Michael Varnam House and Studio House:
a comparative evaluation of accommodation projects for people with chronic alcohol dependency

A research report by Bee Walsh
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Abstract

Alcohol dependency is common amongst the homeless and traditional treatment often fails them. Yet, research on the treatment approaches of abstinence and controlled drinking does not include the issue of homelessness, such as the type of supported housing that best suits each approach. Michael Varnam House and Studio House are two such supported housing projects that treat homeless people with alcohol dependency. They both use abstinence but Michael Varnam House also offers controlled drinking. This study aimed to identify and compare their services, and evaluate and explain the extent to which they meet their goals.

A comparative case study included staff focus groups and in-depth interviews with service users and external stakeholders on their views on success and on the project. The rates of residents’ move on to more independent living, and records on drinking relapses and the number of kept appointments were assessed, as they are accepted measures of success in published literature.

Both projects were found to be meeting these indicators and their stakeholders’ goals. This finding from Michael Varnam House disproves the theory that the controlled drinking approach is not effective for people with dependency and an unstable background. The main aims achieved by the projects are a reduction in service users’ drinking relapses, their engagement with the programme, move on to more independent living, their establishment of routine and prevention of isolation. The ways in which the successful elements of the projects work were also found to suit their treatment models and client groups.
## CONTENTS

**EXECUTIVE SUMMARY** ............................................................................................................................ 1

**RECOMMENDATIONS** .............................................................................................................................. 3

**BACKGROUND** ....................................................................................................................................... 4

* Policy context ............................................................................................................................................ 4
* Alcohol misuse treatment .......................................................................................................................... 5
* Successful outcome measures .................................................................................................................. 6
* Common research designs ......................................................................................................................... 7

**AIMS AND OBJECTIVES** ....................................................................................................................... 8

**METHODOLOGY** ....................................................................................................................................... 9

**ETHICAL ISSUES** ..................................................................................................................................... 12

**FINDINGS** ................................................................................................................................................ 13

* Comparison of services ............................................................................................................................ 13
* Perceptions of success ............................................................................................................................... 16
* Effectiveness ............................................................................................................................................ 18
* Reasons for success ................................................................................................................................. 22
* Limitations .............................................................................................................................................. 28
* Summary .................................................................................................................................................. 32

**RECOMMENDATIONS FOR FURTHER RESEARCH** .................................................................................. 33

**REFERENCES** ......................................................................................................................................... 34

**APPENDICES** .......................................................................................................................................... 37
Executive summary

Michael Varnam House and Studio House' were found to be successful at meeting the requirements of stakeholders\(^2\), as well as indicators of success in the literature.

The main aims achieved are:

- Residents’ drinking relapses reduce during their stay at the projects.
- Residents appear to engage with the internal and external services of the projects’ programmes.
- The funder’s move-on targets are met by both projects, and there are indications that former residents are living more independently.
- Residents have more of a routine whilst at the projects, and are not isolated.
- Studio residents appear to gain understanding of reasons for their drinking patterns, and of how to change their behaviour.

Below follows a summary of how the successful aspects of the services enable the various target outcomes to be achieved, in brief.

Reduction in relapses

**Drinking policies:**

- Ban on alcohol at Studio makes it easier to remain abstinent.
- Yet controlled drinking is often a more realistic target for the homeless.
- Residents are empowered to control their drinking by the lenient policy at Michael Varnam House, in particular.

Engagement

- The strict policies and structure of Studio lead to commitment.
- Michael Varnam House’s links to Framework’s direct access projects mean that staff are already familiar to potential residents.
- Michael Varnam House’s homely atmosphere relaxes residents so that they engage with the service.

More independent living

- Michael Varnam House’s lenient procedures reduce the risk of homelessness.
- Michael Varnam House’s links to Framework’s learning services enable service users to learn vocational skills.
- Studio residents learn practical living skills from the structured group work.

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\(^1\) Hereafter referred to as Studio.

\(^2\) ‘stakeholders’ refers to funders and other external organisations that have an interest in the projects because they refer people to use the service
• Jobs are available at Studio for ex-residents.
• Move-on properties at Michael Varnam House provide a stepping-stone to independence.

Routine and prevention of isolation
• Both projects’ links to external agencies, such as for alcohol and drugs treatment, provide a way for service users to structure their time.
• Studio’s structured day programme in particular provides a routine.
• Studio’s sense of community lessens isolation.
• Residents of the Michael Varnam House move-on properties continue to benefit from the homely atmosphere of the main project.

Increased mental awareness
• The community of Studio residents, created in group work, works as a support network.
• Studio’s structured groups enable personal development.

The finding that the goal of an increase in control over drinking was achieved at Michael Varnam House, to the extent that the controlled drinking approach particularly suits the homeless, disproves the theory that this model does not work for people with dependency and psychological and social instability. Both projects were also found to be unique and complementary in how they meet the needs of their service users. Overall, these findings suggest what works in supported housing for the two treatment models and for the two client groups.

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\(^3\) Not a target outcome at Michael Varnam House.
Recommendations

The limitations of the successful aspects of the projects, described in the findings section, lead on to these suggestions for how they could be improved.

- **Studio** - Some residents prefer more personal space than others, and this needs to be considered by staff and service users when people are in their own rooms.

- **Michael Varnam House** - To improve their commitment to changing their drinking patterns, residents may benefit from more alcohol treatment therapy to reduce the chance of relapse when they leave the project.

- To avoid confusion, staff at both projects should ensure that residents are consulted when project rules are changed, and that any relaxation of the rules is always explained.

- **Studio** - The day programme should allow enough free time for residents to make all the links to agencies and people in the community that they want to.

- Due to the effectiveness of the Michael Varnam House move-on properties, Studio would benefit from implementing similar accommodation. A greater number of move-on properties could meet the demand for more bed spaces at Michael Varnam House. However, the support given to the residents of this accommodation presents the risk of compromising the amount of support available to current residents, and this needs to be considered at both projects.
Background

It is estimated that 50% of rough sleepers are alcohol dependent (Fitzpatrick et al., 2000), and the homeless and vulnerably housed have a history of failing traditional treatment. Such treatment includes detoxification (medically assisted withdrawal from alcohol) in in-patient clinics, emergency rooms and with GPs. Many feel that recuperation without aftercare is not suitable for patients returning to socially isolated environments such as hostels or the street (Daly, 1996; Everton, 1993), and consequently mainstream service providers are reluctant to treat the homeless.

So, Framework Housing Association have commissioned this project to evaluate Michael Varnam House, an accommodation project for homeless and vulnerably housed people in Nottingham with chronic alcohol dependency, as they have only anecdotal evidence of its success, and would like to know why it works well for this client group. In contrast to Michael Varnam House’s harm reduction approach, explained in the next section, Studio, another Nottingham based accommodation project, was chosen for a comparative evaluation as it houses a proportion of formerly homeless service users, but uses the more traditional treatment model of abstinence.

Policy context

- The opening of the Rough Sleepers’ Unit in 1999 signalled a growing recognition that many social issues need to be addressed to reduce homelessness, rather than treated in isolation (Fitzpatrick et al., 2000).

Alcohol misuse is one of these social issues because the rate of alcohol dependence amongst the homeless population is much higher than amongst residents of private households (Daly, 1996; Jenkins et al., 2003). Dependence is defined by the National Treatment Agency for Substance Misuse (NTA) as ‘psychological dependence with an increased drive to use alcohol and difficulty controlling its use’, with severe dependence usually involving serious and long-standing problems, and drinking to stop physical withdrawal (NTA, 2006; 13). Most homeless people fall in this category, and daily use of alcohol, and dependency, increases over time (Fountain et al, 2002).

- A collaborative approach to agency working is advocated to meet these support needs, and for example to deal with the failure rates within mainstream alcohol intervention. The resettlement of homeless people into more independent accommodation has come to be seen as a complicated process, during which cognitive, emotional and practical support is needed (Seal, 2005).

Supporting People and local provision

- Joined up working and the concept of resettlement is key to the ‘Supporting People’ programme, set up by what is now the Department for Communities and Local Government (DCLG) in 2003, which funds the two residential projects in this study.
Michael Varnam House and Studio House: a comparative evaluation

Michael Varnam House residents have been homeless and have drug and/or alcohol problems, although any drug problem will be secondary to alcohol. Studio has a joint treatment focus on drugs and alcohol.

- The projects can be classed as second stage accommodation (Nottingham City Council (NCC), 2003), which is one stage above direct access hostels for the homeless. Specialist support is given for alcohol dependency, as well as general housing-related support to develop housing skills needed to maintain a tenancy. The intention is to resettle service users within one year.

