

# “From the pits to the Ritz!”

## External Evaluation of Thorntree



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# Summary

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# 1. Introduction

The homelessness and housing crisis is deepening in Scotland. This is because of a complex range of factors compounded by a long period of rising inequality. In Edinburgh, there is an especially acute worsening in the accessibility and affordability of housing, which combines to put increasing pressure on statutory housing and homelessness services.<sup>1</sup>

According to the *Hard Edges Scotland Report*<sup>2</sup> people who experience Severe and Multiple Disadvantages (SMD) - substance dependency, offending and homelessness combined - are at the 'sharp end' of system failures, stigma and negative frontline experiences in housing, support and care.

Rowan Alba, a charity that provides a range of services to help people out of the misery that is repeat homelessness aims to combat those negative experiences and break the cycle of repeat homelessness in specialist supported accommodation at Thorntree Street in Leith, known as Thorntree. Rowan Alba provides a permanent home and ongoing support with physical and emotional help and support accepting and managing alcohol use for older people experiencing SMDs.

Rowan Alba began 15 years ago with Thorntree Street providing secure tenancies for 12 older people who have a history of homelessness and problematic long-term alcohol use. Since 2004, Rowan Alba has gone on to develop a variety of services in Edinburgh which either prevent homelessness or where this has happened provide people with the ongoing support that they need. Core to all Rowan Alba's services are to address social isolation, accept people as they are and offer one-to-one support.

## 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.

As well as providing a lay person's understanding about how and why Thorntree seems to work, central to this evaluation is finding out and telling the stories of the people living in Thorntree, and the difference permanent, supported accommodation has made to their lives.

The evaluation was asked to provide an illustrative picture of the savings to the public purse of Thorntree providing homes and support to older people with SMDs, against the prevalent cycle of repeat homelessness, substance and alcohol abuse, involvement with the criminal justice system, poor health, and poverty which is the dominant experience of people in Scotland experiencing SMDs .

This evaluation was small scale in its resource so the illustrative economic impact of Thorntree is provided within these limitations. The methodology of this is discussed later in the report.

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<sup>1</sup> City of Edinburgh Council's Strategic Housing Investment Plan (SHIP) [http://www.edinburgh.gov.uk/download/meetings/id/55229/item\\_74\\_-\\_strategic\\_housing\\_investment\\_plan\\_ship\\_2018-23](http://www.edinburgh.gov.uk/download/meetings/id/55229/item_74_-_strategic_housing_investment_plan_ship_2018-23)

<sup>2</sup> *Hard Edges Scotland Summary Report (Fitzpatrick & Bramley: 2019)* <https://lankellychase.org.uk/wp-content/uploads/2019/06/Hard-Edges-Scotland-summary-report-June-2019.pdf>  
*Full Technical Report, Ibid. 2019* [https://lankellychase.org.uk/wp-content/uploads/2019/08/TechReport\\_V6final\\_clean\\_7-August.pdf](https://lankellychase.org.uk/wp-content/uploads/2019/08/TechReport_V6final_clean_7-August.pdf)

It is not within the scope of the evaluation to investigate all the details that would be necessary to make service improvement recommendations. This is the remit of both the Care Inspectorate and the City of Edinburgh Council's housing and social work planning and commissioning services. Nor is it within the scope of this small independent study to analyse the housing and homelessness provision and context in Scotland or provide a comparative study of service providers.

### **About the evaluator**

Duncan Wallace is an independent consultant who helps organisations develop by providing coaching, training programmes, board development and evaluations. He has been doing this across the voluntary sector in Scotland for over 15 years. His evaluation experience over the last 15 years includes having conducted and taught voluntary organisations how to carry out full Social Return on Investment (SROI) studies. This study draws on that experience to pragmatically use some of the tools and core economic understanding within Social Return on Investment. Duncan has significant (historical) experience in working with people who are homeless. In the 1990's he was the Community Leader of London Simon Community, which is a radical community, living and working with street homeless people. He went on to work for Glasgow Simon Community heading up their award-winning resettlement training projects, as well as founding Glasgow Emmaus Community, which is the first Emmaus Community in Scotland.

## 2. Methodology

The study was commissioned at the end of August 2019 and concluded at the end of November. The extent of the study is limited to taking a rounded view of the impact the Thorntree approach has on people who live there that future research may build on.

This project was conducted in three stages.

### Stage 1 - Familiarisation and designing the study.

This involved getting to know the project through visiting Thorntree, interviewing a manager, meeting some of the tenants, reading background papers about the housing and homelessness context and plotting out external stakeholders. From this stage the researcher proposed ways of gathering evidence and agreed the main processes with Rowan Alba.

### Stage 2 - Gathering the evidence of difference made.

This had two main areas - the experience of tenants, and the experience of public agencies.

