

**“From the pits to the Ritz!”**

**Logo –**

**External Evaluation of Thorntree**

December 2019  
By Duncan Wallace

## **Summary**

### **Contents**

1. Introduction and scope of the evaluation
2. Case Studies of Change
3. Outcomes for tenants
4. Outcomes for local authority commissioning of services perspective
5. Outcomes from health perspective
6. Economic benefit of the Thorntree approach
7. Conclusions
8. Recommendations

### **Appendices**

- List of stakeholders interviewed
- Sample questionnaires

## 1. Introduction

Homelessness charity Rowan Alba provides unique trauma informed supported homes for life for 12 men at Thorntree Street in Edinburgh. This report shows not just the positive transformation of their lives, but also the savings it makes for the capital, with testimony from the council, a homelessness psychologist and the Access Point's GP.

Over the past 14 years Rowan Alba has successfully supported over 70 men off the streets and into their own homes at Thorntree Street, permanently ending the cycle of homelessness for them. Most of the men have a long-term history of problematic alcohol abuse.

Core to all Rowan Alba's services are to address social isolation, accept people as they are and offer one-to-one support.

### Why Thorntree works

First and foremost, Thorntree operates with what I would describe as 'radical adult acceptance'. As a tenant, "it is your place and it is your life." Thorntree is a place of stability, where "you can be the person you are."

The evidence gathered in this evaluation shows that the Thorntree approach has five main elements:

1. Your place is yours
2. You don't have to give up or restrict alcohol consumption
3. Personalised support to live your life as you choose
4. You are not alone or isolated

Find out more about Thorntree Street and Rowan Alba's other services here at <https://rowanalba.org/>.

## Scope of the evaluation

This study was commissioned to independently evaluate the impact of Thorntree. Firstly, to evaluate the benefits to people who live in Thorntree; and secondly, to investigate the benefits to the public agencies who refer people to Thorntree and know its work.

## 2. Case Studies of Change

The following case studies are illustrative of the stories of change that Thorntree is supporting. The three case studies depicted have been chosen from the 12 tenants with a view to showing the range of pathways and issues experienced by people. These case studies were built up from a combination of interviewing tenants and Thorntree staff and examining case files.

### Mr X

Mr X is now in his mid-sixties. He was homeless from his late 30's, living on the streets in Edinburgh. He was well known for skipping (sleeping rough) in the city centre. He came to Edinburgh to get away from the drug taking scene he was part of in Glasgow. He had been drinking heavily throughout his adult life. He had a begging pitch, and most of his days were occupied with begging or clubbing together with others to raise enough money to buy or shoplift the alcohol that he needed. Although he was away from some of his previous drug scene, he was also taking cocaine alongside drinking when sleeping rough in Edinburgh.

Violence and running around with different crowds of similar people were part of what he did. Occasionally he would stay in homelessness hostels and temporary bed and breakfasts in Edinburgh but would have to leave these because of either violence breaking out or him breaking the rules (such as curfews or having alcohol in his room). Over 30 years he was regularly arrested by the police, leading to 22 convictions for breach of the peace due to drunk and disorderly behaviours. On two occasions there were convictions involving Mr X having or using a gun. Both led to sentences in Saughton Prison, one shorter, one for many months. His weight was down to 7.5 stone at the lowest point of rough sleeping.

At one stage he walked to a rural town, got a flat and settled briefly with a new partner. However, after the flat got broken in to, he couldn't keep maintaining it well and it gradually showed him that (in his words), "I can't look after myself". So, he came back to Edinburgh.

He has lived in Thorntree for three years. He describes it as the "best move I've ever done" and it has "change my life here." He is eating well; breakfast, lunch and dinner and now has a normal body weight. He manages his alcohol dependency at a stable level. He has been off drugs. He can look after his long-term health more, attending appointments locally for checks and tests which are addressing underlying health issues. He is financially secure, always paying his bills. He says that "Keeping a grip on my flat is my number one priority."

Mr X now socialises a lot. He has friends he visits and has overnight visitors on a regular basis. Every so often he plans and goes off on fishing trips outside Edinburgh. Sometimes he will stay away for a few days or weeks but will always let the staff know where he is. That is an occasion to meet up with friends who share the interest of fishing and are not part of the Edinburgh homelessness scene. Fishing, he says, is an interest. "I would never have been able to think about this when I was rough sleeping." He meets up with football pals. He has female company. He describes that it "does get to you" and he needs to get a break, going out to Portobello and having some company. Maintaining being organised about who he sees and what he does, and having choices are important aspects of his life at Thorntree.

