



Breaking The Cycle

Understanding the challenges in
accessing wrap-around support for people
experiencing homelessness in Scotland

May 2024

About The Salvation Army

The Salvation Army is a worldwide Christian church and registered charity, which has been fighting against social inequality and transforming lives for over 150 years.

The Salvation Army expresses its faith through charitable action by working at the heart of communities across the UK and Ireland. We have 650 churches and community centres where we offer friendship, practical help and support to some of the most disadvantaged people in our communities.

Motivated by our Christian faith we offer practical support and services to all who need them, regardless of ethnicity, religion, gender or sexual orientation. Our work includes:

- homelessness
- modern slavery
- poverty
- addiction
- campaigning and social policy
- older people
- community - debt advice, unemployment, isolation

Your support allows us to respond to the people who need us most. Across the UK and Ireland, we:

- provide almost 3000 places every night in 79 Lifehouses
- supported over 13,000 people through our Employment service
- supported over 11,000 victims referred to our modern slavery services

The United Kingdom and Ireland is part of the wider international Salvation Army, which changes lives in more than 130 countries around the world.

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1. Executive summary

The Salvation Army is very clear that to successfully address homelessness in Scotland, a holistic view of support that encompasses access to addiction and mental health support is vital.

In recent years, a rise in the number of people experiencing homelessness who have support needs for both addiction and mental health sits against a wider backdrop in Scotland of concerning levels of drug and alcohol-specific deaths, along with equally worrying levels of mental ill health.

The Salvation Army has observed concerning barriers which currently prevent some people experiencing homelessness from accessing the essential wrap-around support they need. These barriers include:

- a postcode lottery of support
- lack of out-of-hours support
- stigma
- being locked out of support due to dual diagnosis
- being trapped in temporary accommodation
- insufficient wrap-around support for Housing First

There have been some very positive examples of how to ensure people facing homelessness receive support, such as:

- prison to rehab protocol
- a variety of types of support
- Medication-Assisted Treatment (MAT) standards
- one-stop hubs

However, we are concerned that unless the broader barriers are addressed, it will be impossible to tackle homelessness successfully in Scotland, and many people will suffer as a result.

Recommendations

1. All local authorities in Scotland to analyse the cause of death of any individual who dies while in temporary accommodation arranged by the council or a Housing First tenancy. This information should be promptly reviewed in order to identify any trends in need of action by the local authority.
2. Cities and regions with high levels of rough sleeping to introduce a similar recording system of the rough sleeping population as in London (Combined Homelessness and Information Network statistics).
3. Scottish Government, local authorities and Health and Social Care Partnerships (HSCPs) to work together to ensure there is drug, alcohol and mental health support available at evenings and weekends in all local authority areas. One option is to do this through a one-stop hub for drug and alcohol support.
4. Drug and alcohol policy should be treated predominantly as a public health issue rather than a criminal justice matter across the UK.
5. People housed in temporary accommodation to be prioritised in receiving specialist support for substance use and mental health.
6. Housing First tenants to be prioritised in receiving specialist support for substance use and mental health. We support Housing First Scotland's call for Housing First tenants to be 'passported' into specialist services when these are needed.
7. No individual, especially if they are experiencing homelessness, should be denied mental health support on the basis that they are using drugs or consuming alcohol.



2. Message from The Salvation Army's secretary for Scotland

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From its earliest days, The Salvation Army has taken a very practical approach to helping others. It is said that when its Founder William Booth saw men sleeping under the bridges of London during the cold winter of 1888, he immediately told his son, Bramwell, to 'Go and do something!' That order resulted in the opening of the Army's first shelter for homeless people.

The Salvation Army's work to help people experiencing homelessness has continued ever since and has developed over the years to better help the people we serve. We know that providing a bed for the night and a roof over someone's head is only a start. Much more needs to be done to help people enjoy life to the full. Like everyone else, people using our services have complex physical, social, emotional and spiritual needs that must be met if they are to live fulfilling lives, and over the years the focus of our work has widened to take a holistic approach to the needs of the individual.

Some years ago, our hostels were renamed 'Lifeshouses', a name chosen by staff and residents together. The name reflects the hope that each Lifeshouse will be a place where people can find purpose, build friendships and develop skills which will help them to re-establish a normal life in society.

Being homeless often has a negative effect on people's self-image and self-worth. Many of those who use our Lifeshouses struggle with poor mental health, often associated with the use of addictive substances, whether as a contributing factor, as a way to dull the pain, or as a means of escape. This report documents the connections in Scotland between homelessness and issues of mental health and addiction, drawing on information from Scottish government reports, responses from local authorities to Freedom of Information requests, and the experience of residents and staff in our Lifeshouses. The report makes a number of recommendations as to how to improve the support offered to people experiencing homelessness.

It is my privilege to present this report, in the hope that its findings and recommendations will be helpful to all those interested and involved in 'ending homelessness altogether' in Scotland.

Colonel Sylvia Hinton
Secretary for Scotland



3. Message from The Salvation Army's regional manager for homelessness services

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This report shines a light on what we see in Scotland and beyond, each and every day. Many of the people we seek to serve through our Salvation Army network in Scotland are living with addiction or acute mental health needs. Far too often these are left untreated, leading people back to rough sleeping and other types of homelessness, while lessening their chances of recovery and survival.

At The Salvation Army we always put the person first and try to understand individual needs. This is not only morally right, it is also the only way to ensure that the people we support receive the right intervention at the right time.

Providers must be bold in the face of unprecedented challenges and pressures facing people who are at risk of, or experiencing, homelessness. For any change to take place it is vital that we invest in property, people, relationships, and new ways of working. These are the fundamental principles that have shaped our Homelessness Services Strategy 2024 2034, '1,000 voices - A Discerned 10-Year Approach to the Future of Homelessness Services in The Salvation Army UKIT'.

Creating a culture of safety, trust, connection and collaboration are central to the prevention and alleviation of homelessness. Our aim collectively must be to ensure that people have access to a working system with sufficient resources that will enable them to experience a full life. We are committed to that outcome.

This report looks beyond 'a roof and four walls' at the whole person and provides a frame for our work to prevent and alleviate homelessness and support people to thrive, not just survive.

Helen Murdoch
Regional Manager (Scotland)
Homelessness Services





4. Introduction

Every day at The Salvation Army we support individuals who are experiencing homelessness or who are at risk of homelessness. We know first-hand that substance use and mental ill health often go hand-in-hand with circumstances like this.

Whether people are using substances to help them cope with the challenges of sleeping rough, or experiencing mental ill health after losing their home, many of these support needs are rooted in homelessness.