- A. **For tenants:** The task was to design and conduct appropriate and flexible ways of finding out from tenants the impact of living in Thorntree. One of the main challenges in this study was that most of the main beneficiaries, the tenants, have poor memory recall (as a result of alcohol related brain damage), and many are drinking every day. In addition, the types of memories that would describe what tenants' lives were like before Thorntree could trigger trauma. The study had to weigh up the likelihood of gaining an accurate rounded picture from residents within the time allotted for the evaluation, against wishing to hear each person's individual story. Within this context, it would have taken longer time than the study provided to develop the level of trust required to hear each tenants' story in depth.

To triangulate information therefore, the approach chosen was to build up as accurate picture of the impact Thorntree has on tenants by combining three sources:

1. Working with staff to glean an overall picture of all tenants' experiences prior to and following securing their tenancy at Thorntree. This included looking through case files and talking to staff.
2. Interviewing a few Thorntree tenants in depth. From the balance of types of history and current situations, five tenants were chosen to be interviewed. A light touch outcome star and picture-based tool was used to have informal conversations with individuals, asking about the circumstances of people's lives prior to living in Thorntree and how these may have changed. This included gathering tenants' opinions about what differences have been made and over what timescale, and a description of how and who affected these changes, if any. The case studies highlight personal stories of change and the impact living in Thorntree has had on individuals' lives. They are rich in texture and tell a story about a system designed around people and their needs.
3. Using stakeholder interviews with public agency staff who know these clients to verify the picture of change being heard through direct interviews with tenants.

- B. **For public agencies** A mapping exercise plotted out the key agencies who are observing the difference that Thorntree makes. These come from different expertise in their own fields; housing, social work, health and psychology. Semi-structured, face-to-face interviews were used to gain professional opinion and to check the researchers' understanding of relevant theory and practice.

Interviews with key public agency experts included gathering specialist professional opinion of where this client group fits in to the wider picture of housing and homelessness provision. Experts were asked about their understanding of where the Thorntree approach fits in underpinning current policy, practice and research. (See sample questions in appendix).

### Stage 3 - Developing the findings.

Evidence of change for tenants was mapped, with themes being drawn out from all tenants interviewed. Each of the people interviewed for the in-depth case studies had experiences that resonated in the wider Thorntree tenant population. This informed which in-depth case studies of change were highlighted to outline the difference Thorntree makes.

The interviews with public agency experts were mapped out to check if these stories of change were validated by the wider experience of professionals in the sector. These interviews, and the differences between their perspectives, assisted an understanding and enabled the study to test some initial working hypotheses about why and how Thorntree helps create positive difference in people's lives.

A cost-consequence approach was used to evaluate the economic value of Thorntree; this approach sets out an *illustrative example* of the cost to the public purse of not having Thorntree as a resource to house and support people with Significant Multiple Disadvantages.<sup>3</sup>

Lastly, initial findings were discussed with an independent housing consultant with 20 years' career experience in housing rights, to consider conclusions and recommendations.

### Ethical and legal considerations

All research was carried out in accordance with GDPR legislation. Residents were asked for permission to access their files and whether the researcher could speak to Thorntree staff and public agency stakeholders and were under no obligation to take part. Permission was sought in advance of each case study interview, and residents were informed that they could withdraw at any time.

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<sup>3</sup> To evaluate the economic impact of Thorntree, advice was sought from a health economics specialist regarding the preferred methodologies to assess impact within the time limitations, cost and scope of the evaluation. It was beyond the resources of this evaluation to carry out a full cost benefit analysis. In addition, given the consistent story of lives being improved, it was agreed the 'cost consequence approach' would be most proportionate and effective. Since it was beyond the resources of the evaluation and of the public agencies whose input would have been required to track *actual* cost savings, three of the case studies which represented the different types of change were used to *illustrate* the savings Thorntree makes to the public purse. In particular, the cost consequence approach set out all the evidence and workings to enable professionals to make their own judgement based on the evidence. This has been set out in Section 8 of this report.

### 3. The Thorntree Approach

Rowan Alba is a charity that provides a range of services in Edinburgh. Rowan Alba established Thorntree 15 years ago. Since then, it has provided a secure home to over 70 men. It offers a permanent home for 12 people with the benefit of a Scottish Secure Tenancy. Most tenants having had a history of street homelessness, insecure accommodation, hostels and all have a long-term history of problematic alcohol use.

Thorntree is a small building with 8 bedsits and 4 one-bedroom flats. There is a communal garden, canteen lounge and dining room. Bield Housing Association owns the property and tenants rent direct from them, with Rowan Alba providing the housing support and care at home services for tenants. The service is registered with the Care Inspectorate who use the Housing and Social Care Standards to carry out an annual inspection. Thorntree was rated in 2018 at Level 5 - very good. Bield also carries out an annual inspection, meeting with tenants.<sup>4</sup>

Central to Rowan Alba are its values of **Accept, Support and Include**, which are at the heart of how the Thorntree approach works.

