Reducing Harm in Homelessness

Simon Community Scotland

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- **Scotland's largest wholly focused provider:** delivering services since 1966
- **End to end:** Prevention, crisis ……settled living
- **Influencing change:** locally and nationally
- **Wider programmes of impact:** harm reduction, digital connection, anti destitution and migrant support


Everyone
deserves a
safe place
to live

Key Facts

460 Team of staff & volunteers

45 Initiatives & Services

104 Accommodation places

25,000+ Outreach hours delivered

13,000+ People connected with annually

Our Journey so far

Harm Reduction

2018
Inclusion of harm reduction - (Naloxone, CPR, Radar technology) to address DRDs

2020
Invested resources in harm reduction

2020
Introduced workforce training - harm reduction

2020
Established harm reduction champions network

2021
Launched enhanced harm reduction policy

2021
Introduced IEP within services

2022
Create a National Learning Network

2022
Best Practice Guide series launched

2022/23
Staff trained to deliver WAND

Developed Safer Services model

And we continue...

Stimulants And Synthetics – A Changing Picture

What people have told us

- More support around mental health.
- Stable housing options.
- Low threshold, accessible health services and support.
- Practical harm reduction - including smoking equipment.
- Support around debt.

What about Nitazenes?

- More intensive responses on the street and in accommodation services.
- Rapid onset of overdose - people rough sleeping or living in unsupported spaces at greatest risk.

Why MAP and Why Simon Community?

- People we support every day.
- We need to offer a different opportunity.
- Canadian success.

About The Service Delivery

- A settled supported home for 10 men,with en-suite bathrooms, TVs, Google nests and more.
- 24/7 support and care.
- Collaborative personalised planning.
- Individually supported daily alcohol consumption agreement, with clinical oversight.
- Integrated health monitoring - the wonderful Mathis.
- Community lounge/dining area, kitchen, large garden and summer house.
- A focus on being a person first.

Referrals And Residents (Aug 21- Now)

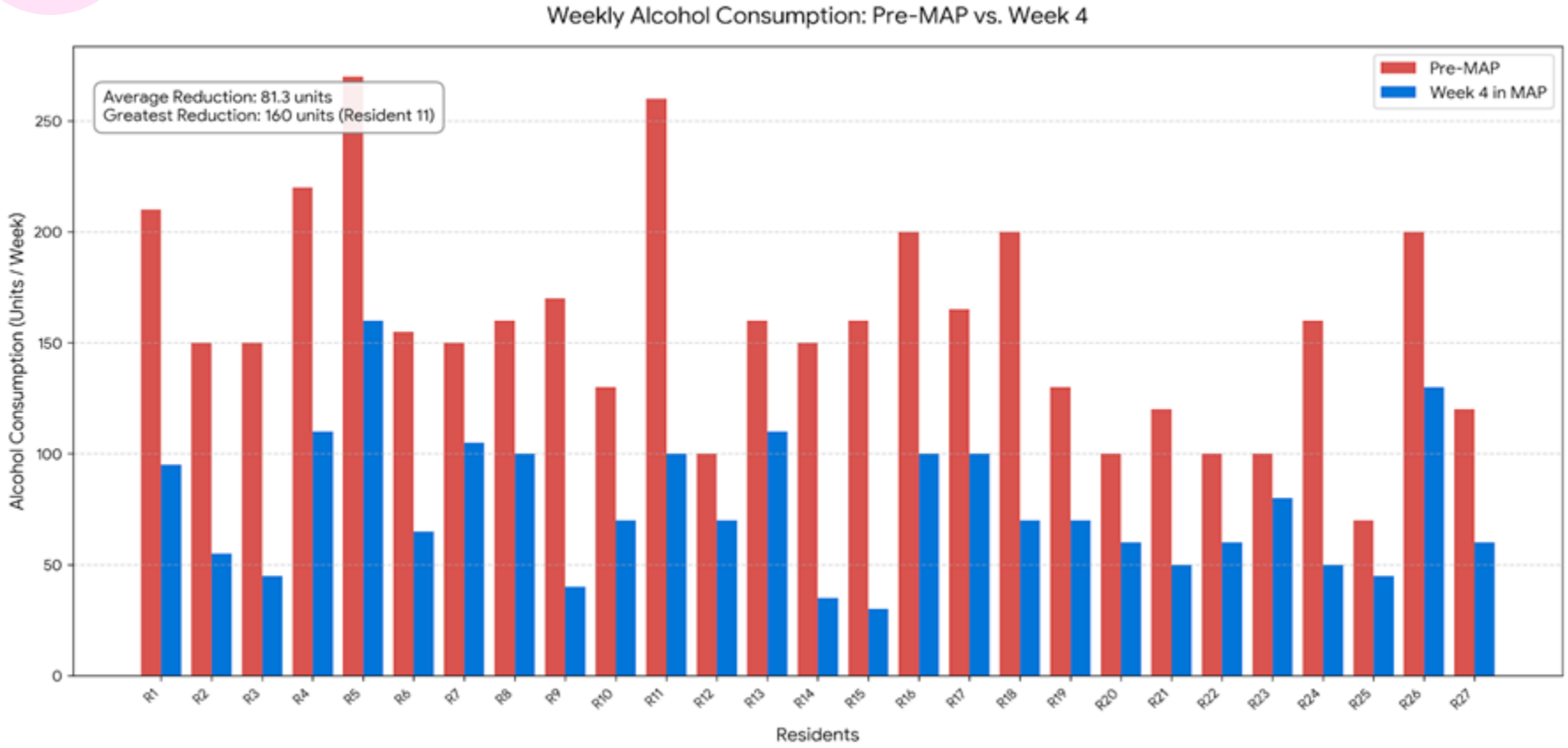
102 Referrals:

