

The Seeds of Exclusion Belfast and Dublin

A study into the drivers and consequences of social exclusion published by The Salvation Army, with the University of Kent and Cardiff University



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The Seeds of Exclusion Belfast and Dublin

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Or www.kent.ac.uk/chss/socialexclusion/seeds

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**The Salvation Army UK Territory
with the Republic of Ireland**

Mission Statement

Called to be disciples of Jesus Christ, The Salvation Army United Kingdom Territory with the Republic of Ireland exists to save souls, grow saints and serve suffering humanity.

Vision Statement

As disciples of Jesus Christ, we will be a Spirit-filled, radical, growing movement, with a burning desire to lead people into a saving knowledge of Jesus Christ, actively serve the community, and fight for social justice.

Foreword

Providing help with housing and benefits is just one part of addressing the needs of socially-excluded and vulnerable people. Through The Salvation Army's frontline experience as one of the largest providers of support and accommodation in communities in many parts of the world, we know that when people experience low self-esteem and a lack a purpose in their lives, then addictive behaviours, family breakdown and homelessness often follow. Of course, becoming socially excluded can happen to anyone.



The Salvation Army's desire to get to the heart of breaking the cycle of exclusion led to the creation of *The Seeds of Exclusion* research programme. This ongoing investigative study, produced with the expertise of the University of Kent and Cardiff University, explores the drivers and consequences of social exclusion and the complex needs of homeless people using Salvation Army social and community services.

Building on the first report published in July 2008, and additional research where the sample size was extended and analysis provided by age and by area¹, this new *The Seeds of Exclusion Belfast and Dublin* report identifies a very vulnerable client group, with high levels of mental health issues, multiple substance misuse, dual diagnosis and a significant proportion experiencing homelessness before the age of 18 years.

The findings will help The Salvation Army to develop and target resources that offer a practical response to the complex needs identified. However, as we are a Christian church and charity, these findings must also challenge us to speak out for this group of individuals – working with government, partner organisations and other interested parties – to keep their needs to the fore of policy decisions affecting the development, funding and delivery of support programmes.

I trust you will read and digest our findings, and encourage dissemination and further action on behalf of those we represent within this report.

A handwritten signature in black ink, appearing to read 'Alan Watters', with a horizontal line extending to the right from the end of the signature.

Major Alan Watters
Divisional Commander, The Salvation Army Ireland

¹ The initial sample covered six areas of Great Britain and has been extended to include Belfast and Dublin

Background

The Salvation Army is an international Christian church and registered charity working in 118 countries organised around the globe into territories, and is one of the largest providers of social welfare in the world. The Ireland Division is one of 18

administrative areas that collectively make up the

combined Salvation Army UK and Republic of Ireland Territory, which has more than 800 social services centres and community churches.



Working across the island for almost 130 years, The Salvation Army Ireland Division currently has eight social service centres and 20 churches offering unconditional friendship and practical, social and spiritual support to all without discrimination. Temporary accommodation, as offered by The Salvation Army and other organisations, is important both as a safer alternative to rough sleeping and for its potential to offer a pivotal time of self-transformation for homeless and vulnerable people. More than just providing a roof over someone's head, our social service centres, or 'hostels', aim to be places of change with people-focused and holistic services that dramatically boost the motivation, health and employability of participants.

Relevant screening, assessments and outcome measures are key tools in the delivery of effective interventions² to identify and address all of a person's physical, psychological and spiritual needs – and not merely their immediate conditions. The significance of effective interventions highlights the importance of using appropriate surveys to gain an accurate understanding of the needs of vulnerable people and how services might best address them. This aim forms the basis of *The Seeds of Exclusion* research project, conducted with help of the University of Kent and Cardiff University. *The Seeds of Exclusion Belfast and Dublin* report offers an important insight into the complex needs of people using The Salvation Army's centres in Belfast and in Dublin.

It is part of a wider research programme, involving in-depth interviews and validated questionnaires with 967 homeless people between January 2006 and April 2009 at Salvation Army centres within the UK and Republic of Ireland. The study involved self-reporting, screening and diagnostic assessments of respondents to review their early life experiences, the nature and quality of their

² *The Seeds of Exclusion 2008* (page 74) The Salvation Army, London

relationships now and in childhood, the main reasons for their homelessness, mental health issues, levels of substance misuse and abuse and their use of statutory support services³.

In the wider context of the European Union, social exclusion occurs when society does not respect and support the development of the physical, psychological and spiritual aspects of each of its citizens. The important dimensions of human potential⁴ and social capital⁵, when fostered, result in healthy relationships and community solidarity. The bedrock of a healthy society is laid down in childhood. Regrettably some people have experiences at this critical time due to both absolute and relative poverty, poor parenting, inadequate housing and lack of educational opportunities, which militate against them reaching their potential and can result in later life problems many of which relate to a limited ability to form and maintain relationships.

This new *The Seeds of Exclusion Belfast and Dublin* report is shared publicly to increase understanding of key issues that concern a vulnerable section of our



society, to inform those designing policy, delivering and funding services and programmes to address social exclusion and homelessness, and encourage wider debate. We offer this report as a contribution to the progress of social inclusion strategies being developed in the European Union and the nation states with key objectives around the eradication of child poverty, making labour markets truly inclusive, ensuring decent housing for all,

overcoming discrimination and increasing integration of people with disabilities, ethnic minorities and immigrants, tackling financial exclusion⁶.

European Union and national strategies are critical in addressing social exclusion. However, non-governmental person-centred approaches such as the worldwide contribution of The Salvation Army have provided significant support for marginalised people for more than 140 years⁷.

³ A battery of self-reporting screening and diagnostic assessments under the supervision of a forensic psychiatrist.