#### Who Thorntree is for?

Thorntree is particularly for people, aged 50+, who have had long term problematic alcohol use and are also long term homeless. They have had life histories which have spiralled to being at the hard core of homelessness, for whom, most mainstream provision does not work. Most residents have been in and out of hostels, unsuitable and unstable temporary accommodation and rough sleeping; some have had a series of tenancies that have broken down. All are long-term heavy drinkers, whose drinking has continually led to the breakdown of their housing circumstances leading them to be arrested by the Police for breach of the peace; kicked out from temporary accommodation for breaking curfews or rules about alcohol on the premises; or repeatedly not paying rent which leads to the revolving door of repeat homelessness.

In the context of all the types of people in the homeless population, the people that Thorntree is designed for are those who have experienced the most significant and multiple disadvantage with deep-rooted problems, often including poverty, abuse and adverse childhood experiences in addition to homelessness, alcohol or substance abuse.

#### Why Thorntree works.

The purpose of this evaluation is to independently review as an external independent evaluator, the key features of the Thorntree approach that positively impacts on residents' lives. This section forms part of the evaluation and is based on what I, as the researcher heard in interviews and saw in action.

This is not the service description by Rowan Alba but formed through an observational perspective.

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

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<sup>4</sup> The Care Inspectorate reports can be found online [here](#).

3. Personalised support to live your life as you choose
4. You are not alone or isolated
5. It is a place of safety.

#### **1. Your place is yours.**

Residents are given a Scottish Secure Tenancy. They can keep their flat or bedsit however they like. Some residents choose to sleep on their floor rather than the bed. Tenants can keep their flat or bedsit in quite a state with rubbish, if that is what helps them have a place that is familiar. One person wouldn't take their shoes off for months. Most importantly tenants don't have to stop or reduce their drinking. These aspects carry a very strong expression of "It is *your* place. *Your right* to a house is first and foremost."

The fact tenants have their own secure place, means they don't have to get caught up in other people's agendas. Tenants have their own place to withdraw to. They are in control. Whereas in hostels, B&B's and when rough sleeping it is very easy to each day find oneself entangled in the daily constant dynamic of other people's survival and needs, and the danger of others who offer company in return for buying drink, or offer a way of getting money for drink.

#### **2. You don't have to give up, restrict or reduce your alcohol consumption.**

The purpose of Thorntree is to take a harm reduction approach. This starts with having a safe roof over one's head. The second aspect is enabling tenants to have regular nutritious food. There is a kitchen that cooks three meals a day, chosen by residents. Meals are served in the dining room; tenants are called at mealtimes, and if someone does not come down for their meal, staff will check if they are alright and ask if they need a meal taken up to them. Thiamine deficiency is very common in alcoholics and causes alcohol related brain damage. Ensuring people eat well and regularly is a crucial to harm reduction.

Staff support residents' choices around alcohol consumption on a person-centred basis. The staff will agree with each person what their intentions and plans are about alcohol consumption. Staff will take the role of holding and giving out alcohol according to what their plan is so that individuals do not end up with alcohol withdrawals that can trigger crises.

#### **3. Personalised support to live life as you choose**

Staff at Thorntree get to know each tenant and tailor support to each person's needs. The choice and support to manage alcohol consumption and enable nutritious food epitomises that, but the real support is about the getting to know each tenant, what they are about, what their interests are and how to get the best out of each person. Staff take a coaching based approach to their interactions. This is about listening and asking questions with gentle curiosity, supporting the person's best self, rather than rushing to conclusions. There is respect between the tenants and staff, which can take some time and testing to get right.

The process of developing a sense of safety is not easy or quick. Very often the first few months of settling in are characterised by the new tenant testing boundaries. At the beginning it can be very challenging for someone to get on with others, trust the staff and believe that their place is secure. Frequently their behaviour will be quite erratic for an adjusting period, as if testing whether the ethos and promises of Rowan Alba are real. These are people whose internal script, re-enforced by a lifetime of rejection by systems, may not believe they are worthy of support. Developing the trust required is done by the staff adapting their approach with each person, working out what works for them.

#### **4. You are not alone, or isolated.**

There are staff, volunteers and peers who share a small building. There is a sense of community about the way that Thorntree works. Residents can talk to staff at any time as



there are staff awake and available through day and night. Staff offer a stable, trained, compassionate sounding board. It is important that staff can be a safe place to sound off to, as they are trained in how to respond to anger with compassion. At the same time people are around peers, when they want to be, who share similar characteristics, rather than a mixture of different needs. Loneliness and isolation are a major factor for triggering people to get caught up with others. Living in a communal environment, with individual homes helps reduce loneliness.

