

# Social Determinants of Health: Social Inequality and Wellbeing.

## Communicating through graphic design.

### Background

Our DNA contains approximately 20,000 genes that provide the blueprint for building and functioning of the brain, and variations in these genes can influence how individuals react to different situations and environments.

The combination of our DNA, make up, and circumstance, can lead to, and influence different outcomes for our life and wellbeing.

This book examines the key factors which can lead to poor quality of life, low cleanliness and reduced mortality.

It has enabled researchers, front line workers, managers, service commissioners and politicians to identify and employ the most appropriate health, social and economic interventions to support those at the edge of the community.

This book is the first in a series: Social inequality and wellbeing (SDI1), Impact of local authorities (SDI2), Wicked issues of eg COVID-19 (SDI3), and The impact of war leading to the displacement of people (SDI4).

### Methodology

As part of our creative approach, we explored opportunities for portraying a DNA structure in an innovative way as this is a key communication for the cover of the books.

We also wanted to communicate the idea of stopping up, or down a metaphorical staircase, suggesting social influences, or circumstances that may determine one's life and outcomes.

The cover image captures the concept simply and clearly, combining both the idea of a DNA structure and staircase.

Each of the books in the series share the same iconic image, but differentiate through colour coded backgrounds.

\*DNA Double Helix was discovered in 1953 by Watson and Crick, and the lesser known Wilkins



Published: Oxford University Press

## We help brands communicate clearly, effectively, beautifully and memorably.

We have a passion for working with charities and not-for-profit businesses and organisations – helping them discover their unique brand story and how it may be brought to life in the most attractive, engaging and compelling way.

We have a curiosity for finding interesting and innovative ways to communicate through creative thinking and strategic design.

We believe that design should simply engage, inform and influence... it should capture the imagination and encourage a response – whether that be a smile, a thought, or an action.

Please get in touch, we'd love to show and tell you more.

Please visit [www.letsimagine.co.uk](http://www.letsimagine.co.uk) to see these and more project examples, thank you.



### The Salvation Army

Anti Trafficking and Modern slavery campaign.

The key message was to make people aware that 'anyone' can be tricked and trafficked...and encourage the public to 'spot the signs'.

A typographic solution that borrows from the familiar rhyme 'Tinker, Tailor...'



### Grapevine Foundation

UK/US sponsored charity South Africa.

Low literacy levels meant it was necessary to create a simple identity which can be instantly recognised.

The 'G' has a beautifully distinctive, recognised and understood throughout the local community.



### Meddly Trust

Refuge and freedom from modern slavery.

Charity rebrand – a stylised butterfly emerging from its cocoon.

This symbol represents the struggle victims experience before breaking free and transforming into something beautiful.

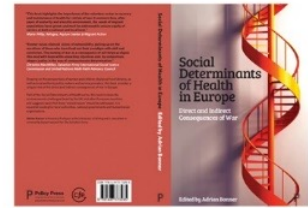
# let's imagine

CREATIVE THINKING ... STRATEGIC DESIGN

visit: [www.letsimagine.co.uk](http://www.letsimagine.co.uk) | email: [discover@letsimagine.co.uk](mailto:discover@letsimagine.co.uk) | let's imagine and discover together...



# 'Social Determinants of Health in Europe, Direct and Indirect Consequences of War': Storytelling in Pictures



## Background

The illustration 'Barbarians at the Gate' by Clair Rossiter (see below) was created to provide an accessible portrayal of the themes being explored in this book. It offers a visual representation of some of the complex issues being examined around war, hopefully offering a fresh representation of ideas for the viewer to consider and respond to.

## Methodology

The illustration explores the idea of 'Barbarians at the Gate'. 'Barbarian' is derived from the Greek and refers to something 'different from us'. It is a term which plays an important role in understanding the origins and causations of war. The 19th century portrayal of the Huns as barbarians is depicted dramatically in the image to the left, and was a key source of inspiration for the illustration.

*Left: Artwork by A. De Neuville (1836-1885) a 19th century portrayal of the Huns as barbarians.*



*Above: 'Barbarians at the Gate, illustrated by Clair Rossiter. Commissioned by the Editor, Adrian Bonner.*

## Re-imagining

Given the Greek roots of 'Barbarian', the illustration above has a stylistic nod to Ancient Greek art and mythology, and incorporates creatures that may commonly be considered barbaric. These include a boar, wolf, raven and snake, and symbolise the threat of 'the other'. A flock of crows have also been woven into the image and are a direct reference to the current invasion of Ukraine. Crows often appear in a battle in Ukrainian song and are seen as a significant symbol of the enemy, so it is especially pertinent that these creatures were included. The dove was introduced into the illustration at the last stage of the creative process as a juxtaposition to the crows and all that they represent. It is a vital focal point which boldly introduces the possibility of peace and hope into the narrative of the image.



# CLIMATE CHANGE: IT IS AFFECTING OUR HEALTH

APRIL BARTHAU, HEIDIE BRADBURY, JOANNE BEALE

## INTRODUCTION

A warmer climate will have adverse health impacts on individuals and communities leading to at least 21 million additional deaths by 2025, from just 5 health risks: extreme heat, stunting, diarrhoea, malaria and dengue[1].

## BURDEN ON HEALTHCARE INFRASTRUCTURE

Increased disease both acute and chronic putting strain on already fragile health care systems

- limited health facility capacity
- limited & burnt out health care workers
- limited treatment options & drug resistance

Increased disaster victims needing emergency attention.

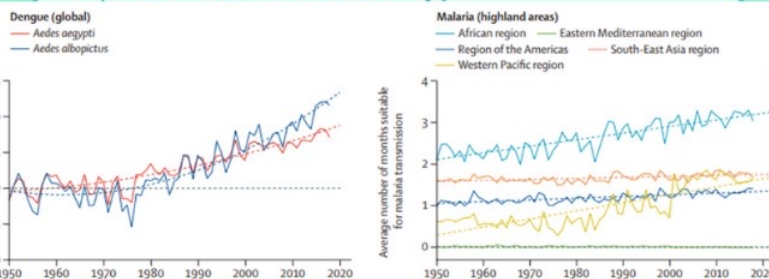
## EFFECTS ON HEALTH

Increased & Exacerbated Respiratory related illness due to:

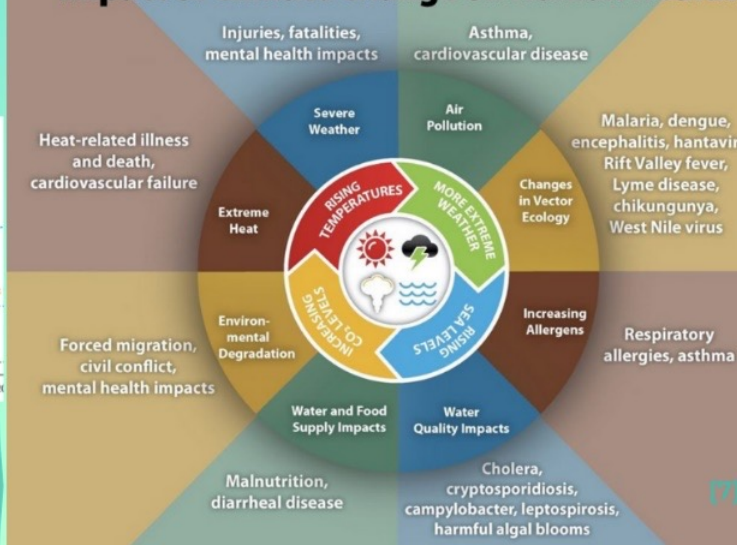
- Increased temperatures
- increased forest fires
- increased air contamination

Vectorology:

- By 2050 an additional 500 million people will be at risk of exposure to vector borne diseases [2].



## Impact of Climate Change on Human Health



Increased Malnutrition, Food & Water Insecurity [4]:

- From lower crop yields due to drought, flooding, recurrent freezing that impact livelihoods.
- 600 million suffer from foodborne illnesses annually
- 24 million more children are projected to be undernourished [5]
- 2 billion people lack safe drinking water, with 25% of children living with extreme water shortage [5]

Mental Health Impact [6]:

- By 2050, there could be 143 million more migrants due to the climate crisis.
- Up to 54% of adults and 45% of children suffer depression after a disaster

[3, p. 140]

## THE SALVATION ARMY'S RESPONSE

- Care for Creation Advocacy
- Mitigation & Preparedness projects
- Livelihood projects pivoting to include components of Preparedness
- Specified funds for climate change focused small projects
- Solar based power at TSA facilities
- Upskilling health personnel capacity in preparation for increased case loads and encouraging community based interventions
- Training on Preparedness & Psychosocial first aid
- Training on Disaster Response & Emergency Deployment



[6]

### References

[1] World Bank (2023). New Program to Protect Millions from Rising Climate-Related Deaths and Illness. Press release 2024/034/HD. <https://www.worldbank.org/en/news/press-release/2023/12/03/health-program-protect-millions-from-climate-related-deaths-illness> [accessed 01/05/25].

[2] World Economic Forum (2024). Quantifying the Impact of Climate Change on Human Health. p4. [https://www3.weforum.org/docs/WEF\\_Quantifying\\_the\\_Impact\\_of\\_Climate\\_Change\\_on\\_Human\\_Health\\_2024.pdf](https://www3.weforum.org/docs/WEF_Quantifying_the_Impact_of_Climate_Change_on_Human_Health_2024.pdf) [accessed 01/05/25].

[3] Watts, Nick et al. (2021). The 2020 Report of The Lancet Countdown on Health and Climate Change: Responding to Converging Crises. The Lancet, 397 (10269), 129 - 170. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32290-X/abstract?dgcid=roven\\_js\\_etoc\\_email](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32290-X/abstract?dgcid=roven_js_etoc_email)

[4] World Health Organization (2023). Climate Change. <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health> [accessed 01/05/25].

[5] Save the Children. The Climate Crisis. <https://www.savethechildren.org/us/what-we-do/emergency-response/climate-change> [accessed 01/05/25].

[6] Climate Central. Climate Change and Mental Health. <https://www.climatecentral.org/climate-matters/climate-change-and-mental-health> [accessed 01/05/25].

[7] Government of the Virgin Islands. Impacts of Climate Change on Human Health. <https://doh.vi.gov/impacts-of-climate-change-on-human-health/> [accessed 01/05/25].

# Slavery, the Environment, and Climate Change

**Agricultural plantation, climate displacement, and economic vulnerabilities in historical and contemporary slavery**

## Authors

Daniel Ogunniyi,  
Saphia Fleury,  
Giulia Repetti,  
Fred Bricknell,  
Sophie Blanchard

## Affiliates

Wilberforce Institute, Energy and Environment Institute, University of Hull

## Wilberforce Institute

"The Wilberforce Institute investigates historical and contemporary enslavement, emancipation and related forms of exploitation and injustice."



Find out more



## Slavery and the environment in 19th-Century Guyana

- In what ways did enslaved people, indentured migrant labourers, and post-emancipation communities negotiate life in the unstable environment of nineteenth-century Guyana?
- Our research foregrounds the central role played by coerced labourers in transforming the Guyanese environment and contesting a hegemonic political ecology which rearranged physical and social space to meet the needs of tropical cultivars
- Monocultural plantation agriculture has been an engine of environmental vulnerability since its emergence, and viewing plantation development in historical perspective enhances our understanding of the challenges faced by vulnerable populations in the twenty-first century and offers lessons for the present

## Climate change, displacement, and modern slavery

- Displacement induced by climate change often underpinned by material poverty due to loss of livelihoods
- Climate change intensifies existing structural barriers and exacerbate socioeconomic conditions that expose victims to exploitation
- In conflict-prone regions – increased vulnerability to human trafficking by non-state armed groups due to climate change – e.g. the Lake Chad has shrunk by 90% since the 1960s forcing the host community to more with increased exposure to enslavement by armed groups
- Climate events are leading to famine with significant negative effects on child marriages, in what has been referred to as 'famine marriage'
- Vulnerability of indigenous peoples to climate change/human trafficking – limited legal migratory options and available opportunities
- Could the narrow understanding of 'a refugee' per the 1951 Refugee Convention be expanded to include individuals fleeing environmental/climate change impacts?

## Climate change, migration, and human trafficking in Italy and the UK

- The research explores how climate-induced water stress shapes migration and vulnerability to human trafficking along routes to Italy and the United Kingdom
- Drawing on in-depth interviews with individuals with lived experience and practitioners, we examine how environmental pressures intersect with legal, social, and institutional dynamics to produce risk
- Adopting a cross-national, interdisciplinary approach, we employ lived experience to challenge state-centric narratives and reveal the everyday realities of exploitation



# Sand Dams: A Sustainable Solution for Climate Resilience

## Aims

The primary aim of the Nduumoni Sand Dam and Food Security Project was to enhance water accessibility and strengthen agricultural resilience within the community. By building a sand dam, the project sought to improve livelihoods, reduce environmental degradation and promote sustainable development.

## Introduction

Climate change is a significant threat to global sustainable development, impacting various sectors including water access, food security, health and economic activities. Water scarcity, poor water quality and inadequate sanitation negatively impact food security, livelihood choices and educational opportunities for millions of families across the world. Drought affects some of the world's poorest countries, exacerbating hunger and malnutrition.

Makueni County, located within the semi-arid lands of the eastern part of Kenya, is characterised by a hot and dry climate, with temperatures reaching 35° C. Over the past decade significant changes have been observed in the area: persistent drought due to insufficient rainfall; crop failure, leaving communities without sustainable sources of food; permanent rivers becoming seasonal; and once-reliable boreholes drying up. As a result, people - primarily women and girls - have had to walk up to seven kilometres to collect water.

With a commitment to harnessing locally available resources, The Salvation Army Kenya East Territory, in an ongoing partnership with Utooni Development Organization (UDO) and local communities, is working to transform the environment sustainably and improve safe water supply, food production



income and health.

A community needs analysis identified water scarcity as a major barrier to local development. Drawing from past projects, a sand dam was determined to be the most cost-effective and suitable water conservation method for the area. This marked the fourth sand dam constructed within the Kenya East Territory, following earlier installations in Tawa, Muumoni and Kilome. This sustainable approach not only improves water access but also fosters community participation, strengthening cohesion and ensuring long-term ownership of the project.

In addition to providing sustainable clean water for improved community health, the project aimed to enhance food security among small-scale farmers by increasing both nutrition and income. It also focused on building community resilience through diversified income sources, as well as the conservation of rivers, soil and the surrounding environment.

Access to this water source also enables community members to save time and engage in climate-smart farming practices, such as conservation agriculture. By supporting climate change mitigation and adaptation, the project has helped communities transform livelihoods from vulnerability to sustainability.



## Methodology

Through participatory planning, the community played a central role in shaping the project. Community members contributed to analysis, design and implementation, ensuring that the initiative was both responsive to their needs and sustainable beyond the funding phase. Gender equity and environmental sustainability were also integrated into all stages of project planning and implementation to ensure holistic impact.

The project followed a community-led approach, engaging local stakeholders in planning, construction and evaluation. The methodology consisted of the following elements:

1. Community Needs Analysis: Several community visits were conducted during which the need of water was prioritised. A feasibility study by UDO also confirmed that the geology of the river was conducive for a sand dam.
2. Sand Dam Construction: The community provided labour and locally sourced materials for sand dam construction. Despite delays caused by COVID-19 and drought, the sand dam and a shallow well for water collection were built

with community support.