Although detoxification without aftercare was referred to in the introduction as traditional treatment, it has been shown not to be the same as the traditional element of Studio’s provision, which is explained in the next section.

- Provision in Nottingham City for homeless people with alcohol dependency includes supported housing specifically for this group, including Michael Varnam House, and other supported housing dealing with alcohol as part of a range of support needs only (Hostels Liaison Group (HLG), 2006). These types of accommodation are either in the form of a hostel or shared houses with visiting staff (HLG, 2006). For immediate and lower level treatment, healthcare clinics at direct access hostels are used. Otherwise, homeless people can use public services including detoxes in NHS wards and at private clinics, and day programmes offered by voluntary, private and statutory agencies. Residential rehabilitation projects for the general public are also used, of which Studio is one.

Alcohol misuse treatment

- Abstinence is the traditional treatment approach and is used at Studio. Michael Varnam House uses a harm reduction approach, which prioritises the decreasing of harms related to alcohol use rather than the alcohol intake, and so individuals do not have to give up alcohol (Thom, 1999). Michael Varnam House residents are offered a choice between the goals of controlled drinking, in which drinking is reduced to a safe level, or abstinence, which is also prescribed for individuals for whom it is unsafe to drink due to internal organ damage (e.g. liver) from alcohol.

- A lot of research has supported the success of controlled drinking and states that more people succeed with it than abstinence (Hodgson, 1977; Rosenberg, 1993). Also, Robson and Marlatt (2006) believe that abstinence is unsuitable for certain problem drinkers, and it is accepted that harm reduction is no longer a minority approach (Witkiewitz and Marlatt, 2006).

- However, controlled drinking is often found to only suit certain groups. For instance, Rosenberg (1993) reviewed research and found that psychological well-being and social stability, indicated by factors such as a stable work record, maturity and being in a long-term relationship, were found more amongst patients who succeeded in controlling their drinking than amongst those who became abstinent. He also found that out of all the
factors, success rates were highest for ‘problem drinkers’, who drink excessively but erratically with perhaps one related problem, rather than for the alcohol dependent. Cox et al. (2004) and Rosenberg (2005) sent questionnaires to service providers and found that this view of the unsuitability of controlled drinking for treatment of severe dependence is widely held amongst healthcare professionals.

- Such research implies that a controlled drinking approach is unsuitable for homeless alcohol misusers, as they are more likely to have severe dependency, as mentioned earlier, and less stability in their lives because of their lack of a job and permanent housing, and often broken ties with partners. Yet, differences in treatment provision for the alcohol dependent homeless have not been addressed in research, such as the issue of sustainability; the kind of supported housing that best suits each treatment approach.

**Successful outcome measures**

Successful outcomes in the literature that could be used to assess alcohol treatment for the homeless fall into three categories described below. The specific aims of both projects will be compared later in the study.

- Reduction in levels of alcohol consumption is an obvious indicator of success, and is often measured as an outcome for all alcohol treatment immediately or some time after clients have left. (Marsden et al., 2000; Kraemer, 2006). However, a record of the number of drinking relapses is more suited to an assessment made when clients are still in treatment, as it is simpler than testing precise alcohol levels daily. A reduction in the number of these demonstrates progress in treatment. Michael Varnam House and Studio define a relapse differently.

- Engagement with treatment by homeless clients is frequently measured (Jones, 2005; McDaniel et al., 1999). Burns and Cupitt (2003) include engagement with all the internal and external services of a programme, such as vocational training. These can be measured by the frequency of attending related appointments, and engagement suggests motivation to fulfill the service aims. The use of external activities also shows that links are being made to the local community, advocated by many as it marks the beginning of social inclusion (Daly, 1996; Vincent et al., 1995).

- Independence is seen as a key aim of homeless projects and alcohol treatment programmes, for example in the Supporting People programme, mentioned previously. As Michael Varnam House and Studio’s funding source, it is then their required aim. It is usually met in the context of more independent accommodation, as Nottingham City Council, the administering authority of the Supporting People grant, states that the first priority of the ‘Nottingham Inter-Agency Homelessness Strategy’ is “throughput and permanent rehousing” of service users from these types of projects (NCC, 2003; 17).
Common research designs

- The predominant research design used to assess alcohol treatment is the experiment, in which the outcome of treatment for two or more groups is compared. The usual methods also used to evaluate homeless programmes are quantitative and focus only on the clients, such as drug testing and questionnaires (Glisson et al., 2001; McKellar et al., 2006; Prendergast et al., 2002).

- There is therefore a lack of evaluations that seek the perspectives of other stakeholders to gain a holistic understanding, like the Scottish Substance Misuse Research Programme’s evaluation of drug projects that used interviews with service users as well as people who knew them well, to discover the various effects of treatment (The Scottish Executive, 2006). Stakeholders are defined by the Department for Communities and Local Government (DCLG) as “all those with a strategic or operational interest in the programme” (NCC, 2005; 2).
Aims and objectives

We can see from the background section that Michael Varnam House’s approach is radical in challenging assumptions about controlled drinking. By evaluating and comparing the treatment at the two projects, the study will then be able to test the theory that controlled drinking works only for people without dependency and with psychological and social stability, in relation to treatment for the homeless who are less likely to have these characteristics. It will develop theory about this group by investigating what kind of accommodation project best suits each approach.

Therefore, the aim of the project is to:

*Identify and compare the services at Michael Varnam House and Studio, and evaluate and explain the extent to which they meet their goals.*

Discovering the reasons for the success of particular features of each project enables an understanding of what aspects should be part of the two types of supported housing. To develop this understanding, the study will include a range of stakeholders’ views to address the lack of their use in research.

To meet the aim, the objectives are:

- To identify and compare all the services at Michael Varnam House and Studio.
- To find out what aspects of the services are successful.
- To determine what are the important outcomes for external stakeholders, staff and service users, and if they think the project meets them.
- To ascertain the reasons why service users, staff and external stakeholders think the service works well, if they do.
Methodology

To make the comparisons between treatments, the comparative design of a multiple case study was chosen. This involves in-depth analysis, which allows the exploration of various groups’ views to meet the research objectives. The National Treatment Agency’s (NAT) definition of alcohol dependency as explained earlier was used, and the project managers confirmed that all service users at both facilities admitted for alcohol treatment are dependent, rather than problem drinkers.

Methods

Mixed methods were used within the case study to measure the same concepts. The individual methods, which were the same at both projects, are described below.

Documentary analysis

Documents designed to provide information on the project were analysed for details on how it runs and what services it offers.

These included:

- leaflets for service users
- entries in the HLG’s Homelessness Directory of supported housing, floating support and advice services
- service specifications provided for Supporting People
- Studio House service definition document.

As well as the analysis, brief interviews were held with both managers to clarify queries I had about the projects, and on the background to them. When I visited I also asked staff questions about the project.

Semi-structured interviews

The choice of interviewees and interview content are described below.

- Current residents: Two residents at each project were interviewed. At Studio, people with drug problems only were excluded, and at Michael Varnam House, people on the controlled drinking programme were targeted to test the theory behind the study. Participants were asked about the services they were using, as one measure of engagement, and about their views on the project. Comparisons to other supported housing or treatment services were encouraged, and their aims were asked about (see appendix 2).
**Ex-residents:** Two ex-residents at Michael Varnam House and three at Studio were chosen using the same criteria as for residents, and were accessed via project contacts. An informal discussion was also held with an ex-resident of Michael Varnam House. The interview covered the same topics as for residents, as well as questions on their current activities to pick up on any indicators of increased independence (see appendix 3), to assess resettlement success.

**External stakeholders:** A representative from three external agencies that refer service users onto Michael Varnam House and Studio were interviewed. I contacted the agencies independently to ask if they would be willing to take part. Two alcohol treatment agencies and one housing agency were included, as the housing interviewee could comment equally on both projects. The interviews covered the topics discussed in the research objectives (see appendix 4). Comparisons to other housing or treatment programmes were asked about, and specifically between Michael Varnam House and Studio if participants were able to do so.

### Focus groups

These were held with groups of available staff members at each project. One reason for this choice of method was because they already knew each other, which helped the discussion to be similar to natural interaction and meant that they had shared experiences to relate to (Kitzinger, 1994). The topics covered were the same as in the external stakeholders’ interviews. Additional questions were asked about their experiences with service users and particular aspects of the project, because of their closer involvement (see appendix 5).

Observations were also recorded in a log book that I kept on the research process, as suggested by Easterday et al. (1982).