⁴ John 10:10: 'I am come that they might have life, and that they might have it more abundantly.' *King James Version*

⁵ Field J. (2003: pages 1 and 2) *Social Capital*, Routledge, London suggests the concept of social capital can be summarised as 'relationships matter'. The development of social capital involves people, often sharing common interests, connecting via networks which become a resource.

⁶ See the European Union Employment and Social Affairs Social Protection and Social Inclusion process http://ec.europa.eu/employment_social/spsi/poverty_social_exclusion_en.htm

⁷ Bonner A. B. (2006) *Social Exclusion and the Way Out: an individual and community response to human social dysfunction* John Wiley, Chichester



The Seeds of Exclusion Belfast

Key Findings

Underlying drivers of social exclusion

- Respondents attributed relationship breakdown and the lack of supportive relationships as the main reason for their homelessness (51%). However, substance abuse and mental health issues play a bigger role in drawing people into homelessness and social exclusion than those interviewed are prepared to recognise.

Relationship problems in childhood

- Many respondents did not have positive relationships with either friends or family. A large proportion of respondents (74%) currently had no relationship with their father. Around half (53%) of interviewees in Belfast reported some type of abuse or neglect as children.
- Traumatic experiences were more likely to be reported by respondents who had been homeless as children. More than a quarter (28%) of participants interviewed were homeless before the age of 18, with 60% of this sample reporting being homeless for at least one year.

Substance misuse

- More than three-quarters (78%) of respondents had a dependency on alcohol or drugs in the month before using Salvation Army services. More than two-thirds (68%) of interviewees with either a drug or alcohol dependency did not recognise that they had a problem.

Clients have both substance misuse and mental health issues

- Belfast had a high proportion of respondents with a dual diagnosis of both mental health disorders and substance dependency (49%). Only around one fifth (19%) of clients in Belfast who had a dual diagnosis⁸ were receiving treatment for mental health conditions, 6% were in treatment for substance misuse, while 3% were treated for both conditions.

Impact of childhood homelessness on adult outcomes

- Being homeless as a child increased the likelihood of experiencing substance dependency and/or mental health issues in adult life: four out of five (80%) of such respondents had substance misuse problems, 80% were found to have one or more mental health disorders and just under two thirds (65%) screened for dual diagnosis.

⁸ The term 'dual diagnosis' covers a broad spectrum of mental health and substance misuse problems that an individual might experience concurrently.

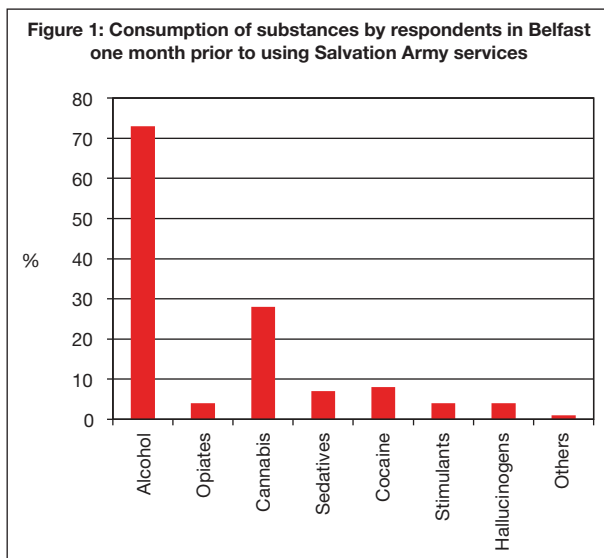
Analysis

Identifying the underlying drivers of social exclusion

Respondents in Belfast reported relationship breakdown and lack of supportive relationships as the main reason for their homelessness (51%). The research also reveals that substance abuse and mental health issues play a bigger role in drawing people into homelessness and social exclusion than those interviewed may be prepared to recognise.

When self-reporting, only 15% of respondents in Belfast attributed their homelessness to alcohol misuse and 13% to drug abuse. However, with screening, more than three-quarters (78%) of respondents were identified as having a dependency on alcohol or drugs in the month before using Salvation Army services.

Alcohol (73%) and cannabis (29%) were the two most widely used substances.



Relationship problems

Current and past relationship problems are a characteristic of people who use the homelessness services provided by The Salvation Army in Belfast. Many respondents did not have positive relationships with either friends or family, thereby depriving them of valuable social networks.

Just over a quarter (26%) of respondents in Belfast had no close friends at the time of the survey. Close to half (48%) did not have a close relationship with their mother. A large proportion of respondents (74%) currently had no relationship with their fathers, which was significantly higher than the total sample for Salvation Army centres in the *Seeds of Exclusion* study (59%). Close to a third of respondents (30%) slept rough before accessing Salvation Army services.

Half of respondents had a poor relationship with their father during their childhood, though this dropped to close to a quarter (27%) for those with poor

relationships with their mother. Respondents who had poor relationships with their parents in childhood were more likely to have been homeless as children.

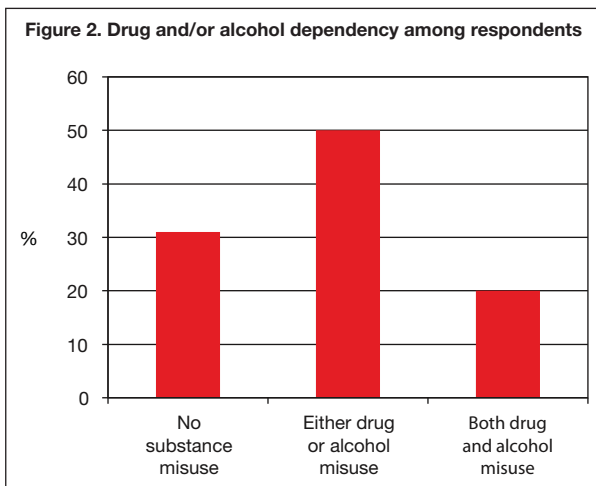
Around half (53%) of interviewees in Belfast reported some type of abuse or neglect as children: emotional abuse (41%), neglect (32%), physical abuse (26%) and sexual abuse (11%). These traumatic experiences were also more likely to be reported by respondents who had been homeless as children (74% compared to 46% of those who had not been homeless as a child).