3. Agricultural Support and Training: Training in conservation agriculture, drought-resistant crop selection and environmental restoration was incorporated to improve sustainable livelihoods.
4. Gender Equity: Both men and women were included in the project planning and implementation. Women and girls are disproportionately burdened with the task of collecting water, impacting their opportunities for education and work. This nearby water source has increased the time they now have for meaningful activities.
5. Monitoring and Evaluation: The project was implemented through previously established self-help groups. Groups maintained data logs to record project activities, and regular data analysis carried out by the monitoring and evaluation team measured progress against the log frame. Project impact was assessed through community surveys and monitoring visits.

## Results

More than 2,000 people have directly benefited from this project which has significantly improved access to clean water. Agricultural yields have increased due to enhanced irrigation and training in conservation agriculture, contributing to improved food security. Gender inclusion was strengthened, with both men and women having equitable roles in community work, and environmental sustainability measures ensured minimal ecological disruption.

The project has successfully contributed to long-term sustainable food and water security for the community.

### Story of Change

Peter Musyoki, a 54-year-old father of three, is one of the local farmers who has seen the benefit of the sand dam. He had recently returned to Nduumoni, having spent 15 years in Nairobi working as a casual labourer.

He said, 'We could not grow anything before the sand dam as the land was so dry and could not support any crops.

However, since the construction of the sand dam, there has been regeneration of the vegetation along the riverbank. There is now life...'

Peter is a model farmer who is now earning a reliable income from the sale of fruit tree seedlings and citrus fruits from his orchard, as well as growing a variety of drought-



## Conclusions

The Nduumoni Sand Dam and Food Security Project has successfully improved water accessibility and strengthened agricultural resilience in Makueni County. By constructing a sand dam and shallow well, the project has reduced the burden of water collection, particularly for women and girls, enabling greater participation in education and economic activities. Increased access to water has enhanced agricultural productivity, improving food security and diversifying income sources. Training in conservation agriculture has further strengthened community resilience. The project's emphasis on gender equity and environmental sustainability has ensured long-term benefits while fostering community ownership. Through collaboration with local stakeholders, the project has demonstrated the effectiveness of community-led practice in achieving sustainable livelihoods and environmental conservation.

**Global Determinants of Health and Wellbeing**  
Poverty and Social Deprivation in an Unstable World  
12 June 2025



United Kingdom  
and Ireland  
Territory

# IDEAMAPS Data Ecosystem

Co-Creating Urban Data Ecosystems With Communities for Justice and Transformation

The IDEAMAPS Data Ecosystem Consortium (Poster correspondence: Qunshan Zhao - qunshan.zhao@glasgow.ac.uk)



University of Glasgow

IDEAMAPS Network

## Motivation

Over 1 billion people are estimated to live in deprived urban areas worldwide.

Key challenges in deprivation mapping:

- Deprivation is a complex concept with multiple dimensions.
- Deprivation is often mapping as a binary concept.
- Reference data for map validation is often not available.

## The IDEAMAPS Data Ecosystem project

Co-design of deprivation models involving local stakeholders.

Focusing on mapping single domains of deprivation (e.g., access to healthcare).

Categorizing deprivation into three levels:

low, medium, and high.

Community-based validations of deprivation maps in three pilot cities: Kenya (Nairobi) and Nigeria (Lagos and Kano).



## Community Engagement

We ran participatory action research sessions with local communities to define priorities, ensuring our maps are relevant and actionable.

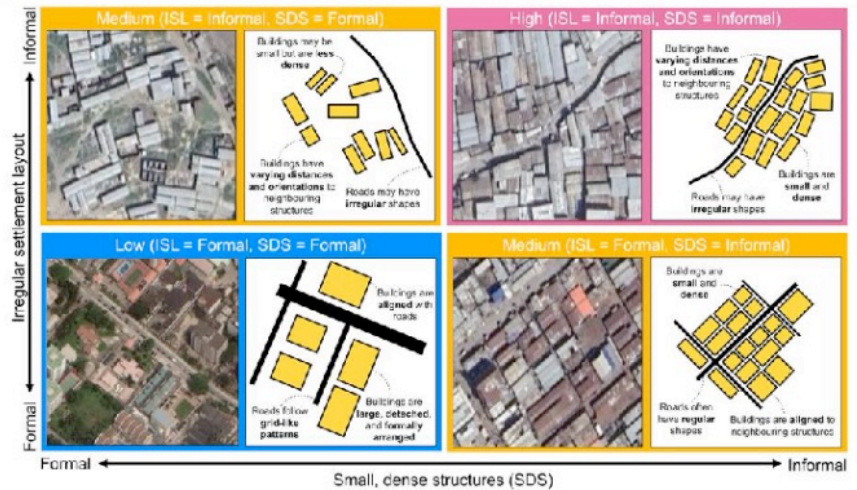


Community members provide feedback on conceptual models and validate model outputs using the IDEAMAPS Data Ecosystem Platform.



## Modelling Deprivation

We developed several GIS-based models, such as morphological informality focusing on the difference between planned and unplanned areas.



Available deprivation datasets and model outputs on the IDEAMAPS Data Ecosystem Platform

Nairobi, Kenya	Lagos, Nigeria	Kano, Nigeria
Accumulated Waste Piles	Morphological Informality	Morphological Informality
Road Access Deprivation	Emergency Obstetric Care ...	Emergency Obstetric Care ...
Morphological Informality	Road Access Deprivation	Road Access Deprivation
Emergency Obstetric Care ...	General Healthcare Access...	General Healthcare Access...

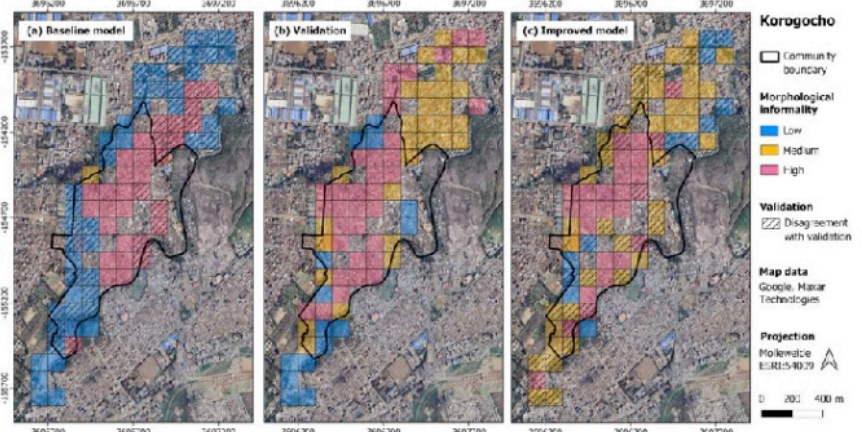
## Results of Iterative Model Improvement

The initial morphological informality results (baseline model) accurately distinguish informal and formal areas.

However, community-sourced validation data indicate that the model fails to accurately capture medium informality.

Therefore, we ran a second iteration of community engagement and modelling activities to improve the results.

The improved results accurately represent the three levels of morphological informality.



**Acknowledgement**  
This work was supported by the Bill & Melinda Gates Foundation INV-045252. The authors also acknowledge the contributions from the stakeholders and partner communities in Lagos (Nigeria), Kano (Nigeria), and Nairobi (Kenya).

**References**  
Abascal et al. "Domains of deprivation framework" for mapping slums, informal settlements, and other deprived areas in LMICs to improve urban planning and policy: A scoping review." CEUS 93 (2022): 101770.  
De Albuquerque et al. "Co-creating urban data ecosystems with communities for justice and transformation." Nature Cities (to be submitted).



# Social determinants of health, intersectionality and the impact on maternal, and newborn health

## Background

The risk of dying during childbearing exists to some extent everywhere, however there are some important local variations linked to different contexts and factors. The social determinants of health and intersectionality, in which multiple forms of discrimination overlap, such as racism, sexism, and classism determine the extent of this risk (Crenshaw, 2018).

The reality is that globally, a woman dies every two minutes from preventable causes related to pregnancy and childbirth (United Nations, 2023), and in middle and high-income countries, a significant difference in maternal mortality is linked to ethnic disparities (Small et al., 2017). For example, in the United Kingdom (UK), in the years 2020-2022, 275 women died during pregnancy or up to six weeks after pregnancy, an increase from previous years, with maternal mortality rates three times higher for Black women, and twice as high for Asian women. For women living in the most deprived areas of the UK, the risk of dying was twice as high as women living in the least deprived areas (Felder et al., 2024).

## Migration, communication challenges and mortality

As in other high-income countries, the UK has seen a steady rise in migration figures, which includes refugees and people seeking asylum. The risk of dying during childbearing is disproportionately higher for women born outside the UK than for those born within it. Reasons identified for this include a lack of engagement with health and maternity services due to unfamiliarity with the system and limited English language proficiency (MBRRACE-UK, 2024).

Findings from previous studies have highlighted the importance of effective communication and building of trust and rapport with midwives and other healthcare professionals during pregnancy, particularly for Black and Asian women, who reported high levels of worry about almost all aspects of birth (Redshaw and Heikkinen, 2011, Henderson and Redshaw, 2017).

The recent Black Maternity Experiences Survey (Peter and Wheeler, 2022) found that this situation persists and also identified that many Black women experienced racism, racial assumptions, microaggressions and stereotyping and felt that when they had concerns about themselves or their baby, these were not taken seriously.

## Improving outcomes through cultural safety

The identification of significant health inequalities and poorer outcomes for marginalised ethnic groups is not new, and various frameworks have been proposed to address these issues. The term 'cultural competence' within organisations was defined by Cross et al. (1989) as 'a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations'.

Ramsden (2002) developed the concept of 'cultural safety' to address systemic inequity and institutional racism experienced by Māori in New Zealand, through challenging the power imbalance in healthcare relationships and seeking to redress them. Cultural safety differs from cultural competence in this respect as it redirects the focus from the culture of the person receiving care, to the culture of the healthcare provider, and requires practitioners to reflect on their own biases, attitudes and assumptions.

Responsive, culturally safe maternity care is required to improve maternal and neonatal outcomes. It requires comprehensive assessment of a woman's individual needs including the language she speaks and any requirement for interpretation services, her socioeconomic status, psychological and physiological needs and religious or cultural practices without stereotyping or bias (Silverio et al. 2023).

If determinants of health and intersectionality are not recognised and acknowledged in a culturally safe way, further marginalisation, exclusion from decision-making and an erosion of autonomy over personal health and wellbeing is likely to continue (World Health Organization, 2021). There is an urgent need to look at power structures and institutional discrimination, exclusion, and deprivation, and how these contribute to health inequalities. Midwifery research is increasingly engaging with Critical Midwifery Studies, exploring issues such as: intersectional, transnational, and postcolonial feminisms, critical feminist theory and critical race theory.

### Dr Melanie Coleclani

Senior Lecturer and Midwifery Department Lead for Research  
School of Education, Midwifery and Social Work

### Dr Lindsay Gillman

Associate Professor of Midwifery  
School of Education, Midwifery and Social Work



Crenshaw, K. (2018) *On Intersectionality*. New York: The New Press.

Cross, T.L., et al. (1989) 'Toward a culturally competent system of care: A Monograph on Ethno-Cultural Studies for Mental Health Services for Minority Children and Youth'. University of California, San Francisco: Center for Cultural Studies.

Felder, A., et al. (2024) 'on behalf of MBRRACE-UK Working Group, Improving Maternity Care: Guidance Report - Lessons learned to reduce maternal and foetal mortality in the UK and Ireland'. *Guidance Report 4: how to reduce maternal and foetal mortality 2020-22*. Oxford: National Perinatal Epidemiology Unit, University of Oxford.

Henderson, J., Heikkinen, M. (2017) 'Black women's prior differences in research experience of midwifery care in a midwifery unit study'. *BMJ Open* 2017; e016021. doi:10.1136/bmjopen-2017-016021

MBRRACE-UK. (2024) *Being Well, Improving Maternity Care: State of the Nation Report: Research Findings and Recommendations for a Safer Maternity System for the UK and Ireland: Guidance Report 4: how to reduce maternal and foetal mortality 2020-22*. Oxford: National Perinatal Epidemiology Unit, University of Oxford.

Peter, M., Wheeler, R. (2022) *The Black Maternity Experiences Survey: A National Study of Black Women's Experiences of Maternity Services in the United Kingdom*. P 18-24/2022

Ramsden, J. (2002) *Cultural safety and maternal health in Aotearoa and Te Whanganui-a-Tara*. Victoria University of Wellington.

Redshaw, M., Heikkinen, M. (2011) 'Ethnic differences in women's worries about labour and birth'. *Birth* 38(4): 202-208. doi:10.1111/j.1522-8254.2011.01632.x

Silverio, M., Allen, T.K., Evans, H.L. (2023) 'Global disparities in maternal and neonatal mortality: Evidence for Perinatal Impact 2023-25'. Available from: <https://www.who.int/en/publications/item/P20230003>

Small, R.A., et al. (2017) 'Inequality in perinatal mortality: Maternal ethnic groups' specific rates suggest a complex picture of underlying pregnancy outcomes and mortality risk in the United Kingdom'. *PLoS One* 12(12): e181111. doi:10.1371/journal.pone.0181111

United Nations (2023) *The Sustainable Development Goals Report 2023*. Special Edition.

World Health Organization. (2021). *Health equity and the Sustainable Development Goals*. Available at: <https://www.who.int/news-room/fact-sheets/detail/health-equity-2023>

# From Crisis to Community – Refugee Support In Scotland



## Navigating New Beginnings Together

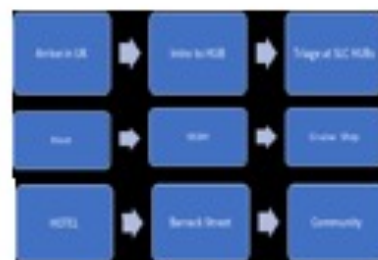
The Scottish response to supporting Ukrainian refugees has been guided by the New Scots Refugee Integration Strategy 2018-22. Due to the conflict in Ukraine, there has been a significant increase in demand for refugee accommodation across the UK. South Lanarkshire Council has enhanced its Refugee Resettlement Team to manage temporary accommodations, including welcome hubs and host placements, ensuring a seamless transition for refugees. Innovative solutions, such as leasing former student accommodations, have been implemented to provide suitable housing while permanent options are sought.

In December 2022, South Lanarkshire Council repurposed student accommodation to support the crisis, with the Salvation Army providing the support element to those residing in the facilities.

This was the first service of this type for the Salvation Army Homelessness Services in Scotland. From December 2022 to May 2023, The Salvation Army Refugee Support Service supported 227 displaced persons. The Warm Scots Welcome programme has focused on meeting immediate needs, with many refugees planning to stay in the UK long-term. A sustainable approach involving prevention, early intervention, and an integrated system is essential for future support.

In response to the Crisis, Scottish Government created the Ukraine Family Scheme and the 'Homes for Ukraine' Sponsorship Scheme, providing three-year visas to Ukrainian refugees.

### FLOW FROM UKRAINE TO UK



## IMPACT

The Salvation Army Refugee Support Service has been instrumental in supporting Ukrainian refugees by providing a variety of services designed to facilitate their integration and well-being. Emphasising community integration, these efforts are crucial in helping refugees build a new home away from home. The service fosters a sense of community, promotes social inclusion, and enhances skills. We are committed to partnership, compassion, and community, working together to build a home and a future.

Although language was initially a barrier, the support provided in this area has significantly improved integration into communities, access to essential services, and steps towards employment and education. This support has also helped reduce isolation and loneliness, fostering connections and learning opportunities with others.