### Move-on rates

Data was looked at on the percentage of participants moving into more independent accommodation from each project in the last year. This is one of the indicators of success in the literature, and a target number is set by Supporting People for their second national key performance indicator: ‘service users who have been supported to move on in a planned way from temporary living arrangements’ (DCLG, 2004; 2). At Michael Varnam House the data included rates of move-on from the project and from the move-on properties. It was then noted if the target percentage had been met.
Diaries

These were kept for four weeks by project staff on each service user\(^4\) to record the number of drinking relapses and appointments kept within and outside of the project. This was to measure the other indicators of success found in the literature; reduction in relapses and engagement, as any decrease in the first and increase in the last would indicate success. For service users on abstinence programmes, any drinking constituted a relapse. For those on controlled drinking programmes, relapse was indicated by any drinking before 6:00pm, as drinking at Michael Varnam House is not allowed before this time, or when the morning breathalyser test showed they had drunk more than their agreed personal limit the night before.

\(^4\) Studio service users without alcohol dependency were excluded.
Ethical issues

The study followed the Nottingham Trent University’s Graduate School Code of Ethics, and Framework’s code of conduct and policies on working with vulnerable adults.

I ensured that interviewees were fully aware of the research process by first giving them a leaflet to remind them of the research aims, how the interview would be carried out and how the data would be used (see appendix 6). They were given the chance to ask questions and then asked to sign a consent form (see appendix 7). Service users were asked to sign another consent form at the beginning of the study to allow their personal data to be recorded in the diaries (see appendix 8). Data was kept anonymous as it was erased from tapes after transcription, and all names were deleted from transcripts. Confidentiality was guaranteed to all participants, although a statement was included on residents’ consent forms explaining that if a risk to them or others were identified in information given by them, there would be a need to report it to project staff.

The discussion of service users’ backgrounds and alcohol dependency opened up the possibility of recall of traumatic events. This risk was made clear to them before they gave consent to participate. They were also given the right to withdraw at any point. As an incentive to take part, £5 supermarket vouchers were given to service users. Payment is commonly used in work with vulnerable adults as a way to acknowledge the time they took to participate (Cloke et al., 2005; Fountain et al., 2002).
Findings

The service provision at the projects are first described and compared, followed by a summary of the different perceptions of success. The effectiveness of the projects is then evaluated, before the reasons for the success of certain aspects of the services and their limitations are explored.

Comparison of services

Michael Varnam House has been running since 2000 and is made up of two adjacent terraced houses. These have been converted into ten bedrooms and bathroom facilities on the upper floors. On the ground floor there are two lounges for residents, one of which is alcohol-free, a shared kitchen, a staff room and a managers’ office, a staff bathroom and a room that is used for one-to-one meetings. The staff team are comprised of a manager, assistant manager, and eight project workers. A service manager oversees the project.

Studio was set up more recently, in 2003, and is much bigger as it is a converted residential care home. There are also ten bedrooms and bathroom facilities on the top floor. On the ground floor the lounge/dining area is the main room, and the other rooms are of a similar type to Michael Varnam House but in addition there is a group room, laundry room, conservatory, a basement, which residents use for activities such as woodwork, and a bedroom for overnight staff, as the night cover is sleep-in rather than waking. There is a garden at the back of both properties. Residents have their own key at both projects but at Studio access is more restricted as they cannot arrange to stay away for the first four to six weeks. Four extra spaces are provided in an annexe house three minutes walk away. There are four project workers, an administrator, a manager and a group work facilitator.

Residents either self-refer to the projects or are referred from a common group of external agencies, such as other homeless projects, voluntary and statutory drug and alcohol agencies, GPs and probation. The split between alcohol dependent and drug dependent residents at Studio is roughly 50/50, and around 70% of clients at Michael Varnam House are dependent on drugs as well as alcohol. The fact that Michael Varnam House only accepts homeless and vulnerably housed people means that all service users have two main support needs, of homelessness and alcohol dependency, whereas Studio is able to focus primarily on substances. This is one of the main differences between the projects, and so the treatment element of both will now be discussed.

Treatment

To understand the treatment approach at Studio, it is worth explaining that abstinence-based treatment usually follows a 12-step model, created by the founders of Alcoholics Anonymous (AA). Individuals work through the steps in groups to overcome their alcoholism, as at each step a change is made to outlook or behaviour (Gibson, 2006). Acceptance of divine guidance and confession of harms caused to others play a key part, and so people have to accept the possible
existence of a Power in some form. The style of therapy at Studio was designed by the manager to be a secular but similar alternative. So, group therapy remains integral to the programme, with two compulsory sessions each weekday morning on personal feelings, relapse prevention, anger management and so on. The project was set up because the manager felt that locally there was a need for more contact time between staff and residents in supported housing of this type. So, a group ethos is emphasised to aid recovery. The background of staff is deliberately varied, such as from the fields of counselling and nursing, and six members of staff are specialists in drug and alcohol. Random alcohol and drug tests are carried out, and also when use is suspected.

Without this focus on psychological treatment, Michael Varnam House has no therapy and so has less structure. Instead, it offers a full alcohol detoxification by a measured gradual reduction of alcohol; a method first used at Michael Varnam House and developed by the manager with staff at the Nottingham Alcohol and Drugs Team (NADT), an NHS Trust. When alcohol consumption is not safe, such as for clients with medical complications, a medical detox is carried out. Residents then complete a two-week period of abstinence, which either continues or is followed by a controlled drinking programme, according to choice. Those who choose to drink sign an alcohol contract, with daily levels decided on between them and their keyworker. All residents are breathalysed at 9:00 each morning. Psychological treatment is provided externally by referral to NADT, which has close links to Michael Varnam House because it also uses controlled drinking programmes.

Alcohol detoxes and controlled drinking programmes are not used in any other residential facility in the UK, and so as with Studio, Michael Varnam House was set up by the manager to meet a gap in provision. Community detoxes have started recently whereby people from various services, but mostly Framework projects, visit daily just to be breathalysed and take their measure of alcohol or medication. All staff have six months’ experience of working with the homeless, which is not required at Studio, and are trained on the job for an NVQ level 3 Certificate in Drug and Alcohol Misuse so that they can administer detoxes and controlled drinking programmes. Staff knowledge is therefore more standardised than the mixture of skills at Studio. As at Studio, residents are randomly screened for drugs and breathalysed when suspected of drinking.

Application process

The assessment criteria for the projects are very different. As a detox is offered at Michael Varnam House, people can come straight from the streets for assessment, but they must be substance-free at Studio. This is one aspect of the greater commitment that Studio applicants must show. They must ‘have clear, realistic goals in mind and (be) open, honest and motivated’ (Studio House leaflet, 2005) because of the project’s philosophy of recovery within which they must work. Michael Varnam House applicants must be just willing to make changes to their drinking behaviour and to take part in a resettlement programme. Their physical and social circumstances are focused on more, as priority is given to rough sleepers and people with greater health needs. Michael Varnam House residents often move on to Studio after preparing for the stricter referral criteria.
**Housing-related support**

The keywork support is similar as service users at both projects are assigned a keyworker to meet with once a week at Studio and once a fortnight at Michael Varnam House. Support plans to work towards resettlement are agreed on and drawn up at meetings. At Studio a peer is also assigned to a resident for extra support. The Studio weekday programme includes sessions on basic living skills and ‘work hours’ in the afternoon when residents work together on cleaning, maintenance and DIY tasks in the building, which are designed to build confidence and practical and organisational skills. Time is a lot less structured at Michael Varnam House, as the only stipulated daily activity is engagement in voluntary or college work for 16 hours a week. Another major difference is that Studio residents do not access these types of vocational external services for the first five months of their stay in order to concentrate on recovery, but they are expected to use other recovery support agencies. Both projects also operate cleaning rotas, have weekly social or sports activities and project holidays.

Michael Varnam House and Studio both offer other housing related support (for examples of which see page 9 in the background chapter), and residents self-cater but at Michael Varnam House food is provided. There are weekly communal meals at Studio to fit with the group ethos, as well as a 20-hour assessment on the living skills learnt, which must be completed to pass the 4-6 week induction period. Resident involvement is key to the running of both services, but again it is more structured at Studio. Residents sign up to become members of Two Ways Ltd., a community interest not-for-profit company that runs Studio. They then partly own it and so help to run it, assessing resident and staff applicants and so on. Decisions are made at weekly resident council meetings and day-to-day operations such as gardening, are organised by four resident coordinators. These roles are available to service users after the induction period. The fact that Studio is not part of a bigger charity facilitates this level of participation, as it is not accountable to higher-level management. So, Michael Varnam House residents have less formal participation in the running of the project, but do set house rules and are involved in house meetings.