He has not been arrested at all in three years since he moved to Thorntree.

-----  
**Mr T**

**Mr T** is in his early 60's. Over the last 25 years he has spent most of his time in and out of jail. Mr T's background was from a large family where there was a history of fighting and violence within the family. He was involved in offending from teenage years. Most of his arrests were to do with bouts of violence, echoing the trauma behaviour he had experienced as a child. He was married to a chronic alcoholic whose death was alcohol related.

He did not engage with parole when released. When out of prison he has been rough sleeping, or in and out of temporary accommodation. He found it difficult to keep the rules (such as a 10pm curfew). He would often forget the location of his accommodation and would end up sleeping rough and losing his place. He was given statutory supervision in a supported release unit but didn't engage with that well.

Before coming to Thorntree he had multiple hospital admissions with severe chest infections, which is what brought him to using the Access Point (Edinburgh's one stop shop health and housing service). Just before coming to Thorntree, three years ago, he got access to a temporary B & B which didn't have curfews and did have hot food. This worked for Mr T for weeks, which was the longest temporary accommodation he had had since his wife's death.

He has been at Thorntree for three years. He describes that for him Thorntree is "peaceful at times, I can get peace and quiet" which, he says means he is "more able to maintain self-control." He said he is more able to be strong minded and is thinking more clearly. This means he can control his problems better and choose his

own behaviour rather than getting caught up in others' business or walk away from situations to keep himself safe. In other accommodation he was often sharing a room; this had a detrimental effect on his mental health since there was no space to withdraw, reflect or have privacy. He was always around others.

He said he can look after his health more at Thorntree. He explained he is now taking medication on a regular basis, such as blood pressure tablets, Thiamin tablets, Vitamin B 12 tablets and heartburn medication. He really appreciates having his management of medication monitored by staff four times a day, as it means that "you get your medication." He continues to drink at what he sees as an essential level, because he knows that for him alcohol withdrawal will give him severe anxiety, paranoia and hallucinations leading to likelihood of violence again.

He said what makes the difference is that "people here (staff) are nice people, they look after you." Having someone safe (staff and volunteers) to talk to enables sharing a problem. Being able to come and go as you please, and having visitors were two further aspects he appreciates of his life at Thorntree.

Overall, he feels there is a sense of belonging and home.

Mr T said, "I probably would have died out there with that way of life." A couple of years ago he caught double pneumonia and was in hospital in critical condition. "In a way these people saved my life."

For Mr T, Thorntree is summed up as "I'm in a warm place. This place is safer from needles and violence. I'm able to maintain as much as possible."

### **Mr Z**

Mr Z is in his late 50's. He has been living in Thorntree for seven years. He has a long history of alcoholism, starting in his 20's, as well as a long history of depression. He connects this to childhood complex trauma. He used to drink two bottles of vodka per day or more and described that he lived a life constantly thinking about how he could get his next drink; how he could sneak it in to where he was living.

Before Thorntree, for approximately 10 years, Mr Z was in a revolving pattern of being in B & B accommodation, then being thrown out for breaking the no drinking rules, and going back to the Access Point; or sleeping rough, or getting arrested for breach of the peace and sent to Saughton jail, then back out to bed and breakfast accommodation. Over 10 years he stayed and was thrown out of 25 bed and breakfasts, and each year had two periods of a month or two in prison per year.

Illustrative examples of his arrests include one time he was walking up to the Access Point staggering. A policeman asked him "Are you drunk?" to which he replied, "I fucking hope so." He was arrested for breach of the peace, put in the police cells overnight until the Sherriff Court hearing the next day which gave him 30 days in jail. Another example was a time when he was vomiting blood, shaking like the leaves and seeing hallucinations of mice (going through the Delirium tremens - DT's). He tried to steal a bottle of whisky from Marks and Spencer's. He was arrested, sent to hospital for a week's treatment, which included having to staple his esophagus. He was then sentenced and jailed for 60 days.