## Through My Eyes

I arrived in Glasgow from Ukraine via Budapest on the bus, on the 28<sup>th</sup> of September 2022, settling initially on the cruise ship that was docked at Braehead. I didn't know anyone when I arrived at the ship, the room with a bed, storage, and no window. The worst part was having no window which really affected my mental health. The room was very hot, there was no air at all in the room. I felt alone but this was my life, well for now. I moved into the Hotel in East Kilbride for 2 days and then to The Salvation Army Refugee Support Service on the 8<sup>th</sup> February 2023. I love the Service and felt the safest I have been in months. I have had a good experience coming to Scotland and don't think I will return to Ukraine, even though my son is fighting on the front line. My home, house is no longer there, my heart is in Scotland.



I arrived in the UK after being discharged from the Ukrainian Military for medical reasons, having served my country for most of my life. I had to flee with nothing. I was estranged from my son, who was being called to fight, and this weighed heavily on my mind as he was starting a family. I settled into The Salvation Army Refugee Support Service even although my English wasn't fluent.

I received word that my son was requested to return to the frontline. I felt an overwhelming fear, knowing that only two of his military colleagues were still serving, while the rest had lost their lives in service. I engaged with the staff day and night, patiently waiting for this call. I struggled with my emotions, I missed the simple acknowledgments from people, the touch of sympathy through physical contact, which felt so far removed from my reality.

Several months have passed, and I am now a proud grandfather, often showing pictures of my grandchild. Despite continuing to struggle with my physical and mental health due to the trauma and injuries I suffered while serving my country, I look forward to hopefully gaining employment in Scotland.

## CONCLUSIONS

People who use the service have told us that the best improvements are:



### References

- Scottish Government, 2018. New Scots refugee integration strategy 2018-22. Scottish Government. Available at: <https://www.gov.scot/binaries/gov.scot/publications/strategy-2018-22> [Accessed 19 October 2023].
- Scottish Government, 2023. New Scots refugee integration strategy 2018-22. Scottish Government. Available at: <https://www.gov.scot/binaries/gov.scot/publications/strategy-2018-22> [Accessed 19 October 2023].
- Scottish Government, 2023. New Scots refugee integration strategy 2018-22. Scottish Government. Available at: <https://www.gov.scot/binaries/gov.scot/publications/strategy-2018-22> [Accessed 19 October 2023].



AUTHORS: Karen Good and Helen Murdoch, Homelessness Services  
 artwork by Service Users of The Salvation Army Refugee Support Service

## Broken Pieces:

Can the principles behind realist evaluation methodology, used in The Salvation Army, UK & Ireland, to explore the effectiveness of programmes supporting those experiencing homelessness, be applied to programmes addressing the impact of adverse childhood experiences in families?

Major Andrea Still (PhD Student)

Religion in Public Life



# UNIVERSITY OF LEEDS

### INTRODUCTION

The Salvation Army (TSA) has a long-established history of supporting those experiencing homelessness and/or addiction, underpinned by research such as *Seeds of Exclusion*, (Bonner, 2009). More recently, Jean Hannah (*Social Determinants of Health*, Bonner, 2018) has highlighted how Adverse Childhood Experiences (ACE) demonstrate complex personal contexts. Using realist evaluation methodology, she has evidenced what about support programmes is beneficial, and how collaboration between TSA statutory programmes and a local TSA faith community is able to increase 'resistance resources.' This study applies learning from Hannah's findings to a support programme, embedded within a local TSA church in Kent, addressing ACE in refugee families from Ukraine.

### METHODOLOGY AND FINDINGS

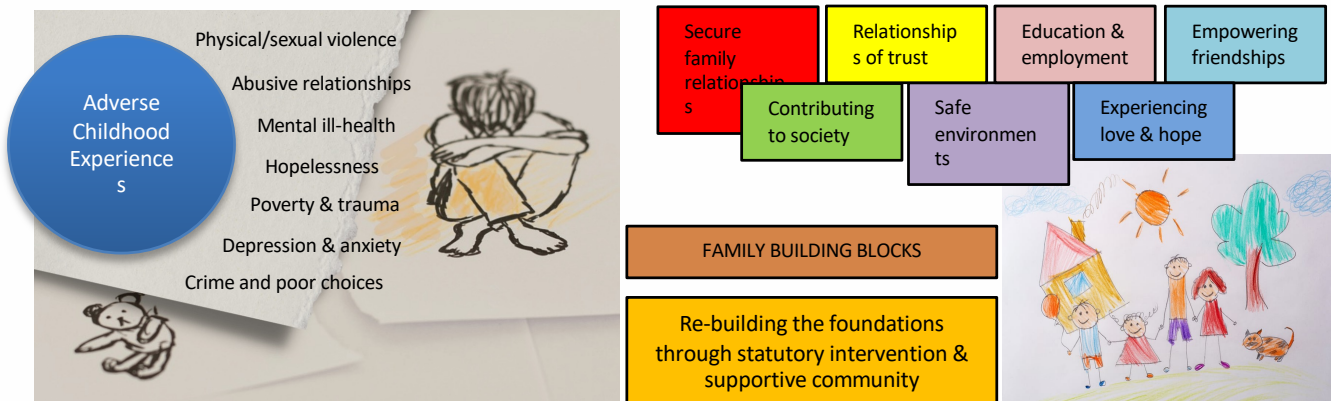
**If outcomes are not met has the person failed the programme, or has the programme failed the person?**

Realist evaluation is a theoretical methodology using a synthesis of data, journals and personal experience to examine:

**Interwoven Contexts** – an important backdrop to understanding the complexity of ACE and its generational cycles

**Mechanisms** – how a de-stigmatising approach adopting alternative reporting frameworks is able to build trust, inclusion, and experiential reasoning into a person's reality

**Outcomes** – both intended and unexpected. The identification of missing 'building blocks' of early childhood thriving due to ACE which can be rebuilt through supportive community.



### CONCLUSIONS

Using realist evaluation methodology in the Kent project identified similar conclusions to Hannah's homelessness study.

The presence of supportive community, positive relationships and opportunity to contribute, offered by a faith community were significant factors in overcoming ACE in both models.

ACE research identifies the need for professional focused projects to understand and address the immediate and long-term impact of ACE. A focused project was the key starting point in both models.

It is the combination of a focused programme, and relational support from a local church faith community that realist evaluation identified as beneficial.

It is unlikely this learning can be transferred to a more general family ministry context, without trauma-informed understanding and practice. More research is needed in this area.

**Global Determinants of Health and Wellbeing**  
Poverty and Social Deprivation in an Unstable World  
12 June 2025



United Kingdom  
and Ireland  
Territory

# 1000 Voices – Our 10 Year Homelessness Services Strategy

**Aims** The aim of 1000 Voices The Salvation Army's Homelessness Services Strategy 2024-34 is to enhance The Salvation Army's homelessness services through strategic investments, integrated mission, and sustainable operational models

## Introduction

The Homelessness Services (HS) Strategy Business Plan 2024-34, titled "1,000 Voices: A Discerned 10-Year Approach to the Future of Homelessness Services," outlines The Salvation Army's comprehensive strategy to address homelessness in the UK and Ireland. The plan emphasises the importance of discerning God's will through the contributions of over 1,000 voices, including service users, staff, and stakeholders. The strategy aims to ensure that all HS services meet the Mission Effectiveness statement, which includes providing a Christian framework, serving others without discrimination, nurturing disciples, caring for creation, and seeking justice and reconciliation. The plan proposes significant capital investments to

sustain accommodation-based operations for the next 10-25 years, with a focus on properties being fit for purpose, flexible, and adaptable. Additionally, the strategy highlights the centrality of chaplaincy, the importance of integrated mission, and the need for a diverse range of services, including non-accommodation-based models. The plan also addresses the challenges posed by external factors such as changing local authority strategies, the impact of the pandemic, and the need for a trauma-informed approach. Overall, the HS Strategy Business Plan aims to rebalance and de-risk current operational models, secure additional units of self-referral accommodation, and develop a harm reduction and trauma-informed lens for service provision.



## Methodology

The development of the HS Strategy Business Plan followed a detailed project methodology that included a trauma-informed approach and engagement with key stakeholders. The methodology involved a series of workshops with senior management and regional teams, focusing on current service provision, future operating models, and the development of a PESTLE analysis and SOAR framework. Service user and staff surveys were conducted to gather input from over 1,000 voices, ensuring that the perspectives of those accessing and delivering services

were considered. The plan also referenced key documents and principles, such as The Salvation Army UKIT Vision, Mission Statement, and Values, as well as the HR "Valuing People" framework. Additionally, the strategy incorporated findings from stakeholder interviews, gap analysis, and a review of external factors influencing homelessness provision. The methodology aimed to harness the collective expertise and experience of the HS Directorate, senior management, and regional teams to develop a comprehensive and sustainable strategy for the future.

## Results

The HS Strategy Business Plan proposes several key outcomes, including the repurposing of all Lifehouses over 50 units within the next 10 years, the development of 100 additional units of self-referral accommodation for rough sleepers, and the implementation of a harm reduction and trauma-informed approach across all services. The plan also aims to increase non-accommodation-based services and secure diverse funding streams

## Conclusions

The HS Strategy Business Plan 2024-34 outlines a comprehensive approach to addressing homelessness through strategic investments, integrated mission, and sustainable operational models. By focusing on the contributions of over 1,000 voices, the plan aims to enhance service provision, ensure properties are fit for purpose, and develop a trauma-informed approach. The strategy emphasizes the importance of chaplaincy, integrated mission, and diverse service models to meet the evolving needs of those experiencing homelessness. Overall, the plan seeks to rebalance and de-risk current operational models, secure additional units of self-referral accommodation, and develop a harm reduction and trauma-informed lens for service provision.

**Author: Amber Sylvester, Homelessness Services Department**



Committed to reducing, preventing and ending homelessness.

### Over the next ten years our Strategic Priorities are:

1. TSA Mission effectiveness through a discerned approach will be the primary purpose in all new business.
2. Our property portfolio will be fit for purpose, sustainable, minimising liability and creating asset value.
3. We will rebalance and diversify the mix of operational models. There will be an increase in integrated mission, prevention, and non-accommodation-based models.
4. We will develop a new approach to fundraising/ income generation that will drive a change in income mix.
5. We will develop new and existing strategic collaborative partnerships to better meet Homelessness Services mission aims, including a joint strategy with saha.
6. We will develop creative solutions to ending rough sleeping and develop a consistent Homelessness Services Rough Sleeping offer.
7. We will develop all service provision through a harm reduction and trauma informed lens.



Love God  
Love Others

[www.salvationarmy.org.uk](http://www.salvationarmy.org.uk)



**Global Determinants of Health and Wellbeing**  
Poverty and Social Deprivation in an Unstable World



United Kingdom  
and Ireland  
Territory

# NAPPad Pilot and Evaluation

## Aims

The aim of the NAPpad project was to create a novel service within a different environment to existing homelessness services with fewer rules, minimal commitment, and a quieter environment, thereby creating an opportunity for the first steps of engagement with people entrenched in a rough sleeping lifestyle.

## Introduction

The NAPpad is a deployable mobile night shelter developed between The Salvation Army and specialist manufacturer Protectal. It comprised of four Covid-secure 'micro-flats,' each with its own secure front door, bed, handbasin, and toilet. These discrete facilities offered dignity, privacy, and safety to people who might otherwise be sleeping rough, providing a safe alternative to the street, dormitory-style night shelters, and traditional 'sit up' services. Each micro-flat has heating and power, a phone-charging point, a flushable toilet, and a hand wash basin. The atmosphere inside is light, bright, and airy, with no ligature points, embedding harm-reduction principles throughout the design. The NAPpad is fitted with non-invasive 'vitalsigns' sensors, developed specifically for the project, based on technology used to combat sudden infant death syndrome. These sensors are monitored out-of-hours and can detect if someone has stopped breathing, alerting emergency services in a health crisis. The NAPpads were designed in partnership with Salvation Army

service users and staff, statutory agencies, and Protectal, through focus groups and one-to-one meetings. The design period spanned approximately ten months, including endorsement by The Salvation Army's Missional Strategy Group. Development took around six months, longer than expected due to difficulties in obtaining materials during the global pandemic. The NAPpad was developed as a compassionate response to meet the needs of entrenched rough sleepers who struggle to meet the threshold of expectations placed on them to access traditional supported or temporary accommodation services. It was designed for people with chronic alcohol, drug, and health problems who often struggle to follow systems, have no identification, and no welfare benefits in place. The NAPpad model was different from the traditional hostel model, with no requirement for residents to provide personal details, pay rent, or claim benefits while residing in the NAPpad. This unconditional offer aimed to create a more flexible approach, encouraging engagement.



## Methodology

The pilot evaluation was achieved using mixed methods that included both quantitative and qualitative data. Quantitative data was collected from management information systems and subjected to secondary analysis, relating to NAPpad residents for the period 20 Dec 2021 to 30 June 2022. This data included anonymized records of all residents within the time period. There were some limitations in the quantitative data, such as only stating the main reason for the last period of homelessness and no records regarding what happened to residents once they moved on to other accommodation. Qualitative data was gathered from semi-structured interviews with previous NAPpad residents, stakeholders, and York EIP staff members. Interviewees were purposefully sampled, and

interviews were recorded, transcribed, and content analysed thematically. The York Early Intervention and Prevention service (York EIP) was determined to be an ideal test site for the exploratory study. Staff undertook street outreach to identify and engage with rough sleepers, offering a drop-in service providing information, advice, and guidance to single adults in housing need. The onset of the global Covid-19 pandemic saw a significantly changed landscape in the homelessness sector, particularly with the cessation of traditional dormitory night shelters and sit-up services. The NAPpad was trialled at the tail end of this initiative, resulting in a wider proposed client base than originally envisaged.

## Results

Over three-quarters of the NAPpad residents moved on to other sorts of accommodation. The NAPpad provided York EIP with additional accommodation capacity and flexibility, widening the client groups able to be accommodated, including working people and those with no recourse to public funds. The

provided an alternative to hostel and B&B accommodation for those who could not or would not access more traditional types of homelessness accommodation. Most NAPpad users were in the NAPpad for a short period of time (less than a week), but a small number stayed for long periods.



## Conclusions

The NAPpad pilot met its primary aim of creating a different environment to existing services by offering fewer rules, minimal commitment, and a quieter environment, thereby creating an opportunity for the first steps of engagement. The NAPpad provided a different accommodation offer to the conventional temporary accommodation pathway in York and was accessed by people who were sleeping rough, as well as others for whom the traditional hostel route does not work. The partnership with City of York Council, the support of elected members, and the commitment of staff from both organisations were key factors in making the pilot work. To realise the full potential of the NAPpad, it would benefit from the support of a dedicated staffing resource to focus on early engagement and building housing readiness.

**Global Determinants of Health and Wellbeing**  
Poverty and Social Deprivation in an Unstable World



United Kingdom  
and Ireland  
Territory

# A Trauma-Informed, Systemic Approach to Supporting Families in The Salvation Army's Homelessness Services

## Aims

In response to the growing number of families experiencing homelessness, The Salvation Army manages several services that accommodate families who are currently homeless and need assistance with accessing a long-term home throughout the UK and Ireland

## Introduction

Our Family Homeless Services provide more than a roof over someone's head. Instead, we try to build a strong foundation on which a person can build up - to meet their full potential. Children are particularly affected by experiencing homelessness and can be destabilised for the rest of their lives. They are often forced to move away from their homes, communities, friends, family and schools. In addition, due to difficulties accessing accommodation, a growing trend is for families to be in homelessness services for longer than they need to be.