More than a quarter (28%) of participants interviewed were homeless before the age of 18, with 60% of this sample reporting being homeless for at least one year. In Belfast, 39% of 18-25 year-olds were homeless before the age of 18, though the average age of respondents who experienced childhood homelessness in Belfast was just under 15 years old. All respondents who reported having been homeless under 18 years experienced this homelessness without family and many experienced either multiple or continuous homelessness until they were adults.

Negative childhood experiences and traumatic experiences during childhood were also associated with poor outcomes in adulthood, including higher levels of alcohol and drug dependency.

Few people with substance misuse problems are accessing services

Levels of substance misuse were high among respondents in Belfast, 74% and 57% screening for alcohol and drug dependency, respectively. More than two thirds (68%) of interviewees with either a drug or alcohol dependency did not recognise that they had a problem. Respondents were more likely to be aware of their problems if they had both a drug and alcohol dependency, with only one fifth (21%) not recognising their situation⁹.



⁹ See methodology for definitions and details of assessments:
<http://www.kent.ac.uk/chss/socialexclusion/seeds/methodology.html>

High alcohol and/or drug dependency scores were associated with mental health issues, increased suicide risk, both violent and non-violent crimes and relationship problems.

A large proportion of clients have both substance misuse and mental health issues

Belfast had a high proportion of respondents with a dual diagnosis¹⁰ of both mental health disorders and substance dependency (49%) compared to the total sample for Salvation Army centres in the *Seeds of Exclusion* study (37%). Only around one fifth (19%) of clients in Belfast who had a dual diagnosis were receiving treatment for mental health conditions, 6% were in treatment for substance misuse, while 3% were treated for both conditions.

The description 'dual diagnosis' potentially oversimplifies the problem experienced, as many people with substance

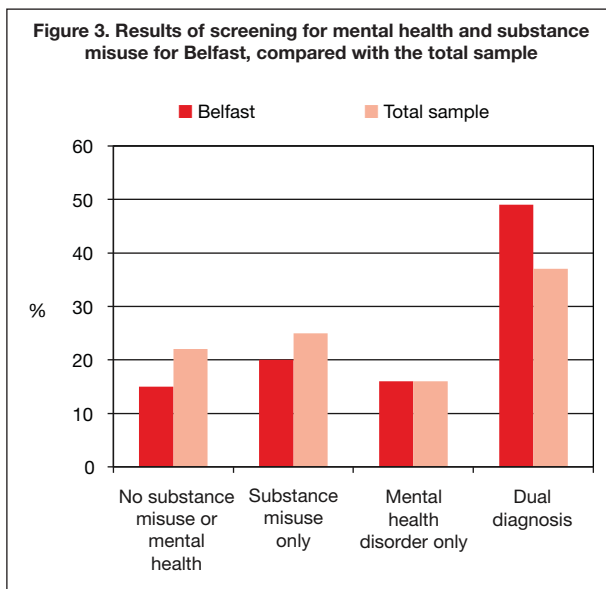
misuse and mental health disorders do not just present with one of each but have multiple conditions that require specialised services.

Levels of attempted suicide in Belfast (41%) were among the highest in all the profiled areas, as were feelings of hopelessness at 41%.

Impact of childhood homelessness on adult outcomes

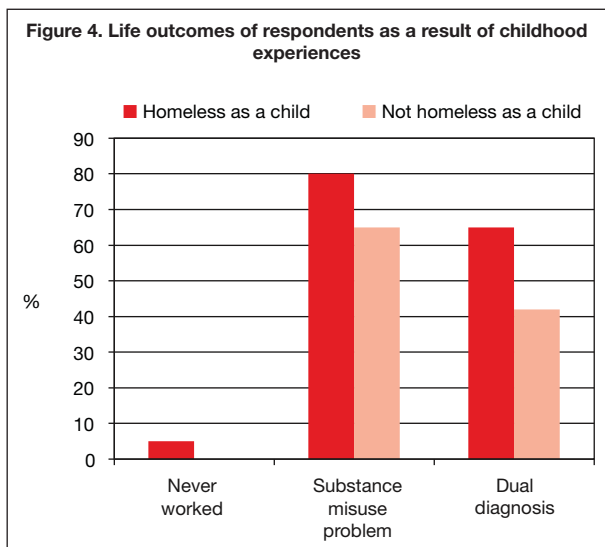
Being homeless as a child increased the likelihood of experiencing substance dependency and/or mental health issues in adult life. Four out of five (80%) of respondents who were homeless in childhood had substance misuse problems, compared with 65% of those who had not been homeless under the age of 18.

Figure 3. Results of screening for mental health and substance misuse for Belfast, compared with the total sample



¹⁰ The term 'dual diagnosis' covers a broad spectrum of mental health and substance misuse problems that an individual might experience concurrently.

Furthermore, 80% of respondents who had experiences of homelessness as children were found to have one or more mental health disorders compared to 64% of those participants who had not had this experience. Just under two thirds (65%) of respondents who were homeless as a child screened for dual diagnosis compared to two fifths (42%) of those who were not homeless before the age of 18.



Within Belfast all respondents who were not homeless before the age of 18 had worked during their lifetime, whereas 5% of respondents who had been homeless as a child had never worked.