Men aged 26–66 (Average age: 46).

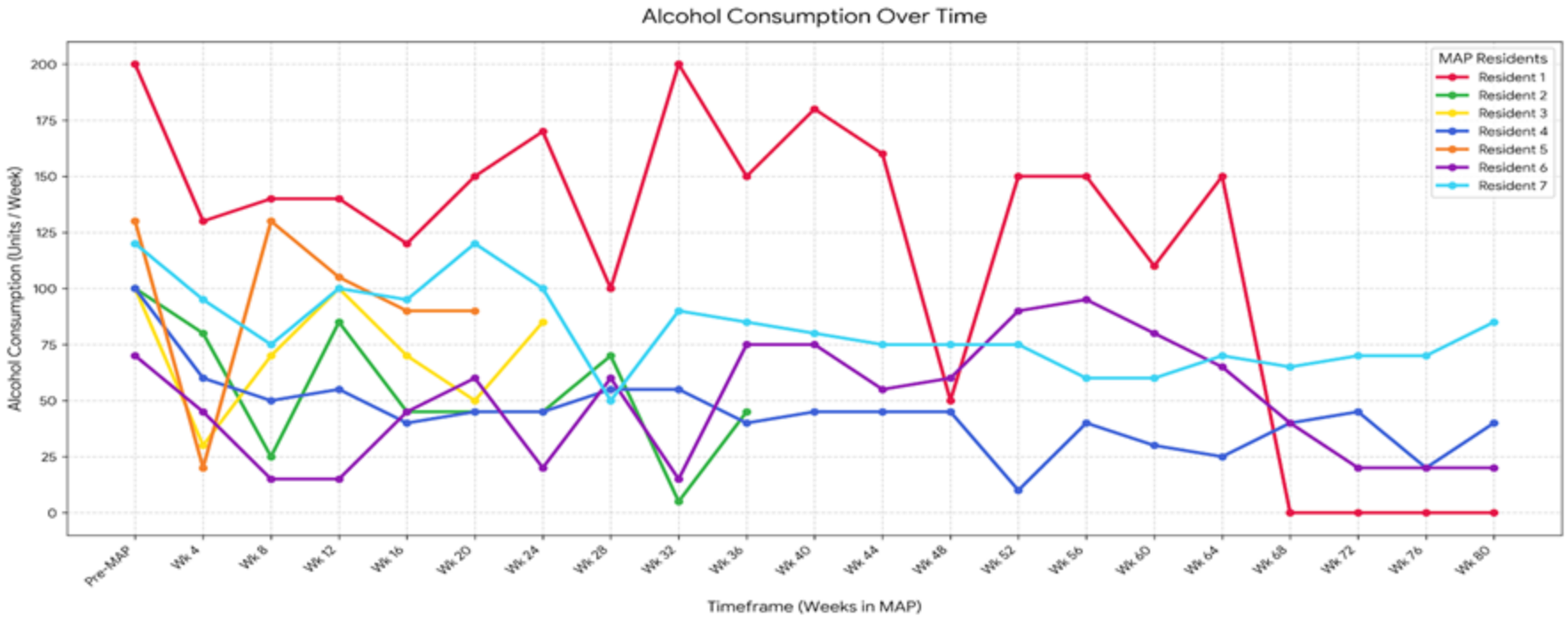
27 Residents Lived in the MAP:

Max stay of 198 weeks.

The Numbers That Matter



Change Over Time



Social Connectedness and Wellbeing

A focus on living, life, purpose and enjoyment is key

Relationships built between men in MAP:

"Everybody just gets on brilliant, we all sit and have communal meals together, go on days out, spend a lot of time together, doing quizzes, no animosity, no arguing, bit of banter…"

Men have reconnected with family and friends:

"When I'm talking to my mum - two months ago it would be a 2 minute phone call - now its like 40 or 50 minutes …she's like you're talking to me a lot more now, brilliant"

Health Improvement
And Therapeutic Interventions

Men choose to increase their focus on their health and wellbeing through the full range of local primary care and health improvement options -

- Weekly group recovery session.
- Recovery cafes.
- Counselling sessions.
- Volunteering - food pantry etc.
- Learning and personal development - trauma, sleep, health improvement activity.

Majority had never seen a mental health professional prior to making their home in the MAP.

What We've Learned...

- Feeling safe and valued.
- Connection and community.
- The critical role of food.
- Environment really, really matters.
- It is not about alcohol.
- Choice, control and self efficacy.
- Learning together about trauma and harm.
- Routine, structure and meaning.
- Many, many partners are required.

People will always amaze us:

One man achieved total abstinence whilst making the MAP his home, 4 others have chosen abstinence based recovery and moved onto their own home

Tam - A Remarkable Achievement

“I could not have achieved being alcohol free and getting my life back together without the help of the staff. I can't wait to have a place of my own now’’

Tam is 52 and had been experiencing homelessness since he lost his home after losing his partner.

Drinking to cope became his norm, as did acute mental distress, including serious risk of suicide. Untreated chronic pain was also a daily reality. An average of at least weekly A&E visits.

Choosing to make his home in the MAP gave Tam time and space to find so many new ways of coping and being able to understand the cause of his pain, surgery was only option and that required abstinence. Tam had his surgery in Dec 2025 and is now waiting on his next home in the community, and hasn't been to see the folks in A&E for a very long time.

Emerging Evidence

3 year evaluation

- Photo Voice Book.
- Good Practice Guide.
- Realist Review.
- Research Feasibility Study.
- The views of residents and staff.
- What alcohol harm reduction means to the men.

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Key Findings

“MAPs are needed when harm reduction interventions are lacking, with successful MAPs enabling autonomy, addressing clients’ needs, creating a sense of hope and purpose, and providing access to healthcare and other activities.”

“MAPs are required in countries such as Scotland, where suitable services for those experiencing homelessness and alcohol dependence are lacking.”

“the small size of the current MAP (10 beds) was described as a “drop in the ocean” relative to the national scale of need.”

Ambitions For The Future

- Growing with the men - moving out with Joe.
- Testing a community model.
- Sharing, learning and adapting.
- Community of practice.
- Housing First Integration.
- Gender sensitive.

A Final Note

“This is the fence at the MAP bin store which I painted the other day. I’ve never done manual labour in my life. I enjoyed the solitude; it was calming and I had space to think and could play my tunes. Except when people were throwing things at me as a joke. I painted the fence down the side of the building too. When I go and have a fag I go round the side of the building so I can see it and I think ‘I’ve done that’.”

Thank you

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