Support staff working in our Family Services have been trained in the Family Model. The Family Model is about seeking to improve parental wellbeing and mental health by acknowledging that children, young people and their parents and families do not exist or operate in isolation. It is both a model and a "tool" that is used to help staff, clients and family members to better appreciate the ways in which the situation can affect individuals, what can be done to facilitate early intervention and recovery, and how to develop family focused care and support plans.

Every person is helped to develop an individual support plan with the aim of working towards their individual goals and objectives. Staff support people to identify and access areas of

choice for future accommodation. Staff also work along with parents to support the purchase of household items and, when necessary, staff will also physically assist the family into their 'new home'. This support at times continues long after the client has left the service with many clients returning for a catch-up or just a chat with some of the staff. Staff also support with the completion of benefit applications, registration with GPs and dentists, assisting parents with school applications, and supporting parents back into full-time education or employment.

We always aim to offer a high level of support to all families within our services and believe in transparency. The Salvation Army supports families holistically and works alongside both statutory and third-sector organisations. Families are made aware that as well as in-house support being available them, staff can also be approached to liaise with other professionals, if this is helpful.

We understand the diversity of family life and recognise that the experiences of one family may differ greatly from another. By acknowledging these differences, we aim to create an environment where every person's voice is heard.



## Methodology

### Why Families?

Families experiencing homelessness face complex, interwoven challenges—trauma, addiction, mental health, and insecure housing. The Salvation Army, through a unique partnership between its Homelessness Services, Addictions Department, and Children and Youth Department, is embedding a trauma-informed, systemic approach to break intergenerational cycles of adversity.

### Our Framework: The Family Model

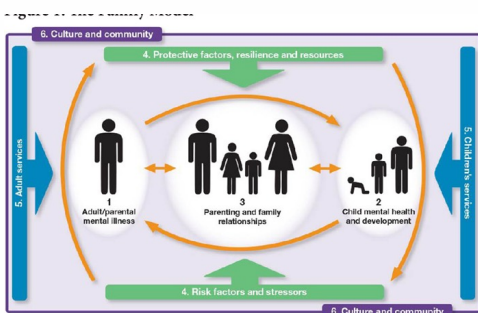
Developed by Dr Adrian Falkov, the Family Model provides a practical, evidence-based framework for working with families where one or more members experience mental health or addiction issues. It supports staff to engage families holistically - recognising strengths, building resilience, and fostering secure attachments.

### How We Work

- **Train:** Staff are equipped in trauma-informed care, systemic family practice, and attachment theory.
- **Support:** Families receive psychosocial interventions, parenting support, and resilience-building activities.
- **Engage:** We prioritise relational safety, early intervention, and whole-family inclusion.

### Mindset: Building Resilience in Children and Young People

Our Mindset initiative delivers age-specific toolkits (7-11, 12-16) that help children understand trauma, regulate emotions, and build resilience. These trauma-sensitive resources are embedded in our services to support emotional safety and recovery. They are designed to strengthen protective factors such as caregiver-child attachment, emotional literacy, and parenting confidence.



## Next Steps:

### Parenting & Youth Expansion

We are preparing to launch a structured Parenting Programme—designed to strengthen family relationships, promote positive parenting, and reduce the impact of trauma and homelessness. This trauma-informed, psychosocial intervention will provide opportunities for families to develop secure attachments and build resilience in safe, nurturing environments.



In parallel, the Mindset 16-25 toolkit extends our trauma-informed approach to older youth, addressing the unique developmental and emotional needs of young adults navigating the transition to independence. This toolkit supports young people in reframing coping behaviours, developing self-awareness, and building relational trust—key components in long-term recovery and wellbeing.



## Conclusions:

### Why It Matters

- Early intervention improves emotional and behavioural outcomes (Sheppard et al., 2009)
- Systemic approaches enhance family cohesion and resilience (Kumpfer et al., 2010)
- Trauma-informed models reduce shame, improve regulation, and support recovery (Templeton, 2014; Hatzis et al., 2017)

### Our Vision

To create safe, nurturing environments where families can heal, grow, and thrive—supported by staff who are trained, compassionate, and equipped to respond to trauma with care and confidence.

Together, we are transforming how homelessness services support families...one relationship at a time.

**Global Determinants of Health and Wellbeing**  
Poverty and Social Deprivation in an Unstable World



United Kingdom  
and Ireland  
Territory



# THE SALVATION ARMY ALCOHOL AND OTHER DRUG MODEL OF CARE EVALUATION

Summary of findings and recommendations of an independent evaluation conducted by researchers from the Connect Research and Training Initiative, School of Psychology, Deakin University



## KEY FINDINGS

### BEST PRACTICE MODEL

Aligns with National AOD policy and evidence based best practice  
The model was recognised as unique, due to its transparency, national application, and inclusion of harm reduction, trauma informed and recovery-oriented frameworks



## RECOMMENDATIONS

Consider enhancing structural alignment with the Australian National Framework for AOD Treatment (2019–2029)

### PERSON-CENTRED APPROACH

Participants feel respected, valued, and empowered  
Care is tailored to individual needs and goals



Release updated Model with expanded training and resources to provide increased opportunities for staff to develop skills and knowledge to apply the Model

### TRANSLATION INTO PRACTICE

Staff comprehension and satisfaction with the model was positive, especially in jurisdictions supported by strong training and supervision structures



Release updated Model with identified champions at local levels in each service type to drive ongoing learning and practice excellence

### HOLISTIC CARE

The Model allows participants to access spiritual support integrated with holistic, evidence-based treatment interventions  
Stakeholder and participants recognised spiritual support offered as unique in the sector



To ensure ongoing consistency in service delivery and care offered, a comprehensive evaluation of all practice documents should be undertaken

### STAKEHOLDER ENGAGEMENT

TSA have strong relationships across the sector, with a positive reputation and track record of collaboration



Engage in proactive stakeholder engagement to identify opportunities for deeper collaboration



# Harm Reduction Reduces Overdose Deaths by 50%.

## Evaluating the Introduction of a Harm Reduction Approach to Homelessness Services.

### INTRODUCTION

The Salvation Army is a large provider of homelessness services in the UK, providing over 3000 beds in around 80 lifehouses (our hostels). With its roots in the Methodist church, the organisation has had a strong emphasis on abstinence. A large proportion of people who experience homelessness report difficulty with drug or alcohol use and this represents a challenge for service providers trying to keep people safe.<sup>2</sup>

In 2013, The Salvation Army in the UK and Ireland agreed a Christian Response to Harm Reduction.<sup>3</sup> In 2019, four Addiction Development Officers (ADOs) were employed prior to the creation of the Addictions Department in 2023. The new culture of harm reduction (HR) in our homelessness services, and the availability of key interventions made a great impact on drug-related deaths. This poster evaluates the key factors in this achievement.

### INTERVENTIONS

A variety of harm reduction interventions have been made available in our lifehouses:

### THEORY OF CHANGE

Our theory of change for people (see right) assumes that trauma-informed care, harm reduction and the care conditions of a person-centred approach, when implemented cohesively, will address the multi-faceted needs of individuals and foster a pathway towards healing, empowerment and recovery.



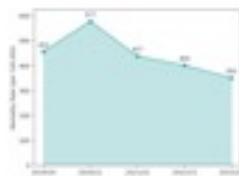
### IMPACT

Every death in a Salvation Army service is referred to an independent investigator and reviewed by a high-level multidisciplinary group (The Sudden Death Review Group or SDRG). A subgroup of the SDRG reviewed all data from April 2019 to April 2024 and identified the following key findings:

- 51% reduction in overdose deaths
- 23% reduction in all-cause mortality rate



Deaths from all-cause



Deaths per population (A mortality rate)

### KEY FACTORS FOR CULTURE CHANGE

Changing culture is notoriously difficult, but our approach appears to have been successful. Our evaluation of progress made from 2019 to 2024 has identified the following contributors to success:



### ACADEMIC PARTNERSHIPS AND RESEARCH

The Salvation Army funds new research through the Salvation Army Centre for Addiction Studies and Research (SACASR) at the University of Stirling. Alongside our partnership with Kings College London, this support our aims to pursue evidence-based and evidence-generating practice. Key publications include:

- Training Needs for Supporting Women Who Are Homeless<sup>4</sup>
- Peer-delivered Intervention Feasibility Study (SAIRPS)<sup>5</sup>
- Managed Alcohol Programmes<sup>6</sup>
- Exploring Greenpace Programmes<sup>7</sup>
- Experiences of Housing First in Scotland<sup>8</sup>



### OTHER STRATEGIC PARTNERSHIPS

Working with other providers has been an essential part of our approach and has increased the support available to our residents. Examples include SLAs to allow provision of take-home naloxone. Key partners include:

- Change Grow Live
- With You
- Humankind
- Abbott Toxicology
- Collective Voice
- Scottish Drugs Forum

### CONCLUSIONS

There is strong evidence for Harm Reduction approaches to addiction and homelessness, and this is confirmed by our experience in Salvation Army lifehouses. Against the trend in wider society, our staff have achieved a significant reduction in drug-related deaths. With focused investment, a strong focus on trauma, strategic partnerships and persistent relationship building with staff, we believe other providers could achieve similar results.

### NEXT STEPS

Our Harm Reduction Strategy for 2025-2030 outlines our intended approach to build on these foundations. Work has begun to support other Salvation Army expressions to embed trauma-informed practice and a harm reduction approach. This includes our scope (chuchee), our children's and youth work, older people's services, anti-trafficking and modern slavery, and our work in employment support.

#### References

1. Salvation Army Annual Report, The Salvation Army, 2024
2. Jointly by State of Homelessness, Homeless UK, 2023
3. A Christian Response to Harm Reduction, The Salvation Army, 2013
4. <https://doi.org/10.1080/14637587.2021.2006426>
5. <https://doi.org/10.1080/14637587.2021.2006426>
6. <https://doi.org/10.1080/14637587.2021.2006426>
7. <https://doi.org/10.1080/14637587.2021.2006426>
8. <https://doi.org/10.1080/14637587.2021.2006426>

**AUTHORS:** Will Pearson, Leo Bell, Laura Mitchell







# Housing First and Harm Reduction

## Introducing The Salvation Army Homelessness Services Housing First Programmes

### INTRODUCTION

The Salvation Army provides four Housing First programmes across the Scotland and Wales. We currently support over 170 individuals to live independently.

Housing First is a recovery-oriented approach to ending homelessness. It centres on the principle of moving people experiencing homelessness into independent and permanent housing.

Within our programmes we predominantly work with men and women who have experienced extensive periods of instability and rough sleeping. All the individuals who form part of our programmes have multiple support needs and have experienced systemic failings and personal trauma.

In our Housing First Programmes intensive support is then wrapped around that person to help them to sustain their new home.

The support helps the individual to feel safer and healthier and to reduce harms associated with addiction, mental health needs and attachments to the criminal justice system.

The overall goal of support is to empower that individual, inspire independence and support them to live lives that are richer in positive experiences.

Housing First is a concept which originated in the USA in the 1990s and has since been significantly promoted across Europe and around the world.

### Current Programmes

- **Glasgow**
- 100 units
- **South Lanarkshire**
- 40 units
- **Cardiff**
- 25 units
- **Merthyr Tydfil**
- 12 units

### Housing First and Harm Reduction

The principles of Housing First are grounded within harm reduction. Housing First meets individuals where they are at, removing systematic barriers and agency driven goals around abstinence and reduction of substance use.

Housing First acknowledges an individual's substance use as part of the complex nature of that person and helps that person to make safer choices around their substance use by nurturing trusted and reparative relationships and over time supporting that person to develop their confidence and autonomy.

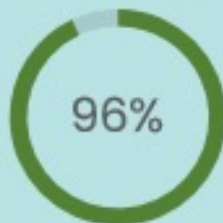
### Key Harm Reduction Ethos

- A home that offers permanence and safety
- Control, choice and options away from substance use
- A reparative and healing focus
- Giving it time to thrive
- Co-ordinated and strengths focused partnerships
- Good network management
- Noticing success, encouraging confidence and self worth

### Our Wales Outcomes Framework – Over the lifecycle of the programme...



Have engaged with harm reduction support in relation to substance use



Have reduced their engagement with criminal and anti-social activity.



Feel physically more healthy and able since receiving support.



Feel safer and mentally well and that their emotions are more manageable

Find out more about The Salvation Army Housing First



### Testimonial

*"I feel more stable in my life and more confident about myself. After a long journey and many years on Methadone I have finally been allowed to start bupropion treatment. No longer crave heroin or any other substances. This has helped me to start thinking clearly again and begin enjoying the things I love again like my music and my writing. I feel like things are finally changing. The world has opened up. I couldn't have done this without support. The support, my home. It means everything"*

### The Salvation Army Harm Reduction Strategy

Our Salvation Army Harm Reduction Strategy for 2025-2030 outlines our intended approach to build on these foundations. Work has begun to support other Salvation Army expressions to embed trauma-informed principles and a harm reduction approach. This includes our corps (churches), our children's and youth work, older people's services, anti-trafficking and modern slavery, and our work in employment support.

Authors: Cath Docherty and Emma Shaw

# Hadleigh Farm Estate

## Introduction

Hadleigh Farm has evolved over the last 134 years. Today we are a commercial farm, a place of natural beauty, committed to environmental and social progress, and home to an English Heritage site. The Salvation Army continues to be at the heart of the local community in Hadleigh.

## In the Beginning

The site of Hadleigh Farm was formally acquired by The Salvation Army on 2 May 1881. The establishment of the Land and Industrial Colony was part of The Salvation Army's Darkest England Scheme to raise the submerged tenth of society. Integral to this was the movement of Britain's unemployed from city "slums" back to the land. This was originally envisaged as a three-step process: the Hadleigh Colony would take in destitute but able-bodied men who had been temporarily rehabilitated in the Salvation Army's City Colony in London; at Hadleigh these men would undergo agricultural training and moral rehabilitation in order to become capable, industrious citizens; some men would return in England, but most would emigrate to British colonies overseas, notably Canada, Australia and New Zealand.

By 1914 over 2,000 acres of the site were under cultivation. At this time the Colony operated a Farm, Dairy, Brickfields, Stores, Works & Market Garden. Some produce was sold locally in Southend; others, such as bricks, were traded between Essex and London. The Colony was known for its pedigree rare breeds and in particular pigs. The first Colonists to emigrate from Hadleigh left in 1901. However, by 1910 it was evident that sending migrants to land settlements overseas was decreasingly viable. The Colony moved away from the

rehabilitation of older men towards the training of younger men who could obtain paid jobs overseas, for instance as farm hands. From 1903 until 1939 thousands passed through the Colony as part of the Boys' Training and Emigration Scheme; they were drawn from various parts of Britain at the discretion of The Salvation Army's Emigration Department.



## Evolution

Through government grants in the early 1970s Hadleigh moved into an intensive farming operation that included the draining of the marshland. The social element of Booth's original plan was now gone although some buildings remained, there was much dialogue over the next decade as to what to do with the buildings, which ultimately saw Hadleigh Training Centre open in 1990 with 2 departments offering training in computing, carpentry and catering, the centre was expanded in 2001 with the addition of the Tea Rooms.

By this time farming had moved to an arable focus with a small herd of cattle which was added to in 2004 with the opening of the Rare Breeds Centre.

In 2010 conversations began around land at Hadleigh being used to host the Mountain Bike event at the London 2012 Olympic Games which resulted in land being leased to Essex County Council for this purpose.

The trainee offer and experience has developed significantly from a one size fits all approach to the current personalised approach which is based around coproduction so that individuals can work

towards a life to which they aspire with programmes and activities being created to deliver the opportunities to best achieve this.