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It's a vicious circle, it's frustrating and sometimes it's heartbreaking.

- Phil, Support Worker

Methodology

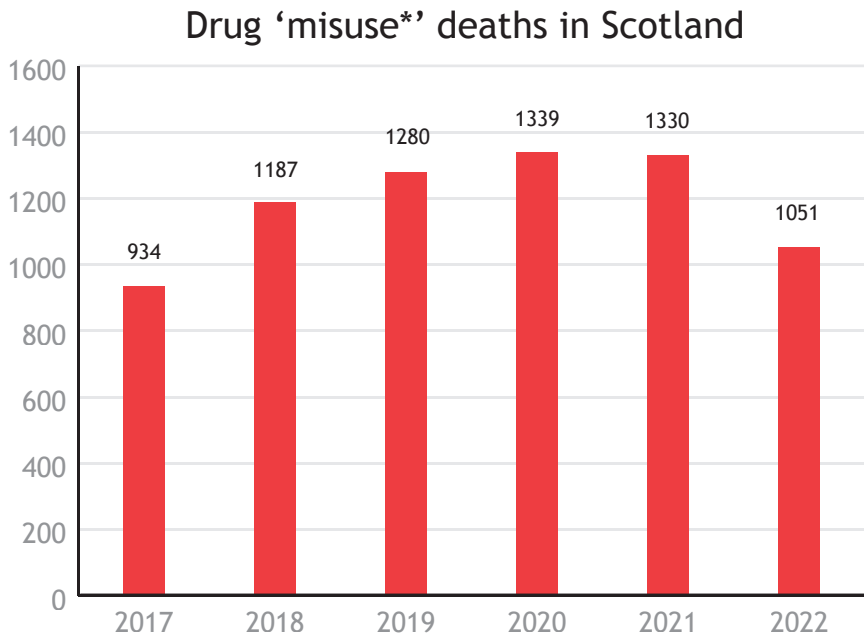
The following report is based on a mixed-methods approach which has included:

- a Freedom of Information request with all local authorities in Scotland
- analysis of government statistics relating to homelessness
- semi-structured, in-depth interviews with Salvation Army staff

All quotes have been attributed to pseudonyms in order to preserve anonymity.

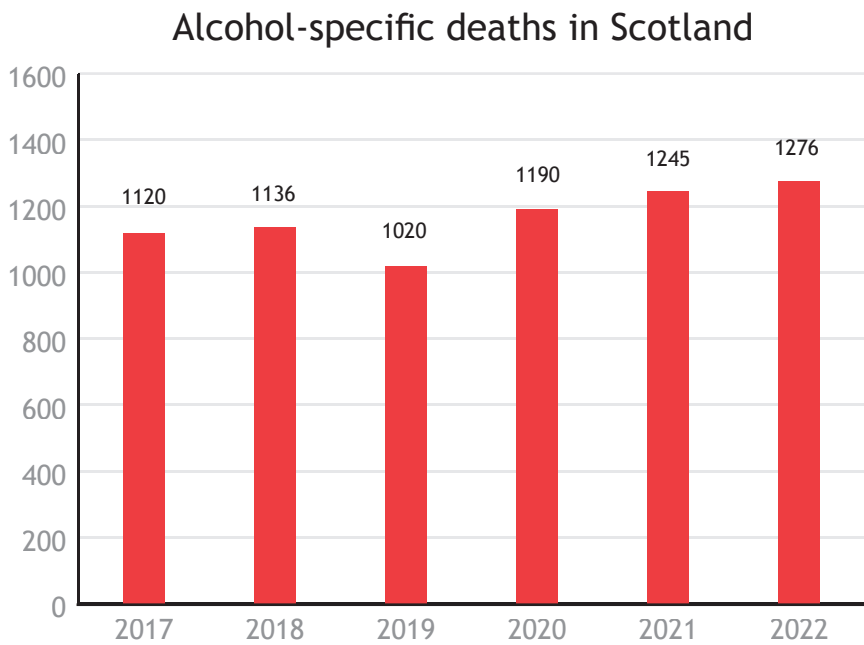
5. Establishing the need for support

The drug crisis facing Scotland is well documented, with 1,051 drug ‘misuse’ deaths in 2022¹ which, while a decrease, still represents the worst drug death rate in Europe.

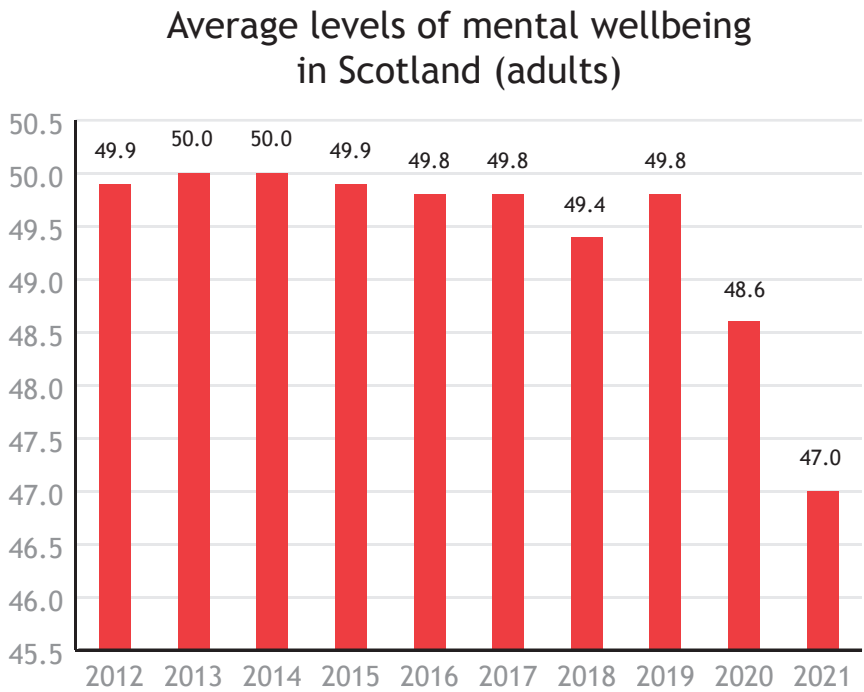


* Although the official title of these stats uses the word ‘misuse’, The Salvation Army advocates for language around substance use that does not increase stigma. Instead of ‘misuse’ we recommend using ‘substance use’.

Deaths in Scotland relating to alcohol have increased over recent years² with more people losing their lives to alcohol than drugs in 2022, for the first time since 2017.



In terms of mental health, the picture is equally concerning. There has been a 580% rise in the number of calls to NHS24 about mental health over the last three years. The raw number of calls has risen from around 20,000 to 139,000³.