He describes this time as 'constant chaos'. In the B & B's while there was a no drink rule, there was nothing else but drinking on his mind. He was surrounded by a younger crowd who were into drugs and he would keep himself to himself. This in turn would make him feel lonely, exacerbate his depression and drive a need to drink. He also emphasises that you don't get any support in B & B's, not even a cup of tea. One time he had a seizure in a B & B and nearly died. He has also been in most types of temporary accommodation in Edinburgh. However, most have ended for having bottles in his room, or in the brief flats he had, through not paying his bills.

Since being in Thorntree he has not been arrested once. He can drink and is also encouraged to reduce what he's drinking. He has tried to stop drinking for longer than he has been at Thorntree. Ten years ago, he took part in the Lothian and Edinburgh Abstinence Program which is a residential rehabilitation programme. In recent years, his drinking has been characterised by having bouts of drinking leading to a health crisis, such as a burst esophagus, with intense bleeding, then hospital admissions which includes detox and then coming back to Thorntree determining to stay sober. He knows because he has got a tenancy, he has a roof over his head, but it's also a different environment. "Here it's a wet house, you're allowed to drink, and you don't lose your flat."

Being with peers is important to him. "This place is full of compatriots; they are the same age and are alcoholics." He chooses to keep away from the others, particularly when sober, but he recognises them and feels empathy for them, which he knows is two-way.

He likes speaking to the staff. He will go to the cinema or out for coffee with staff. He says speaking with staff keeps him off the drink. If he is getting caught up in his mental health problems, he can speak to staff.

When he is having a drinking bout at Thorntree, he sometimes finds out later that he has been down in the main area shouting and swearing at staff (he is experiencing a blackout and can't remember these). He says because the staff know how to cope with him, they are usually able to put him to his bed. When this becomes a health crisis (which is now more common), after he comes back from hospital the staff help him maintain his goal of sobriety. For example, he recently was given some very bad health news and it made a big difference being able to talk this over with staff. He says if he didn't have staff whom he trusted he would have been straight back to drinking.

The trust and relationship he has with staff is very important. He described how deep the impact for him was of a member of staff saying, "It's good to see you sober" and in my interview with him he had contrasted this with the abrupt dismissal and disconnection of staff he found in other accommodation.

He does his own shopping and cooks for himself. In the evenings he reads in his room and watches TV or plays a game of word search which keeps his mind active. He knows so much of his health is gone that he really can't drink again. He takes 12 tablets of medication three times a day, mostly vitamins, heart and liver medication. He does say it is difficult being sober amongst others who are drinking. His current goal is to get a local tenancy, together with support from staff at Thorntree.

### **3. Outcomes for tenants**

In the interview with tenants, staff and stakeholders I heard the following outcomes being described in different ways.

- a) Feeling safe
- b) More able to maintain self-control
- c) More able to look after health conditions
- d) Eating better
- e) Thinking more clearly
- f) A greater sense of belonging.

Two things strike me about this list. Firstly, that collectively these add up to a normal description of what 'home' means to many people. Secondly, they also fit the dimensions that make up a description of 'wellbeing'.

**a) Feeling safe**

This is the overall, most significant outcome that I came across. I heard many different expressions and indicators of feeling safe. From people saying they can relax here, where they could not relax in the past. Saying that people around Thorntree “know you and don’t judge you.” Their home being theirs and theirs alone.

**b) More able to maintain self-control**

Tenants described an increased capacity to maintain self-control in quite a variety of ways. From avoiding into fights (verbal or physical), “keeping a grip” on financial affairs to more control of their drinking.

**c) More able to look after health conditions**

There are three aspects to this; medication, keeping health appointments and healthy routines, all supported by the compassionate staff.

**d) Eating Better**

Tenants are eating more regularly and better than they were before moving in to Thorntree.

**e) Thinking more clearly**

Being able to think more clearly was described as precious resource by tenants, enhanced by staying at Thorntree.

**f) A greater sense of belonging**

Tenants described how they feel that at Thorntree; they are part of something with other people.

#### **4. Outcomes for local authority commissioning of services perspective**

I interviewed the Partnership and Planning Service Manager for Homelessness and Housing Support Services for the City of Edinburgh Council. There are a variety of outcomes from this commissioning perspective.

**Human rights and normalisation of process**

Having a full tenancy is key for the commissioning manager for CEC, because it maximises tenants’ housing rights. The fact that in the case of Thorntree a Scottish Secure Tenancy goes together with a “high tolerance to challenging behaviour” makes the realisation of rights more likely.