This is best exemplified by the transformation of the Tearoom, which has become a trainee led operation with all aspects being facilitated by trainees including menu development, ordering and marketing as well as the day-to-day practical running of the operation.

The Rare Breeds Centre has been through some significant recent change so that it is able to deliver a sustainable offer for the future. This has seen a focus on the development of conservation grazing which is an amazing example of creation care as land that previously required significant input to manage can now be managed via grazing.

There has been exponential growth in mission engagement, with new initiatives being established. In addition to these we host regular community events that have a simple aim of bringing people together to enhance community engagement and develop deeper relationships while sharing the good news.

## Environmental Impact

Hadleigh Farm Estate joined forces with the environmental regulator Natural England for an ambitious rewilding scheme. We have introduced plant species native to wet grassland to encourage protected invertebrates including the great crested newt and slow worms to make Hadleigh their home as well as attracting birds such as sparrows, skylarks, linnets, yellowhammers, grey partridges, wintering waders and wildfowl.



The environmental benefit brought about by this scheme are significant and will provide a great example of The Salvation Army actively living out care for creation.



## The Future

We want the Estate to be a kingdom rich vibrant location that is sustainable long into the future, which can be a source of celebration within the movement. Plans to deliver this include;

Moving the Training Centre and Rare Breeds Centre to an area that is already the focus for the public and has had significant investment in infrastructure as part of the Olympic Legacy Project.

Developing a programme and associated accommodation options to provide supported lodging opportunities for asylum seekers and refugees.

Continue to deliver and expand the scheme of arable reversion and habitat creation.

Continue to develop an approach of worship, mission and discipleship being offered to all people across the site with the emphasis on the natural environment.

**Global Determinants of Health and Wellbeing**  
**Poverty and Social Deprivation in an Unstable World**  
12 June 2025



**United Kingdom  
and Ireland  
Territory**

## **Abstract**

The Salvation Army is a major provider of employability services in the third sector and delivers employability support to disadvantaged and vulnerable populations through its Employment Plus programme. This research is part of a PhD studentship in collaboration with The Salvation Army which aims to enhance the capability of third sector organisations to make data-driven decisions for improving their employability support. The de-identified administrative data from Employment Plus provides an opportunity to determine how different demographic groups, such as the disabled, ethnic minorities, youth, and older people, are being supported by the programme. This research presents a visual analysis of how the Employment Plus programme has successfully engaged these different groups and supported them into employment. Using the Employment Plus data, we map participation rates and employment outcomes for each group in order to demonstrate how the programme is making an impact and addressing the different barriers to employment for various groups. Furthermore, we visualise participation and employment transitions by the type of funding and region. Finally, we use location data to map where the participants come from and combine it with data on neighbourhood deprivation to determine how Employment Plus programme is operating in deprived neighbourhoods.

# Strawberry Field

## “Gates Open for Good”

### Aims

To demonstrate the impact of how wraparound support and meaningful work experience can translate into paid employment for young people who have a learning difficulty, are neurodivergent or who have a barrier to employment.

### Introduction

The Salvation Army's Strawberry Field in south Liverpool previously housed a children's home and now houses a visitor attraction and training centre for young adults with barriers to employment.

The young John Lennon found solace there, later inspired to write Strawberry Fields Forever. Today, Strawberry Field continues to provide sanctuary, hope and support for the local community, national and international visitors and supports young people into the world of work through coaching and pastoral support and is at the heart of everything that we do.

The values of compassion, inclusion, integrity and generosity support delivery of the Salvation Army's mission at Strawberry Field and fired the development of the Steps to Work programme.

Steps to Work supports young adults aged 18-25 (trainees) who have learning difficulties, are neurodivergent or have barriers to employment to achieve their goals. The programme gives them an opportunity to gain skills and real-life work experience to increase confidence, guiding them towards meaningful careers and making a lasting impact on their lives and the wider community.

Our mission as well as accessing sustainable employment for



our trainees on the programme is also to break down barriers and stereotypes with employers and champion a neuro-inclusive workplace for all. We support employers through experiential work placements for our trainees and help them broaden their workforce to include those who are neurodivergent or who may have learning difficulties or poor mental health. Creating work opportunities to increase independence, self-worth and improve mental health is what we do. We also upskill in employers around awareness of neurodivergent conditions and how workplaces can be more inclusive and promote positive mental health.

The Steps to Work programme launched in 2018 and we have now supported 22 cohorts of young people throughout the programme as well as our impressive rates of employment we also build an emotional and spiritual connection to both Strawberry Field and The Salvation Army. A sense of being understood and belonging is equally important to our young people as well as gaining employment often for the first time. Trainees have the confidence to develop their social skills and build friendship networks often connecting with people who are like minded and have faced similar challenges early on in life.



### Methodology

A 12-month programme structured as follows:

#### 8 Week Work Readiness Programme:

At the start of the programme trainees will attend an eight week 'Work Readiness' course which runs for four days a week at Strawberry Field. The Work Readiness course provides the opportunity for trainees to develop life and independence skills such as communication, team working, planning and organisation and relationship skills. Trainees also build their social connections and reduce their isolation.

The second half of the work readiness course focuses on employability and ensures the trainee is ready to start their first work experience placement.

Once the eight-week Work Readiness course is complete, trainees undertake up to **three 3-month Work Placements**:

Each placement will last or 12 weeks, for a maximum of 12 hours per week. Placements are arranged based on the skills,

They are supported on their whole journey by an assigned Work Coach

Their first work placement which will be based at Strawberry Field - in our cafe, shop, garden or part of our cleaning and security teams.

Subsequent placements are provided by our network of employers throughout the Liverpool City Region who are keen to offer these supported opportunities. In addition to work placements, we encourage trainees to study for a vocational qualification such as customer service or digital skills which we can run at Strawberry Field in collaboration with a local education provider.

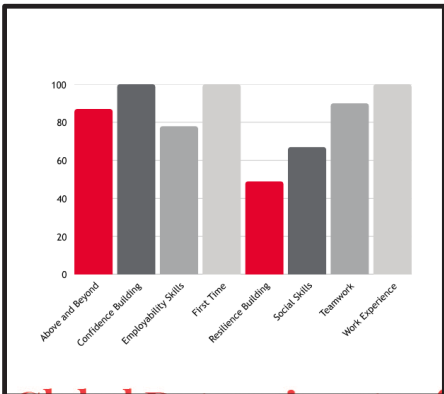
Upon securing paid employment our trainees are offered 3 months in work support to help them transition into their new role and to ensure they have all the support and reasonable adjustments they need.

We offer up to 3 work placements, but some trainees leave the programme early as they are ready to secure paid employment.

### Results

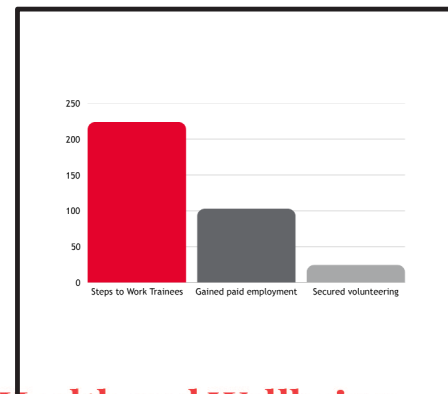
We have supported 224 trainees through our Steps to Work programme since 2018. More than half of our trainees secure paid employment or a meaningful volunteer role - this is far higher than employment figures quoted by BASE and the National Autistic Society.

In addition to employability, we also capture softer and



interpersonal skills from our trainees as milestones. These include social inclusion teamwork, building resilience, confidence, breaking through barriers and trying things for the first time. This ensures a well rounded capable of sustaining paid employment.

interests, and career aspirations of the individual trainee.



### Conclusions

Steps to Work was created for those individuals who have been marginalised by society and for whom there is little support for them realising their goals of paid employment. Research shows that work is good for us in terms of our sense of belonging, wellbeing, and independence. The holistic approach offered by the programme and the pastoral and social activities provided by the wider Strawberry Field centre enhance the offer by developing friendship networks, the offer of spiritual support and providing hope and a future for our trainees and their families.

“For the first time, I feel capable and valued. Having someone believe in me made a big difference. It helped me see my abilities and believe I can reach my goals. My self-esteem is much better now. I doubt myself less, and I'm proud to say, 'I'm off to work,' for the first time in my life.”

Global Determinants of Health and Wellbeing  
Poverty and Social Deprivation in an Unstable World



United Kingdom  
and Ireland  
Territory

# Closing the Gap:

Reducing health inequalities through ethical AI and proactive technology-enabled care (TEC) in Sutton



## The challenge

An ageing population with increased risk of falls, dementia and isolation. High rates of disability and digital exclusion and long-term health needs. Traditional reactive models of care, which can miss early signs of deterioration.

## Our innovation

A new model of proactive AI-enabled care, ensuring equitable access to support for underserved residents, launched borough-wide in 2023.

**AI-enabled sensors** on kettles, fridge, doors, bed etc.

**Real-time alerts** and behaviour change detection.

**Integrated reports** in social care system.

**24/7 alarm** receiving centre and responders.



**Our impact** (as at March 17, 2025)

**1,027** residents actively supported

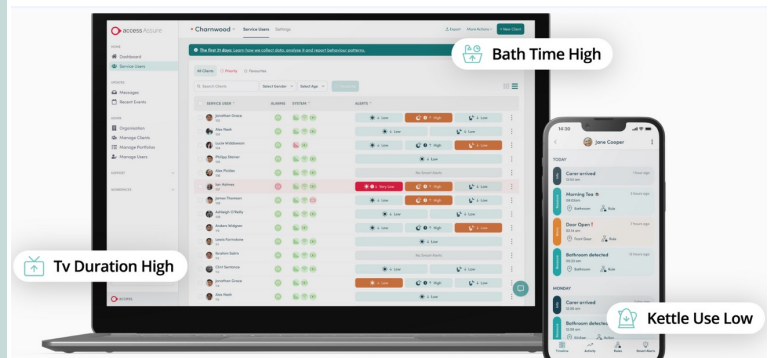
**1,224** proactive interventions

**636** TEC-supported hospital discharges

**506** supported reablement cases

**802** responder visits

**20%** forecasted savings by year 3



## Inclusivity & ethical practice

- Provide digital access through a physical TEC hub and training.
- Focus on inclusive design with devices for sensory, cognitive and physical needs.
- Create personalised plans and tailored pathways for people with learning disability, autism and dementia.
- Focus on engagement and transparency, with consent-based data sharing.
- Provide clear, accessible explanations of functions.

## A real-world example:



Margaret, age 86, lives independently with dementia. AI flagged reduced kettle use, and increased nighttime activity, triggering a welfare check and **preventing hospital admission**.



Scan for more, or contact:

**Bradley Coupar, TEC Lead at Sutton Council**

bradley.coupar@sutton.gov.uk

# Homes for Ukraine – Salvation Army and London Borough of Sutton Partnership

Gill Bonner

Sutton Salvation Army (SA) Church and the London Borough of Sutton (LBS) first collaborated to support refugees through a Community Sponsorship Project bringing a Syrian family to safety in April 2019. When the full-scale invasion of Ukraine took place in February 2022, LBS contacted Sutton SA Church to ask if it could use this previous experience to support the Ukrainian families arriving in Sutton through the Homes for Ukraine Scheme and through family visas.



Sutton SA Church has been providing practical and emotional support at a drop-in every Monday morning for newly arrived Ukrainians and their sponsors/family hosts since 09/05/2022.



LBS funds the provision for two Ukrainian psychologists, who arrived in the UK with their families at the time of the invasion, to lead emotional support and wellbeing sessions. Sessions take place at Sutton SA Church each Monday, following the drop-in.



LBS Ukraine Response Team provides information-sharing events which take place at Sutton SA Church every 4 – 6 weeks. This enables a number of statutory and voluntary agencies eg Citizens Advice, Housing, Volunteer Centre Sutton, Women’s Centre, Psychologists, NHS, Job Centre, Sutton College etc to come together with translators available. Speakers address key issues for the Ukrainian community and time is given for individual advice and support as needed by the attendees.

LBS, Sutton SA Church, Christ Church and VCS have collaborated to mark significant cultural events such as the Independence Day of Ukraine, the anniversary of the full-scale invasion and St Nicholas Day. These have been the source of strengthening friendships across all ages and developing strong community links.



Funding is provided by LBS Ukraine Response Team supplemented by funding from The Salvation Army in the UK Territory with a huge input of time from volunteers

Chapter 7

## Psycho-social-educational perspectives from Ukraine: Cultural identity and the nurturing of children

Bohdana Tymoskyshyn, Svitlana Semaniv,  
Andrii Parhoma, Gillian Bonner-  
Salvation Army Church- Sutton



**Aim:** To develop and validate a novel, multidimensional index—the Health Creation Index (HCI)—that quantifies protective factors across people, place, and purpose, enabling the measurement of health-creating conditions at individual and community levels.

### Introduction

The economic burden of ill health in the UK exceeds £100 billion annually (Public Health England (PHE), 2016). Traditional preventative models focus on mitigating risk and behaviour change but often neglect the broader conditions required for sustained wellbeing. Health creation offers a paradigm shift: prioritising supportive environments, community assets, and social connectedness. This approach aligns with Professor Adrian Bonner's interdisciplinary theory on the social determinants of health. The work emphasises cumulative disadvantage, systems thinking, relational theory, and empowerment. His work advocates for addressing "wicked issues" through local, participatory, and relational approaches that strengthen individual and community resilience.

This study presents the Health Creation Index (HCI), a novel tool to quantify protective factors for health. The HCI evaluates individual, social, and environmental domains to reflect the World Health Organisation (WHO) definition of health as complete physical, mental, and social wellbeing.

The data is collected and tested as part of a community-based intervention, Beat the Street (BTS). BTS is a large-scale gamified initiative that promotes physical activity and social connection through walking, offering a unique opportunity to track changes in HCI scores across diverse populations.

### Conceptual Framework and Tool Development

The HCI is structured around three key domains: People, Place, and Purpose, rooted in the psychological needs of safety, belonging, and being valued. Ten constructs were identified through expert consensus and aligned with validated survey items to form a matrix.

Each of the ten statements uses a five-point Likert scale (strongly agree to strongly disagree). The index score is the average of all items, ranging from 1 to 5, with higher scores indicating stronger protective factors for health.

Figure 1: Health Creation Index Conceptual Framework

	People	Purpose	Place
Safe	"Most people are trustworthy" Compassion Trust	"I feel in control of my life" "I've been feeling optimistic about my future" Hope Autonomy	"Overall, I think my neighbourhood is a good place to bring up children" Secure Sanctuary
Valued	"The friendships and connections I have with other people mean a lot to me" Listen Friendship	"I lead a fulfilling life" Self-Awareness Discovery	"I enjoy exploring my neighbourhood" Wonder Beauty
Belong	"There is a group or community which I feel I belong to" Tribe Community	"I like sharing my time with others" Values Give	"I want to remain a resident of this neighbourhood for a number of years" Familiar Heritage

### Methods

**Sample:** A baseline sample of 22,350 adults (January–May 2024) recruited via Beat the Street were collected, reduced to 15,043 after data pre-processing. The sample was then followed up post BTS intervention (6 weeks) to create a longitudinal matched pair sample of 5,885. Participants completed the 10-item HCI questionnaire online.

#### Demographics:

74% female; 16% from IMD 1-2, 42% from IMD 1-4; age range 19-70+, 19% with long-term conditions; 4% with disabilities; 24% from ethnically diverse communities, 54% of adults were classified as physically active (Active Lives).