The Scottish Health Survey⁴ has also shown a decline in mental wellbeing amongst adults over the last decade.

Regardless of the changes over time, none of these figures should ever be viewed as inevitable.

1. Drug-related deaths in Scotland, August, 2023, National Records of Scotland
2. Alcohol-specific deaths in Scotland, August 2023, National Records of Scotland

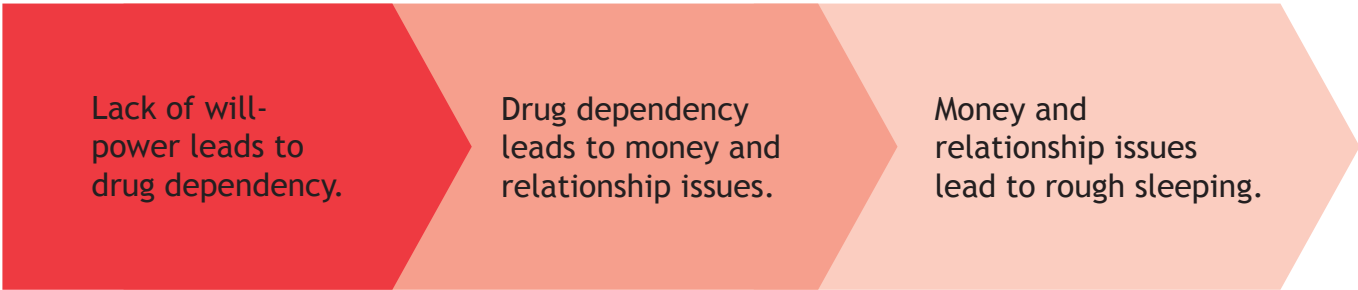
3. Scottish Labour Party, Freedom of Information Request
4. The Scottish Health Survey, The Scottish Government, December 2023

6. Establishing the need with a spotlight on homelessness

When it comes to talking about homelessness, conversations about drugs and alcohol in particular are never too far behind. For much of the general public that conversation is fairly linear - drugs and alcohol consumption lead to homelessness.

A study by the Centre for Homelessness Impact showed that drugs and alcohol were the most commonly perceived main cause of homelessness (50% of respondents)⁵.

This linear thinking can drive negativity towards people experiencing homelessness because other research has often shown that drugs and alcohol dependency are seen as an individual’s choice. Research in Scotland showed that 42% of respondents said that a lack of self-discipline and willpower was a main cause of drug dependence⁶.

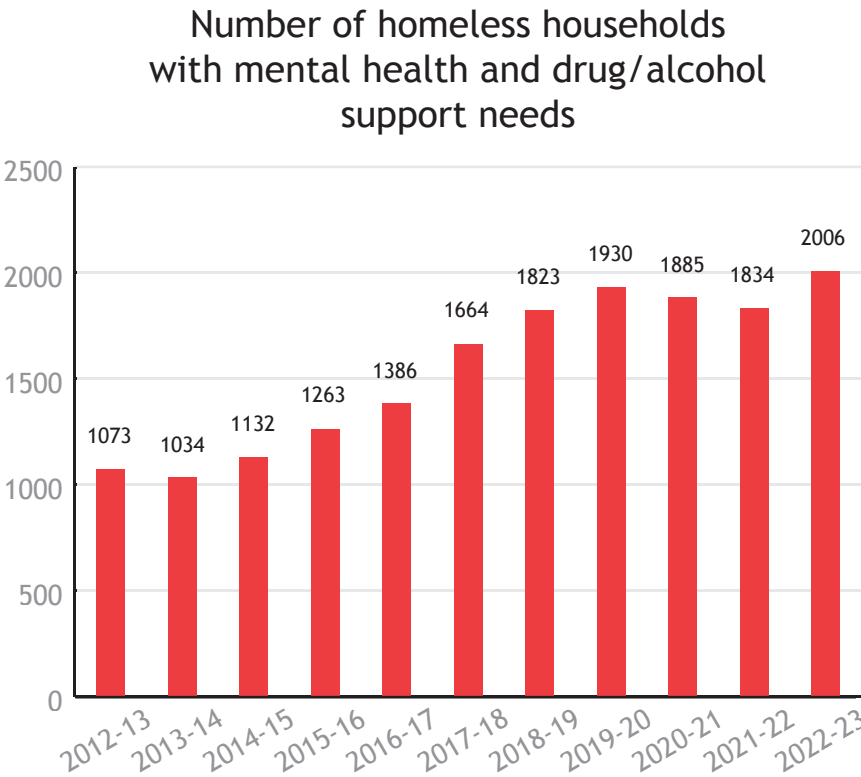


This thinking is flawed. We know from our day-to-day work that mental health struggles, drug use and alcohol consumption can be consequences of homelessness, rather than causes.

It may be that someone is taking substances because it is the only way they know of coping with a life-long trauma⁷. It may be that someone is drinking as it is the only way they know of forcing themselves to sleep in a cold and hostile environment⁸. Or it may be that drugs and alcohol are the only way people can mentally block out the trauma of sleeping on the streets.

In 2022/2023, 10% (3,151) of those who were homeless / threatened with homelessness had a drug or alcohol dependency support need. In the same period, 30% (9,772) of those who were homeless / threatened with homelessness had a mental health support need⁹. In reality, numbers are likely to be higher as they include only individuals who have approached their local authority for support. Many rough sleepers or those hidden homeless will not be included.

These are not necessarily separate, distinct issues. **New analysis by The Salvation Army has shown that, over the last decade, there has been an 87% rise in the number of homeless households who have both mental health and substance use support needs¹⁰.**