The Salvation Army in Northern Ireland

The Salvation Army began in Northern Ireland in 1880 and quickly developed a practical church and community-based programme to help people at all levels of need without discrimination. While our work has changed over the years to reflect an ever-changing society, our core belief remains in a life-changing God and a strong sense that the mission of The Salvation Army must be to the whole person: body, mind and soul.

Salvation Army churches

The Salvation Army has 18 churches across Northern Ireland. Each is a centre of worship that reaches into the local community, providing a range of activities such as parent-and-toddler groups, luncheon clubs, youth activities, special interest groups and friendship clubs. Several churches run charity shops that generate funds for Salvation Army work at a local level, including emergency food parcels and clothing.

The Salvation Army social service centres

The Salvation Army has four social service centres, all within the greater Belfast area:

Centenary House provides accommodation and support for 120 men. This includes 56 rooms linked to an intensive resettlement programme and a 12-bed unit for elderly men who are active enough to retain their independence. An independent night reception centre offers showers, clean clothes, food and 12 crisis beds for rough sleepers.

Calder Fountain is a separate registered residential unit built in partnership with HELM Housing within the Centenary House complex. The unit provides 28 beds for men with mental health or substance misuse problems as well as frail elderly men who require a high level of care and support. A further 12 resettlement flats encourage service users towards independence before moving into permanent accommodation.

Glen Alva is also built in partnership with HELM Housing, and provides 20 self-contained flats for homeless families with medium to high support needs. Centre staff offer a range of advice and support including budgeting, life skills, parenting talks and computer skills. The centre works closely with external agencies to provide further advice, support and training opportunities. Social activities within the centre – including a parent-and-toddler group, a daily children’s programme, coffee mornings and DVD nights – aim to encourage families to befriend and support each other.

Thorndale Family Centre

runs two independent programmes. The 12-week parenting and childcare assessment enables families to work closely with social workers and support staff, addressing areas such as parenting skills, household budgeting, alcohol and drug abuse and domestic violence. The resettlement programme provides 19 independent flats,



11 in partnership with FLAX Housing Association, for families waiting to move into permanent housing. Centre staff provide support and advice as required. Aftercare visits ensure families maintain a period of support while they adjust to their new homes within the community. A playgroup is open to children within the centre and the local community. A contact facility provides a neutral meeting environment for parents and children who are unable to live together.

Sir Samuel Kelly Memorial Care Home supports 40 older residents who are no longer able to live on their own. Staff provide support and organise weekly activities such as a chair aerobics, reminiscence workshops, sing-songs and day trips. A separate wing supports those in the early stages of dementia. Residents are encouraged to maintain their independence and relatives are often invited to the home for special events throughout the year.

Chaplaincy

The Salvation Army believes spiritual support is equally as important as physical and emotional support and has chaplains working in all of our social service centres. While attendance at activities is optional, many staff and residents find the chaplains' presence comforting and engage in a variety of programmes they organise, from morning prayers to Bible study and social and recreational activities.



The Seeds of Exclusion Dublin

Key findings

Underlying drivers of social exclusion

- Respondents attributed relationship breakdown and the lack of supportive relationships as the main reason for their homelessness (34%). However, substance abuse and mental health issues play a bigger role in drawing people into homelessness and social exclusion than those interviewed are prepared to recognise.

Relationship problems in childhood

- Many respondents did not have positive relationships with either friends or family. Nearly half (45%) of respondents had a poor relationship with their father during their childhood. More than six out of 10 (61%) interviewees in Dublin reported some type of abuse or neglect as children.
- Just over a quarter (26%) of participants interviewed were homeless before the age of 18, with nearly three quarters (73%) of this sample reporting being homeless for at least one year. In Dublin, 47% of 18-25 year-olds were homeless before the age of 18.

Substance misuse

- Drug dependency levels were high among respondents (66%) and just under half (44%) had an alcohol dependency. Almost a third (31%) of those who screened for two substance misuse issues and just under half (43%) with one substance dependency were not aware they had a problem.

Clients have both substance misuse and mental health issues

- More than half (57%) of respondents were found to have one or more disorders that were considered to be significant mental health problems. Only a quarter (25%) of these were receiving treatment for mental health conditions, with just over one third (35%) in treatment for substance misuse.

Impact of childhood homelessness on adult outcomes

- Being homeless as a child increased the likelihood of experiencing substance dependency and/or mental health issues in adult life: just over four out of five (82%) of such respondents had substance misuse problems, 82% were found to have one or more mental health disorders, just under a half (46%) of respondents screened for dual diagnosis¹¹.

¹¹ The term 'dual diagnosis' covers a broad spectrum of mental health and substance misuse problems that an individual might experience concurrently.

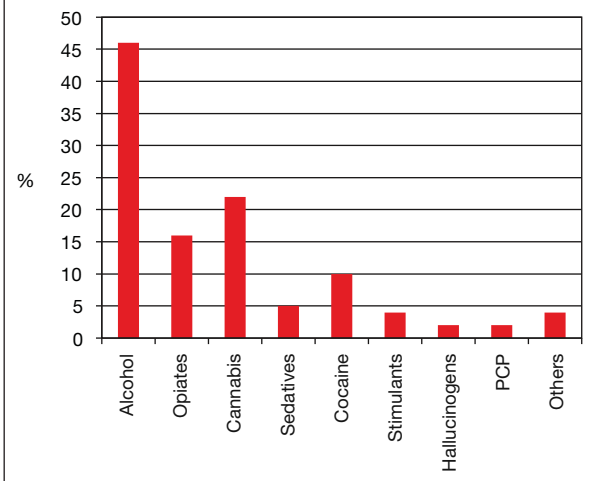
Analysis

Identifying the underlying drivers of social exclusion

Respondents in Dublin reported relationship breakdown and lack of supportive relationships as the main reason for their homelessness (34%). However, the research also reveals that substance abuse and mental health issues play a bigger role in drawing people into homelessness and social exclusion than those interviewed may be prepared to recognise.