**Eviction policy**

Studio residents are asked to leave if they drink or use drugs at all, but if they are committed to the programme then a relapse review is arranged. This also involves residents, as all staff and residents must agree that they can stay or they are evicted. Repeated failure to engage with compulsory meetings invokes a system of warnings and can then lead to eviction, which is decided at a resettlement review. There is also a warning system in place at Michael Varnam House for missed appointments, and for when a resident drinks more than their agreed limit or uses illegal drugs. The drinking policy is therefore more lenient, and the warnings are used as a last resort.
Michael Varnam House and Studio House: a comparative evaluation

**Move-on**

The average stay at Studio is nine months, which is two months longer than at Michael Varnam House, but Michael Varnam House has nineteen bed spaces in move-on flats and houses, for ex-residents to live in for up to a year. Residents, apart from at the four new houses recently added, still receive keywork support and follow the rules on drinking and engagement in an occupation, but there is ‘an emphasis on preparing to move onto more permanent accommodation’ (Michael Varnam House Service Description, 2004). Residents of the other houses are visited daily by Framework’s floating support teams, which also provide support when clients do move on from any of the move-on properties. The satellite houses are also used for people from more stable backgrounds who are referred straight to them from other agencies. Studio instead offers move-on help in the form of a follow-up support contract for residents, and floating support from other agencies.

**Perceptions of success**

The different styles of provision at Michael Varnam House and Studio reflect their aims, which are detailed in their literature.

- **Recovery/Control of drinking**: The first two key stages of Studio are to develop self and communal responsibility towards recovery, ‘moving the individual towards inter-dependent living’, which is the third stage (Studio House Service Definition, 2005). Individuals are inter-dependent when they are mutually dependent on each other. These stages link to the idea of group therapy and support. Rather than using the concept of recovery, at Michael Varnam House ‘residents will be expected to have control of their drinking’ at the end of their stay (The Michael Varnam House Alcohol Support Project (HASP) Strategic Relevance Form, 2003; italics added).

- **Focus on homelessness**: Michael Varnam House’s smaller-scale aim is used alongside the equal focus on housing. The overall aim illustrates this, as it is ‘to reduce the negative impacts substance misuse and homelessness has on the person and the local community’ (Aims and Objectives, 2005). The more specific target client group of Michael Varnam House in comparison to Studio is also demonstrated in its aim to ‘enable previously excluded people to access mainstream services’ (HASP Strategic Relevance Form, 2003).

- **Degrees of social inclusion**: Less is expected of Michael Varnam House residents, as Studio has a ‘longer-term vision of sustainable living including full-time employment and relationships’ (Studio House Service Definition, 2005) whereas Michael Varnam House’s related aim is ‘to improve peoples’ ability to live independently and promote social inclusion’ (Aims and Objectives, 2005), which is less precise. Both projects have a target outcome of preventing homelessness.
**Staff**

When asked what they thought important outcomes of the service were, answers from project staff and staff from the external agency overlapped and so have been grouped together. To begin with the drinking goals, service users **remaining abstinent or drinking moderately with increased control** were mentioned, depending on what goal the agency represented follows. The other ideal outcome for most is **independent living with a job and tenancy**. More generally, **a structured routine** is seen as important as an alternative to drinking:

> “What have they set up in their life outside in order to keep them sufficiently stimulated and busy? Rather than return to their old ways” (Studio employee).

Michael Varnam House staff later say that it does not matter if a person is not working or in independent accommodation, because **a successful outcome varies depending on the individual service user**. This view is common, especially for staff that have the most contact with the homeless. An external stakeholder gives the example of a former rough sleeper who has remained at Michael Varnam House:

> “You’ve got somebody with no independent living skills, who’s going to stay, more or less, linked to that hostel, but to me that’s a roaring success because of the state of his life relative to where he is now” (stakeholder).

The **link** to the hostel is the important point, as it is a short-term project and so this client will not be able to stay there permanently. This may seem to apply particularly to Michael Varnam House service users, as they are all homeless, but all project staff think that residents need to define their own success.

Again emphasising realism, Studio staff in fact accept moderate drinking as an outcome, and at both projects staff believe that **all residents at least learn that they can stop or control their drinking**:

> ‘If somebody’s in here for 2 months, I believe it makes a difference ’cos they’ve still had that period of time without alcohol- they’ve realised there’s a different way of living’ (Michael Varnam House employee).

The **health benefits** for the individual of such a period are also seen as a success by the agencies that advocate controlled drinking. However, and this is a major difference between the projects, at Studio and the external agency with the closest links to it, physical health is not highlighted as much as **gaining mental awareness** is:
‘That’s the aim of the group work, which is to come to terms with their drinking and using, and learning coping mechanisms, not to return to it. And if you don’t get that in place, the chances are they will revert to type’ (Studio employee).

Service users

The level of independence expected does not vary a lot, as all but two participants at each project expect to live in a tenancy with less support, eg:

‘Your own life- a flat, a job’ (Michael Varnam House ex-resident).

Also, all ex-residents except one at Michael Varnam House would like full-time work. Residents talk of voluntary work and college instead, for the immediate future. As regards drinking however, Studio service users said that remaining abstinent is one of their aims, but interestingly those at Michael Varnam House did not mention alcohol intake. Demonstrating the influence of each approach, they are interested instead with more practical issues such as finding move-on accommodation, whereas Studio interviewees want to develop their thoughts and behaviour:

“Working on the defects within me if you like, and helping me to overcome those while I’m here” (Studio resident).

This difference reflects Studio’s focus on recovery from addiction that Michael Varnam House does not have. And, like staff, Studio ex-residents stress the need to find any replacement for drinking, whether this is leisure activities or a routine of work.

Effectiveness

Service users’ personal experiences of the projects provide information on their effectiveness, judged against the various criteria of success developed.

Reduction in relapse

As regards the project drinking goals, all Studio interviewees confirmed their abstinence. At Michael Varnam House they reported moderate drinking, but this is less clear-cut as it does not

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5 Includes current and ex-residents.
always involve keeping to their drinking contract. What is clear is that a reduction in relapses has been achieved, which is one of the indicators of success that was assessed. For example, an ex-resident describes a recent lapse:

“a couple of cans more than I normally would but that’s only once in a blue moon…it used to be all the time” (Michael Varnam House ex-resident).

**Engagement**

Engagement with services was also assessed. Everyone mentioned the use of keywork or general staff support, including practical help with budgeting and healthy eating services for some. All Michael Varnam House service users are either involved in voluntary work or are on vocational courses at Framework’s Academy, apart from one person for medical reasons. One ex-resident in particular discovered an interest in a sector that he is developing individually to get a job within it:

“I was doing web design but they stopped it to do something else. But I carry on going up there and using the software” (Studio House resident).

The resident and ex-residents who have been at Studio for longer than the five month stage are accessing or doing voluntary work. Most Studio service users are using other recovery agencies, and all residents engage with the day programme. Many residents of both projects also regularly took part in the activities that I joined in with, and a further level of engagement and enjoyment is shown in how some turned these into individual projects:

“I did that front garden- dug it all over and did it by hand. It was a nice achievement” (Studio ex-resident).

The main finding from the diaries is a demonstration of the greater leniency of rules at Michael Varnam House. First, out of six clients at Studio and eight at Michael Varnam House, there were fourteen drinking relapses there and only three at Studio. The percentage of missed internal and external appointments was 7.46% at Michael Varnam House and less at Studio (2.04%), which shows a smaller difference because these would not lead to immediate eviction at either project. It is hard to perceive individual progression because many of the lapses seemed to occur at random in the time period. However, two residents at Michael Varnam House and one at Studio missed fewer appointments in later weeks. Less success is shown in the levels of relapse, as these went down for one Michael Varnam House resident, but up for two others.

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6 Data was not recorded for all clients at Michael Varnam House, as some did not give consent.
7 Five out of 67 appointments.
8 Three out of 147 appointments. More appointments are made at Studio because they include the therapy sessions.
Move-on to more independent living

To assess the resettlement success of ex-residents, the situation of each interviewee prior to staying at the project was taken into account. Two of the Studio service users had originally had their own tenancy and job, and moved into another flat after their stay. In contrast, the ex-residents of Michael Varnam House were living in direct access hostels or in Framework shared housing, in which staff visit in office hours. Now in the satellite houses, they live more independently than at Michael Varnam House because of the lower level of staff supervision. They are shortly to move into supported housing that is separate from Michael Varnam House and the rules of its satellite accommodation. So, they have all moved onto more independent living, in various forms. One ex-Studio resident did not move on in a planned way, and so their situation is different as they are still on the day programme and will not be ready to move on from their temporary accommodation until this is finished.

