

HOMELESSNESS AND SUBSTANCE USE: DISCUSSION PAPER

Purpose of this paper

To highlight background, current work and the wider landscape; and to set out proposed direction of travel to engage drugs and alcohol services and other partners, including health, in our ambition to prevent, tackle and end homelessness and rough sleeping.

Background

1. At the Homelessness Prevention and Strategy Group (HPSG) meeting of December 2019, a discussion was held on how better to align the policy agendas of tackling homelessness and improving physical and mental health in Scotland. The paper produced for that session outlined some of the strong strategic links and aligned priorities which have been developed in recent years between homelessness services and particularly public health, as well as some of the opportunities for better, more joined up responses from frontline services. In recent developments, two Health and Social Care representatives have been identified by Integration Joint Boards (IJBs) and joined HPSG and the Rapid Rehousing Transition Plan (RRTP) Sub Group of HPSG, respectively.

2. The paper also emphasised that ‘this work stream must encompass not only health and homelessness but include community justice, childhood poverty reduction and violence reduction alongside mental health, substance use and physical health services in order to respond to the multiple social disadvantage captured in the Hard Edges Scotland report’.

3. The reference to substance use reflects a longstanding awareness of its role in increasing the potential for experiencing homelessness, with the Hard Edges report of July 2019 re-emphasising this connection by providing a quantitative assessment of the numbers of those experiencing homelessness, substance use and the justice system over the course of a year. One of the first practical responses to this was the announcement in September’s Programme for Government of the commitment to establish an Inclusive Scotland Fund, to be established in 2020-21 to support local areas put citizens experiencing severe and multiple disadvantage (SMD) at the heart of redesigning services. A submission elaborating on this proposal was put to Ministers on 30 January, which is outlined below in paragraph 17.

Hard Edges Scotland

4. The publication of the Hard Edges Scotland study in 2019 underlined the need for the Scottish Government and its partners to consider how best to move from traditional silos in working to address the needs of those suffering severe and multiple disadvantage. The people who may appear in drugs or homelessness statistics will not always be defined by that one issue. There may be a multitude of issues which have influenced the journey to addiction and homelessness including adverse childhood experiences, trauma and mental health issues and it is becoming clearer that both policy and frontline service delivery needs to have the flexibility to deliver person centred services.

5. For example, the Hard Edges study highlighted the particular difficulty of people with active substance dependency in accessing mainstream mental health services and some of the frustration was summarised by service providers in reflecting on one of their clients *'she's not enough of an addict, she's not enough of a mental health patient, she's not enough of a criminal ...not enough of anything to get a package'*.

Drug Deaths and Homelessness

6. In February 2020, further evidence of the links between substance use and homelessness were indicated by experimental figures published by the National Records Office on the numbers of deaths recorded for those experiencing homelessness, both in temporary accommodation and experiencing rough sleeping. One of the striking statistics was that the majority of 'homeless deaths' were linked to substance use and drug overdoses.

7. These statistics came in the wake of the establishment in 2019 of the Drugs Deaths Taskforce (DDTF), following the publication of national statistics which indicated the extent of the issue across Scotland. In its Programme for Government, published in September, the Scottish Government announced that an additional £20m would be made available to tackle this issue. The DDTF has a subgroup exploring how people experiencing severe, multiple disadvantage can have better access to drug services.

8. On 26 February, 350 people from across the UK, including people with lived experience of drug use and those working with frontline services, discussed drug deaths at the Scottish Drugs Conference in Glasgow. The discussions helped to inform Scotland's input to the UK Drugs Summit the following day.

Homelessness and Substance Use Policy

9. Against this background, a number of common themes and links can be made between homelessness and substance use policy in Scotland. The commitments made by the Scottish Government and its range of partners to the establishment and work of the Drugs Death Taskforce has parallels with the establishment and work of the Homelessness Rough Sleeping Action Group (HARSAG) in 2017 and its subsequent recommendations and influence on the current Ending Homelessness Together Action Plan, published in 2018 and supported by the £50m Ending Homelessness Together Fund.

10. Both groups reflected the common belief that despite the focus of existing partnerships (Alcohol and Drugs Partnerships, Health and Social Care Partnerships) and positive models of practice to address these issues in Scotland, a sense of urgency was required to address the more endemic issues within the system, which continue to lead to drug deaths and the trauma and danger faced by those experiencing rough sleeping. In homelessness, this urgency was reflected in funding being made available for frontline outreach services for 'winter actions' to address the immediate risk to those experiencing the damaging effects of rough sleeping.