When self-reporting, 28% of respondents in Dublin attributed their homelessness to drug abuse and 23% to alcohol issues. However, with screening, close to 40% of participants were identified as having either a drug or alcohol problem, while 15% had both alcohol and drug misuse in the month before using Salvation Army services. Alcohol, cannabis and opiates were the most widely used substances.

Figure 1. Consumption of substances by respondents in Dublin one month prior to using Salvation Army services



Relationship problems

Current and past relationship problems are a characteristic of people who use the homelessness services provided by The Salvation Army in Dublin. Many respondents lack positive relationships with either friends or family, thereby depriving them of valuable social networks. Just under three out of ten (29%) respondents in Dublin had no close friends at the time of the survey. More than four out of ten (43%) did not have a close relationship with their mother. Close to half of respondents (49%) currently had no relationship with their fathers. One fifth of respondents (20%) slept rough before accessing Salvation Army services.

Many respondents had difficult experiences as they were growing up, which are linked to an individual's inability to form good relationships in later life. Nearly half (45%) of respondents had a poor relationship with their father during their childhood, though this dropped to just over a quarter (28%) for those with poor

relationships with their mother. Respondents who had poor relationships with their parents in childhood were more likely to have been homeless as children.

More than six out of ten (61%) interviewees in Dublin reported some type of abuse or neglect as children: emotional abuse (40%), neglect (36%), physical abuse (34%), sexual abuse (14%) and poor nutrition (14%).

Just over a quarter (26%) of participants interviewed were homeless before the age of 18, with nearly three quarters (73%) of this sample reporting being homeless for at least one year. In Dublin, 47% of 18-25 year-olds were homeless before the age of 18, though the average age of respondents who experienced childhood homelessness in Dublin was just under 15 years old. The youngest individual reporting experiences of childhood homelessness was just eight years old. All respondents who reported having been homeless under 18 years experienced this homelessness without family and many experienced either continuous or frequent periods of homelessness until they were adults.

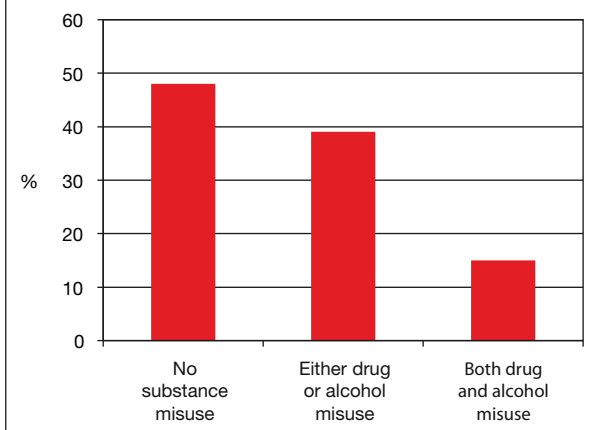
Negative childhood experiences and traumatic experiences during childhood were associated with poor outcomes in adulthood, including higher levels of alcohol and drug dependency.

Substance misuse

Drug dependency levels were high among respondents in Dublin (66%) and just under half (44%) of respondents had an alcohol dependency. Almost a third (31%) of those who screened positive for two substance misuse problems did not feel they have a problem. Just under half (43%) with one substance dependency did not consider themselves to have a problem.

High alcohol and/or drug dependency scores were associated with mental health issues, increased suicide risk, both violent and non-violent crimes and relationship problems.

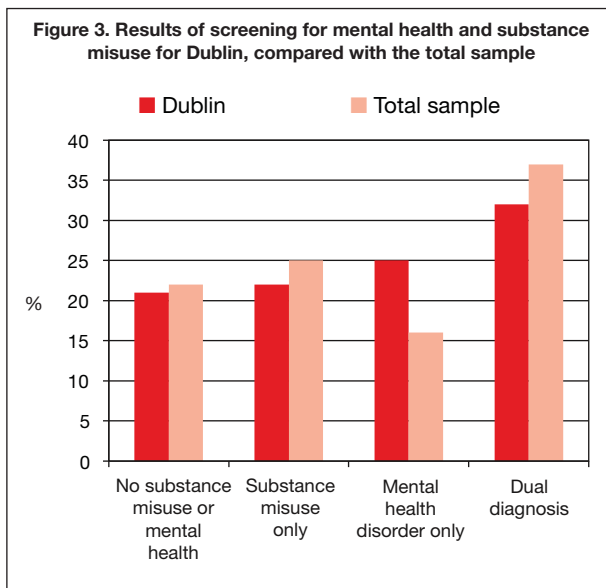
Figure 2. Drug and/or alcohol dependency among respondents



A large proportion of clients have both substance misuse and mental health issues

For Dublin nearly one third (32%) of respondents were identified as having a dual diagnosis¹² of both mental health disorders and substance dependency. More than half (57%) of respondents were found to have one or more disorders that were considered to be significant mental health issues, such as post-traumatic stress disorder, psychosis, personality disorder, depression or generalised anxiety.

Despite respondents often presenting with the most complex needs, they are frequently the ones who fall through the treatment gaps. Only a quarter (25%) of clients in Dublin who had a dual diagnosis were receiving treatment for mental health conditions, just over one third (35%) were in treatment for substance misuse, while less than 10% were treated for both conditions.