The project move-on rates show the overall picture, and Michael Varnam House and Studio both met Supporting People’s target of 30% of service users moving on in a planned way for the period of 1/4/05 to 31/3/06. The percentage at Michael Varnam House was 59.62% for move-ons from the project to the satellite properties, and 55.2% for move-ons from the latter. Studio’s percentage was lower, at 37%, but a direct comparison is misleading as the rates reflect the greater leniency of the policies at Michael Varnam House that mean less service users are evicted. They may also reflect the higher drop-out rate at Studio that is due to the greater level of commitment needed. One external stakeholder has noticed this amongst the people that they have referred:

“It’s a bigger piece of work for them in that they’re expected to work on themselves a tremendous amount…it’s been hard for them to stick the entire programme” (stakeholder).

Links to community

Their involvement in new activities such as sports, voluntary work and other recovery agencies, and subsequent links to the community, is another sign of resettlement success. One ex-Studio resident says:

“I’m a lot closer to my family now. I’ve got more time for them” (Studio House ex-resident)
An improvement in relationships is also recognised in the literature as a sign of a successful move-on.

**Support to prevent relapse**

In addition, all the interviewees are able to gain support from the projects as they visit regularly eg:

‘You can talk to them so you don’t end up getting wound up and over-drinking’
(Michael Varnam House ex-resident).

This quote suggests that the emotional support, also provided to current residents, can prevent relapse. It continues at Michael Varnam House when service users move on from the satellite houses, and at Studio as the manager often meets people outside the project.
Reasons for success

We will now look at the aspects of the services that help achieve the successful outcomes described by stakeholders, and the reasons why they work.

Drinking policies

It is felt that the strict policy of abstinence at Studio works because it makes service users feel safe. The issue of what happens when they leave is touched on below, but while they are resident there, as no one drinks and they are aware that they will be asked to leave if they do, they rarely have to deal with the effects of relapse:

“I know how I felt about it when somebody else had drunk. It made me feel a lot more vulnerable” (Studio resident).

It then helps people remain abstinent, whereas those on the abstinence programme at Michael Varnam House have to cope with the presence of alcohol at the project. On the other hand, there is a reduced risk of homelessness for the service users than when they first entered the project. This is due to their lenient policy of allowing people to stay when they have broken the rules on either drinking programme, perhaps many times. Controlled drinking in itself is thought to be more realistic than abstinence, as it is less demanding and so in fact suited to homeless people, contrary to treatment literature. All Michael Varnam House service user interviewees wanted to reduce rather than stop their drinking. Two feel that they are not ready for abstinence because it would be too much of a leap from their previous high levels of alcohol intake:

“I knew I wouldn’t be able to do it…’cos of the amounts I was drinking before I came in” (Michael Varnam House resident).

It then seems necessary to have the alternative of controlled drinking. An external stakeholder describes the problem of abstinence:

“You set the most stringent and difficult of targets for people who have the most difficulty in holding things together generally… so you’re setting them up to have a high likelihood of violating the rules because you’ve set a perfect goal” (stakeholder)

This approach then seems to also be particularly suited to Michael Varnam House because residents do not have the stable background of independent living that a large proportion of Studio residents do. Residents have themselves said in interviews that a total abstinence policy would create too much pressure for them. An external stakeholder therefore believes that Michael Varnam House’s flexibility is essential because rough sleepers need to be given more than one chance, and they give an example of when such an approach worked:
“The price of letting him stay is him having one [drink] and being secretive about it. If they were to insist he sticks to his abstinence contract, which he’s on because of his behaviour when drunk, he wouldn’t manage it” (stakeholder).

Staff within and outside Michael Varnam House also believe that residents become empowered from controlling their drinking in an environment where they do not feel they have to:

“That (control) makes them feel a great deal better about themselves when they do remain abstinent for six months. They thank themselves to a certain degree” (Michael Varnam House employee).

Empowerment from the comfort of not being evicted seems to contradict the logic of Studio’s approach, where the threat of eviction and the consequent absence of alcohol mean that residents feel safe. However, the alcohol-free regime at Studio does remove reminders of past behaviour so that remaining abstinent is easier; this safety is also provided on a temporary basis, as it ends when they leave. At Michael Varnam House, the sense of empowerment works differently as residents need to work on their own motivation, and if they manage to sustain it, it implies that they will not need the backing of the project to continue drinking moderately or not at all. Yet, it is argued that Studio’s distinct style of therapy also causes service users to gain control. An example is that abstinence is not prescribed; they are asked to contemplate drinking and how they would prevent it from becoming a full relapse into old patterns, which rejects the concept of powerlessness that is central to 12-step therapy. The uniqueness of both drinking policies is then successful in helping reach the drinking goals of the projects, and particularly in reducing homelessness at Michael Varnam House.

Commitment

Another benefit of the stricter policies on alcohol and missed appointments at Studio, noticed by many stakeholders of the project, is that they lead to commitment to the programme, and so engagement. They are clear-cut and explained to applicants at assessment, which means that service users accept the risk involved when they move in:

“The first couple of weeks I was here basically almost made me not drink, because it’s like ‘well I’ll lose everything- I’ll lose the roof over my head” (Studio resident).

These policies are then particularly suited to Studio residents because some of them had a tenancy just before their stay, and so they have more to lose than homeless people. A high level of commitment is usually needed due to the amount of structure in the programme, and nearly all the service user interviewees demonstrated this by choosing to come, often because of the therapy. One resident explains this:
“I was told they do groups in here… so this is the ideal place for me, to learn about myself again” (Studio resident)

Less commitment is needed at Michael Varnam House because it has a less stringent assessment process, as described earlier. Indeed, half of the interviewees were persuaded rather than chose to enter the project. This matches the needs of the homeless who may not be ready for any change deeper than on a short-term basis to improve their health (reference?). And for them, it is vital that Michael Varnam House can offer a detox followed by a short stay, as it is the only alternative to mainstream services, the problems of which were discussed in the policy context section. An external stakeholder gives the example of the situation of rough sleepers:

“It just fits much better- the harm reduction model, the lesser commitment, and the fact that you don’t need to be dry before you go in” (stakeholder).

Links to agencies

The link Michael Varnam House has to Framework facilitates the transfer of service users to other projects within it, if necessary, and to the Tenancy Sustainment Team and The Academy, which is the shared name for Framework’s learning services that also give advice on work. The link then helps develop the residents’ independence. Staff’s regular contact with other Framework projects means that they can provide information about Michael Varnam House to potential service users, and motivate them to engage with it. For example, some residents met the service manager at a direct access hostel which she had visited as Framework’s lead practitioner for substance msiuse:

“[she] gave me the idea about moving in here” (Michael Varnam House resident).

Meeting Michael Varnam House staff at first-stage projects also gives continuity for users of both services. This especially applies at Handel Street (a day centre where alcohol consumption is allowed) that shares a manager with Michael Varnam House, as Michael Varnam House staff often provide cover there:

“They go in different projects and then if they come in here (Michael Varnam House) they know you through that way- it helps engaging” (Michael Varnam House employee).

Studio instead has connections to other recovery agencies that supplement it because of the similar type of therapy. As with Michael Varnam House, they help establish a routine, which is one of the successful outcomes defined by stakeholders. One resident explains how he learns from meeting other people there:

“You get people from a lot more backgrounds and lot more people in sobriety for years, and see how they have changed” (Studio resident).
All service user interviewees stressed the benefit of the free time in the day programme that enables them to visit these other agencies. This is again distinct from 12-step therapy programmes that have a much tighter schedule. Therapy at NADT, which is linked to Michael Varnam House’s treatment, is not mentioned by service users.

**Atmosphere**

Staff comment on the homely feel that Michael Varnam House has, partly due to the fact that it was a house:

‘I don’t see it as coming to work- I see it as coming from my home to another home. It doesn’t feel like a hostel’ (Michael Varnam House employee).

From visiting I have noticed that it feels less formal than Studio. For instance, the door to the staff room is left open and residents drift in and out, whereas at Studio the door is shut and at the front office they usually speak to staff through a hatch with a glass panel. Although Michael Varnam House also has an office, it is not the first room that you come to. Staff note that this atmosphere is an ideal contrast to the less personal feel of institutions or direct access hostels that a lot of the residents have stayed in, and has a calming influence:

‘You can relax in here- that’s the difference. They like you to go out and do things, but you can actually sit and watch the telly’ (Michael Varnam House ex-resident).