The commissioning manager highlights that Thorntree enables tenants to know they have peace of mind resulting in “near normal life principles.” These life principles should not be diluted and “ensuring full tenancy rights is a great starting point.” This builds up trust through working relationships with staff; knowing that the staff are there to support you, and you as an individual are at the centre of how they are responding.

### **Providing the right environment for vulnerable people is a high priority for the local authority.**

From a commissioning perspective he notes that Thorntree does well in being a Trauma Informed Environment – because it is a warm and supportive environment. The staff work together on a regular basis with Dr. Adam Burley – psychologist for homelessness services, looking at what they are doing to provide the right atmosphere. “It’s the thought of someone being there... which makes it safe and tolerable to go back to.”

The Partnership and Planning Service Manager thinks that Thorntree is a community, it provides a sense of belonging. He grounds that as fitting a dictionary definition of community; “A group of people living in the same place or having a particular characteristic in common” and “the condition of sharing or having certain attitudes and interests in common.”

### **The way the organisation is run is of high quality.**

The local authority commissioner thinks that the way that Rowan Alba staff are treated by their own organisation is part of what creates the sense of community at Thorntree. He particularly highlighted the leadership behaviour of the CEO, showing passion, determination and compassion, which inspires staff. The fact that the CEO developed the service from the start and is still taking such an active developmental focus is invaluable.

### **There is an economic impact of savings for public services as well as a public health outcome.**

Based on his departments work on economic studies of other services he expects that there is probably a saving to the public purse of £3-4 for every £1 invested by the local authority in Thorntree. He listed a considerable amount of public services that are used less as a result of Thorntree being part of the solution:

- Less police involvement
- Less A & E attendance
- Less admissions to hospital
- Less presentations to housing and social work
- Less chaos around welfare
- Housing people with chaotic needs out with of mainstream temporary accommodation means mainstream temporary accommodation can operate better for those without Severe and Multiple Disadvantages.

### **Benefits the local authority see in the tenants are multiple**

The commissioning team carried out some case reviews of cohorts of previous tenants and the review showed “nothing but good” and showed a great amount of case stability. “[Thorntree] certainly reduces repeat homelessness.” Thorntree is obviously offering harm reduction, reducing residents’ drinking, as well as reducing the harm to their own lives (and others) from the implications of drinking. The Housing Manager of the Access Point said “[Thorntree] is an excellent model and has without doubt helped many people find stability over the years.”

### **A key part of the city’s Rapid Rehousing Plan**

The City of Edinburgh Council commissioning team have highlighted that more Thorntree type accommodation is required to support tenants with mental health issues and chronic alcohol usage; particularly for those under age 50. From a commissioning perspective the estimate was whether Edinburgh needs four more Thorntrees or up to ten more. This perspective was backed up by the Housing Manager at the Access Point who said he sees Thorntree as suitable for a broad range of people with a broad range of needs.



## 5. Outcomes from Health Perspective

The General Practitioner who works specifically with homeless people across Edinburgh through the Access Point was a key interviewee. He has been the GP for the homeless / temporary accommodation population for 13 years.

### **Thorntree improves the quality of life for tenants**

Over the years the GP has known several of his patients to settle in to Thorntree; the key indicator of success from his perspective is that he then doesn't see them again "which is a good sign." From a general health perspective Thorntree provides a safe / supported / tolerating environment. "Having a safe place is a huge thing." He has seen a variety of quality of life improvements:

- The stability in tenants' lives
- He said he thinks this makes a big difference for their families, knowing their family member is in a safe tenancy.
- He thought the sense of community, seeing yourself in others around you, was part of the stabilising self-reflection

### **There is a significant amount of reduction in drinking for people in Thorntree.**

The GP talked about the benefits of people being able to reduce the harm they expose themselves to. He talked about many cases of a vicious cycle of drinking, exposure to violence, further harm and further drinking. He has seen several people in recent years who have died a violent death as a result of people "rattling around the homeless scene."

In the interview we explored why abstinence from alcohol doesn't work for this client group. Most people with SMDs have early life trauma, severe and enduring mental illness and the underlying issues makes it unlikely they could stop drinking. They are drinking to self-medicate. They struggle to go to psychological services, "These folk have huge anxieties to go to appointments or to speak in groups. Their issues will come back to them when sober, they don't have much recovery capital."