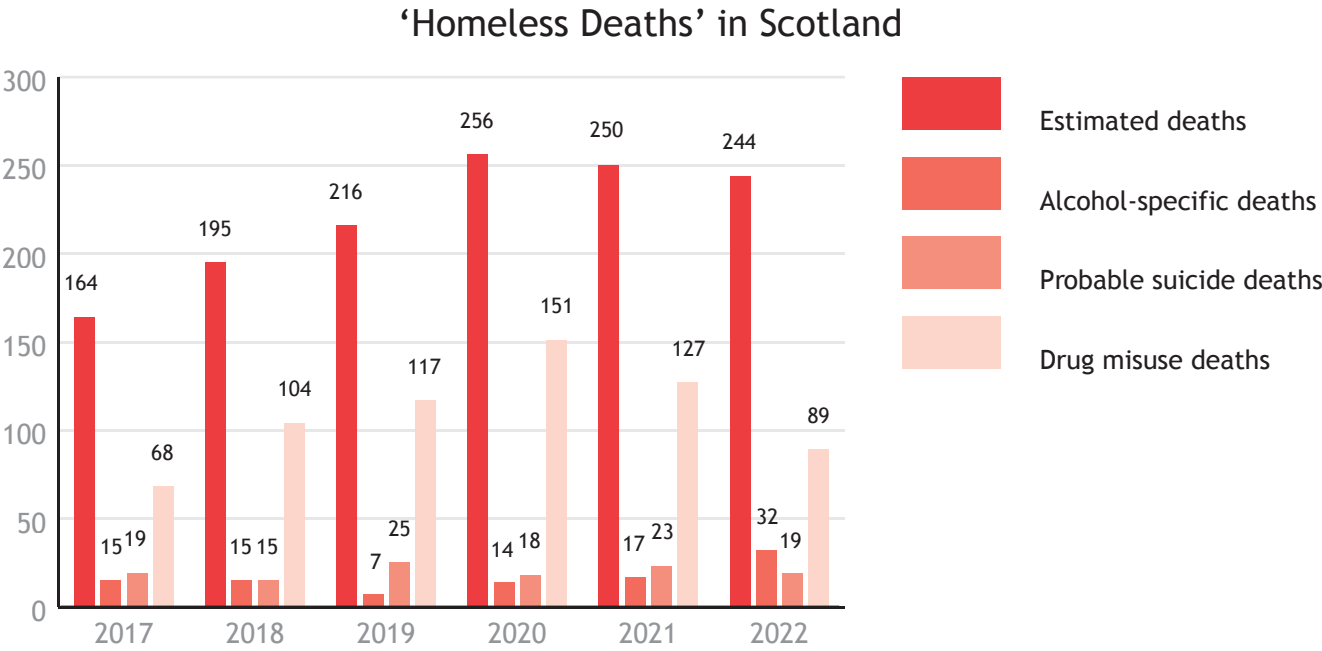


In addition to the raw number almost doubling, the proportion of people experiencing homelessness having a dual diagnosis has increased from 1 in 33 people to 1 in 17 over the past decade.

5. Evidence and society in the UK: public perceptions and homelessness, Centre for Homelessness Impact and Ipsos Mori, March 2022
6. Public Attitudes Towards People With Drug Dependence and People In Recovery, The Scottish Government, 2016
7. Traumatic Stress and Substance Abuse Problems, International Society for Traumatic Stress Studies,
8. These are examples of reasons we have heard directly from people who have used The Salvation Army’s services.

9. Homelessness in Scotland, The Scottish Government, August 2023
10. Homelessness in Scotland, The Scottish Government, August 2023

Tragically, these issues can sometimes result in loss of life. Almost half of the homeless deaths reported in Scotland in 2022 were attributed to drugs or alcohol¹¹.



Viewed together, currently available data and research paints a troubling picture: many people experiencing homelessness in Scotland are struggling with addiction and mental health problems, and in some cases losing their lives as a result.

To Note

Although this report looks at how to address the support needs of those who are already homeless, it is important to remember that to prevent issues like homelessness or substance abuse arising in the first place, consideration must be given to why individuals are using substances in the first place.

We know that trauma, childhood experiences, poverty and other social issues can all play a role, and so it is important to acknowledge that tackling these wider social justice issues can play a role in the prevention of homelessness / substance use.



7. A Need For Better Data

Despite the considerable evidence previously outlined, we believe there is a big data gap that needs addressing. In our experience, the most challenging forms of homelessness such as rough sleeping often go hand in hand with drug/alcohol use and mental health problems.

For the most effective policies to be implemented and evaluated, reliable and robust data on all aspects of homelessness is required.

Current information regarding people rough sleeping in Scotland is derived from the Scottish Government's statistics relating to homelessness applications. These statistics are gathered through local authorities who identify households that were sleeping rough the night prior / in the three months prior to applying.

This provides a somewhat limited understanding of the true scale of rough sleeping in Scotland.

- it ignores the many people who may be sleeping rough but do not apply to their local authority for support.
- it covers households where at least one person has slept rough. It does not capture exactly how many people have slept rough within that household.
- it does not capture where people were sleeping rough prior to three months before their application.
- it does not provide a detailed understanding of people's rough sleeping journey: for example, how often they have been sleeping on the streets, whether this a first time / repeat rough sleeper, etc.

Policy recommendation

Cities and regions with high levels of rough sleeping to introduce a similar recording system of the rough sleeping population as in London (CHAIN statistics).

The Salvation Army believes that the most effective measurement of rough sleeping and support needs in the UK comes from the Combined Homelessness and Information Network (CHAIN) that is in place in London. CHAIN is a database of information about people seen rough sleeping by outreach teams in London, commissioned and funded by the Greater London Authority (GLA) and managed by Homeless Link.

Services that record information on CHAIN include outreach teams, accommodation projects, day centres and specialist projects such as the GLA-commissioned No Second Night Out (NSNO).

Individuals are recorded in CHAIN if they have been approached by a commissioned outreach worker and are bedded down on the street or other locations not designed for habitation, such as doorways, stairwells, parks or derelict buildings.



8. Barriers to access wrap-around support

Throughout this work, we sought to understand what some of the key barriers are to people getting the addiction and mental health support they need.

Postcode Lottery of Support

The availability of wrap-around support for issues like addictions and mental health vary among local authorities.

One service manager spoke of having worked in two different local authorities and the lack of substance use support in one area compared to the plentiful amount in the other. This meant that while individuals in one area could relatively easily access a variety of support, such as residential rehab, recovery cafés or needle exchanges, in the other area it was difficult to access support without travelling.

“The addictions services are not good, and the facilities for the guys are not good. There’s nothing. There’s two fellowship meetings a week, whereas you could go to five a day in Glasgow. One recovery café a week.’
- Louise, Service Manager

“‘I have been on 120ml of methadone for 12 years now and I haven’t used heroin for almost 5 years, I just turn up at the addiction team and they give me my prescription, it wasn’t until I recently started getting support from a fellowship that I realised that I should have been getting support to decrease this and not just handed a piece of paper every month and no interaction whatsoever’
- Resident, The Salvation Army

