Recommendations from an international and intersectional dialogue on how to reduce harm and promote wellbeing amongst people who have housing, health and substance use challenges.

People who experience homelessness often have multiple health problems including poor mental and physical health and problem substance use. While harm reduction approaches are recommended for those unlikely to achieve abstinence, there is little guidance on how harms from problem substance use can be reduced for people affected by homelessness.

To address this gap, a team of academics and practitioners from University of Stirling, University of Edinburgh, Heriot Watt University, Scottish Drugs Forum, NHS Lothian, and NHS Health Scotland hosted three knowledge exchange events on homelessness, health and harm reduction between November 2017 and May 2018.

These events brought people together from a range of perspectives and backgrounds, including people with lived experience of homelessness and problem substance use and family members affected by these issues. The aim was to share and discuss international, national and local best practice and, most critically, how we can work better together across sectors and disciplines to develop Scottish solutions. We also created a film of the dialogue and activities to raise awareness and take forward wider public discussion of our themes.

3 The final programme film as well as films of the presentations are available from: https://www.scottishinsight.ac.uk/Programmes/OpenCall201718/Reducingharmandpromotingwellbeing/ProgrammeVideos/tabid/8044/Default.aspx
Summary of the events

Event 1: Drugs, harm reduction, health and homelessness

In the first event, a variety of topics were discussed, including Housing First, relationships and health and support needs. In his presentation, Professor Nicholas Power (University of York) discussed the international evidence base for Housing First, drawing on studies from Canada, France, England and Finland. Housing First consists of high intensity case management but each approach can differ significantly in how the model is provided in practice. Housing First can be effective for those with high and complex needs, particularly when compared to abstinence-based approaches.

Jason Wallace (Scottish Drugs Forum) and Louise Aitken (Turning Point Scotland) discussed the health and social support needs of older people (deemed as aged over 35 years in this group) who use drugs in Scotland using data from a recent report1. This study consisted of data linkage; a comprehensive literature review; empirical research; a survey of service professionals; and a consultation day. Jason and Louise’s presentation covered the mixed methods empirical study in which 123 people across Scotland were interviewed. Many people had been homeless at some point in their lives, and there were high levels of anxiety, depression and chronic pain. The study explored the experiences of people using services and the significant issues raised, in terms of stigma, retention in treatment and advocacy.

Dr John Budd (NHS Lothian) presented case studies and highlighted the need for compassionate, collaborative and multidisciplinary working. There is a need to involve people with lived and living experience in the development of services and in research. Long-term funding and psychologically informed commissioning were also discussed. NHS targets were discussed as challenging.

Event 2: Alcohol, health and homelessness

Professor Bernie Pauky (University of Victoria, Canada) examined the issues related to the implementation of harm reduction strategies. She drew on her work in Canada on safe injecting sites and on Managed Alcohol Programmes. Among people who are homeless and at risk of homelessness, there is a range of problematic and non-problematic use of alcohol and other drugs.

Substance use is a symptom and response to trauma and difficult life circumstances. While rates of substance use, particularly illicit substance use, may be higher than in the general population, a full range of services to address these issues is rarely provided. Harm reduction services that aim to prevent harms of substance use, rather than discontinuation of use, are evidence-based and effective but often not implemented, or if implemented, only partially implemented.

Helen Carlin (Rowan Alba) provided an insight into Thorntree Street, supported accommodation for people over the age of 50 years who are experiencing problem alcohol use. In her presentation she discussed how this unique home for life came about, and how research impacts and influences the Rowan Alba way of working and service development.

In another presentation, Dr Adam Burley (NHS Lothian) drew on his experience as Consultant Clinical Psychologist in the Edinburgh Access Practice to explore concepts of dependence and independence from a psychological perspective. He discussed the implications and evidence for relationally-based services.

Dr Ligia Teixeira (Centre for Homelessness Impact) discussed the ‘untapped power’ of evidence to achieve a step-change in the effort to end homelessness. In her presentation she talked about the new Centre for Homelessness Impact whose aim is to accelerate the end of homelessness by championing the creator and use of better evidence. By this she means focusing on ‘what works’, ensuring that policy, practice and funding decisions are underpinned by robust evidence.

During discussions, participants highlighted the need for person-centred, individualised care for people experiencing homelessness and problem substance use. Again, relationships and connectedness were raised as key when working with people who are homeless. There is also a need for staff to feel supported, with access to reflective practice. Power imbalances between staff and those using services need to be consciously addressed in order to facilitate good relational practices.