## **5. Thorntree is a place of safety.**

This is both practical and emotional. The flats and bedsits have pull alarms. There is a door entry which staff can mediate who comes in. Residents can have visitors, including overnight, yet this is mediated. Emotionally it is a familiar place. People are away from the financial and emotional abuses that frequently happen on the streets and in hostels. Residents told of people who offer to be “your friend for the day” in exchange for drink. The peer relationships in Thorntree are more stable over time and are being constantly mediated and monitored by staff.

From all the interviews in the study it became apparent that not being rejected or de-valued is a significant feature that characterised what tenants valued, being at Thorntree. This is in stark contrast to many of the causal factors and repeating patterns in their past lives. These elements are what I am calling ‘radical adult acceptance.’ It is radical because it reaches into the roots of both the cause of their instability and the solution.

N.B. In the field of health and social care this is also known as providing a Trauma Informed Environment, or Psychologically Informed Environment. Through the wider stakeholder interviews, I asked for professional opinions about how Thorntree matches the criteria for being a Trauma Informed Environment and the consensus was that it does this very well. In keeping with this evaluation being an independent and lay person’s opinion, I have preferred to call this ‘radical adult acceptance.’

## **Where Thorntree fits in to the context of homelessness and housing policy and provision.**

### **Putting the Thorntree client group into context.**

In 2019, Heriot Watt University’s I-SPHERE Unit produced the *Hard Edges Scotland* report, which shows the profile and extent of the types of people who are being given a home at Thorntree. *Hard Edges* researches the patterns observed with people who have Severe and Multiple Disadvantages (SMD). These are people who have substance dependency, offending and homelessness combined. Across Scotland there are estimated to be 5,700 people in the SMD category. What the report looks at is how these three elements are a vicious cycle when all three are experienced; there is a pervasive role that violence continues to play throughout their life course, where people live with an ‘ever-present threat’. In one part of the report there is “A standout finding across all six case study areas was the extent to which the criminal justice system was used as the last resort ‘safety net’ for people facing SMD whom other services routinely failed to provide with the help they desperately needed.” The report finds that a pattern for many SMD experienced people can become so desperate that they are seeking to be jailed so that they can get a roof over their heads and get their medication sorted out. Local authority homelessness services are also found to be used like this.

It also finds “Evidence of the disappointingly ‘light touch’ and short term nature of floating support often offered to people facing SMD after they have moved into their own tenancies is a useful reminder of the vital importance of open-ended, wrap-around support for those with

complex needs being moved into permanent housing under the rapid rehousing and Housing First approach now being rolled out across Scotland.”

The *Hard Edges* report touches on some of the solutions calling for a whole system approach at the national level, and at the practical service level. It says that the people with lived experience interviewed were very clear on what made for helpful services from their point of view; the provision of emotional as well as practical support, and ‘personalised’ support tailored to their specific needs.

However according to Shelter Scotland, there has been a steady decline over the last ten years of non-conditionality services for homeless people. There is a growing gap of services suitable for multiple and complex needs. Shelter has been noting that there are more people falling through this gap in provision and there haven’t been many models that are arresting that gap. “Thorntree is one example that works and is stopping that gap.” Alison Watson - Deputy Director Shelter Scotland.

In the last few years the Scottish Government has placed a strong strategic emphasis on implementing the Housing First model in Scotland. This has included a new injection of investment from the Scottish Government and local authorities - but this homogenous approach can squeeze out other ways of providing support services for homeless people - unless service providers label their work as “Housing First.” This means innovation and diversity of approaches are being under-valued. In some ways, Thorntree could be understood as a Housing First model, as it is providing a full tenancy first, not requiring people to jump through hoops - to get ready for a tenancy before qualifying for one. However, a lot has been lost in translation in the current expression of what counts as “Housing First.” The context of Housing First also needs to be understood in the environment it originated. When the Parliamentary committee on homelessness was looking into Housing First it studied the Finland model, which made sense in terms of the comparable size of country and population to Scotland. However, in Finland there is a more extensive welfare state than Scotland, and when it was realised that additional housing was required, the National Lottery fund was used to buy homes, injecting a much larger proportion of housing stock into solving the homelessness problem. The Housing First model in Finland also enables individuals to start off with six months in a house with multiple people and very high levels of support, meals and an intensive process of ‘finding out what needs to happen to give you what you need.’ Only after this initial six months is the person given a tenancy.

In the Scottish context, there is a dominant model whereby people must go through lots of steps to be ready for a tenancy.