11. However, the Action Plan that emerged from HARSAG recognised that in order to move from on-going crisis management, actions need to go beyond the immediate to addressing wider systems issues of prevention, person centred approaches, providing the right support at the right time, ‘no wrong door’ in accessing services and, crucially, the need for more joined up working across policy areas at both a strategic and frontline level.

12. The Rights, Respect and Recovery Action Plan outlines some proposals in this space: in improving access to Housing First amongst those with alcohol and drug problems 2020, and scoping the feasibility and acceptability of Managed Alcohol Programmes for people who are homeless with severe alcohol problems in community-based, third sector services in Scotland.

Rapid Rehousing and Housing First

13. One of the main drivers of the Ending Homelessness Together Action Plan is the move to rapid rehousing transition plans in local authority areas, so that people experiencing homelessness move into settled accommodation quicker. The Housing First model is at the core of this approach, as it ensures those that may have more complex needs, including issues with mental health and substance use, are able to access settled accommodation with wraparound, intensive support.

14. The link between homelessness and substance use was key to the development of this approach in Scotland, with the initial pilot in Glasgow being established by Turning Point Scotland. Consequently, one of the most important approaches to addressing homelessness in Scotland currently being developed has its roots in the collaboration between housing and addictions services to challenge the traditional ‘step by step, tenancy ready’ approach to those with substance use issues who were experiencing homelessness. The financial contribution of health to the Housing First Pathfinder programme in Scotland is another example of the potential for cross portfolio working.

Lived Experience

15. An important part of both the work of HARSAG and the Drugs Death Taskforce has been the voice of lived experience. The Change Team, established in collaboration with Homeless Network Scotland, is providing reflection on the Ending Homelessness Together Action Plan and will help inform how best to develop and improve on our methods of ensuring lived experience informs policy development in the future. This will be of particular interest in incorporating the experience of those experiencing multiple and complex needs and who will have had a range of experiences of different services, often working in silos. Many may have experienced similar barriers to receiving the person centred service they require to prevent routes into homelessness and addiction in their interactions with housing, drugs & alcohol, justice and health services.

16. A recent study makes it clear however, that working with people lived experience must be purposeful. Their perspectives should genuinely be listened to and seriously considered, for the right reasons, and without tokenism. It requires bravery, not just from those telling their stories but also from those who are listening.

Mission Based Design

17. The proposal put to Ministers on SMD at the end of January sets out a new approach to redesigning policy and services together with people with lived and living experience. It suggested that the way we engage with people experiencing SMD tends to be on an issue-by-issue basis. Instead, our policies and public services need to take account of people's whole lives, and not their homelessness, drug use or offending in isolation. To do this, we will change how we develop policy and design services for this population: we will recruit a group of citizens in one locality who will be fully supported and trained, with whom policy officials and local services will work to understand their whole lives, and jointly redesign the services and the policies that underpin them.

18. Quick wins will be implemented through a network of partnerships, while wider learning and design principles will shape a) central government policy and a more joined up use of existing investment, and b) local service redesign and investment.

Prevention Duty

19. In the Ending Homelessness Together Action Plan we set out our commitment to develop options for new duties on public bodies to prevent homelessness. The intention is that this builds on the current local authority homelessness duties and recognises the vital role that other public bodies, such as health and justice services, also have in working together to prevent homelessness. Development work to create these options is being conducted by the Prevention Duty Review Group with support from Crisis and in collaboration with public bodies, third sector organisations and people with experience of homelessness. The Review Group will be submitting their recommendations to the Scottish Government in summer 2020.

20. In recognition of the evidence that some groups are at higher risk of experiencing homelessness than others, we are also developing homelessness Prevention Pathways to ensure we are working towards solutions tailored for specific groups that will prevent people from becoming homeless. This will include: young people (a prevention pathway has already been developed for young people with experience of care and we are now working on a pathway for young people who identify as LGBT); women with experience of domestic abuse; people who have served in the armed forces; and people being discharged from hospital.

Discussion

21. Members are invited to outline their views to Mr Fitzpatrick on the operational and strategic interventions they believe can make the biggest contributions to avoiding homeless drugs deaths in the future.

22. Members should also identify actions they can take in the short and long term and what they believe that the Scottish Government and other statutory bodies can do to support them in these efforts.

23. Members may wish to consider the following questions when preparing for the discussion.

- What can we do to stop homeless people dying from drug overdoses?
- To what extent is the Housing First approach working for those with addictions?
- How can we ensure that acute services are able to respond effectively to people with multiple complex needs?
- How can services work for those with both mental health and addiction issues?
- What does Hard Edges tell us about the actions we need to take to join up services more effectively?