#### Validation Analysis Methods:

Exploratory and confirmatory factor analysis (EFA/CFA), Rasch analysis for unidimensionality and item fit, internal consistency (Cronbach's alpha), Differential item functioning (DIF) by gender, SES, A pre-post survey design was employed, incorporating participant characteristics, physical activity levels (via Sport England's Active Lives Survey), and HCI scores. Student's t-tests were used to assess differences across sociodemographic groups and activity statuses.

### Results

Confirmatory factor analysis supported a three-factor structure (People, Place, Purpose), with RMSEA = 0.058 and TLI = 0.959, explaining 54% of variance. All item loadings were significant ( $p < 0.001$ ). Internal consistency was high (Cronbach's  $\alpha = 0.86$ ), and Rasch modelling confirmed unidimensionality with acceptable item fit (MSQ: 0.5-1.7). Item reliability was 0.99 and person reliability 0.85. Minor SES-related DIF was detected for two constructs, suggesting cautious interpretation across groups.

Overall, the HCI demonstrates strong validity and reliability as a multidimensional tool for assessing health-creating conditions, protective factors that contribute to health creation.

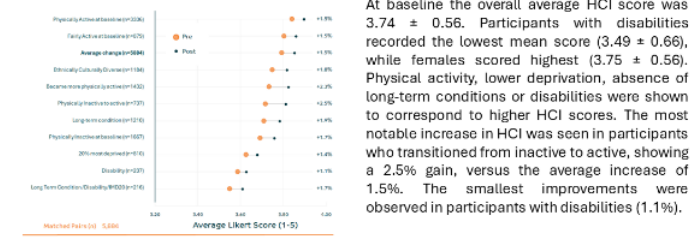
### References:

Alexo-Gonzalez VE, Czapka Sierra MT, Araya Martinez E, Martinez Molina A, Paricio PP. An in-depth psychometric analysis of the Connor Davidson Resilience Scale: validation with Rasch. *Health Qual Life Outcomes*. 2015 Sep 23; 13:154. doi: 10.1186/s12916-015-0204-9.  
 Bonner, A., ed., 2017. *Social determinants of health: An interdisciplinary approach to social inequality and wellbeing*. Policy Press.  
 Building Resilience: A Key Pillar of Health 2030 and the Sustainable Development Goals. Examples for the WHO Small Countries Initiative. Copenhagen: WHO, Regional Office for Europe, 2017.  
 Christensen, K. B., Makransky, G., & Houton, M. Critical values for Ten's QIDI: Identification of local dependence in the Rasch model using residual correlations. *Appl. Psychol. Meas.* 41(5), 178-194. <https://doi.org/10.1177/01461651166577520> (2017).  
 Connor, K.M., Davidson, J.R.T. Development of a new resilience scale: the Connor-Davidson Resilience Scale (CD-RISC). *Depress and Anxiety* 18(3): 152-160 (2003).  
 Cronbach, L.J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*, 16(1), 297-354.  
 Loomis, G.W. (2002). The built environment and mental health. *Journal of Urban Health*, 30, pp. 339-355.  
 Mann, M. A., (2015). Beat the street: A pilot evaluation of a community-based participatory health promotion intervention. *Games for health journal*, 7(3), 208-212.  
 Hagan-Heimann, Donna E, Stewart, Natasha Diaz-Gonzalez, Elena, L Beger, Beth Jackson, and Tracy Yuan. What is Resilience? The Canadian Journal of Psychiatry 2011 56(5), 298-285  
 Hu, T., & Bunnell, P. M. Classification for reliability in a confirmatory factor analysis: conventional criteria versus new alternatives. *Struct. Equ. Model.* <https://doi.org/10.1080/10705519998401118> (1999).

Figure 2: Baseline Health Creation Index Scores by Group



Figure 3: Change in Health Index Creation Scores by Group



At baseline the overall average HCI score was  $3.74 \pm 0.56$ . Participants with disabilities recorded the lowest mean score ( $3.49 \pm 0.66$ ), while females scored highest ( $3.75 \pm 0.56$ ). Physical activity, lower deprivation, absence of long-term conditions or disabilities were shown to correspond to higher HCI scores. The most notable increase in HCI was seen in participants who transitioned from inactive to active, showing a 2.5% gain, versus the average increase of 1.5%. The smallest improvements were observed in participants with disabilities (1.1%).

### Case Study Ipswich: Hyper-local HCI intelligence

Beat the Street Ipswich had 12,921 participants. There was a +5.1% increase in trust for adults who were lifted out of physical inactivity. The data generated through the Health Creation Index was also able to support hyper-local intelligence. The map shows the relative density of people with low HCI score combined with low nature connectedness and physical inactivity. The data is able to support spatially granular place-based community work.

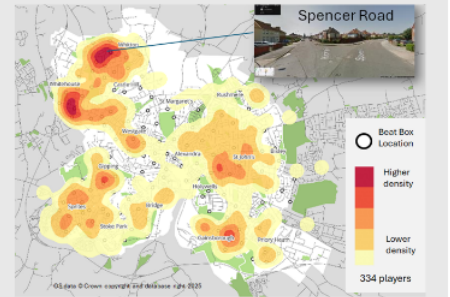


Figure 4: Map of BTS players with low HCI score, Low Nature Connection (NCI) who are physically inactive

### Discussion

The HCI is a sensitive tool for detecting changes in the conditions that create health. BTS illustrates the potential of community-based interventions to influence and modify these determinants. The HCI's ability to identify populations with lower baseline scores and track their improvement highlights its value for targeting upstream public health efforts.

In a global health context, the HCI provides a replicable, theory-informed metric aligned with Bonner's call for systems-based, participatory approaches to health equity. It offers practical guidance for shaping policies and environments where health creation becomes a shared, measurable goal.

### Conclusion and Next Steps

The HCI is a novel, validated tool for assessing the protective factors that underpin health creation. It offers a bridge between theory and actionable insight, enabling public health actors to understand and influence the conditions that foster resilient, healthy communities. Further work is recommended to assess test-retest reliability and sensitivity to change over time. Research is already underway in collaboration with the University of Exeter to develop and validate a Child version of the HCI, expanding the tool's applicability to younger populations and informing health creation strategies from early life stages.

Contact Intelligent Health at: [Steve.rose@intelligenthealth.co.uk](mailto:Steve.rose@intelligenthealth.co.uk)

Kaiser, H. F. (1958). The maximum likelihood criterion for factor rotation in factor analysis. *Psychometrika*, 23(3), 187-200.  
 Linacre, J. M. Dimensionality. In: *Winsteps® Rasch Measurement Computer Program User's Guide*. Oregon: Winsteps.com, Beaverton, 2017.  
 Parnis, J. (2018). Understanding differential item functioning and item bias in psychological instruments. *Psychol. Psychother.*, 13(5), 000514.2018.  
 Rasch, N. S., & Ellis, B. S. (2005). Differential item and test functioning. In: P. Davison & N. Schmidt (Eds.), *Measuring and assessing behaviour in organisations: Advances in measurement and data analysis* (pp. 156-193). Jossey-Bass/Wiley.  
 Schwaninger, N. K. (1989). Reliability and matching: Key issues in building community. *New directions for student services*, 48(1), pp. 5-15.  
 Smith, B. et al. The brief resilience scale: Assessing the ability to bounce back. *Int. J. Behav. Med.*, 15, 194-200. <https://doi.org/10.1007/s10935-008-2229-7> (2008).  
 Sullivan, C.M., Goodman, L.A., Virden, T., Stron, J. and Ramirez, R., 2018. Evaluation of the effects of reducing trauma-informed practices on domestic violence shelter residents. *American journal of orthopsychiatry*, 88(3), p.209.  
 Tretharwell, F. (2024). The beneficial effects of social support and prosocial behaviour on immunity and health: A psychoneuroimmunology perspective. *Brain, Behavior, & Immunity-Health*, p. 100795.  
 Wiersma, R. D., & Van Jaarsveld, L. M. B. (2006). *Measurement invariance in cross-cultural research*. *Journal of Cross-Cultural Psychology*, 37(1), 1-20.  
 Wongpakorn, T., Ye, T., Varricco, P. et al. The development and validation of a new resilience inventory based on prior research. *Sci Rep*, 10, 2002 (2020). <https://doi.org/10.1038/s41598-020-26845-7>

# SUTTON COMMUNITY DANCE

## Individual & Community Regeneration

**INTRODUCING...** Sutton Community Dance (SCD), based in the London Borough of Sutton, is an example of reimagining the high street and prioritising shared places as an important context for building intergenerational bridges, through positive and inclusive activity. Launched in August 2019 with the vision of creating a hub for social change through the vehicle of dance, SCD transformed a large derelict 2 storey former Mothercare shop within the town centre's shopping centre, into an inclusive 3 large studio dance space. The founding aims of SCD were to remove the barriers to dancing for people of all backgrounds, ages and abilities, so their wellbeing could increase in terms of physical, social and mental health. Beyond the individual level, the aspiration was to increase community connections through deepening social bonds of friendship and trust, by doing so, right in Sutton town's centre, a further goal was to play a role in regenerating the high street in terms of its social, cultural and economic health.

5 years later, SCD has over 800 people dancing every week, in over 80 classes, each person burning around 400 calories per class, increasing their physical health, making deep friendships and spending more time than ever before within the community context of the high street, boosting the shopping centre footfall by over 1800 people per week.

### WHAT WE MEAN BY #DANCINGFORGOOD

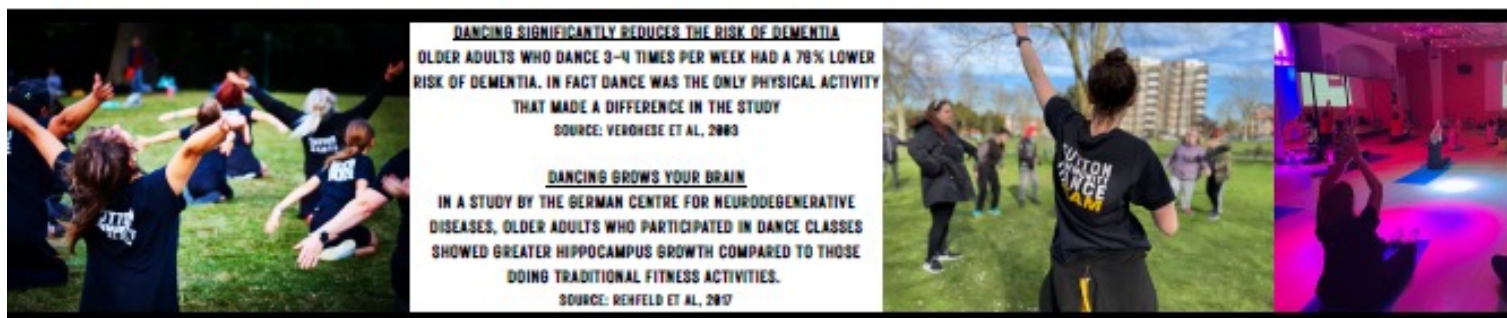
Sutton community dance is a not for profit independent local organisation. Everything we do and create together is invested directly back into our community. We partner with any agency committed to social change, to get Sutton dancing - boosting our wellbeing and bringing even more life and soul to the town centre we love. We work hard to smash barriers to dance, intentionally basing our hub in the high street, so everyone can enjoy taking part, getting healthier and meeting other great people. Together we creatively increase our health, joy and wellbeing. We call this #DANCINGFORGOOD - as its about the creating good on many levels.



### SCD's IMPACT FROM THE FIRST 5 YEARS

- **INCREASED WELLBEING:** 97% of members reporting they feel better, happier and see health improvements because of SCD
- **REGENERATED** a large derelict shop into one of London's largest community dance centres with over 800 members of all ages and abilities dancing, on average, for 90 minutes every week, across the 80 weekly classes.
- **Created a SAFE SPACE:** over 80 dancers with additional needs take part and feeling valued in classes each week.
- **BUILT TRUST:** 100+ of our community's most vulnerable people attend weekly group sessions hosted by SCD, including survivors of domestic violence, refugees and local people living on very limited incomes, with varying health disadvantages.
- **GROWN FOOTFALL** with 70% of our members reporting they visited the high street less than once a month before joining SCD.
- **CREATED PAID WORK** for over 30 people every month AND over 40 work experience opportunities each year for students.
- Catalysing around **£1m INVESTMENT** into the local economy annually; consisting of staff pay, rent paid to the council, local suppliers and the money our members spend in the town centre - valued alone at over £500,000 per year.
- **SUPPORTED PARTNER AGENCIES** by donating over 3,000 hours of free studio space.
- And beaten the odds to keep a new high street venue, not for profit organisation alive and kicking despite a pandemic and a cost of living crisis! Noting that national trends tend to show that 60% of new businesses fail within 5 years.

### CREATING HEALTH THROUGH SCD



### Philosophy- #DANCINGFORGOOD, together not "bowling alone"

SCD deliberately set out to be a dance hub for all ages, from 18 months to senior citizens of all ages including children, young people and adults with additional needs, both physical and intellectual. Inspired and inspired by the work of Putnam (2000), SCD was launched with the aim of making a difference within its community through the focus on developing bridging social capital, defined by Putnam as "features of social organisation such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit." We truly believe life can be more enjoyable, healthier and more sustainable when we invest in #DANCINGFORGOOD.

### References

- Anon (2020). Building Resilience: A Key Pillar of Health 2020 and the Sustainable Development Goals: Examples for the WHO Small Countries Initiative. Copenhagen: WHO, Regional Office for Europe, 2017.
- Bonner, A.M. (2020) Future generations: the role of community-based organisations in supporting young people. In Bonner A.B.(Ed) Local Authorities and the social determinants of health. Policy Press, [Bristol University Press].
- Putnam, R.D. (1995) Bowling alone; America's declining social capital. Journal of Democracy, 6 (1):675-8
- Rehfeld et al (2017) Evolution in Neuroplasticity in response to physical activity in old age: The case for dancing. Front Aging Neurosci. 2017 Mar 14;9:56
- Verghese J, Lipton RB, Katz MJ, Hall CB, Derby CA, Kuslansky G, Ambrose AF, Silwinski M, Buschke H. Leisure activities and the risk of dementia in the elderly. N Engl J Med. 2003 Jun 19;348(25):2508-16.



# Boxing and fitness programme for vulnerable people in York – Knives down, gloves up!!

**Aims** The Greater York Hub's well-being boxing and fitness programme in York, aims to support a range of individuals, including the most vulnerable in our local communities, to enable them to improve their physical and mental health, and support them to manage issues including problematic drug/alcohol using behaviours and homelessness needs.

## Introduction

The service is based on providing boxing based fitness sessions at a purpose built gym in the South. We through which participants can enhance their fitness levels and create confidence to help address lifestyle issues by meeting, befriending, advice and support with other agencies. The overarching aim of the service is to enable people from all backgrounds across the city engage in a fitness programme through which they can enhance their mental health and wellbeing and integrate with different groups of people. The programme provides an alternative to living an unhealthy life by encouraging participants to take differently about long-term problematic issues.

While there are opportunities for people to access gyms in York, virtually all these facilities come at a financial cost, which is prohibitive for many people, especially the most vulnerable individuals. The service is free and accessible to anyone of any age and aims to offer a safe, welcoming, psychologically informed setting to which individuals can improve their fitness and emotional wellbeing. Operating in this way helps people to feel valued, while undertaking activities, such as giving people advice so that they can participate in sessions, provide greater self care confidence and self-esteem.