The Thorntree process of starting from ‘what is it that people want and need’, is quite profound. Thorntree is building on the idea that is embedded in the fuller understanding of the Housing First model from Finland - that living together and the process of bonding, building social capital and being supported with peers is integral to the success of the Finnish model.

In 2018, Shelter did a piece of action research in Glasgow with people sleeping rough which shows that isolation and loneliness are key experiences of homeless experienced people. (This research is currently unpublished). Working with 50 people to ‘map’ their lives, connections and the resources they accessed over a period of time - really understanding where they went, what they needed and why, helped Shelter to understand, alongside homeless people what their needs and solutions to those needs are. Analysis came out very similar to the values Thorntree lives by and provides; the three main findings that rough sleepers want are:

1. A sense of community
2. Relational support - that isn’t judging and trusts

### 3. Presence of peers - in services.

The presence of peers has been found to be such a crucial aspect in supporting hope. People find hope from peers who they can recognise as having lived a similar life; peers provide encouragement to keeping going. This supports stability, and the belief that change is possible. In mental health services, the presence of peers has been learnt and understood as crucial for a long time, but in homelessness solutions this has only begun to feature in the last five years.

For people with multiple and complex needs who are homeless a sense of safety and trust in the service is vital. There is a strong need for a feeling that 'my community is here'.

## 4. Case Studies of Change

The following case studies are illustrative of the stories of change that Thorntree is supporting. In each one I have tried to describe the pattern of homelessness, health and lifestyle that was prevalent in the years before moving to Thorntree, and the description of “how things are now” at Thorntree. 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 skippering (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 (LEAP), 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.

## 5. Outcomes for tenants

Outcomes are the expressions of impact and difference that being at Thorntree has made to the lives of 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. Perhaps it is a cross cutting outcome for all the others. I think it needs to be put in the context that each of the tenants I spoke to paint a vivid picture of many years of feeling constantly under threat. Not necessarily specific threats, though they were there in the stories of life before Thorntree, but more of an ever-present sense of needing to be on your guard, ready to respond to situations that could become threatening quickly.

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. Having (and carrying in your mind) that "you have a place of your own to come back to."

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

Tenants described an increased capacity to maintain self-control in quite a variety of ways.

One of the expressions was about getting into fights (verbal or physical) significantly less. Examples given included that they could go step away to their own home and space and keep themselves to themselves. Or, significantly, because they could talk problems over with someone.

Another expression of maintaining self-control was "keeping a grip" on financial affairs, making sure the bills were paid. This was described by tenants as an important goal for them; more important than had ever been the case in other accommodation.

A third area was to do with being more in control of their drinking. Tenants and staff told me about the strategies and routines they developed to maintain a certain level of alcohol consumption, but not too much, so that residents could have key parts of the day and weeks where they were able to pursue the goals and interests that they wanted.

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

There are three aspects to this; medication, keeping health appointments and healthy routines.



Most tenants have a variety of long-term health conditions that have built up over time. Many are life-threatening which makes it essential that the person takes their medication as prescribed. Having a stable home and having staff who will take charge of managing medication and come around four times a day to administer medication enables tenants to keep up with the medication they need.

The second aspect is that tenants will register with the local health services (GP, dentist) and will attend their health appointments more. This is easier because they get to know their local health service. The space becomes familiar and less daunting. Plus, residents will share their appointment times with staff and the staff will then remind them to attend.

The third aspect tenants spoke about is doing things like getting regular outdoor exercise or going for walks. Some have habits like stretching and meditation or listening to relaxation recordings that they said they are more able to do regularly because of being in a place of their own that is stable.

I would add from my observation that the staff create a constructive atmosphere about looking after health in their regular dialogue with tenants and there is a genuine daily enquiry of “how are you, how is your xx?” There is also peer encouragement from other tenants to look after one’s health. I heard some examples of wisdom, from regrets and past experiences passed on in gentle, or not so gentle ways.

**d) Eating Better**

Tenants are eating more regularly and better than they were before moving in to Thorntree. Very often for chronic alcoholics eating is a lower priority than drink and will frequently get forgotten. The canteen on site is a key feature of the Thorntree model that enables tenants to eat better. There are three substantial meals per day, which is cooked fresh according to tenants’ preferences and made up of nutritious food.

**e) Thinking more clearly**

Being able to think more clearly was described as precious resource by tenants. Their experiences of this are quite variable, as are the stimuli that supports them to think more clearly, but the impact is the same. In some of the interviews, residents talked about being able to step away from situations, take some space to think and calm down, either going back to their flat, or stepping out to the garden. For some tenants, the thinking capacity was described as having the time to reflect on their interests, pick up reading and follow through on what they are interested in. At other times the capacity to think was referred to in having staff to talk things over with, share a burden with and get some advice.

