

Connect More: How can services, sectors & communities find a shared vision?

National Multiple Disadvantage Summit 2025

Global connections: International perspectives on tackling multiple disadvantage

Speakers:

Rob Lowth – National Director of Housing First, Ireland

Robin James – Chief Administrative Officer, Lethbridge Housing Authority, Alberta, Canada

Marica Ferri - Head of Sector, Health and social responses, Substance use, harms and responses unit, European Union Drugs Agency (Lisbon, Portugal)

Chair: Oliver Hilbery, Chief Executive, MEAM

Aims of the session:

The session set out to explore the following questions, with short presentations from each of the speakers, followed by a Q&A with the audience:

- How is multiple disadvantage understood and articulated in other places?
- How do differing contexts (political, government, public service, civil society etc.) impact on what is offered to people experiencing multiple disadvantage?
- Are the same systemic issues we encounter in England replicated in other places?
- How have different places approached co-production work?
- What can we learn from other places and what can they take away from our learning?

The session brought together international perspectives on addressing multiple disadvantage, with particular discussion about substance use and homelessness.

Ireland: Housing First as a response to multiple disadvantage

- Rob provided an overview of the context in Ireland, which includes political stability but ongoing challenges around how government supports people facing multiple disadvantage and allocates resources to this work.
- He outlined the successful implementation of Housing First in Ireland, focusing on the importance of health responses within the Housing First offer and the strong partnerships that have been built between housing, health and other partners. A national office facilitates collaboration between local authorities and national departments, with trust and a “no egos” approach being crucial factors in the success of these partnerships.

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- Rob also spoke about how social capital plays a crucial role in outcomes, how peer support has recently become an integrated element in the Housing First offer, how women's needs are being addressed, and how a change of mindset within partners has helped to give people multiple chances.
- With around 1,100 tenants in Housing First, Ireland has conducted comparative studies with Canada and adapted the North American Housing First model to its local context. Importantly, Ireland is now exploring why people disengage from services, focusing on small, seemingly minor factors that collectively shape broader systemic outcomes. Communities of practice and the inclusion of marginalised voices are essential to driving change.

Canada: Tackling homelessness and substance misuse in a Canadian context

- Robin outlined that Canada faces similar challenges around multiple disadvantage compared to the UK and Ireland, particularly around intersecting vulnerabilities. However, there is also a strong Canadian context, including that the Indigenous population makes up approximately 80% of the homeless population, despite comprising just 5% of the national population, reflecting the ongoing impact of colonial policies such as residential schools (the last of which closed only in 1996). Many Indigenous communities are now experiencing third- or fourth-generation trauma.
- There is also a widespread substance misuse crisis in Canada due to the use of fentanyl, which significantly affects homeless people as well as other parts of the population.
- There is strong provincial autonomy in Canada, with different provinces developing varied approaches. Alberta, which has a relatively conservative political outlook, has created navigation centres in Edmonton and Calgary that integrate housing, justice, and healthcare services. A central helpline connects people directly to physicians who can prescribe medication-assisted treatments over the phone, and recovery coaches that can offer mentorship/coaching remotely.
- Innovative responses to the fentanyl crisis include Indigenous-led treatment centres, mobile apps to alert emergency services during overdoses, and free therapeutic communities available for a year, including within prisons. A significant issue is that many overdose deaths occur in isolation—people often die alone at home. Therefore, increasing the accessibility and responsiveness of support services remains critical.

Portugal: A Progressive and Person-Centred Approach

- Marica spoke about the European context around substance misuse and social integration as well as reflecting on the situation in Portugal where she is based.
- Portugal was highlighted as a European leader due to its progressive drug policy reforms. Since 2001, Portugal has decriminalised personal drug use and possession, treating

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them as administrative rather than criminal issues. Interventions are handled case-by-case through panels, and treatment orders are issued when needed.

- This approach reflects a person-centred European approach focused on health and social responses rather than punitive measures. However, the rise of far-right politics presents new risks, as health-based interventions may be dismissed, potentially shifting the focus back to criminalisation. Demonstrating the effectiveness of current interventions is therefore crucial to protect and advance these progressive policies.
- Across Europe, vulnerabilities associated with multiple disadvantage are increasingly understood as symptoms of broader systemic and social issues. The EU's drug agency (EUDA) has a new mandate, expanding its role to include broader health and social responses. There was a clear need to meet individuals "where they are," acknowledging the fluid and overlapping nature of needs and that people rarely face a single, isolated issue. The EU focus was on recovery, not abstinence, and gaining the trust of people to think about what recovery means for them.

Key Themes and Takeaways

- **Collaboration & Trust:** Regardless of the jurisdiction, cross-sector collaboration and interpersonal trust (between policymakers, providers and people accessing services) are foundational to successful interventions. A persistent challenge is the distrust of services among people with lived experience. Building relationships and ensuring consistency in care are essential strategies to overcome this barrier. As one participant noted, "without trust, you don't have anything."
- **Meeting People Where They Are:** Tailored, person-centred and long-term approaches are necessary to engage individuals experiencing multiple disadvantage effectively.
- **Harm Reduction:** Despite political controversy in some places, harm reduction strategies save lives and foster engagement. Several contributors emphasised the importance of continuity in support, such as offering methadone without prescriptions, to reduce the risk of service disengagement. Safe drug consumption rooms have also been introduced in some areas to prevent open-air use and enhance public safety. However, this has been received differently depending on location.
- **Indigenous and Culturally Competent Services:** Particularly in Canada, culturally grounded responses led by Indigenous communities are essential.
- **Data and Storytelling:** Evidence of outcomes, combined with lived experience narratives, is needed to sustain political and public support.
- **Changing Political Landscapes:** There is a growing need to defend health and care-based interventions in the face of rising political pressure for more punitive approaches.