Being able to watch TV is also an example of the amount of choice that there is in what residents can do at the project, which makes them feel at home. There is less freedom at Studio because of the more structured routine. This difference is explored in the next section. All Michael Varnam House service user interviewees also mentioned that they liked the social side of the project. Staff say that residents then feel comfortable enough to ask staff for support and suggest activities, which I have noticed while at the project. These suggestions are an illustration of the informal style of resident input, in comparison to Studio.

At Studio the atmosphere is marked more by a sense of community, especially between residents. Service users mention the help from staff as at Michael Varnam House, but emphasize the support from peers in their recovery, such as boosting each others’ confidence:

“Residents more so…if my head was all over the place, I could go and talk to them and on some level they’d understand” (Studio resident).

This emotional support from other residents was talked about much less at Michael Varnam House. Studio service users explain that the support network is created from sharing feelings in the groups, which requires trust and breeds understanding, and working together throughout the
day, for instance during the work hours. A community that includes staff and service users is also developed from the input that residents have into the structure of the programme:

‘[The manager’s] learning off people and I’m an abundance of ideas’ (Studio ex-resident).

This input, and the formal nature of it described earlier, helps to break down the more defined barrier between staff and residents in comparison to Michael Varnam House that was described in the last paragraph. The encouragement of a group ethos also prevents isolation, which external agencies have noted is the key to resettlement:

“Instead of feeling lost and alone by yourself people say ’what the hell are you doing in your room? Come downstairs and join us’ (Studio ex-resident).

Unlike Michael Varnam House then, the physical surroundings do not play a part in the creation of the community.

Structure of support

The groups at Studio are also ideal for personal development. Stakeholders talk of how they teach people to analyse themselves, which creates self-awareness, and teach general relapse prevention skills. All service user interviewees said the intensity of the groups was needed for them to benefit:

“They brought the feelings up that I needed to feel, ’cos it’s not always enjoyable when you’re challenged, but it’s needed” (Studio ex-resident).

The structure also involves the daily use of practical living skills as a group, during the work hours, which many find helpful because they help to look beyond a focus on alcohol to prepare them for independent living. One ex-resident describes how this type of work is not part of 12-step programmes:

“There should’ve been more interactive groups so that people were doing something, and see how people were working together. It wasn’t a representation of real life” (Studio ex-resident).

Whereas the interviewees felt they needed this regime, an external stakeholder points out that change on a more independent basis is better suited to some, and often people do not like articulating their feelings in the groups:
“The groups…are one of the things that put off a lot of people when you talk to them about the place” (Studio).

The success of the more independent approach is demonstrated at Michael Varnam House, as the far less structured schedule of sixteen hours’ occupation still helps residents to resettle:

“I had my drinking sorted out. I had a daily routine to go by” (Michael Varnam House ex-resident).

The lack of any routine was given as a reason for previous relapses by service users at Michael Varnam House and Studio. The less disciplined regime also seems to be suited to Michael Varnam House service users because the interviewees mention their dislike of the authority more than those at Studio do. Both types of structure are then beneficial for different client groups. That is, the typical resident at Studio originally had a job and so is used to some form of structured routine, whereas this is not the case for many Michael Varnam House residents.

**Follow-up support**

Michael Varnam House’s satellite houses are an important feature in its success due to the increased independence they offer, and to the support it provides to ex-residents. Individuals are still breathalysed each morning, after which the ex-resident interviewees and others that I have seen, usually remain at the project. They then benefit from staff support and still participate in group activities. The proximity of the properties, all a short walk away, helps them to be able to do this:

“That’s why we encourage them to pop in whenever they feel like it… just passing by. And if they’ve got any problems, they can discuss it with staff” (Michael Varnam House employee).

One ex-resident gives an example of the benefits of the continued tenancy support that is not in place in other shared houses, as he said that he could tell staff about disputes between the residents, and they are dealt with:

“People know that if they get told by here then they’ve got to go along with it” (Michael Varnam House ex-resident).

The idea of the project as a home, discussed earlier, is then extended for ex-residents, with its accompanying benefits. Most importantly, satellite houses work as a safety net for service users who struggle, as they can come back to the main project. So, they then help to prevent isolation and homelessness. The risk with this set-up is that it could restrict the time and resources needed to fully support current residents, perhaps especially now because the residents of the new satellite houses are encouraged to visit.
Studio does not have this facility but its voluntary and paid posts for ex-residents are also found to be effective by external stakeholders. For the individuals, it provides a way to use their skills:

“If somebody’s been doing drugs from 15 to 30, and they’ve not done any education, work training…and the only thing they know is the drugs world, then why the hell not train in that field?...it will give you a place in society” (external stakeholder).

And, for the current residents, external agency representatives have noted that it helps them by providing a source of insight due to their similar experiences. They are then still part of the community at the project.

Limitations

This section covers limitations of the projects that have been discovered, connected to the themes discussed, and suggestions for how to lessen them.

Personal space

Whilst some residents like the way that the group ethos at Studio lessens isolation, it can mean that people are not given enough time to themselves. One resident attests to this:

“It is really difficult to get your own space in here. Even if I go up to my room, someone’ll knock on my door” (Studio resident).

Staff and residents at Michael Varnam House operate a different approach of letting people, ‘cut themselves off a bit’ (Michael Varnam House employee) in their room, rather than checking on them. The residents have commented on how they prefer to stay in their room sometimes, for instance to watch their own TV rather than the communal one. It is then worth considering this need for space in providing support.

Rules

The attitude to alcohol is very different at Michael Varnam House to Studio. First, there is a sense that some residents push the set limits on alcohol intake as part of a game. Residents and staff acknowledge this, eg:

“It was fun trying to beat the system” (Michael Varnam House ex-resident).

The harm reduction approach makes this possible, but separate to this are the reasons that residents give for adhering to their drinks contract or remaining abstinent. These are often connected to keeping their place at the project, rather than to any commitment to change. One ex-resident explains why his alcohol intake has reduced:
“It was the rules. It’s like you had guidelines that you had to stick by, if you wanted to stay here” (Michael Varnam House resident).

Of course, this presents the risk of people reverting to previous drinking patterns when they leave the project and move-on accommodation, and they do not have to follow the same rules.

Studio service users, in contrast, want to develop their thoughts and behaviour, and it has been shown to be due to the influence of their psychological treatment. An external stakeholder also believes that this exploration of root causes is necessary for a resettlement to be sustainable, as they say that after basic needs have been taken care of, service providers and residents need to, “look at the other stuff. The other stuff is all the social and psychological stuff around addiction, around homelessness” (stakeholder).

Yet, at Michael Varnam House the psychological reasons behind the individual’s dependence are not formally explored, in therapy for instance. Such treatment is offered to clients via the NADT services, which run day programmes with group therapy and advice on relapse prevention, and one service user who had used the services before entering Michael Varnam House had found it very helpful in controlling his drinking. However, the services are only short-term and the manager confirmed that just half of residents access them. More contact with such services is likely to increase clients’ control over alcohol, which is one of Michael Varnam House’s aims, as they are likely to learn other ways to control it, other than by following the project rules. Another way to meet this aim is suggested by an external stakeholder:

“Michael Varnam House would be even better if it had more qualified staff who could make it more of a treatment project than a housing project” (stakeholder).

In addition, service users at both projects have expressed confusion over the alteration of general rules, eg:

“The rules seem different for some people than others” (Michael Varnam House ex-resident).

The service providers therefore need to ensure that residents are consulted when rules are changed, and that any relaxation of them is explained.

Free time

Conversely, at Studio there appears to be a risk of service users spending too much time at the project so that they do not have time to make all the connections with the community that they may want to. One ex-resident describes the benefits of the extra free time that he had before the afternoon work hours were introduced, that meant he could get involved with various recovery agencies and leisure activities:
“It definitely worked for me, having that choice…I got to meet loads of different people and made loads of good friends” (Studio ex-resident).

Links with the community were mentioned in the policy context section as a way to integrate into society, and they are a way to become less dependent on the project:

“the reality being that somebody needs to learn to function better outside of there and not depend on there (the project)” (external stakeholder).

The current day programme leaves four free hours split up throughout the day, which limits the possibility of these external links. Although day programme attendance is more flexible for individuals who have resident for more than five months, this is only to allow for specific appointments for college and so on, rather than general free time. This programme may change as Studio is a relatively new project and its structure is constantly evolving. And therefore, as it does so, the need to strike a balance between free and structured time should be kept in mind.