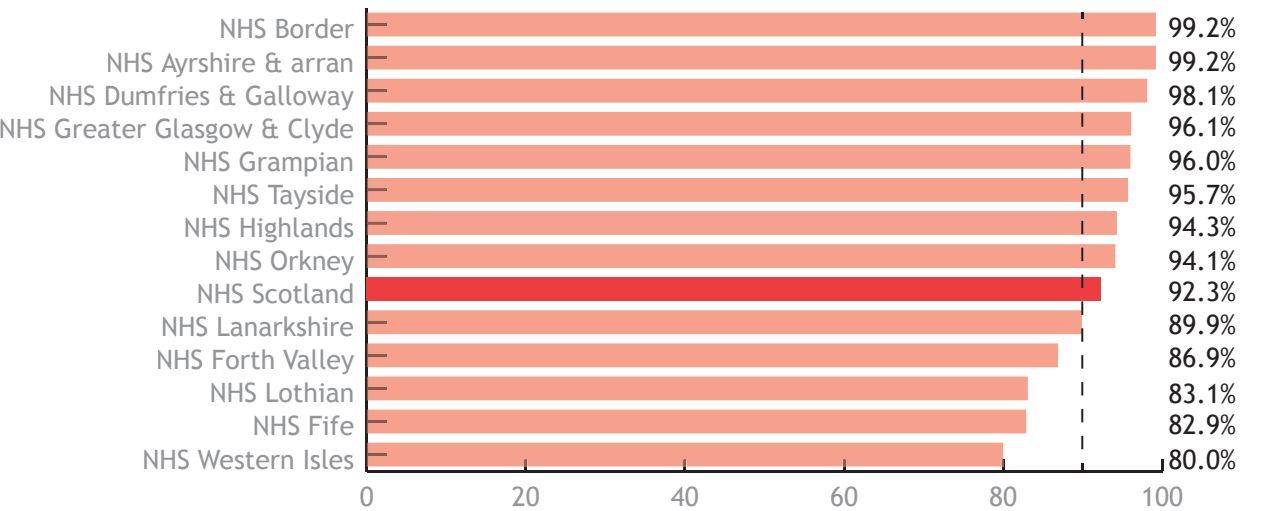
It was noted that for many people, individuals who agree to engage with support can be quite unsure about it, and it is therefore important to get support as quickly as possible before someone changes their mind or loses their confidence to engage.

“‘We didn’t have access to rehab, crisis centre. There are no residential rehab places in [local authority] so you’re kind of using the Mental Health team for your rehab.’
- Louise, Service Manager

WAITING TIMES

One of the most common reasons people often struggle to access any type of support is due to sheer lack of capacity - in other words, waiting lists.

In 2011 the Scottish Government set a standard that 90% of people referred for help with drug or alcohol use would have to wait no more than three weeks to begin treatment. As can be seen in the data below, that standard is being reached in the majority of NHS areas, with five not achieving the target. At a national level the Scottish Government is reaching its target.



Dashed line represents the Waiting Time Standard (90%)
* National Drug and Alcohol Treatment Waiting Times, 1st July - 30th September 2023. Public Health Scotland, December 2023

However, it should be remembered that these figures still mean more than 600 people were waiting longer than three weeks to start treatment when we know timing can be of paramount importance when it comes to someone’s recovery journey. With this in mind we would also welcome a review to see if the standard of three weeks could be lowered over time.

It is also important to remember that these figures only cover individuals who are referred for support. We know from first-hand experience that many people never manage to get referred into the system due to issues like vulnerability, instability of accommodation or having to move from place to place.

In terms of psychological therapy, the Scottish Government standard is for 90% of patients to start treatment within 18 weeks of referral. Currently this standard is not being met, with around 80% starting treatment within 18 weeks in the most recent quarter¹².

“

I think the difficulty then comes with every area or department or organisation ... it seems in the health and social care sector it is under-resourced, understaffed ... many of the drug workers who we speak to have got 50 and 60 people on their caseload.’

- Joanne, Specialist Support Worker

Out-of-hours

Even when individuals have started accessing treatment, there has still been a problem with availability of provision.

One of the issues that has been highlighted within The Salvation Army has been the lack of addiction support available at the weekend or in the evening. For example, most addiction services are closed on Saturdays and Sundays - precisely the times when people we support are likely to suffer a relapse or other challenges. By Monday morning, these experiences can have had a severe impact on someone’s recovery journey, which could have been avoided if support was available over the weekend.

New analysis by The Salvation Army has found that 83% of drug support services in Scotland are closed over the weekend and half of Scotland’s local authorities (16) could be without a support service that is open over the weekend¹³.

“

There are no services open here after 5pm and I cant get any support outside the centre, it’s like my mental health and addiction don’t matter after 9am-5pm or at the weekend’

- Resident, The Salvation Army

“

I think the challenge that I find most frustrating is if somebody does want to engage in ... it’s like somebody might want to engage at 6 pm tonight ... but by 9 am tomorrow morning they will have changed their mind.’

- Joanne, Specialist Support Worker

“

I’m working with the Alcohol and Drug Partnership (ADP), looking at a new strategy. I mentioned they need a hub in the city centre, where people can drop in whenever they want. Support then and there. In [local authority] they have to get an appointment, so by the time their appointment comes they don’t actually need it. People need it right now, and they’ll only come to you when they need it. They won’t come and say I need this next week. They’ll come and say I am really struggling - I need this right now.’”

- Louise, Service Manager

Policy recommendation

Scottish Government, local authorities and Health and Social Care Partnerships (HSCPs) to work together to ensure there is drug, alcohol and mental health support available evenings and weekends in all local authority areas. One option is to do this through a one-stop hub for drug and alcohol support.

12. Psychological therapies waiting times, Public Health Scotland, December 2023

20 13. This analysis was based on the Scottish Drugs Forum’s Scottish Drug Services Directory.

Stigma of Substance Use

We know from our wider work in The Salvation Army that many people are still put off the idea of seeking addiction support because of the stigma that is attached to drug use.

We also know of clients who are reluctant to attend their local chemist for fear of judgemental looks and comments.

“

I feel stigmatised just walking into the addiction team due to the location in the city centre, people see me walking in there and know exactly what I am going for’

- Resident, The Salvation Army

“

There’s stigma in the chemists where they have to get it, so half the time they are like “I won’t bother”. People seeing them, they will go in and see “normal” members of the public and they’ll get embarrassed

- Louise, Service Manager

“

Stigma is a massive part. Even when they go to chemists to pick their methadone up, they’re ushered into a wee small room ... They’ve been treated like that all their lives. Why care if nobody else cares?

- Phil, Support Worker

See Beyond - See the Lives - Scotland

The Salvation Army is backing a campaign aimed at reducing stigma around deaths due to alcohol and drugs. See Beyond - See the Lives - Scotland was launched by the University of Stirling, Scottish Families Affected by Alcohol and Drugs, Scottish Health Action on Alcohol Problems and The Salvation Army. www.seebeyondscotland.com

The hope is that sharing stories of people who have been affected will address myths and encourage compassion for those experiencing substance use and those left behind when a loved one dies.

