

Dying *Beyond* the Margins

Briefing for Members' Business Thursday 16 November

S6M-10827 Paul O'Kane MSP: Dying in the Margins



About Crisis

Crisis is the national charity for people experiencing homelessness. We help people directly out of homelessness, including through our Skylight service operating in Edinburgh and the Lothians, and we campaign for the social changes needed to solve it altogether. We know that together we can end homelessness.

Dying *Beyond* the Margins

We welcome this Members' Business debate on the *Dying in the Margins* research. Marie Curie's research and photography exhibition shine a light on the challenges faced by people with a terminal illness who are living in poverty, and identifies unsuitable housing and lack of income support as some of the structural disadvantages which impact on people's end of life experiences.

What was beyond the scope of the research, are the **hundreds of people who die each year without a home to call their own**. People who are accommodated in sometimes unsuitable temporary accommodation like B&Bs; people who are cycling between statutory homelessness services, rough sleeping, psychiatric hospitals, supported accommodation, coming into contact with criminal justice, and A&E.

Scotland has the **highest rate of homeless deaths in Great Britain** with a rate of 52 per million population aged 15-74 compared to 18 in England and 14 in Wales.¹ **There were an estimated 250 homeless deaths in Scotland in 2021.**²

This should not be a feature of contemporary Scotland. It is our shared responsibility to prevent people dying without a home. This group with high, complex needs, requires a health and social care intervention, not just housing.

The view from the frontline

There is a relatively small group of people with high support needs, including drug and alcohol use, alcohol related brain damage, and complex mental health needs who would benefit from specialised support services which are not currently available. The mortality rate is high amongst this group, repeat homelessness is common, and services spend a disproportionate amount of time and resources supporting them.³

¹ National Records of Scotland (2021) *Homelessness Deaths 2019*. Available from: [Homeless Deaths 2019 | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/homeless-deaths-2019)

² National Records of Scotland (2022) *Homelessness Deaths 2021*. Available from: [Homeless Deaths 2021, Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/homeless-deaths-2021-report)

³ Pleave, N. (2015) *At what cost? An estimation of the financial costs of single homelessness in the UK*. London: Crisis.

Frontline staff in Edinburgh have told us:

Not only are they seeing an increase in people sleeping rough, but they are also seeing an increase in the *complexity* of the support needs amongst this group. They are seeing more people with extreme trauma and psychiatric needs.

Psychiatric services are at capacity. Sometimes people are discharged with no accommodation, with their only option being to present to the council and often be told there is no accommodation available.

Frontline workers' perception is that, in order to access psychiatric services now, people need to be actively experiencing psychosis. There are some people who have been waiting longer than a year to be admitted, and "these are people who are at risk to themselves and others; people who are walking into roads and that sort of thing."

What the evidence tells us

There are significant interactions between homelessness, mental health issues and social care needs. Sometimes these links are not immediately obvious, but failure to recognise and tackle them can be hugely costly to services and, most importantly, to individuals.

Complex and multiple needs

- A small proportion of people facing homelessness have complex health and social care needs. People with experience of homelessness make up the majority of patients in certain health services, particularly A&E, acute services, drug treatment services, and mental health services as discussed.⁴
- It is likely that some of these people would be considered adults at risk under Adult Support and Protection legislation, especially where capacity is limited. People with a long history of homelessness may have high levels of health and social care needs such as addiction-related amputations or alcohol-related brain damage.
- Where homelessness is combined with drug or alcohol issues, mental health problems are almost always present.⁵ Yet services are often lacking for people with "dual diagnosis" and most mental health services require abstinence before they will intervene.⁶ People with multiple needs can fall just below the threshold of each specialist service and thus get no support.⁷
- 80% of admissions to mental health specialities are people with a history of homelessness in their lives, 4.9 times the rate of admissions for people in the most deprived communities. People who have ever been homeless are five times more likely to have five or more admissions compared to people from the most deprived communities.⁸

When we fail to meet complex needs, homeless deaths occur

- The most recent statistics show there were an estimated 250 homeless deaths in Scotland in 2021, **60% of which were people aged under 45.**

⁴ Waugh et al (2018) [Health and homelessness in Scotland](#). Scottish Government.

⁵ Waugh et al (2018) [Health and homelessness in Scotland](#). Scottish Government.; Bramley et al (2019) [Hard Edges Scotland: Developing a Profile of Severe and Multiple Disadvantage in Scotland](#). Online: Lankelly Chase.

⁶ Scottish Government (2022) Drug and alcohol services - co-occurring substance use and mental health concerns: literature and evidence review'; Mental Welfare Commission (2022)

⁷ Bramley et al (2019) [Hard Edges Scotland: Developing a Profile of Severe and Multiple Disadvantage in Scotland](#). Online: Lankelly Chase.

⁸ Ibid

- 64% of homeless deaths are caused by external causes (including drug-related deaths, accidents, suicides and assaults).

What would help?

1. Supporting people to access the help they need, before they reach crisis point

All of the drivers of homelessness cut across other agendas, including poverty, health, substance use, criminal justice, gender-based violence. If public services ask the right questions to identify housing risk, they ultimately contribute to achieving broader aims, including meeting the child poverty targets, improving children's life chances, reducing unplanned and expensive use of health services.

Scottish Government has committed to **changing the law so there is a stronger focus on early intervention to prevent homelessness** and a responsibility on a wide range of public bodies in support of this. Crisis believes that these proposals have the potential to transform the experiences of many people in Scotland who are at risk of housing crisis and other associated harms.

2. Scale up and adequately fund Housing First

Housing First should be the first response for people whose homelessness is made harder by experiences with trauma, addictions and mental health. Housing First provides ordinary housing in an ordinary community because this, for most of us, is the best base to build and live our lives the way we want to. Housing First combines settled housing with person-centred, strengths-based and flexible support – as much and for as long as someone wants it. The international evidence on Housing First is exceptionally strong, demonstrating that where provision is consistent with the principles, it can deliver excellent tenancy sustainability outcomes.⁹

2. Commissioning more specialist supported accommodation targeted at those with the highest complex needs.

Recognising that there is a relatively small group of people whose needs are so acute that they are unable to manage a Housing First tenancy, work should be carried out to estimate the number of individuals who would benefit from specialist supported accommodation. Statutory and voluntary frontline services in the city should carry out an audit of the needs associated with individuals who might benefit from this approach, with this audit informing a subsequent commissioning process to meet the identified need. The Supported Accommodation Task & Finish Group¹⁰ is developing a model for what supported accommodation as a settled housing option should look like.

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⁹ Mackie, P., Johnsen, S., and Wood, J. (2017) *Ending rough sleeping: what works? An international evidence review*. Crisis: London

¹⁰ One of four which report to the [Homelessness Prevention Strategy Group](#).