**Size of facilities**

Both projects are limited in what they can offer due to their size. Michael Varnam House is particularly under pressure because it is often the only place where the homeless can be detoxed, as mentioned earlier. An external stakeholder commented on its frequent shortage of beds, and believes that it should be allowed to offer more community detoxes. The waiting list of three months is indeed one of the longest of supported housing projects in the HLG Directory (HLG, 2006). Yet, enlarging the project to cover these aspects is likely to compromise the homely feel that Michael Varnam House has. Whilst staff acknowledge the need for more bed spaces, they do not specify that these should be at the project itself:

“There’s a lot of people that move on from here that struggle and end up back where they were. If we had a bigger network then we could keep them going really” (Michael Varnam House employee).

The term ‘network’ includes the move-on accommodation and so one solution is to increase the amount of it. The general benefits of it have been discussed, and it would mean that there would be more spaces for people who need to return to receive more support, so reducing the risk of relapse and homelessness. More move-on properties could also be used to accommodate more of the people who are in a position to move straight there after they have been detoxed at the project itself. However, increasing the amount of people in satellite accommodation could dilute the amount of support available for current residents, as pointed out previously. So, an increase in staff numbers or the use of Framework’s floating support teams would need to be considered.

Due to the success of the type of move-on accommodation at Michael Varnam House, many feel that Studio would benefit from setting it up. There are in fact plans to do so in the form of a two-stage model. At the first stage, houses will be for residents with paid or part-paid posts at the project, so increasing the number of these roles. Residents in the second stage houses will have more contact with other agencies, as they will work elsewhere.
Michael Varnam House and Studio have been shown to be successful according to the various stakeholders and indicators in the literature. This finding disproves the theory that controlled drinking does not work for people with dependency and with psychological and social instability, as specifically there is evidence that Michael Varnam House reduces the number of service users’ relapses. What comes across most in the exploration of reasons for their success is their unique positions. Within the area of abstinence-based treatment, Studio has a distinctive secular approach that emphasises personal control over drinking and allows free time to develop other skills. Michael Varnam House’s treatment set-up is in itself unique, and the ways in which the drinking policies, expectations of commitment, and atmosphere at each project work, are suited to their particular treatment model. Aspects of the ways in which Studio’s links to agencies and structure of support work is also suited to abstinence based treatment. Their differences then mean that one service will work for somebody where the other one will not, as an external stakeholder explains:

“It helps having both approaches because some people find, if that didn’t work-they’re out of the Hermitage… they dust themselves down and have a go at Studio, and see if that works for them. And there are people in the Hermitage who have had lengthy periods at Studio” (stakeholder).

All the successful parts of the services are suited to the different target client groups, but as this quote suggests, the projects also complement each other. For instance, these findings do not suggest that homeless people will not cope at Studio, as residents have often moved on there after gaining some initial stability at Michael Varnam House.
### Table of findings - Summary

<table>
<thead>
<tr>
<th>Successful aspect</th>
<th>Studio</th>
<th>Michael Varnam House</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drinking policies</strong></td>
<td>Strict eviction policy means that there is no alcohol at the project, so less risk of relapse.</td>
<td>Lenient policy reduces risk of homelessness with this client group and empowers residents.</td>
</tr>
<tr>
<td></td>
<td>Unprescriptive abstinence gives residents control.</td>
<td>Controlled drinking often more realistic for the homeless.</td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td></td>
<td>Rules sometimes treated as a game.</td>
</tr>
<tr>
<td><strong>Commitment</strong></td>
<td>Strict policies and structure lead to commitment.</td>
<td>Less commitment needed, which matches the needs of service users with less stability.</td>
</tr>
<tr>
<td><strong>Links to agencies</strong></td>
<td>The therapy fits in well with abstinence-based treatment, and free time in the programme means that residents frequently use these other recovery agencies for support and social contacts.</td>
<td>Other treatment services used less.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>However, easy access to other homeless services within Framework and early engagement with service users from other Framework projects possible.</td>
</tr>
<tr>
<td><strong>Atmosphere</strong></td>
<td>Group work creates a community of residents to aid recovery and lessen isolation.</td>
<td>Feels more homely due to the building and staff room layout. Relaxes residents so that they engage.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The sense of a home extends more to staff than it does at Studio.</td>
</tr>
<tr>
<td><strong>Structure of support</strong></td>
<td>Structured groups help develop personality and practical living skills.</td>
<td>More opportunity for independent change. This suits homeless people who are typically less used to a routine.</td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Lack of personal space and free time to make links with the community.</td>
<td></td>
</tr>
<tr>
<td><strong>Follow-up support</strong></td>
<td>Jobs at the project give ex-residents a way to use their skills.</td>
<td>Move-on accommodation provides greater support.</td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td></td>
<td>More spaces needed, but may compromise the homely feel and the intensity of support for current residents. Therefore other/similar projects required.</td>
</tr>
</tbody>
</table>
Recommendations for further research

- Evaluations of similar residential projects, in the form of single or multiple case studies.

- Longitudinal designs in which repeat interviews are carried out to address change (Bryman, 2004), would be better able to assess how well ex-residents resettle over time.

- Questionnaires filled out by staff on their perceptions of each resident’s level of motivation, engagement and alcohol intake would replace the problem of identifying individual improvement from the records on the frequency of appointments kept. For a general example used in homeless programmes, see Burns and Cupitt (2003).

- Women, people with disabilities and people of Black and Ethnic Minorities are either not represented or form a very small proportion of the current client groups at Michael Varnam House and Studio. Research is needed to assess whether there is an unmet demand amongst these sections of the community for the services offered at the projects, and if there are problems of access for them. For instance, neither project can accommodate residents with wheelchairs.
References


Appendix 1: Letter of Introduction

Studio House
[address deleted]

Bee Walsh
[address deleted]
06/03/06

Dear [manager],

I am writing to you to request your help in research that I’m performing into the services available to homeless and vulnerably housed people with alcohol misuse problems. I’m currently studying on the Postgraduate Diploma in Social Science Research Methods at Nottingham Trent University. This diploma is the second stage of an MSc Research Methods programme that will run until September 2006. A major part of this course will be the aforementioned research.

When performing background research on this subject, I contacted Studio House and your staff were very helpful in providing literature on the abstinence-based treatment programme you supply. Since then, I have had a proposal to evaluate your programme and the one provided at Michael Varnam House, a supported housing project using a controlled drinking programme, accepted by a board comprising of members of the Framework Housing Association and staff at Nottingham Trent University. This also resulted in me winning a bursary from Framework to aid my research.

So, as you can imagine, it would be extremely useful if you would be willing to grant me access to Studio House. This would involve interviews with a small number of staff and an assessment of records, such as the numbers of clients who stay at and leave the centre, or move on to independent accommodation. The methods will be finalised during the diploma stage of my course, and the main project would begin in June. If you accept this proposal, I will work closely with you and your staff to ensure disruption is minimal if at all.

Once completed, I hope the research will benefit both participants by providing valuable information on the advantages and drawbacks of the respective programmes. Please find a letter of endorsement from my lecturer, [name deleted]. If you wish to discuss my proposal further, don’t hesitate to contact me.

Yours sincerely,

Bee Walsh

Tel no: [deleted]
Email: [deleted]
Appendix 2: Michael Varnam House Resident Interview Schedule

1) How long have you been living at Michael Varnam House, and what were you doing just before you came here?

2) Were you referred here or did you choose to come?

If chose: 3) What made you decide to come here and (for all interviewees) how are you finding the controlled drinking programme?

4) What services and support are you using here?  
Prompt: For instance, accessing voluntary work or training, help with budgeting, sports and social activities.

5) What parts of the service do you like the most and find helpful, and are there any that you dislike?

6) Have you stayed at any other supported housing projects that helped with alcohol dependency?  
   Such as Studio House, Ken Wilde House?

If stayed elsewhere: 6) In comparison, what’s different about Michael Varnam House?  
   Atmosphere, staff-resident relationships etc.

If stayed elsewhere, and check answers to question 5: 7) And out of those differences, what, if anything, do you prefer to other places?

If places with an abstinence programme haven’t been mentioned: 8) Have you ever been on an abstinence programme?

9) Why do you think (if missed out question 8: the abstinence approach at …) it didn’t work?  
   What made you start drinking again?

10) What’s your aim over the next few months?  
   What would you like to be doing and where would you like to be living?

11) What support will you need to help with that?  
   Key working sessions, help with cooking etc.
Appendix 3: Studio Ex-resident Interview Schedule

1) How long were you living at Studio House, and what were you doing just before you went there?

2) Were you referred there or did you choose to come? Who referred you?

3) What made you decide to go there?

4) How are you finding the abstinence approach? Are you still abstinent? Any relapses?

5) What parts of the service did you like the most and find the most helpful, and are there any that you disliked? Key working sessions, help with cooking etc.