Policy recommendation

We endorse the Scottish Government’s commitment to treat drug and alcohol policy predominantly as a public health matter rather than a criminal justice issue.

Dual Diagnosis

As we outlined at the beginning of this report, homelessness, mental health and substance use are not always distinct issues that rely on separate solutions.

It is very common for people experiencing homelessness to have mental health support needs at the same time as drug or alcohol support needs. This often results in individuals being blocked from accessing important services because certain mental health treatment is offered only if someone is not taking substances.

“

The mental health is the same. If you have drug issues, they just put you to the side. It’s drug related, we can’t help you while you are on drugs. So, guys are stuck in limbo. ’Cause guys can’t stop using drugs. If they could stop using, then believe me they would. This isn’t their choice, they need to use to cope. They need further support, they can’t just be put to the side. Everyone needs help and everyone deserves their change.’

- Phil, Support Worker

Several staff members we spoke to highlighted that they knew of several people who been rejected from mental health support on the basis that they were still using substances.

“

In [local authority] they won’t [engage]. They will say “We can’t assess you because you’re using substances” - but I’m saying he won’t stop using substances until we manage to fix his mental health. So, we’re just going around in this vicious circle then.’

- Louise, Service Manager

“

Mental health services can be difficult as well, and not the actual mental health services themselves, but because a lot of our clients are actively using or drinking or whatever it might be ... and basically if they are doing that, then the mental health team won’t really touch them ... to be assessed you need to not be using anything - but you can’t stop using because they’re, you know, physically or psychologically dependent ... it can be really, really difficult.’

- Joanne, Specialist Support Worker

Policy recommendation

No individual, especially if they are experiencing homeless, should be denied mental health support on the basis that they are using drugs or consuming alcohol.

9. Temporary accommodation

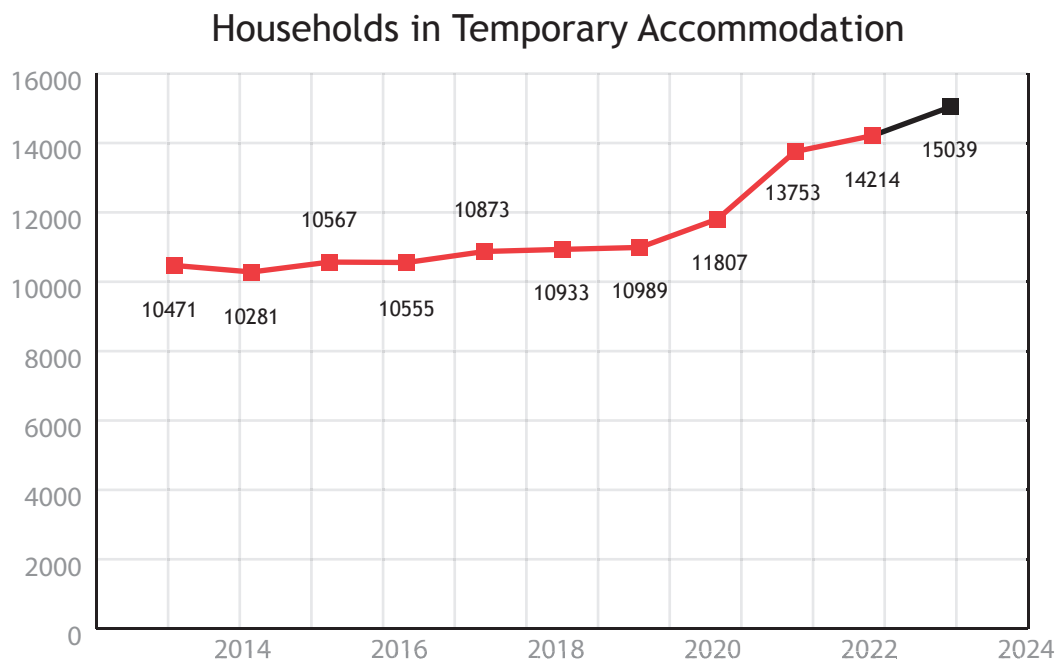
When the Scottish Government abolished priority need in homelessness support (late 2012), this was seen as a very positive move that would drastically reduce the number of people sleeping rough in Scotland. One of the unintended consequences has been that it has led to an over-reliance on temporary accommodation.

What is Temporary Accommodation?

Temporary accommodation is a broad term applied to a variety of accommodation that someone might live in for a period of time, while they wait for long-term, permanent accommodation to become available. Temporary accommodation can include:

- hostels
- hotels
- B&Bs
- self-contained furnished flats
- supported living

As can be seen in the graph below, over the last decade the number of households in temporary accommodation has risen by 44%¹⁴.



While temporary accommodation plays an important role in someone’s journey, we have concerns that when in this type of accommodation, be it flats, hotels, B&Bs, etc, it can make it difficult for people to access the wrap-around support they need.

New research by The Salvation Army has shown that at least 595 people have died in temporary accommodation since 2019 . Of those deaths in temporary accommodation the majority (56%) were in furnished self-contained accommodation, with the other most common locations being Supported Living (12%), B&Bs (11%) and Hostels (11%).

	NET: Total deaths	Hotel	B&B	Furnished self-contained accommodation	Hostels	Supported living	Other	No location
2022/2023	139	3 (2%)	14 (10%)	78 (57%)	8 (6%)	28 (21%)	5 (4%)	3
2021/2022	170	8 (5%)	18 (18%)	94 (56%)	17 (10%)	27 (16%)	3 (2%)	3
2020/2021	165	14 (9%)	21 (13%)	86 (54%)	27 (17%)	4 (3%)	8 (5%)	5
2019/2020	119	2 (2%)	13 (11%)	73 (61%)	16 (13%)	14 (12%)	1 (1%)	0
NET: Since 2019	595	27 (5%)	66 (11%)	331 (56%)	68 (11%)	73 (12%)	17 (3%)	13 (2%)

*Some deaths have not been attributed to a location / specific year. Where possible they have been included in NET totals, but therefore these NET totals do not always match the totals of other categories.

While some of these trends might be expected, given the heavier reliance in general on furnished local authority accommodation over hotels, for example, it nonetheless raises the questions of whether certain types of temporary accommodation make it easier/ harder to access wrap-around support.

The same research has also revealed that fewer than a third of local authorities (31%) are collating the cause of death. For those that do, 20% of deaths are related to drug use.

A lack of data around the cause of death raises serious concerns about our ability as a society to successfully prevent people losing their lives while waiting for a place to call home. If we are to avoid these deaths in the future, it is vital we understand what the main causes of death are affecting people up to this point.