Whichever way it is described, thinking clearly is a core element to living the life they want to be living rather than being caught up in their own survival and others’ needs.

**f) A greater sense of belonging**

Tenants described how they feel that at Thorntree; they are part of something with other people. In interviews, individuals talked about how and who they help and relate to as part of their place. I would say that they are describing aspects of a sense of community, where there is a sense of loyalty, looking out for each other and duty of some mutual support to others. Tenants feel they are more supported by their peers and so also reciprocate. In the language used I would describe it as recognising oneself in the other in the sense of ‘there by the grace of God go I.’ The staff are trusted, and safe relationships are fostered through the staff on a constant basis. So over time in Thorntree tenants say they have more supportive friendships that they can draw upon and be part of.

It is important to note that companionship and friendships are often complex areas for those who have been so long in the survival dynamics of street living, chronic addictions and the revolving doors of temporary accommodation. In these survival dynamics there are a mixture of needs that become patterns to how people relate each other. These relationships can be volatile and violent.

A further aspect of belonging that came through is the increase in community connections that some tenants have. These are a mixture of familiar places in the local community that they regularly attend, with local friendships and being an important part of local interest groups such as football clubs.

## 6. 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 local authority is a duty bearer for international human rights instruments, and the right to housing<sup>5</sup> is central to the realisation of the Right to an Adequate Standard of Living and in turn to other interdependent human rights. The use of rights-based language by the commissioning manager reflects an increasing awareness in housing and homelessness sectors in Scotland of housing as a human rights issue, and presents an opportunity for the Thorntree approach to be reflected through a human rights lens, and future commissioning of services to adopt a human rights based approach<sup>6</sup>, including in budgeting, participation of tenants and accountability.

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. Staff are informally dressed, wear first name badges and say hello. There is a clearly caring 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."

Thorntree removes the triggers for yet more exploitation and trauma related behaviour by so often being mixed with a volatile crowd, or from being alone. 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." He said Thorntree is about the right size.

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<sup>5</sup> The legal status of the right to adequate housing is based on the following main relevant international human rights provisions: <https://www.ohchr.org/EN/Issues/Housing/Pages/InternationalStandards.aspx>

<sup>6</sup> A human rights-based approach is about making sure that people's rights are put at the very centre of policies and practices. The [PANEL principles](#) can be used to determine if policies practically reflect human rights standards.

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

The local authority commissioning perspective is interested in the quality and integrity of organisations that are delivering on its behalf. The 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. He cited the values-based recruitment approach as well as the attention to training and development as central to what makes the approach high quality.

### **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 benefits means that tenants' income is stabilised and the cost to the public purse for these systems is reduced. (The process of applying, re-applying, and reapplying for benefits every time a circumstance changes - such as being in hospital or moving accommodation - means the whole application process has to be repeated at continued cost to all the public officials involved in assessment and administration of benefits).
- 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 capacities that the commissioning team sees being developed in the people at Thorntree are substantial outcomes of belonging, stability, ownership and choice. 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 current context is that even with the 20,000 more affordable social housing homes coming on stream in the next few years in the city of Edinburgh, current housing need will not be met. The Council has 66 beds for rapid rehousing which has residential support, a link worker and 24 hour working, with income maximized. For people housed in rapid rehousing projects, this would either lead logically on to living in Thorntree, or to a Housing First flat, where people live on their own and have support coming in.

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 was perspective was backed up by the Housing Manger at the Access Point who said he sees Thorntree as suitable for a broad range of people with a broad range of needs.

## 7. 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 helps people see some improvement in their family relationships and in healing in themselves. The GP spoke about the "quietening down" that happens and allows people to think and reflect on their lives, coming to terms with life a bit more.
- 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. (He contrasted this point with someone similar who was given a tenancy outside the city centre, had no social capital or community to draw on and died quite quickly, really struggling with being in a flat outside their familiar context. B & Bs he said are even worse. Hostels he says are better, but they give no sense of ownership. He knows someone "at the moment who absolutely hates it," he feels his environment is out of his control and his alcohol usage is much higher to respond to that sense).

### **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."

The lack of services for people with alcohol dependency compounds the difficulty in breaking the cycle of alcoholism. "We offer so little for people with alcohol problems - only 6% of those with alcohol problems access treatment. We offer far more for people with drug problems." There is a hospital detox unit, but there are no appropriate discharge options for when people come out. In a striking admission, the GP commented that he "could count on one hand the number of successful detox's he has known in his 13 years."

### **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. This was contextualised by contrasting other case studies of people he is working with who are under 50 but have severe problematic drug use. In each case these people were regularly caught up in a cycle of violence and / or being taken advantage of. In his experience these cases are consuming a huge amount of services; Accident and Emergency, social work and housing.