6) Are you still receiving support from Studio House? What kind and how regular?

7) Are you receiving support from anywhere else? What kind and how regular?

8) What kind of accommodation are you living in now? Independent tenancy etc.

9) Have you stayed at any other supported housing projects that helped with alcohol dependency? Prompt: Such as Michael Varnam House, Ken Wilde House?

If stayed elsewhere: 10) In comparison, what’s different about Studio House? Atmosphere, staff-resident relationships etc.

If stayed elsewhere, and check answers to question 5: 11) And out of those differences, what, if anything, did you prefer to other places?

If places with a controlled drinking programme haven’t been mentioned: 12) Have you ever been on a controlled drinking programme?

13) Why do you think (if missed out question 12: the controlled drinking approach at …) it didn’t work? What made you start drinking more again?

14) How has your stay at Studio House helped you to live more independently? Is there anything that you are doing now that you weren’t doing at Studio House?

15) What services are you using or agencies are you regularly in contact with? For instance, are you working, using day centres etc.?

16) What do you see yourself doing in 1 year’s time? Where do you see yourself living etc.?
Appendix 4: Housing Agency Interview Schedule

1) What is your involvement with Michael Varnam House and Studio House?

2) What do you think are the main differences between Michael Varnam House and Studio House?
   Prompt: Structure of activities, atmosphere.

3) What, for you, are the important outcomes of the projects?
   What represents success?

4) What is the key to resettlement?
   What does a service user need to be doing to be ready to move on?
   For instance, is the level of alcohol intake important, or links with the community such as jobs?

5) What do you think makes a resettlement sustainable?
   (Where the service user has the ability to live independently in the long-term)

6) What aspects of the services are most influential in meeting the aims you’ve talked about?
   Work programme at Studio House, keyworking etc.

7) In what ways do you think the set-up at Michael Varnam House is suited to the treatment aim of controlled drinking? And Studio House, to the aims of abstinence?
   Resident nurse at Michael Varnam House, curfew for first week at Studio House etc.

   If time: (8) How compatible do you think the two programmes of controlled drinking and abstinence are at Michael Varnam House?)

9) Are there any other parts of the services that you think work particularly well? And why?

10) Are there any parts that work less well?
Appendix 4: Alcohol Agency Interview Schedule

1) What is your involvement with Studio House?

2) What do you think are the main differences between Studio House and other supported housing projects for people with alcohol dependency?
   Prompt: For instance, Michael Varnam House if familiar?

3) Where else do you refer clients to and why would you choose to refer someone to Studio House?
   For instance, structure of activities, atmosphere, ethos.

3) What, for you, are the important outcomes of Studio House?
   What represents success?

4) What is the key to resettlement?
   What does a service user need to be doing to be ready to move on?
   For instance, is the level of alcohol intake important, or links with the community such as jobs?

5) What do you think makes a resettlement sustainable?
   (Where the service user has the ability to live independently in the long-term)

6) Do you think Studio House achieves the outcomes you’ve talked about?

If yes: 7) What aspects of the services are most influential in meeting those aims?
   Drug/alcohol work programme, keyworking etc.

8) In what ways do you think the set-up at Studio House is suited to the treatment aim of abstinence?
   Curfew for first week etc.

9) Are there any other parts of the services that you think work particularly well? And why?

10) Are there any parts that work less well?
Appendix 5: Michael Varnam House Focus Group Schedule

1) From your knowledge of other projects, what do you think is distinctive about this centre? 
Prompt: For example, are staff-resident relationships particularly different?

2) Are there any problems caused by the controlled drinking and abstinence programmes working alongside each other?

3) What do you understand by the term ‘success’ in relation to this project? 
What do you think important outcomes are?

4) As part of resettlement, do you think service users’ alcohol intake needs to remain at the same level when they are living independently away from Michael Varnam House, as when they left the project? 
Rather than drinking more? Is their stability more important?

5) Do you think these outcomes (that you’ve mentioned) are often achieved by service users? 
Are they measured? 
For instance, for the Supporting People returns?

If aims mentioned don’t include the 3 existing measures: 6) What aspects of the service here are most influential in meeting the aims you have talked about? 
For instance, resident house meetings?

7) In what ways do you think the set-up here is suited to the treatment aim of controlled drinking? 
For instance, the resident nurse, Caroline?

In the literature on the evaluation of supported housing projects, there are some existing measures of effectiveness. These are: engagement with services, reduction in relapses and stability.

8) What do you think affects whether a client engages? 
Is it mostly down to the individual and their motivation or wider factors?

If not covered already: 9) What parts of the project help improve engagement? 
Keyworking, staff-resident relationships?

10) Can you think of an example of when a service user drank more than their agreed limit? 
What happened?

11) Why do you think it happened? 
What factors affected it?

12) Moving onto the concepts of stability and independence, how is it decided when a client is ready to move on?
Appendix 6
Research Project at Studio House

Some of you will already know that I’m doing research here over the summer for a project I’m doing as part of my Masters course in research methods at Nottingham Trent University.

I’m looking at what makes Studio House different from Michael Varnam House, another supported housing project, and at the success of it. To do that I’ll be talking to staff here and at other projects, and learning about how the project runs.

I’d also like to talk to you about your experiences here and at other projects you might have been to. The interview will last for an hour at most, and you can stop it at any time you like. I will tape the interview to make sure all the information is recorded, but it will be erased from the tape after I’ve listened to it. All data will be kept anonymous so you won’t be able to be identified from it. It will also be treated as confidential, but if there appears to be a risk to you or another, I will discuss my concerns with staff. The data will only be used for my research, and won’t affect your connection with Studio House.

I will show my final report to staff and residents in October, and hopefully it will be useful as an evaluation of the project.

Thanks,

Bee
Appendix 7
Service User Consent Form

This consent form is to check that you are happy with the information you have received about the study, that you are aware of your rights as a participant and to confirm that you wish to take part in the study.

Please tick as appropriate

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. Have you read the research information leaflet?</td>
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<tr>
<td>2. Have you had the opportunity to discuss further questions with me?</td>
<td></td>
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<tr>
<td>3. Have you received enough information about the study to decide whether you want to take part?</td>
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<tr>
<td>4. Do you understand that you may withdraw from the study at any time without giving your reasons?</td>
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<tr>
<td>5. Do you understand that I will treat all information as confidential, but should there appear to be a risk to you or another, I will discuss my concerns with staff?</td>
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<tr>
<td>6. Do you agree to take part in the study?</td>
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Signature ____________________________  
Date ____________________  
Name, in block letters, please ____________________________

[Adapted from Arksey and Knight, 1999]
Appendix 7
Staff Consent Form

This consent form is to check that you are happy with the information you have received about the project, that you are aware of your rights as a participant and to confirm that you wish to take part in the study.

Please tick as appropriate

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. Have you been made aware of the research topic?</td>
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<tr>
<td>2. Have you had the opportunity to discuss further questions with me?</td>
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Signature ___________________________________
Date __________________
Name, in block letters, please ________________________________
Appendix 8
Research Project at Michael Varnam House

I'm doing research here over the summer for a project I'm doing as part of my Masters course in research methods at Nottingham Trent University.

It will look at what makes Michael Varnam House different from Studio House, another supported housing project, and at the success of it. To do that I'll be talking to staff, to you, and learning about how the project runs.

I would like to keep a weekly diary on all service users. Staff will record if you have kept all appointments that you have inside and outside Michael Varnam House, such as for training for jobs. It will also record any times that you drink more than your set limit. This information will be used as one way of assessing success of the project.

No one will be able to see your personal data in my report and you won't be able to be identified from it. All information about you will be treated as confidential, but if there appears to be a risk to you or another, I will discuss my concerns with staff. The data will only be used for my research, and won't affect how your personal progress is judged. The diary will run for four weeks from the 26th June. There is a consent form that I'd like you to read and sign if you are happy for your data to be recorded and used in my research.

If you've got any questions then just ask me when I'm next here, or a member of staff.

Thanks,

Bee
Appendix 8
Consent Form

This consent form is to check that you are happy with the information you have received about the diaries, that you are aware of your rights as a participant and to confirm that you are happy for your details to be used in the study.

Please tick as appropriate

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<tbody>
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<td>1. Have you read the research information leaflet?</td>
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<td>2. Have you read the diary?</td>
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Signature ________________________________
Date __________________
Name, in block letters, please ________________________________
Framework is a leading provider of housing, support, training, care and resettlement services, opening doors to homeless and vulnerable people.

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- Opening doors to older homeless people
- Opening doors to vulnerable women
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