The description 'dual diagnosis' potentially oversimplifies the problem experienced, as many people with substance misuse and mental health disorders do not just present with one of each but have multiple conditions that require specialised services.

Impact of childhood homelessness on adult outcomes

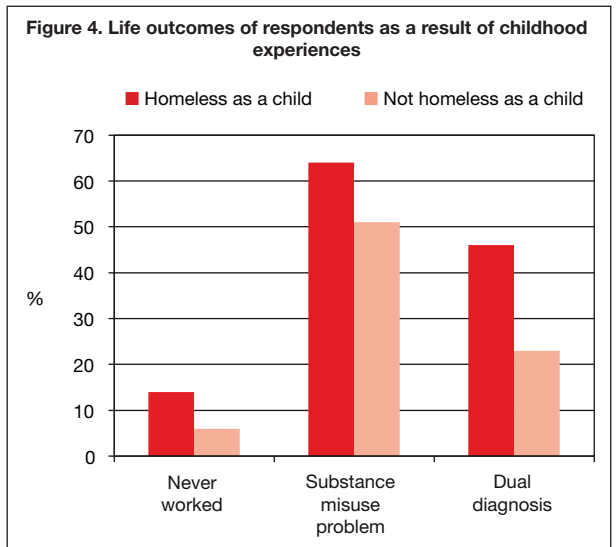
Being homeless as a child increased the likelihood of experiencing substance dependency and/or mental health issues in adult life. Just over four out of five (82%) of respondents who were homeless in childhood had substance misuse problems, compared with 51% of those who had not been homeless under the age of 18. Furthermore, 82% of respondents who had experiences of homelessness as children were found to have one or more mental health

¹² The term 'dual diagnosis' covers a broad spectrum of mental health and substance misuse problems that an individual might experience concurrently.

disorders compared to 57% of those participants who had not had this experience. Just under a half (46%) of respondents who were homeless as a child screened positive for dual diagnosis compared to close to one quarter (23%) of those who were not homeless before the age of 18.

Twice as many individuals (14%) in Dublin who were homeless as a child had never worked compared to those who had no

experiences of childhood homelessness. This research clearly shows experiences of homelessness in childhood had increased negative consequences for later life with regards to substance misuse, mental health problems and employability.



The Salvation Army in the Republic of Ireland

The Salvation Army's work in The Republic of Ireland focuses on Dublin and includes two churches, four social service centres and a chaplaincy service at Dublin Port and Airport.

Dublin City Corps

Situated in the city centre, the church welcomes a multicultural congregation who enjoy lively worship, teaching and fellowship. Home visitation is an essential part of the ministry as is information and support in settling and integrating into a new country for people who are often far from family and friends.

Dublin South Community Church

Based in Rathmines, the church runs a diverse community programme including activities in local schools, a youth group, a parent-and-toddler group, baby group and activities with older people. The church seeks to be part of the local community, working alongside many local groups and organisations.

Community ministries

The Salvation Army has recently moved into new areas of ministry and now provides a pastoral service to Dublin Port and Dublin Airport, supporting staff and passengers at both busy locations. The Salvation Army provides a listening ear and offers practical assistance, grief support, hospital visitation, spiritual advice and guidance, and is a referral to other local resources.

The Salvation Army social service centres

The Salvation Army operates four social service centres within Dublin city centre, providing almost 240 beds each night to people who are homeless:

Cedar House manages five integrated programmes providing 24-hour support to homeless people. The emergency night shelter offers 20 beds, allocated on a night-by-night basis. A further 30 beds provide short-term accommodation for up to three months, along with staff support and advice. Day services, between 10am-7pm, offer access to showers, clothing, refreshments, information and advice clinics, computer access and educational and recreation programmes. The health clinic provides primary and secondary health care facilities and an outreach service to other hostels. Emergency sleeping bags and hot drinks are offered at the night reception centre.

Granby Centre provides accommodation for 110 individuals who are homeless or living in unsuitable accommodation. The care programme provides 55 en-suite rooms/self-catering flats for service users with learning difficulties and mental health issues. Full-board accommodation is offered along with intensive support

from a qualified staff team. The transitional programme engages 46 service users in self-contained flats and encourages participation in a range of development programmes that equip residents with the necessary skills and confidence for independent living.

Lefroy House operates two separate programmes providing emergency and transitional

accommodation and support for young people aged 12-18 years. The Nightlight emergency reception centre provides showers, hot meals, support and information and limited emergency accommodation. Seven self-contained support flats offer accommodation and the help of staff who working alongside young residents, offering advice and support in areas such as employment, education, maintaining an addiction-free lifestyle and encouraging self-belief along with the practical life skills needed for independent living.

York House provides 79 individual rooms on a half-board basis and one self-contained flat for men who participate in an intensive resettlement programme lasting up to 18 months. Each service user is assigned a project worker who assists in devising a personal development plan, identifying and setting achievable goals. The centre's intensive programme includes skills training and employment, activities to improve confidence and social skills, an Alpha programme and professional support to help service users overcome addictions through individual counselling, group work and ongoing motivation and support.

Chaplaincy

The Salvation Army believes spiritual support is equally as important as physical and emotional support and has chaplains working in all of our social service centres. While attendance at activities is optional, many staff and residents find the chaplains' presence comforting and engage in a variety of programmes they organise, from morning prayers to Bible study and social and recreational activities.



Conclusion

The Seeds of Exclusion study has highlighted the particular experiences of people using Salvation Army services within Belfast and Dublin. It reveals the profound impact and long-lasting effects of homelessness and negative experiences in childhood associated with outcomes in adulthood, including substance abuse, mental and physical health, and the inability to form positive relationships and strong social networks. Being homeless as a child significantly increased the risk of developing multiple complex needs related to dual diagnosis. This was particularly the case in young adults, a trend which could increase in future years. A greater understanding of this trend should be monitored by long-term longitudinal studies.