## Methodology

We have seen a range of individuals, from a wide variety of backgrounds and cultures, attend the sessions in this. Specifically, groups who have been present include individuals who are homeless, self-harmers, women, people in recovery, and those stating that they are experiencing a variety of mental health issues such as depression and anxiety.

The role of people from these vulnerable groups interacting with other members of the community who attend, including police, other workers, community workers, and even local city councillors, is a great strength of the service offered in terms of learning new behaviours. There is also the age and gender mixing which helps to break down barriers.

The service is advertised by networking with other local organisations, via social media platforms, leaflets, and through service user feedback to other interested individuals. Despite the aim of the service, which participants under the age of 16 should be accompanied by a responsible adult.

Staff will continually review the need for additional sessions, to ensure that the service is as accessible as possible for people, including the most vulnerable, across York. There appears to be scope for considerable expansion of the service, for example by including it in the register of social prescribing options. In addition, as many now check the status of the need of a person's vulnerability, demand is likely to grow despite the increasing number of existing participants.

Typical boxing activities are offered during classes and include movement and footwork drills, as well as punching drills on equipment like heavy bags, speed bags, and focus mitts. In addition, the program involves participants undertaking a range of other cardiovascular activities, such as jumping rope, calisthenics, running, and weight training.

Greater York staff are also on hand to speak with group members who may have any number of lifestyle issues, which is especially important for mental health and wellbeing. These sessions also involve making staff to work with individuals to create or to make positive lifestyle changes, often in conjunction with other local specialist agencies.

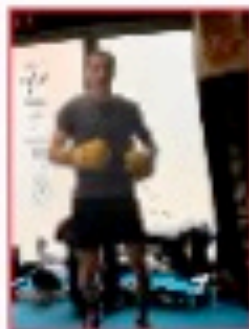
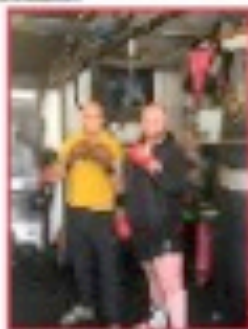
## Results

Since it's commencement in late 2021, the service has attracted around 40 women who attend sessions on a twice weekly basis, along with a further 30 males who also attend at least twice weekly. Of this total number of participants just over 100 have continued to regularly frequent the fitness classes. Given that a large proportion of these people have a range of health and wellbeing needs and are experiencing lifestyle challenges, offering a different route to achieving patterns of behaviour will help promote the following benefits for participants, and the wider community. In addition, it is beneficial for many service users, who might not be in a mental health, mental health, or mental health setting, to attend the sessions regularly, which would reduce their reliance on their daily routine.

**Improved physical health** - Regular physical activity reduces the risk of a person developing obesity, a range of long-term health conditions, and can also improve mental wellbeing. A minimum of 150 minutes of physical activity is the target set by the World Health Organisation for England. By attending the sessions weekly, participants can address this target through which significant health benefits can be achieved and sustained.

**Improved emotional wellbeing** - In addition to the physical benefits associated with attending the sessions, participants regularly report the following improvements to their mental health: increased confidence levels, increased motivation, reduced stress, anxiety, reduced mental health issues.

**Social benefits** - Further reports the service has had on wider social aspects and communities across York includes: reduced demand for health care services, reduction in crime and anti-social behaviour, improved access to employment, and better mental health, stable homelessness.



## Conclusions

Clear benefits to participants attending the programme have been reported on a number of levels, an example of which can be seen in the feedback received below:

"I always feel better when I feel that I'm not alone, and that the fitness sessions is built for confidence and self-esteem."

"To get out of being a physical of life and I wanted to do some things to help with my own mental health. I have been coming about six weeks, physically and mentally, it's helping me. This is the first time I've come to the women's only group, but I want to attend sessions during the day when you get a nice number of people. It's nice to be a part of it as everyone is supportive, all around you. It can feel a bit intimidating, but here it's about making what you need for, and everyone encourages you, so I feel that about it."



# OMNIBUS

## HOPE ON BOARD

### Introduction

The Salvation Army and Merton Borough Council undertook extensive research in 2010. One conclusion drawn from this research was the need for a new expression of The Salvation Army's work in the east of the borough, specifically, within the ward of Figges Marsh, which is described by the Ward's Profile Document as being, "One of the most deprived wards in Merton, with below average levels of income, qualifications and skilled residents and higher levels of benefit claimants." One of the main discoveries in the original research, was that there are very few informal meeting points – or 'third spaces' – for residents. Mitcham Salvation Army sees itself as a 'church without walls' and is nomadic in nature, yet it became increasingly apparent that there was and is a desire from local residents to make connections, but a lack of geographical locations to gather stood as an obstacle to this happening. In wanting to reach and 'be with' people where they are, The Salvation Army in Mitcham sought a holistic approach to meet community needs by running 'The Omnibus Project'. This mobile ministry enables us to be flexible, increase the level of support we can offer to residents and local schools, whilst having the option of working beyond our "boundaries" and Mitcham itself.

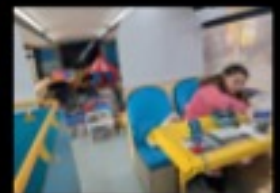
### COLLABORATIVE WORKING

We believe that we're able to achieve more and make greater positive changes in our community when we work alongside & in partnership with others. We continue to partner with Merton Borough Council, working closely with our borough's Youth Services and the Family Hubs. We also work with Residents Associations, Housing Associations, Schools, Community Champions and local charities.



### STREET-BASED YOUTH WORK

The Omnibus offers a 'Pop Up Youth Space' in Mitcham town centre. In conjunction with Merton Youth Services, who provide passionate & qualified youth workers, we're able to offer this safe, fun and engaging space for young people in this part of South London. Young people boarding the Omnibus socialise with friends, play on game consoles, interact with board games, engage in craft activities, and can get advice & support from safeguarded adults.



**"The Omnibus has become a nucleus of community gatherings."**

– Local Resident

### EMPLOYMENT + ON THE BUS

Through utilising The Salvation Army's Employment Plus service, we're able to offer tailored support to help local people become job-ready and our Employability Practitioner, through one-to-one support and group workshops, helps job seekers to get a job and stay in work.



**"The Omnibus is a much-needed resource for lonely people, of which there are so many. I see the Omnibus as a little rainbow in an often very dark grey sky."**

– Local Resident

### ALL WELCOME ON BOARD

The Latin root of the word 'omnibus' has inspired the name for this project. *Omnis*, meaning 'everyone or everybody', speaks of the inclusive nature of The Salvation Army's work. *Omne*, meaning all things or everything, points to the creative and adaptive nature of The Salvation Army's mission in outwardly sharing the gospel through all available means.

St Paul, early day missionary of the Church, used this word when writing to the Church in the first century: I [Paul] entered their world and tried to experience things from their point of view. I've become just about every sort of servant there is in my attempts to lead those I meet into a God-saved life. (1 Corinthians 9:22 - The Message).



[mitcham@salvationarmy.org.uk](mailto:mitcham@salvationarmy.org.uk)

# Mindset

## Building Resilience Through Trauma-Informed Practice



Children & Youth

Addictions

Homelessness Services

### Introduction

Mindset is a Salvation Army training initiative that equips professionals and volunteers to support children and young people who have experienced adversity or trauma. Through structured, age-appropriate Resilience Toolkits (ages 7–11 and 12–16), Mindset helps young people build emotional strength, develop coping strategies, and feel more confident in navigating life's challenges. The initiative is a collaborative effort between The Salvation Army's Children & Youth, Addictions, and Homelessness Services teams.

In the UK, an estimated 10–20% of children and adolescents experience significant psychological, behavioural, or emotional difficulties. Trauma, particularly when unaddressed, can shape a young person's development, relationships, and long-term wellbeing. Mindset responds to this need with a practical, relational, and trauma-informed approach.



### Evidence Base

UK-based research supports the effectiveness of trauma-informed and resilience-focused interventions in improving outcomes for children and young people. These approaches have been shown to enhance emotional wellbeing, reduce behavioural difficulties, and improve engagement with education and support services. Mindset aligns with this evidence by combining trauma awareness with creative, relational tools that promote recovery and resilience.

*“The more healthy relationships a child has, the more likely they will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love.”*

Dr Bruce D. Perry

### Trauma-Informed Practice

Mindset is grounded in six core principles that underpin all toolkit activities and training:

- **Safety:** Creating environments where children and young people feel physically and emotionally safe is essential. Predictable routines, calm spaces, and consistent adult responses help reduce anxiety and support regulation.
- **Trust and transparency:** Clear communication and reliability build trust. This is vital for helping young people feel secure, respected, and understood.
- **Empowerment and voice:** Young people are encouraged to express themselves, make choices, and recognise their strengths. This supports autonomy, self-efficacy, and emotional growth.
- **Relational connection:** Healing from trauma is relational. Supportive, attuned relationships with adults and peers provide co-regulation, validation, and a sense of belonging.
- **Understanding trauma:** Practitioners are supported to understand how trauma affects brain development, behaviour, and learning. This informs compassionate, non-punitive responses.
- **Cultural and contextual sensitivity:** Practices are adapted to reflect the diverse backgrounds and lived experiences of young people, ensuring relevance and inclusivity.

### Training and Toolkits

Mindset training prepares practitioners to deliver the toolkits confidently and compassionately. The toolkits use creative, reflective, and interactive activities to support emotional regulation, relational safety, and recovery. They are used across a range of settings, including schools, family centres, street-based youth work, and homelessness services.

*“Mindset gives people confidence to work with children... this resource is needed for a world of complex needs.”*

*“Mindset really opened my eyes to how young people feel in today's world.”*

*“The training was deeper and more practical than anything I've received in education.”*



### Building Resilience

Since its launch, Mindset has trained over 200 practitioners across the UK and Ireland and helps build resilience by:

- **Improving emotional regulation and self-awareness:** Children and young people develop greater awareness of their emotional states and learn strategies to manage distress and anxiety.
- **Increasing engagement:** Trauma-informed environments support better participation in learning, social interaction, and structured activities.
- **Strengthening relationships:** Consistent, supportive adult relationships help rebuild trust and foster a sense of safety and belonging.
- **Enhancing resilience:** Through structured reflection and skill-building, young people gain confidence in their ability to cope with challenges and adapt to change.
- **Positive identity development:** Activities that highlight strengths and encourage self-expression contribute to a more secure and hopeful sense of self.

### The Mindset Mechanisms of Change

Mindset promotes change through:

- **Therapeutic relationships:** Trusting, consistent relationships that model healthy attachment.
- **Positive peer interaction:** Group activities that foster empathy and shared understanding.
- **Emotional literacy and reflection:** Activities that support expression and meaning-making.
- **Psychoeducation:** Helping young people understand how trauma affects the body and mind.
- **Reduction in shame and stigma:** Creating safe spaces for healing and self-compassion.



### Next Steps

Building on the success of the 7–16 toolkits, The Salvation Army is developing Mindset 16–25 a new resource tailored to the needs of older youth. This toolkit will support young adults navigating the transition to independence, offering trauma-informed strategies for emotional regulation, identity development, and relational trust. It reflects our commitment to supporting young people across the full arc of adolescence and early adulthood.

### Conclusion

By embedding trauma-informed principles into our work, we aim to ensure that the children and young people in our support systems today do not become the adults in crisis systems tomorrow. Our commitment to fostering resilience, emotional regulation, and relational trust is not just about recovery; it is about breaking cycles of adversity and creating pathways to long-term wellbeing. Together, we can transform lives and build a future where every child has the opportunity to thrive, free from the shadows of past trauma.



#### References

- Felitti, V.J., Anda, R.F., Nordenberg, D., et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(5), pp.245–258.
- Hatzis, D., Deane, S., Harrett, P.H., and Berrou, J. (2017). Quality of caregiving in mothers with illicit substance use: a systematic review and meta-analysis. *Journal of Substance Abuse Treatment*, 11, pp.1–15.
- Hughes, K., Bellis, M.A., Harcourt, K.A., et al. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, 2(8), pp.e350–e359.
- Kumpfer, K.L., Whitbeck, H.C., Coene, J.A., and Allen, K.C. (2010). Effectiveness outcomes of four age versions of the Strengthening Families Program in statewide field sites. *Group Dynamics: Theory, Research, and Practice*, 14(3), pp.219–229.
- Perry, B.D., and Szabolcz, M. (2005). *The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook*. New York: Basic Books.
- Sheppard, S.A., and Dickstein, S. (2009). Preventive intervention for early childhood behavioural problems: an ecological perspective. *Child and Adolescent Psychiatric Clinics of North America*, 18(3), pp.687–705.
- Templeton, L. (2014). Supporting families living with parental substance misuse: The M-PACT (Moving Parents and Children Together) programme. *Child and Family Social Work*, 19(1), pp.76–88.

The Salvation Army is a Church and a Registered Charity in England (214779), Wales (214779), Scotland (SC009390) and the Republic of Ireland (CHT9390). Copyright © The Salvation Army Trustee Company 2025.

Authors: Tracy Wood, Lee Bell, MSc & Phil Ball, MA



# Starfish



Children & Youth

## 'Every child mentored is a life improved'

5 out of 30 children in a typical classroom are likely to experience mental health issues.<sup>1</sup>  
140,000 children in England are attending school less than they should.<sup>2</sup>

Starfish is a Salvation Army mentoring initiative supporting children and young people aged 9 to 16 in schools. There are currently 81 Starfish mentors in 79 schools across the UK & Ireland (52 primary and 27 secondary).

Starfish offers early help focused on emotional health and wellbeing, including personal development and life skills. Working within a school's student wellbeing support, Starfish provides committed and trusted adults to work with young people who need some additional support without which they would be at risk of not meeting their full potential.

For example, children and young people:

- whose emotional health and wellbeing needs a boost
- whose rate of learning and/or level of motivation is suffering because of behavioural, social or emotional issues
- who are at risk of exclusion
- who are facing challenges due to the impacts of the coronavirus pandemic
- who need confidential support for personal issues of any kind



Starfish locations

### Starfish Outcomes



Increase resilience



Enable more positive friendships/relationships



Boost self-esteem



Improve behaviour (school and/or home)



Increase confidence and ambition



Improve ability to cope with COVID-related challenges



Improve attendance and engagement at school



Reduce feelings of anxiety

### '100% of teachers want Starfish to continue in their schools'



'The children have blossomed in confidence throughout their time in the mentoring programme and are now ready for the transition to secondary school. They can confidently explain their emotions and how they can deal with their anxiety. After seeing the confidence these children have gained, I would confidently recommend Starfish to any school.'

(Teacher)

'Outcomes Star helped me to understand my weak points and prioritise them to help me grow mentally.'

(Mentee)

### The Journey of Change

Starfish uses the Outcomes Star<sup>®</sup> (by Triangle) to promote the positive emotional wellbeing of the mentees and to support the journey of change in seven key areas. Using the Outcomes Star helps students to understand the motivation, beliefs and skills that are needed for them to create that change for themselves and encourages them to be active participants in their own process of change.

