appreciate needle exchange facilities and sharps boxes.

Some residents feel that a supervised injection facility would be very useful.

## **Joint working**

Hostel staff should communicate regularly with residents' drug workers and key workers from other agencies.

Hostel staff should welcome mobile harm reduction drug services to the hostel.

Hostel staff should refer clients to residential detoxification and rehabilitation services as appropriate.

## **Key workers**

Residents like having key workers, especially those who offer advice, counselling or just a listening ear when they want to talk.

Residents prefer their key workers to be ex users whenever possible.

Residents want key workers who talk honestly and openly to them.

## **Loo rolls**

Don't let the loo rolls run out.

## **Maintenance**

In accordance with health and safety, fixtures and fittings should be kept in good repair.

Carpeting and paintwork should not be allowed to get shoddy.

Residents should be allowed to help with building maintenance if possible - many have DIY skills that they would be happy to use.

## **Nuisance behaviours**

Hostels need clear regulations to ensure that drug use, dealing and drinking do not get out of hand.

Hostels need regulations to prevent bullying, violence and intimidation, theft, and other antisocial behaviours.

## **Opening hours**

Residents dislike hostels and shelters which they cannot return to during the day. Sometimes they need to come back to rest, relax or avoid people.

Do not impose unreasonably early curfews if possible. Individuals do not necessarily want to be around other homeless people all evening. Sometimes they have friends and relatives that they can visit and have dinner with.

## **Privacy**

Where possible, allow people privacy in their own rooms and control over their personal space.

Staff should always knock before they enter rooms.

Don't search personal belongings or rooms unnecessarily.

Room checks are often necessary to prevent overdosing but should be undertaken sensitively.

## **Quality**

Providing residents with good quality facilities and amenities helps them to feel respected and valued.

Providing residents with good quality food is important for their health and well-being.

## **Relationships**

Enable residents to socialise and form constructive relationships. Friends, family members and partners can offer companionship and prevent isolation and loneliness. Many relationships can also offer stability and support, enabling individuals to reduce their drug use.

Consider being a pet-friendly service. Many homeless drug users are very attached to their dogs.

Promote the use of condoms and safe sex - consider offering condoms as part of harm reduction.

## **Staff**

Staffing levels should be high enough to enable workers to spend time with residents.

Staff should be professional, thoughtful supportive, respectful, and caring. They should take time to listen.

Staff should not stigmatise or look down on residents.

Where possible, hostels should not use agency staff. Residents feel that agency staff are often not committed to the job or to working with them.

Night staff should not sleep on the job.

Residents want staff to be drug tested, especially if residents are drug tested.

Staff need to be trained in substance misuse; the effects of drugs; drug treatment options; overdose prevention and management; mental health problems; and dealing with vulnerable groups.

## **Tailored Care**

Residents like the idea of having individually tailored packages of support which are specific to their needs.

Tailored care packages should always be discussed with residents and include realistic goals.

## **Understanding**

Don't give new residents information overload on their first day. Give them time to settle in before telling them detailed information about hostel life. Consider

providing leaflets or DVDs to help residents understand how the hostel operates.

Staff need to explain any rules and regulations so that residents understand why certain behaviours are not acceptable.

### **Visitors**

Residents want visitors to the hostel, so long as guests behave. Visitors can help residents sustain important external relationships.

### **Welcoming**

The hostel premises should be warm and welcoming on entry.

Pictures on the walls make the hostel feel homely.

Staff should be friendly and welcome back ex-residents who return for support.

### **Xample**

Residents feel that staff should set a good example by not misusing drugs or drink, not forming sexual relationships with residents, and not engaging in illegal activities.

### **Yelling**

Try to minimise yelling, shouting and unnecessary noise. Loud music, arguing, and doors banging are all disruptive and unsettling.

Residents appreciate hostels which have a calm and ordered atmosphere.

**Zzzzzzzz** Hostels should ensure that residents are able to have restful sleep. This means keeping noise to a minimum at night, giving people private sleeping spaces when possible (rather than large communal sleeping areas), and not making people get up so early that they are exhausted all day.

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### **Advisory Group**

A virtual advisory group - comprising a diverse range of professional and service user stakeholders - helped to inform project design, fieldwork, and analyses.

### **Research Team**

The research team comprised: Dr Carol Stevenson (Oxford Brookes University), Professor Joanne Neale (Oxford Brookes University), and Dr Nat Wright (University of Leeds).