### **Thorntree provides a healthy environment**

From a health perspective, because Thorntree provides a containing safe environment that is relationship based and welcoming, it enables people to moderate other aspects of their lives.

## 6. Economic benefit of the Thorntree approach

	Av No of times per year	Cost	Total
Breaches of the Peace arrests,	5		
24hrs in police cells		£418	£2090
Sherriff Court case hearing <sup>1</sup>		£8086 <sup>2</sup>	£40,430
Criminal Justice Social Work Report <sup>3</sup>		£427	£2,135
Short stay in prison of a month	1	£2833	£2833
Longer stay in prison of 3 months	1	£8500	£8500
<b>Total Criminal Justice Costs for this person per year</b>			<b>£55,988</b>

### a) Social Work and Housing Services Costs

	Av No of times per year	Cost	Total
High support needs bed with onsite support. (Known in general as 'hostel accommodation'). This is for the support element of provision. The housing element is paid for directly by Housing Benefit (DWP) and will vary.	Estimate of 5 stays of 3-5 weeks p.a.	£215 to £413 weekly. (Taken 215 for costing)	£5,375
Shared House Contracted Bed. (Bed and breakfasts are only used in emergency if all other provision is full)	Estimate of 3 stays of 4 weeks long p.a.	£312.34 weekly	£3748
Social work time dealing with re-accommodating <sup>4</sup> Estimated at 4 hours of staff time per re-accommodating @ £31 ph	8 times per year	£124 per time	£992
<b>Total Social Work Costs for this person per year</b>			<b>£10115</b>

<sup>1</sup> The Sherriff court hearing has been used as the relevant financial proxy, as although some such cases are heard as a JP case, it is the most common way, according to those interviewed.

<sup>3</sup> Also taken from costs of the criminal justice system dataset 2015/16 (latest)

<http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/Publications/costcrimjustscot/costcrimjustdataset>

<sup>4</sup> The Housing Manager at the Access Point estimates it takes about 4 hours of staff time for each "fairly straightforward re-accommodating." For complex cases, the hours would be increased. An average social work salary of £42k plus on costs of 15% divided by 220 working days per year and 7 hours a day to have an hourly rate of £31.

**b) Health Crisis costs**

	Av No of times per year	Cost	Total per year
Hospital Admission: Illustrated by ambulance carrying out 'see, treat and convey to hospital.' Lower quartile figures	3	£220	£660
A week's stay in Hospital. Alcohol services – admitted (per bed day), lower quartile figure	3	£451 per day £3157 per week	£9471
<b>Total Health Services Costs for this person per year</b>			<b>£10,131</b>

**Summary Cost Consequence Analysis of the cost to society of not having Thorntree.**

The three groupings of types of factors that are being reduced by being in Thorntree.

	Cost per year per person	For 12 tenants
a) Criminal Justice involvement	£55,988	
b) Social Work and Housing	£10,115	
c) Health Services.	£10,131	
<b>Total</b>	<b>£76,234</b>	<b>£914,808</b>

**Overall Summary**

The cost of the Thorntree approach is £258,000 for support

The estimated savings to the public purse is £914,808 just in criminal justice, housing support, and health crisis costs, without having social work costs included.

This does not include a range of costs which one would expect to be associated with supporting people with experiences of SMDs.

***For full details of the cost-consequence analysis (CCA) and full methodology click here for the full report.***

## **7. Conclusions**

### **a) The model works**

Given that the issues for this target group of homeless persons are so complex and entrenched, where so many other approaches do not work, the fact that this works is surprising. I am particularly struck by the strategic insight of this that came from the interview with Shelter Scotland that there are more people falling through this gap in provision for Severe and Multiple Disadvantaged people and there have not been many models that are arresting that gap. "Thorntree is one example that works and is stopping that gap."

### **b) Having the right relationships is a magic factor for the model**

This is made up of two main elements. The right relationship in terms of the person's sense of trust and safety in knowing this is their home. Together with the relational based support that is not judging, accepts people where they are at and has a quality of respect and belief in the person. It is a rights-based approach that fosters dignity and respect for residents.

### **c) Having a sense of community and peers is part of a homely experience**

This is another magic factor. That alongside the Trauma Informed Environment created by the staff, there is a context of peers which provides a sense of acceptance and self - recognition. This helps with a sense of hope and near normal conditions that support one's sense of identity. One of my favourite definitions of resilience is "being able to bungy jump through life with a sense that the bungy cord is wrapped around one's identity."