An initial data capture reveals several key insights. More than 300 young people have participated in over 3000 mentoring sessions. The data indicates a higher number of boys being mentored compared to girls, with most mentees aged between 11 and 15 years. At the beginning of the mentoring, mentees identified the areas of self-esteem, feelings and emotions as the most challenging, particularly among boys. By the end of the sessions, 93% of mentees made progress in at least one area and 66% in at least three areas. Specifically, 57% of mentees showed positive progress in self-esteem and 65% in feelings & emotions.<sup>3</sup>

'96% of mentees said Starfish mentoring helped them improve at school'

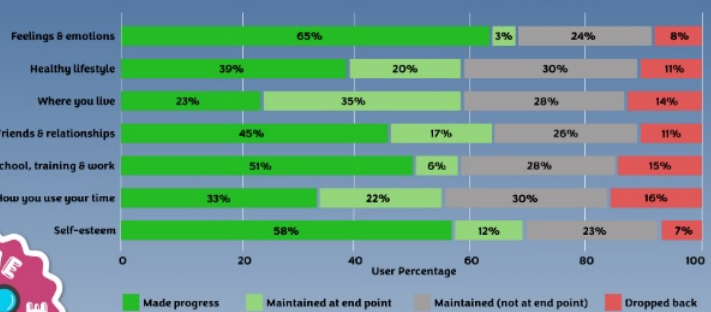


Figure 1: How much progress mentees are making in each outcome area as a result of mentoring

### Reaching Potential

Young people flourish when they possess positive relationships across various domains of their lives, particularly within educational settings. Such relationships enhance their resilience to adversities, facilitate their overall development and significantly contribute to recovery from trauma and the ability to thrive. Starfish is making a difference to children and young people, one by one. This is inspired by the story of the man who - one by one - throws stranded starfish back into the sea. Challenged on what difference it can possibly make to the thousands of beached starfish around him, he replies, 'It made a difference to that one!'

The support provided by a Starfish mentor can aid schools in improving the emotional health and wellbeing of children and young people, thereby demonstrating that every child mentored is a life improved.

<sup>1</sup>Children's Mental Health Statistics (The Children's Society); <sup>2</sup>The Crisis in School Attendance (Leeds Beckett University School of Education / YMCA); <sup>3</sup>Data from Star Outcomes 16<sup>th</sup> April 2020. <sup>4</sup>Developmental Relationships (Research Institute); <sup>5</sup>Bruce D Perry & Maia Szalavitz: The Boy Who was Killed by a Dog (New York: Basic Books, First edition, 2007).

Authors: Tracy Wood, Richard Prescott & Phil Ball, MA. The Salvation Army, Territorial Headquarters, 1 Champion Park, London SE8 8JZ. Email: childrensoutcomes@salvationarmy.org.uk. Websites: salvationarmy.org.uk/childrenandyouth. Social media: @behindprogress. The Salvation Army is a Church and a Registered Charity in England (284779), Wales (214773), Scotland (SC004959) and the Republic of Ireland (CHY6390). Copyright © The Salvation Army Trustee Company 2020.

# ‘No One Left Behind’: Starting the conversation about Older People and Climate Change

## Aims:

Exploring the profound health and pastoral opportunities and challenges between an ageing global population and the threats of climate change.

## The Challenge Outlined

Climate change is a complex, long-term public health and pastoral challenge, often leaving older people invisible in debates about how to address the crisis.

As we age, we are more likely to be increasingly physically, financially and emotionally at risk of the impacts of climate change, including increases in severe weather events, infectious diseases and air pollution, largely due to changes in mobility, physiology, and restricted access to resources, especially in the global south.

## Methodology

Older people should not be perceived as bystanders in climate action. When it comes to climate action, older people often face stereotypes of being “passive, incapable and withdrawn”. However, they have a lot to contribute to addressing this global issue.

They also have a high level of social standing in many communities, enabling them to act as mobilisers and organisers in the efforts to fight climate change. They provide a valuable role in their communities through sharing their knowledge of caring for nature and the environment.



## Results

With our long term disaster management teams The Salvation Army has a responsibility to love, support and take care of Kūpuna. To make sure that they are seen. To make sure that they are heard. To make sure that they are honoured and not forgotten.

Kūpuna (older adults), Maui, Hawaii.

The Salvation Army played a crucial role in responding to the devastating Lahaina fires on Maui, Hawaii, providing essential assistance to survivors. They served as a primary feeding organisation, coordinating over 800,000 meals and distributing 100,000 more in the immediate aftermath. The response also included emotional and spiritual care, along with financial assistance, and is ongoing as the community recovers.



Nancy Garnett looks out over the burned area a few feet from her property in Maui, Hawaii. Nancy Garnett is one of over 8,500 people impacted by the historic fires that burned through Maui Hawaii in August 2023 who have been helped by The Salvation Army.

The vast majority impacted by the fires were Kūpuna (older adults) living on the Island. Nancy comments that “I think we are still in survival mode,” she said. “We do not know what is next...If our homes can be restored—but we will rebuild, we don’t want to leave.”

Prior to the devastating fires The Salvation Army Kauluwela Corps on Maui already worked with many of the Kūpuna.

Over 26,000 adults over the age of 65 live alone and members of Corps already had an opportunity to connect more deeply with the population they were already serving. ‘Kūpuna Days’ held weekly are a holistic senior ministry, focusing on food and nutrition, arts and culture, social activities and spiritual development.

The Lahaina community wildfire left Nancy as one of approximately 500 people over 65 years of age who are living in hotels with no reassurance of how long they will be able to stay. Others are with friends and family.

“We miss and we need cultural connections,” she said. “We need to be together, to laugh. Currently many of the Kūpuna community feel alone, traumatized and worried about how and if they will ever get back to their ‘aina’ (land)



## Conclusions

Older adults often hold indigenous and local knowledge of the place where they live. Their memories of past events and disasters provide valuable insights which can be crucial in adapting to and reducing the impact of climate change.

Many older people also aspire to leave a legacy, passing on their values and a preserved planet to future generations. This desire drives them to take part in climate action, ensuring a better world for future generations. Salvation Army responses in many parts of the World facing the immediate challenge of climate change are Engaging and empowering older people in climate action. This not only provides an opportunity to address the climate emergency, but can contribute to building local community resilience.



# Family Tracing Service

## Reconnecting Families Since 1885

*“You’ve changed my life, I’m overjoyed”*

- A mother and son reconciled after decades of separation



### INTRODUCTION

Since 1885, The Salvation Army’s Family Tracing Service has been dedicated to reuniting families separated by time, circumstance, or crisis. Rooted in the organisation’s early mission to offer practical and compassionate support, it continues to provide a vital service that restores relationships and promotes emotional wellbeing.

Celebrating its 140th anniversary in 2025 and tracing its origins to the Salvation Army’s Enquiry Department when it was established as a benevolent mission to serve the poor and friendless, this legacy continues today, making The Family Tracing Service the longest-running charitable people-finding service in the world.


The Mission of the service mirrors the Salvation Army’s Mission Priorities of to **Seek Justice and Reconciliation and to Serve Others Without Discrimination.**


### DEMAND AND IMPACT


 **7,000** - In 2024/25 fielded over 7,000 enquiries across all channels.

Where an enquiry does not meet policy, each one receives relevant signposting as it is important that we demonstrate interest and compassion and wherever possible offer further support via other expressions of the Salvation Army or official external agencies.

Many can be offered our assistance when they are ready for the emotional commitment of living through the duration of a tracing case and who proceed to make their formal application.

 **936** - In 2024/25, formal applications totalling 936 were received, from those living in the UK or from global citizens in territories without the relevant Salvation Army presence and regularly enhanced by the expedience of digital channels. Human interventions of course bring everything together and make the work viable as caseworkers navigate the communication and emotional complexities inherent in their interactions with people.

 **86%** - In 2024/25 achieved a tracing success in 86% of cases undertaken, within which many applicants acquired a consented opportunity for reconciliation.

 **500** - In 2024/25 a minimum of 500 individuals in family units became reconnected, from the rolling caseload and from cases closed several years past where we were asked to handle a change of heart.

### CONCLUSION

The less commonly cited “wicked issue” of Family Estrangement is a multi-faceted problem with no easy solution, deeply rooted in human relationships and emotions, an agitator against wellbeing. It has a ripple effect on extended relationships, social circles, and even future generations. It harms the spirit and brings psychological consequences including loneliness, low self-esteem, aggression, depression, and even homelessness. The Family Tracing Service provides a clear opportunity for this issue to be addressed and frequently facilitates reconnections or even the sharing of adverse news of a family member where knowledge of a confirmed loss helps their bereavement and grief process to begin.

It continues to be our privilege to journey with those who entrust us to help them, and to celebrate with them when the joy of reconnection begins to transform their lives and becomes their new reality. The Family Tracing Service is as much needed today, as it was 140 years ago, the impact of its sensitive work encapsulated in appreciative comments as in this further example:-

*“I thank you for your wonderful tracing service. Please continue your amazing work as it brings immense hope to families” - A Brother and Sister Reconciled after 8 Years of Estrangement*



# A Holistic Approach to Debt Advice and Financial Inclusion

## Aims

Our aim is to address the multifaceted challenges of debt by providing a comprehensive range of services. We offer a not-for-profit debt advice service, personalised budgeting training, and ongoing support for those who are financially excluded. Our approach is holistic, addressing not only the financial but also the emotional and social aspects of financial distress.

## Introduction

Our Financial Inclusion Services are dedicated to supporting individuals until they find a viable debt solution. We understand that the impact of being in debt extends far beyond financial strain; it can affect many areas of a person's life. Debt can lead to feelings of loneliness, relationship breakdown, and homelessness, and can cause individuals to feel isolated and ashamed. Often, those in debt find themselves cut off from other aspects of society, exacerbating their sense of isolation. Moreover, the emotional toll of debt can manifest in anxiety, depression, and a persistent sense of hopelessness. These challenges often create significant barriers to seeking help, making it essential to offer compassionate and accessible support at every step of the journey.

We collaborate with other agencies and internal departments to ensure our clients receive the most comprehensive assistance possible. This network of support helps address various facets of their financial and personal well-being, providing a more robust safety net.

We are authorised and regulated by the Financial Conduct Authority (FCA), ensuring that all our operations meet stringent regulatory standards. Our dedicated staff and volunteers are thoroughly trained to meet these regulatory requirements, ensuring that they provide

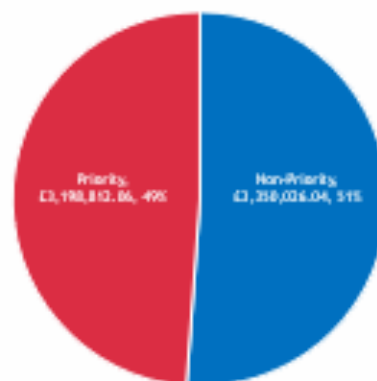
the highest quality of service to our clients.

By integrating these services and maintaining high standards, we strive to create a supportive environment that empowers individuals to regain control of their financial lives and build a more secure future.

The FCA expects us to monitor and evaluate our debt advice provision with the aim of:

- Assessing whether the services we provide are delivering expected outcomes in line with the Consumer Duty
- Identifying and gathering any evidence of poor outcomes, including whether any group of clients is receiving worse outcomes compared to another group, and an evaluation of the impact and the root cause
- Providing an overview of the actions taken to address any risks or issues
- Establishing how our organisational and service strategies are consistent with acting to deliver good outcomes under the Duty.

Debts managed as at 31 December 2024



## Methodology

We provide a holistic service that supports not only the client seeking advice but also their wider family. Our approach recognises that financial difficulties often impact the entire household, and we aim to address these broader challenges through comprehensive support. This includes personalised debt advice, budgeting training, and emotional and social support to help clients and their families navigate the complexities of financial distress. By working closely with other agencies and internal departments, we ensure that our clients receive a well-rounded and effective support network.

Over the past year, we have developed new and innovative ways of supporting clients, leading to an increased demand for our services. These advancements have enabled us to reach suitable debt solutions more quickly, alleviating the worry and fear that debt causes for clients. The respite service offered through our central team of staff and volunteers continues to be a vital component, supporting other departments within The Salvation Army and external agencies. This allows us to offer a holistic service to those seeking support.

Providing debt advice requires adherence to several regulatory processes, highlighting the importance of our department working very closely with staff within other Salvation Army departments and external agencies. This collaborative, holistic approach not only supports the individual seeking advice and their wider family but also mitigates the risk to The Salvation Army by ensuring that only authorised staff provide advice.

We understand that financial stability is an ongoing journey, not a one-time fix. As such, our service extends beyond immediate debt resolution. We offer regular follow-ups, check-ins, and access to peer support networks, ensuring the individuals have the encouragement and guidance they need to stay on track.

The ripple effects of financial distress impact not only individuals but entire communities. By helping people achieve sustainable financial independence, our service contributes to reducing stress and promoting well-being on a wider scale.

## Results

The true impact of our work is best captured in the words of those we work alongside:

"I would just like to thank you for all your help and understanding of my circumstances. You definitely made it easy for me to go on and talk to you about my debt and feel stressed about. I would definitely recommend anyone that needs

help to come to you."

"Thank you for everything you have done to help and for still being there if I need anything else."

"You are a lifeline / I thoroughly appreciate you people and what you do."

Financial Outcome	2022	Value	2023	Value	2024	Value
Debt written off	188	£2,117,945.79	201	£2,566,696.82	219	£3,480,201.86
Financial gain (other)	116	£317,711.60	121	£157,404.48	111	£259,657.11
Increase in monthly income	26	£46,482.09	33	£147,329.81	25	£185,793.04
Benefit Claims granted	2	£9,121.24	6	£59,713.87	9	£72,326.79
Benefit/tax credit (one-off gains)	22	£68,141.46	42	£181,027.76	32	£65,127.68
Energy Grant	54	£11,668.46	78	£61,926.80	68	£57,166.46
Financial gain (tax rebate)	15	£9,723.86	7	£2,503.08	7	£15,982.64
Warm Homes	7	£2,350.00	12	£7,170.00	10	£6,839.00
Gas/Electricity Top-Up	36	£4,386.93	39	£3,295.07	40	£6,323.00
Benefit/tax credit (respite)	18	£43,767.66	15	£26,700.72	3	£4,968.60
Charitable Grant Gained	1	£16.18	2	£10.18	3	£210.10
<b>Total Financial Outcomes</b>	<b>475</b>	<b>£2,851,542.19</b>	<b>640</b>	<b>£3,336,271.33</b>	<b>657</b>	<b>£4,074,216.34</b>

## Conclusions

Our debt advice service is about more than just numbers and repayment plans. It is a holistic approach to financial empowerment, built on a belief that everyone deserves the chance to live free from the burden of debt. By addressing the immediate challenges and providing tools for long-term success, we are not just helping people to survive, we are helping them to thrive.

Our approach includes personalised consultations to understand individual circumstances, training to build financial literacy, and on-going support to ensure lasting change. We empower individuals to take control of their finances, guiding them through the debt process. Beyond debt advice and budgeting support, we offer emotional support, recognising the stress and anxiety that often accompany debt.

By fostering resilience, knowledge, and confidence, we aim to create a future where financial independence is attainable for everyone. Together, we believe in transforming the burden of debt into the freedom of possibility.

Global Determinants of Health and Wellbeing  
Poverty and Social Deprivation in an Unstable World  
12 June 2025



United Kingdom  
and Ireland  
Territory

# FINANCE AND WELL-BEING: A CALL FOR COMPASSION



PROFESSOR ATUL K. SHAH



FINANCE SCIENCE, INSTITUTIONS AND UNIVERSALISM DAMAGES HUMAN HEALTH & WELL-BEING – there is **profound EPISTEMIC VIOLENCE**

Diverse Cultures and Beliefs have different behaviours and practices around money, commerce and morality

Honour, Trust and Relationships matter

Religion & Belief help build conscience and community

Charity is normalized and seen as a DUTY NOT CHOICE

Death is Embraced NOT denied

**ORGANIC FINANCE – A New Sustainable Model from the Ground Up**, Atul K. Shah, Routledge 2025, provides creative alternatives which are sustainable and resilient



*for more information, resources and contact details*