Event 3: Bringing the outside inside: Creating a safe environment for all

In her presentation, Dr Evelyn Dyb (Oslo Metropolitan University, Norway) drew on several studies, including the results of a survey of the housing situation of people leaving treatment programmes for problem substance use, many of whom are homeless. The findings of the survey concluded that people who have resources such as education, work, family and pre-treatment housing are less likely to find themselves homeless after exiting treatment for problem drug and alcohol use. Evelyn also discussed gaps in current research, including the experiences of women.

Renzo Cardosi (YPeople) provided insight into implementing the concept of Psychologically Informed Environments (PIEs) into practice. He explored the ways in which YPeople have implemented PIEs in the service and the outcomes, including a 49% reduction in incidents, 0% absence rate among staff, 86% reporting improvements to their mental health, and greater joint training opportunities for staff. He also discussed the need for information sharing when working with individuals with complex needs.

Dr Neil Hamlet (NHS Fife) provided a variety of insights from his experience as a service leader to the interplay between housing and wellbeing. Neil introduced some ‘templates’ in order to revise how staff approach working in this area: Rafters, Relationships, Resources, Restoration, and Resilience. Finally the concept of ‘temperance’ was addressed, but not with its usual meaning. Instead, it was applied to people and organisations in terms of how we journey with and empower our clients into positive futures, no matter their pasts.

In a ‘world café’ activity, participants discussed the key themes that had arisen throughout the three events: psychologically informed commissioning; multidisciplinary working; evidence-based and evidence-informed; relationships and connectedness; and local strategy, policy and decision making; and peer-led approaches and choice. This workshop enabled participants to discuss their thoughts and experiences of these issues and enabled the key recommendations to be identified. These are listed in the next column.

Programme outputs

Several videos of the presentations as well as copies of the presentation slides are available on the Scottish Universities Insight Institute website. A short video of the performance of the programme was funded with a national working: national and local strategy, policy and decision making: and peer-led approaches and choice. This workshop enabled participants to discuss their thoughts and experiences of these issues and enabled the key recommendations to be identified. These are listed in the next column.

Programme outputs

Several videos of the presentations as well as copies of the presentation slides are available on the Scottish Universities Insight Institute website. A short video of the performance by Phoenix Futures and a film capturing the overall programme are also available.

Website: www.scottishuniversitiesinsight.ac.uk/Programmes/OpenCall201718/Reducingharmandpromotingwellbeing/ProgrammeVideos/tabid/8044/Default.aspx

For more information, please email: sacsar@str.ac.uk

Key recommendations from our programme

1. Services should be commissioned in a ‘psychologically informed’ way, ensuring that they are supportive and welcoming for staff and service users and, crucially, are not punitive.

2. Relationships between those accessing and those providing services are crucial.

3. Staff need to be well supported to enable them to provide psychologically informed, relationship-based care. They should be provided with opportunities for training, supervision, self-care and reflective practice.

4. People with lived and living experience, and affected family members, need to be involved in the development of services (in all stages of service design and delivery) and in research.

5. People with lived and living experience should be supported to access paid employment opportunities. More opportunities need to be created across our sector to provide such jobs.

6. Research findings need to be disseminated effectively to ensure that practice is evidence-based and evidence-informed.

7. Funding needs to be provided over the longer-term, and commissioning cycles should reflect this.

8. Services should be supported to provide better partnership working, putting service users at the heart. Good information sharing practices should be part of this partnership working.

9. There should be robust pathways to safe housing and support. Accessing support services for problem substance use or other health and care needs should not be a barrier to accessing secure housing.

10. The media’s use of derogatory and stigmatising language towards people who are experiencing homelessness and problem substance use should be challenged.

The image used in this briefing was created by Linda McGowan, the Artist in Residence at The Unexpected Artist Gallery, Glasgow. Linda was commissioned to create a painting which captures the essence of the programme.

Linda established her name over the years in the Scottish Art Scene for a series of Fine and Erotised Art influenced from a feminist viewpoint. Linda has branched out and accepted commissions which have included super heroes from the Marvel or DC Universes and celebrity portraiture. The key aspect of her work is in acrylics, though staying true to her flexible approach she often looks to other mediums to mix and experiment with. The Scottish Art Scene benefits from having Linda as a champion of the creative arts, and with the demand for her as an artist she will be that champion for many years to come.

Linda can be contacted at: mcgowan.linda5@yahoo.co.uk