## 8. Exploring the economic benefit of the Thorntree approach.

One of the main aims of this external evaluation was to find out what, if any, are the savings to the public purse from providing the Thorntree model.

Throughout the various interviews a clear picture was forming that as a result of settling in to Thorntree, there are significantly less critical incidents happening that involved the intervention of so many crisis health, social care and criminal justice services.

In working out how to present this aspect of the evaluation, an NHS economic evaluation expert was consulted to gain advice about the methodology to use. The most appropriate methodology in this case is to take a cost consequence approach.

A cost consequence analysis approach is as simple as “here is the costs of taking this approach, and the consequences of this approach, and contrast it to the costs of taking a different approach, and the consequences of that approach.” This then lays out a comparison for the reader to compare, with all the workings, to make their own judgement about the benefits of this approach. Rather than seeking to do a cost benefit analysis, where the evaluator would be making more of the judgements about the benefits.

Cost-consequence analysis (CCA) is “one of the tools used to carry out an economic evaluation. This compares the costs (such as treatment and hospital care) and the consequences (such as health outcomes) of a test or treatment with a suitable alternative. Unlike cost-benefit analysis or cost effectiveness analysis, it does not attempt to summarise outcomes in a single measure (such as the quality-adjusted life year) or in financial terms. Instead, outcomes are shown in their natural units (some of which may be monetary) and it is left to decision-makers to determine whether, overall, the treatment is worth carrying out” from National Institute for Health & Care Excellence.<sup>7</sup>

Cost consequence analysis is a form of economic evaluation that reports outcomes separately to the costs. Feeding as much information as possible for professionals to make their judgement call about the effectiveness of an intervention.

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<sup>7</sup> National Institute for Health & Care Excellence, NICE Glossary  
<https://www.nice.org.uk/Glossary?letter=C>



## Costs of taking the Thorntree Approach.

	Per Tenant	For 12 tenants
<b>Support Costs</b> The annual service contract from City of Edinburgh Council for Rowan Alba to provide the support and overall service at Thorntree is £258,000 per year. This equals £706.8 per day for 12 tenants. Which is £59 per day per tenant. The service is a 24-hour service, which equates to £2.46 per tenant per hour.  This is a composite cost that pays for the support staff, communal areas, management.	£59 per day per tenant or £1792 per tenant per month.	£258,000
	£21,504 per year per tenant	£258,000

## Costs to society of not having Thorntree providing a home for these tenants.

In this table the best estimate figures illustrating the costs to the public purse of not taking the Thorntree approach have been set out. This has been done by taking the type and frequency of the incidents that three people in the case studies experienced before settling into their tenancy at Thorntree. From the interviews an estimate of how frequently per year these incidents occurred, such as being arrested for breaches of the peace, were happening. The costs to the public purse have been attributed to these incidents.

As part of research for this evaluation, an unpublished case study was looked at that was carried out by Dr Adam Burley at the Access Point which involved tracking the details of a similar case to the cases in this evaluation.

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

- a) Criminal justice involvement
- b) Social work and housing
- c) Health services.

### a) Criminal Justice Cost Consequences.

It is known that Mr X had very frequent 'breaches of the peace' arrests, and some more serious arrests; Mr T was regularly arrested for incidents of violence and Mr Z was regularly arrested, sometimes for stealing. Across the timespans and frequency of incidents the lower figures of frequency have been used to illustrate five incidents per year.

When looking at the type of incident in cost terms, the figures from a general Sherriff Court type hearing after one night in the police cells and involving a criminal justice social work report have been used. Some of the incidents in the case studies would have a lengthier court procedure. Likewise, the frequency of arrests at some points in the case studies sounded almost weekly. It is also known that that some of these arrests would have been released without charge.

In Mr X and Mr Z's case study there were regular prison sentences. In translating the different details of these into an illustrative cost, these have been summarised as a short stay of a month and a longer stay of 3 months in a year.

	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>8</sup>		£8086 <sup>9</sup>	£40,430
Criminal Justice Social Work Report <sup>10</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>

### b) Social Work and Housing Services Costs

Learning from the case studies, the services in the middle of this revolving door experience are the housing and social work teams who are carrying out case work to assist in re-accommodating people on a very frequent basis.

Details of cost of all social work interventions were unavailable, however it is expected that reduced social work involvement with settled Thorntree tenants would result in a considerable saving to this service budget.

The costs of other forms of accommodation which the tenants move in and out of on a frequent basis are available. This enables the reader to gain a sense of comparison.

	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	£312.34 weekly	£3748

<sup>8</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>10</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>

	weeks long p.a.		
Social work time dealing with re-accommodating <sup>11</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>

A note about housing costs. The cost of the housing is not shown in this model as the actual housing element for temporary accommodation is paid by Housing Benefit and will vary considerably. The housing cost of Thorntree is £440 per month paid direct to Bield from Housing Benefit.