### **d) Thorntree saves money from the public purse**

Less crisis services are used across many public services. The figures in the cost consequence analysis provide an illustration of the kind of savings in criminal justice, health, social work and housing. Which in themselves are erring on the side of caution; if police, social work, welfare benefits officials' time are included along with other parts of health service involved, a clear picture of how much this approach saves public resource is painted.

The savings shown in this limited illustration comes to a ratio of for every £1 spent on Thorntree there are £3 saved.

It isn't just about savings for these cases, as there is also an increase in effectiveness for other services by having the right solution for the most complex needs. The commissioner for services highlighted that when people with SMDs are not in mainstream provision, the support time is not taken up by these extreme cases and this enables other support provision to work much better for its client groups.

### **e) Spending on detox for this client group isn't realistic**

I was particularly struck by hearing from the GP interviewed about the risks of psychological crisis that frequently kick in when someone goes back to drinking after a detox. This compounds a sense of failure, often leading to a much worse situation in both physical health and psychological health. I heard from the tenants interviewed about their lifelong patterns with alcohol. It does not sound to me that using detox is effective or efficient. Taking an approach of harm reduction, with psychological safety, and a sense of home at the core is much more realistic for this client group.

### **f) It is surprising that there are not more examples of similar approaches**

Learning from the national picture in the *Hard Edges* report that 40 % of the homeless population that fit in this category, plus that this model works so effectively in keeping people off the street, increasing

their quality of life and saving the public purse across so many types of public budget, I do not understand why there are not more examples of this approach happening.

**g) This provision should be available for anyone of any age who requires it.**

Currently, Thorntree is available for people over 50. If a human rights-based approach (including a human rights-based approach to budgeting and procuring services) was taken to assess need and design services, these services would be available for other age groups as required.

**h) There is an opportunity for taking a more mainstreaming approach for how this and similar services are resourced.**

There is a significant role here for health services, criminal justice to be involved alongside housing and social work in developing and resourcing similar models. This would be in line with the Christie Commission's recommendation and would lead to other benefits of better partnership thinking and working in terms of the strategies going forward.

## **8. Recommendations**

**a) More Thorntrees need to be developed.**

I can see that each city in Scotland may need Thorntree services. The perspective of the Edinburgh Commissioner of services was an estimate that Edinburgh may need between four and ten more of these. There is clearly a need for a major replication of this model in Scotland.

Taking a human rights-based approach to budgeting and designing services for people with SMDs should be explored at a national and local authority level in order to better realise rights.

**b) Harm reduction needs to be a key part of mainstream provision.**

A significant problem in the provision that exists seems to be that so many providers take an abstinence-based approach to alcohol. Requiring people who are chronic alcoholics with severely vulnerabilities underneath their condition, to not drink on the premises of accommodation and health services, compounds the difficulties. This seems to be service led rather than person led thinking. I would urge services to consider what they can re-design of the way they work to take a more relational harm reduction approach.

**c) Developing further models should form part of the Strategic Housing Investment Plan.**

Since the Thorntree model works and has a preventative effect for yet more crisis costs, it needs to be considered strategically as part of planning processes for the Strategic Housing Investment Plan and in planning appropriate health and social care provision. Is there scope to explore the approach in different groups where stigma / exclusion is high. Is there scope to radically transform provision for people with SMDs by using a rights-based approach that is also centred on kindness, person centredness, and that starts from a person's needs?

**For more on the methodology of this report, background on Thorntree and the context of homelessness and housing provision Rowan Alba works in [click here for the full report](#)**

## **Appendices**

### **Interviewees**

#### External Stakeholder Interviewees

- Alison Watson Deputy Director, Shelter Scotland
- John Budd General Practitioner, The Access Point, NHS Lothian
- David Smith Partnership & Planning Manager, Homelessness and Housing Support Services, City of Edinburgh Council
- Andy Stoddart Senior Health Economist, Edinburgh Clinical Trials Unit (ECTU), University of Edinburgh

#### Internal interviewees

#### Thorntree tenants x 5

Names withheld from report.

Declan McKiernan  
Ann Logan  
Helen Carlin

Manager at Thorntree, Rowan Alba  
Head of Residential Services, Rowan Alba  
Chief Officer, Rowan Alba

