This Data Insight explores the scale and overlap of substance misuse and housing issues in the City and County of Swansea.

What we did

The Substance Misuse Data Set (SMDS) was linked to data from the City and County of Swansea housing team. SMDS data are generated when new clients are assessed by substance misuse treatment providers in Wales that are in receipt of Welsh Government funding. The City and County of Swansea housing team collect data on the heads of households that have applied to them for assistance, and who are either homeless or threatened with homelessness.

Both SMDS and housing team data were limited to people 18-years old or older, where the assessment/application for assistance was opened in the period 1st April 2014 to 31st March 2016—the 2014/15 and 2015/16 financial years. To compare individuals accessing services within the same geographic region, assessments in the SMDS were limited to people resident in the City and County of Swansea.

If a person made multiple applications to the housing team or had multiple assessments with a treatment provider in the two-year time-period of interest, they were only counted once. Data sets were linked at the person level, thereby giving an indication of the number of people who were only seen by either the housing team or a substance misuse treatment provider, and those who had been seen by both service types.

A set of euler diagrams were used to visualise the relative size and overlap of groups of people identified as having substance misuse issues and experiences of homelessness. Diagrams were generated for the City and County of Swansea, as well as for Scotland and England based on prior research in these nations.
What we found in Wales

There were 1,741 adults aged 18 years old and above living in the City and County of Swansea who had been assessed by a substance misuse service in the two-year period. 4,079 adult heads of households applied to the housing team during the same period. Of the 5,420 adults identified across the two data sources, roughly 7%, or 400 people, had multiple disadvantages, i.e. interacted with both substance misuse services and the housing team.

Figure 1: Overlap of Substance Misuse Data Set (SMDS) and City and County Swansea housing team data, for cases that were opened between 1st April 2014 and 31st March 2016 (N=5,420)

How do our findings compare to other GB nations

The extent of the overlap between substance misuse and homelessness varies between the City and County of Swansea and the other nations, as well as between the nations. The size of the overlap was 7% in the City and County of Swansea, 9% in Scotland, and 22% in England. Though the variation in overlap may be due to the difference in scale, i.e. local authority vs national estimates, and therefore reflect the unique aspects of the City and County of Swansea, another more likely difference is between the methods and data sources used to estimate disadvantages across these nations.

In Bramley and Fitzpatrick’s (2015) original report on SMD in England, Supporting People (SP) programme data and data from the Inform system—used by homeless services providers—form the main administrative data sources used to estimate homelessness. However, services funded under SP and feeding data into the Inform system have a largely single (male) client base. The degree of overlap with substance misuse in the England SMD estimates may therefore be high, when compared to Scotland, given the proportion of single males is higher—single (men) have much more acute disadvantages, compared to families, say.

In their Scottish report, Bramley et al. (2019) changed the SMD estimation methodology to use ‘statutory data’ on people assisted by local authority housing teams (HL1 data) to estimate the scale of homelessness. Housing teams provide a range of housing related services to most households who approach them. HL1 data would therefore naturally include more female single person, family, and couple households, with less severe/complex needs than in the original SMD England analysis. The inclusion of homelessness data reflecting a wider range of household types may therefore have led to estimates of SMD that were more generalisable to the wider homeless population (Bramley et al., 2019:59). As our analysis uses local authority housing team data and is therefore like the HL1 data in terms of the homeless population it reflects, then our estimate of SMD would naturally be closer to that of Scotland than England.

It is important to note that neither Scottish nor English estimates of SMD used data linkage; our insight therefore has the benefit of being based on the actual overlaps of individuals between data sources, rather than inferring such overlaps.

Figure 2: Estimated overlap of substance misuse and homelessness in England, 2010/11 (N=408,572)

Figure 3: Estimated overlap of substance misuse and homelessness in Scotland, 2015 (N=157,527)
Why it matters

People facing severe (and multiple) disadvantage can often fall through the cracks between services, given the complex interconnected nature of the issues they face and the fact that services are often designed to address disadvantages in isolation. Responding effectively to SMD therefore often requires the coordination of services—filling in the cracks of service provision. Understanding the scale of SMD can therefore help policy makers and practitioners in designing services that link up to effectively assist those with multiple disadvantages. Addressing SMD is important as it can have a compound effect, building over time and leading to a gradual diminishing of a person’s capabilities.

What next

As the City and County of Swansea housing team data only relates to the heads of households, future iterations of this analysis will attempt to use other administrative data sources in order to identify people living with the main applicant. By including ‘co-resident’ people, we can gain a more accurate picture of the scale of homelessness service use. Including other household members may increase the amount of overlap between the two data sources.

The SMDS relates to people who are assessed by substance misuse treatment providers, and therefore who are interacting with specific types of service provider. To arrive at a more holistic picture of the scale of substance misuse, health data can be used to capture people who have not yet—or may not—access treatment services. Specifically, the next iteration of this insight analysis will use General Practice data and emergency department data to explore admissions/diagnoses for drug and alcohol related issues. Linkage with South Wales Police data will also be explored to fully replicate the SMD analysis conducted in England and Scotland, which included offending as a third form of disadvantage.

References

ADR Wales brings together specialist teams, data science experts, and statisticians as part of the Economic and Social Research Council (part of UK Research and Innovation) funded ADR UK. Our team is made up of specialists in their field from Swansea University Medical School, the Wales Institute of Social and Economic Research, Data and Methods (WISERD) at Cardiff University and the SAIL Databank at Swansea University with statisticians, economists and social researchers from Welsh Government. Together ADR Wales develops new evidence which supports the Welsh Government’s national strategy, Prosperity for All to improve the lives of people in Wales.

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