At The Salvation Army

As part of our commitment to the wellbeing of those we support, good governance and continuous improvement, we have a process for reviewing deaths that occur in our centres. These are investigated by an independent consultant - a former police officer - before being considered by a panel representing different parts of our organisation. This 'learning of lessons' helps identify trends with the objective of preventing future deaths.

Policy recommendation

All local authorities in Scotland to analyse the cause of death of any individual who dies while in temporary accommodation arranged by the council or a Housing First tenancy. This information should be promptly reviewed in order to identify any trends in need of action by the local authority.

While data is lacking for the majority of local authorities, there is sufficient to see that substance use plays a significant role. One in five of the deaths where a cause of death was known to the local authority were attributable to drug use. These figures tally with views we have heard that people in temporary accommodation can struggle to access the wrap-around support they need.

We asked local authorities about the number of people in temporary accommodation who were accessing addiction or mental health support, but only three local authorities were able to provide this information.

Policy recommendation

People housed in temporary accommodation to be prioritised in receiving specialist support for substance use and mental health.

10. Housing first

What is Housing First?

Housing First is a specialised service operating internationally for people who have experienced long-term or recurrent homelessness. It offers permanent housing as quickly as possible when homelessness has not been prevented and puts in place wrap-around support, linking people into services to address other issues. Housing First is intended for the small group of people experiencing homelessness who require support but where supported accommodation is not suitable: around 10-15% in Scotland typically.

The philosophy behind this approach is that people need to secure their 'housing first' rather than addressing other issues first. Once a secure home is in place, individuals can address issues such as addiction or mental health with help from their support worker and services.

It calls for a multi-agency approach. Working alongside clients, a support package is developed to help sustain the tenancy and allow people to build and live their lives in the community. Partners involved can include street outreach teams; mental health teams; support providers; social services; landlords; drug and alcohol services. There is significant international evidence for the efficacy of Housing First, which has been successful in supporting individuals experiencing long-term or recurring homelessness who often lack social support networks and community connections. Housing First is intended for a small group of people who have not been able to live successfully in supported accommodation or in their own accommodation in the community.

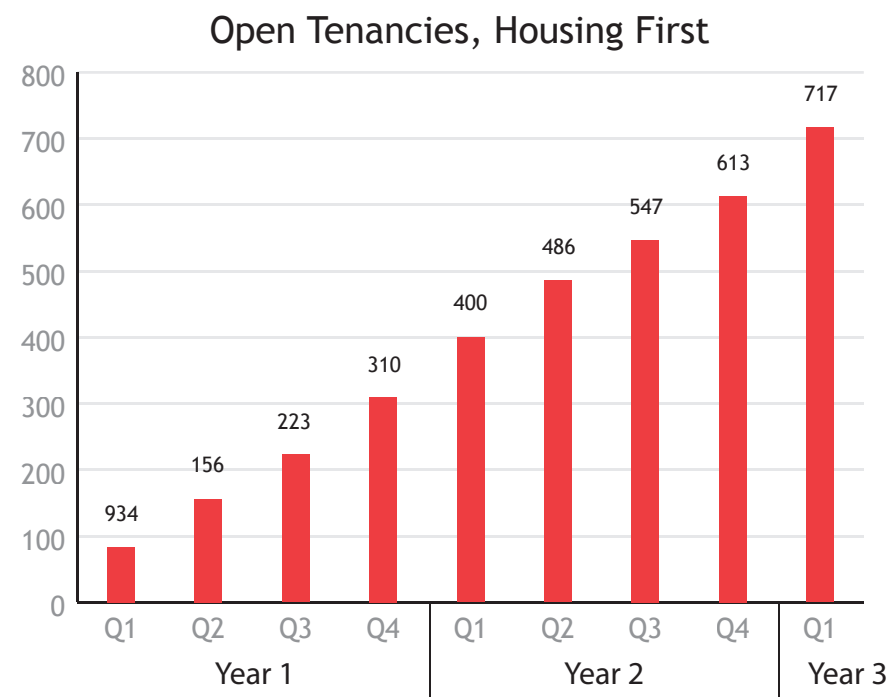
At The Salvation Army we believe Housing First can be a positive way to address deeply entrenched rough sleeping. In our own Housing First services we see individuals thrive when equipped with the appropriate wrap-around support.

Our Housing First services abide by the seven principles recognised internationally¹⁶:

- Everyone has a right to a home.
- An active engagement approach is used.
- Flexible support is provided for as long as it is needed.
- Housing and support are separated.
- Individuals have choice and control.
- The service is based on people's strengths, goals and aspirations.
- A harm reduction approach is used.

We believe that for Housing First to be as successful as intended, all of these core principles must be followed in their entirety.

In Scotland we have been pleased to see a growing expansion of Housing First across the country with the number of open tenancies increasing to over 700 in the last quarter¹⁷.



However, for Housing First to work properly and to get the desired outcomes, individuals must be given the right wrap-around support to help with issues such as substance use and mental health.

We have concerns that in some cases, people are not getting the wrap-around support they need and, in this case, the potential pressure of having a tenancy is in fact doing more harm than good.

“It [Housing First] can do more damage [if you don’t get the wrap-around support]. I think people can underestimate the sheer loneliness of a tenancy.’

- Jill, Housing First Service Manager

Misunderstanding About Housing First

There can be a misunderstanding about the purpose of Housing First. One local authority suggested that someone’s life might be too chaotic to be considered for a tenancy, despite the very premise of Housing First being to support entrenched rough sleepers whose lives are often chaotic.

“It can be about inappropriate referrals. They need to look at their referral process. Some of it is about the referral process.’

- Jill, Housing First Service Manager

Housing First Needs Support to Work

Some local authorities have assumed that The Salvation Army will handle all support once the individual has been given a tenancy. This is not the case, and individuals still require specialist support that must be arranged through the local authority, but this is often not being met.

This means that some individuals are being placed in a tenancy without the tools they need to maintain it.

“We’ve had many occasions where other agencies say, “Well we don’t need to do anything because they’ve got Housing First.” They seem to think the Housing First workers provide that wrap-around support. They don’t look at their role within that support ... There is this misconception that means Housing First alone is this wrap-around service, so it’s Housing First that provides that wrap-around support, rather than it being a multi-disciplinary approach.’

- Jill, Housing First Service Manager

We are clear that Housing First is a very positive approach that can make big difference to people’s lives, but it is important that it is delivered in a ‘pure’ form with this vital wrap-around support in place.

“It’s not for everybody, but for a lot of people it works really well. I love Housing First. It needs people to increase awareness of what wrap-around is, once everybody knows what it is and buys into it. Whoever’s doing the assessment for the council, the clients and care managers need an explanation of what Housing First is.’