### c) Health Crisis costs

From the case studies there were also frequent occasions of emergency admission to hospital from the streets. These often resulted in week-long, or longer stays. A major study in North Lanarkshire highlighted that homeless people with alcohol related health issues are seven times more likely to be using hospital services for crisis treatment.

To illustrate the types of savings for health services, figures for the average cost of an ambulance conveying someone to hospital, plus three week-long stays in hospital have been used.

In the case study for Mr Z he was taken to hospital for a week's treatment in the alcohol services. For the week-long stays, costings have been based on the cost per day for 'alcohol services treatment' in hospital, as this seems to be the closest fit to the case study stories being illustrated. All the health services costs have been referenced from the 2018 NHS Unit Costs of Health and Social Care 2018.<sup>12</sup> For each figure, the lower quartile figure from the cost book has been used in order to err on the side of caution.

	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>

<sup>11</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.

<sup>12</sup> <https://www.pssru.ac.uk/project-pages/unit-costs/unit-costs-2018/> Section 3.1, page 49 for the Hospital Alcohol services per day. Section 7.1 page 89 for the Ambulance Services.

There is continued use of health services treating the chronic health conditions of tenants that have built up over time. However, what is illustrated in this part of the cost consequence analysis is the crisis nature of the hospital admissions that are exacerbated by a much more erratic survival pattern of being on the streets and in and out of B & B's. Rather than the more natural use of health services being accessed as part of addressing health issues from the position of stable accommodation and more stable drinking. The former is more to do with a life deteriorating position and the latter is to do with a life improving position. Therefore, the life improving situation costs have not been factored in.

**A note of comparison about the frequency and duration of health crisis interventions.**

In the interview with the General Practitioner for the Access Point (which is Lothian Health Board's street access health service for homeless people across Edinburgh) comparisons were made of these case studies to other cases that the GP has seen in their 13 years of practice. There was an in-depth case study<sup>13</sup> carried out with a similar case a few years ago; this tracked actual data from health and housing records across several years before, and after a similar housing and support intervention to Thorntree was used to support the person. In this case study it came to more than 21 ambulance calls and retrieves per year; 11 different pieces of temporary accommodation per year; and more than ten episodes of rough sleeping.<sup>i</sup> So while this evaluation does not have the resources to track and investigate records, there is confidence that the estimates of the frequency and type of health crisis before Thorntree for these clients is a reasonable, even cautious illustration of the types of health savings.

**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, such as social work, police time, or costs referred to by the commissioning manager about support to assess and re-applying for benefits each time a person's circumstance has changed. Nor does this calculation include the housing element of temporary accommodation, which will be quite variable.

<sup>13</sup> .This is an unpublished case study by Dr Adam Burley, Consultant Clinical Psychologist, Department of Psychotherapy, NHS Lothian, called 'Home is Where we Start From: Service Evaluation of a Modified Version of Housing First to address the Needs of a Multiply Excluded Homeless Man. Contact Dr Burley directly to request access to the study.

On the health side, various local level health services, such as the GP and nursing type services at the Access Point which are used, have not been included.

It is important to stress that Thorntree Street is a home for life and prevents vulnerable people going into more expensive care homes or hospitals or special rehab / care / alcohol reduction units.

## 9. 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.

## 10. 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?



## 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 Executive Officer, Rowan Alba

## Sample Questionnaires

For external stakeholders

### Section 1 - Viewing point of stakeholder

1. Your role and relationship with Thorntree?
2. How long have you known Thorntree?
3. How many people have you known who have been/are tenants of Thorntree?
4. Who is Thorntree best suited for?

### Section 2 - Difference observed in service users

1. What is the impact you see Thorntree has on the people you know they support?  
(Tell some stories...)
  - a. And/Or - What capacities does Thorntree help people to sustain or develop?
  - b. And / or - What does it working well for someone look like?
2. In your opinion - How does it work? (Short, medium, long term)
3. What makes it work? (short, medium, long term)  
(Your core theory of change)
4. What do you know about what would be normally going on for those who are tenants if they weren't at Thorntree? (i.e. is there a preventative effect?)
5. How does Thorntree's work with service users increase or decrease the need for other public services?
  - a. What other services are needed? What are no longer needed?

### Section 3 - Wider benefits

1. What difference does it make to have this service to what you can achieve as a public service?
2. Are there any wider impacts for society from the work Thorntree does?
3. What would the impact be on your org if Thorntree weren't there?

### Section 4 Opinions about the service

1. What works well & what could be even better?
  4. Is there any difference between them and other support agencies?
  5. How cost effective would you say Inclusion is and why do you think that?
  6. What do you value most about your relationship with Thorntree?
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