Substance misuse and mental health issues were found in a high proportion of respondents, but only a minority appeared to be receiving appropriate support from statutory services. This could be because many of the respondents were found to be unaware of the severity of their substance dependency and mental health conditions which, in turn, may mask their particular needs. This highlights the need for careful identification of such health issues, using appropriate screening and assessments, to ensure appropriate interventions are offered.

The Seeds of Exclusion research is an ongoing project which is seeking to identify and understand the characteristics of people who turn to The Salvation Army for help and support, thus helping to better target the services and programmes delivered both now and in the future. In *The Seeds of Exclusion 2008* report, The Salvation Army stated its intention to:

- Support and sustain children and families
- Support people in transition
- Support vulnerable people
- Speak out for marginalised people
- Commit to further research

Based on *The Seeds of Exclusion Belfast and Dublin* research findings, The Salvation Army remains committed to these deliverables and recommends:

The development of valid initial interviewing, ongoing assessment and outcome monitoring for service users

Such monitoring is important to set achievable goals, promote effective intervention strategies and provide individually tailored support to help break the current cycle of social exclusion from generation to generation. Ensuring services boost an individual's potential to acquire the necessary skills and confidence to successfully move back into the community will be achieved by the introduction of the *National Monitoring and Evaluation Scheme* (NMES) assessment tool developed by The Salvation Army with the University of Kent. NMES is a

multilayered web-based screening, assessment and outcome monitoring system that provides visual feedback of a client's needs in a range of personal functions to both project workers and their clients¹³.

Specific staff training in areas of mental health, substance misuse and dual diagnosis

Specialist skills are required to address the complex and multiple needs found within the homeless client group. Specific collaboration of expertise across homelessness services is vital in ensuring best delivery of care and support packages.

Specific support for homeless people under 18 years of age

The research has shown a clear link between childhood homelessness and the negative impact this presents on adult life. Targeted intervention and support, delivered as soon as possible, is necessary to help ensure this group does not become long-term entrenched homeless.

Signposting and the role of community-based services

The Salvation Army believes that people require even more support than has been previously extended from both statutory and third sector organisations. This report's findings have shown the complex needs of many individuals who have become homeless and socially excluded; however, support is also required before people reach this critical stage.

The Salvation Army, like many third sector organisations, has built strong relations at community level to support individuals that statutory agencies may not be able to reach. Structured collaboration between both statutory and third sector organisations will help to signpost individuals to available resources and encourage the development of community-based services. This includes offering professional support in areas such as mental health, dual diagnosis and general support, as well as information on housing, finance, and parenting skills.

Further research

The findings highlight the importance of further research into children and families and the development of healthy relationships. The Salvation Army via the University of Kent and Cardiff University, The Institute of Child Care Research Queen's University Belfast and The Children's Research Centre, Trinity College, Dublin are working in partnership to further develop research among people using Salvation Army family centres in Belfast and children's homelessness services in Dublin. The outcome of this research will assist in providing insight into key drivers of social exclusion leading to both preventative and supportive interventions that promote and sustain communities.

¹³ www.kent.ac.uk/chss/socialexclusion/nmes/index

APPENDIX A:

SUMMARY OF *The Seeds of Exclusion July 2009*

Key Findings

Underlying drivers of social exclusion

- Relationship breakdown is the main reason given by respondents for their homelessness (43%), followed by financial issues (22%), drugs (21%) and alcohol (16%).
- In-depth interviews and screening revealed that 96% were unemployed, 80% screened positive for one or more substance misuse issues and 59% screened positive for anxiety-related symptoms.

Childhood experiences

- Negative experiences in childhood have a significant bearing on experiences in adulthood. Those who had poor relationships with their parents during childhood (31% with mother or 45% with father) were more likely to have been homeless as children. Overall, 26% of respondents had been homeless as a child with more than half (54%) of these being homeless for at least one year.
- Traumatic experiences including abuse and neglect factored significantly in the responses, with the highest levels found in Scotland, Dublin, Belfast and the North West of England. Just under a third of the sample said they were neglected, with the 18-25 age group showing an unusually high level at 94%.

Substance misuse issues

- Only a quarter of those with alcohol and drug issues had accessed support services in the last three months. Alcohol abuse is high across all age





groups, but peaks in the 18-25 year-olds at 66%. However, this group was the least likely to think that they had a problem.

- Drug dependency was higher in the under-45s, peaking in the 26-35 age group (67%). The regions with the highest levels of drug dependency were Dublin (66%) and Wales (64%), while the lowest level occurred in the Midlands (40%).

Mental health issues

- A large proportion of clients had serious and mostly untreated mental health issues. More than a third of respondents had attempted suicide at least once, with women (53%) more likely to have attempted than men (34%). These levels were highest in Wales (42%), Belfast (41%) and the North West of England (40%), each three times greater than in London (13%).
- Almost three quarters (74%) of respondents had two or more complex needs, with half (51%) of the 18-25 age group (highest), and 13% of the 56+ age group experiencing this (lowest). These findings also varied by region, with Wales (55%) at the highest level and the Midlands (25%) at the lowest.