Jill, Housing First Service Manager

Policy recommendation

Housing First tenants to be prioritised in receiving specialist support for substance use and mental health. We support Housing First Scotland’s call for Housing First tenants to be ‘passported’ into specialist services when these are needed.

11. What is the impact?

When individuals do not get the wider support to address addictions and mental health, the impact can be devastating.

On a very simple level, the lack of wrap-around support can mean people's substance use continues, health challenges endure, pressure on public services continues and ultimately there is a risk to life.

The most common impact highlighted by staff was that people would be returning to prison or the resettlement service in the very near future, even after taking up a tenancy. This was because staff could spot the signs and warnings that someone was entering a tenancy with the wrong mindset and without a sufficient level of wellbeing needed to deal with that tenancy.

“

‘When I left, I was told by the local authority that I would be supported in my new house. I have been in there 8 weeks and seen 1 housing support worker on the second day I moved in. I am having to come back to the centre for support which I am very grateful for’

- Ex-Resident, The Salvation Army

“

I went into detox for my alcohol addiction and was discharged after 3 weeks back into the community, I was given no aftercare plan or support and had nothing to do with my time, this resulted in me using alcohol again’

- Resident, The Salvation Army

“

People keep continually coming round the services. They'll move out and then they're back in, because they've not got that support to keep that going. We can give as much aftercare, but we're not commissioned to do so. We've got guys who turn up twice a week. We put a boy in a house last Friday and I genuinely said, this is not something I like saying at all, but he's going to be back in a couple of weeks ... you can see he's using £40-£60 per day on Ket (Ketamine). It's really sad but he's going to be back in a couple of weeks.’

- Louise, Service Manager

“

It's a revolving door for most of the guys - prisons, hostels, maybe get some accommodation for a year at most, then back in here, back in prison. Just a revolving door.’

- Phil, Support Worker

One staff member noted this was likely to have a negative impact on already stretched local authority funding, as even when people had entered the service, the likelihood of them re-entering the pathway and needing to be supported again was high.

“

It's difficult. We understand all services have had cuts ... it must cost them more money for this revolving door.’

- Phil, Support Worker



12. What works well?

Prison To Rehab Protocol

One of the programmes highlighted within our research as a good example of how to support substance use is the Prison to Rehab Protocol. This programme ensures that prisoners who are struggling with addiction are provided with a residential rehabilitation placement as quickly as possible upon release.

“

He was getting help with mental health, he was on the right medication, he's going to meetings every day, he's in rehab - and this is all straight from prison, which I think is amazing.'

- Phil, Support Worker

One-Stop Hub

It was noted by one service manager that a positive approach to engaging with people over addiction support has been one-stop hubs located in city/town centres. These hubs can often provide a safe and accessible way of engaging with a range of support and can increase the level of engagement someone might have with wider support services.

The same service manager noted that this approach was not adopted in every local authority area, but that her area would benefit greatly from this approach.

“

I want to open a hub in the city centre. I want to have two specialists in it, late at night. Open at the weekend ... and have group work, needle exchange, a one-stop shop for everything. Then get all of the other agencies to come in and out of it because it's an easy way to get hold of clients I want Naloxone. The guys won't go out to these places, but if you bring these places to where they are, they will start engaging. Plus, if we're there and the guys have got a relationship with us, they'll engage much better.'

- Louise, Service Manager

A Variety of Services

It was clear that the wider variety of services on offer, the more chance people had for successfully tackling some of challenges in their lives.

“

There's lots of different organisations ... some of them offer, like, exercise and things like that a lot. The recovery cafés have got lots of different activities on. There's also fellowship. There's a lot people can get involved in.'

- Joanne, Specialist Support Worker

One support worker also highlighted the importance of accessing rehab places when needed.

“

Basically, I try and get them into rehab. I know the support they are going to get in there. If they go there, they're going to be safe, there's going to be a structure, they're getting meals, they're going to meetings, they're going to get support, trauma support.'

- Phil, Support Worker

Medication Assisted Treatment (MAT) Standards¹⁸

There was some praise for the MAT standards and how they set out good objectives for receiving support, but that successful implementation of the standards is reliant on local workloads and resource.

“

Basically, I try and get them into rehab. I know the support they are going to get in there. If they go there, they're going to be safe, there's going to be a structure, they're getting meals, they're going to meetings, they're going to get support, trauma support.'

- Phil, Support Worker

“

I think the difficulty then comes with every area or department or organisation in the health and social care sector under-resourced, understaffed; many of the drug workers who we speak to have got 50 and 60 people on their caseload.'

- Joanne, Specialist Support Worker

13. Conclusions and recommendations

We know that to successfully resolve homelessness, a holistic view is required that addresses people's wider wellbeing. Addictions and mental health must be front and centre.

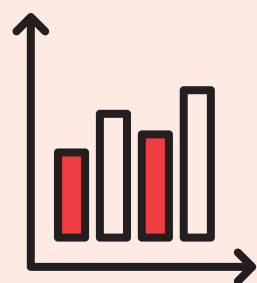
The current reality is that many of the people we support are not getting the wrap-around support that is so vital if people are to move forward with their own lives and eventually out of homelessness.

1



All local authorities in Scotland to analyse the cause of death of any individual who dies while in temporary accommodation arranged by the council or a Housing First tenancy. This information should be promptly reviewed in order to identify any trends in need of action by the local authority.

2



Cities and regions with high levels of rough sleeping to introduce a similar recording system of the rough sleeping population as in London (CHAIN statistics).

3



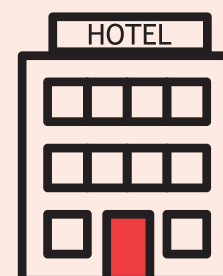
Scottish Government, local authorities and Health and Social Care Partnerships (HSCPs) to work together to ensure there is drug, alcohol and mental health support available evenings and weekends in all local authority areas. One option is to do this through a one-stop hub for drug and alcohol support.

4



Drug and alcohol policy should be treated predominantly as a public health issue rather than a criminal justice matter.

5



People housed in temporary accommodation to be prioritised in receiving specialist support for substance use and mental health.

6



Housing First tenants to be prioritised in receiving specialist support for substance use and mental health. We support Housing First Scotland's call for Housing First tenants to be 'passport' into specialist services when these are needed.

7



No individual, especially if they are experiencing homelessness, should be denied mental health support on the basis that they are using drugs or consuming alcohol.

Author: Jeremy Bushnell, Policy Analyst for Homelessness and Addictions

The Salvation Army, The Scotland Office, 12a Dryden Road, Loanhead, EH20 9LZ

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