For more information visit www.salvationarmy.org.uk/seeds

Appendix B:

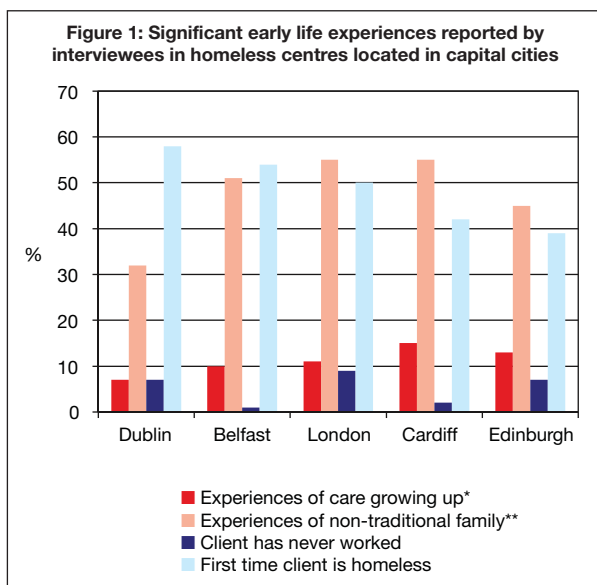
Comparisons of Belfast and Dublin findings with other capital cities in *The Seeds of Exclusion* research

The Seeds of Exclusion research project involved in-depth interviews and validated questionnaires with 967 homeless people using Salvation Army social and community services in Belfast (74 interviews), Dublin (101 interviews), in Cardiff and across cities in England and Scotland¹⁴.

This section examines the results for Belfast and Dublin compared with Cardiff, Edinburgh and London.

Family, economic and employment

Early childhood experiences, family structure, employment history and experiences appear to be linked to geographical and cultural factors.

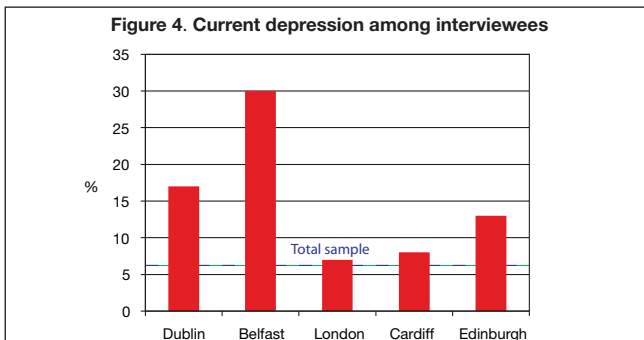
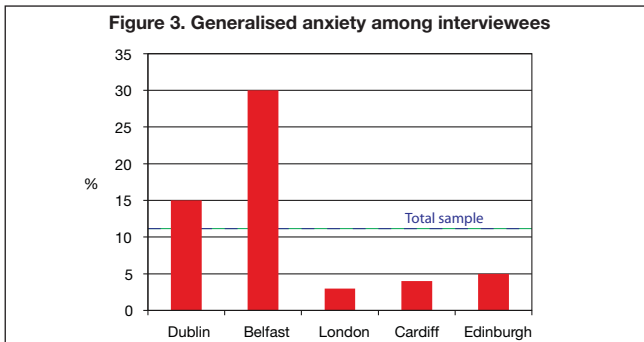
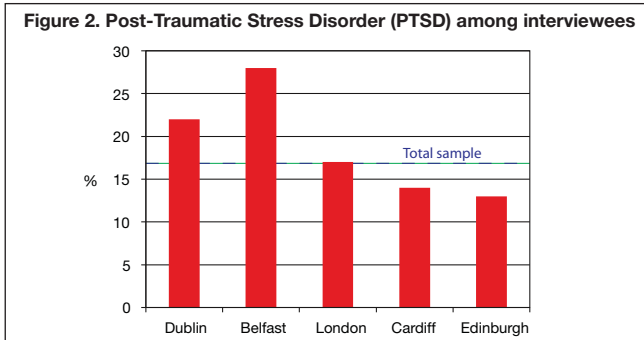


* Foster care, residential care, ** other experience of family life outside of living solely with both parents

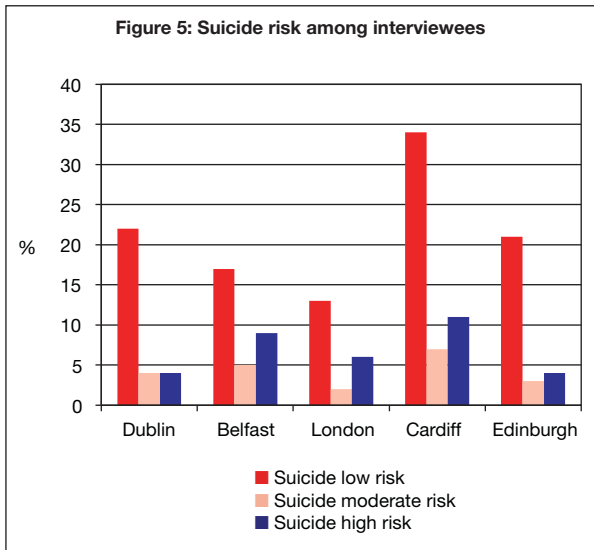
¹⁴ A more detailed analysis and more detail on sampling and methodology, including description of instruments used can be found at www.kent.ac.uk/chss/abg/exclusion

Mental health profiles

A large proportion of respondents had a range of mental health issues, including depression, anxiety, psychosis, personality disorders and suicide risk. The main differences between the cities are shown below as a percentage of the mean values for all of the cities. This analysis indicates significantly higher levels of post-traumatic stress disorder (PTSD) in Belfast and Cardiff than the other cities (figure 2). Generalised anxiety levels were higher in Dublin and Belfast (figure 3). Reported levels of depression were also greater in Edinburgh and Belfast (figure 4).



Risk of suicide was identified as part of a diagnostic Mental Health tool (MINI) and was calculated from reports of past attempts and current thoughts of suicide (ideation). The levels of risk varied considerably with the highest risks being identified in Cardiff and Belfast.



The Salvation Army is a Christian Church and a Registered Charity

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