



NOTHING LOST IN TRANSITION:

joining up services to prevent
homelessness during life changes

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WHY TRANSITIONS MATTER

As a society we have always marked the moments when life changes. Births, deaths, marriages, coming of age, a new home, a new job – across cultures we gather round people at exactly these points. We do it partly to celebrate, but mostly to add structure and familiarity to a moment that could otherwise feel unsettling or lonely.

That is because transitions are rarely over in a day. Between the ending of one thing and the beginning of the next there is usually an in-between stretch where the old role, identity or routine has fallen away but the new one is not yet in place. Anthropologists call that stage ‘liminality’.

It can be a time of opportunity and growth. It can also be frightening – and for someone who is already dealing with trauma, poverty or ill health, it can become a moment of acute danger.

This is the point where the systems meant to help are often at their weakest. Public services are still built around their own piece of the puzzle, while the people they support do not live their lives in neat boxes. So when someone moves between services, or needs help that crosses more than one of them, a gap opens up and people fall through it.

This report uses peer research, where people with personal experience of the issues being explored drive the research process, from design and fieldwork to reporting.

Two peer research studies are used:

- **No Wrong Door (2026)**, examined the impact of being left unsupported at predictable transition points, contrasting this with the experiences of eleven people who benefited from integrated, joined-up services.
- **Mapping Journeys Through Homelessness (2025)**, engaged 24 people with lived experience of homelessness and 9 frontline professionals across five local authority areas of Scotland to understand routes through homelessness.

Read side by side, they tell one story: homelessness often begins at a transition point, which is exactly where it can be prevented too.

From the data, peer researchers have identified where transitions become danger zones, and what helps to catch people when they fall through the net.

THE DANGER ZONES



Leaving hospital, prison or treatment

Discharge and release are the sharpest edges in the whole system. People described leaving a ward or a prison gate with no housing plan in place and being expected to present themselves to a service that had no idea they were coming:

I've always just left jail and that was it.

a man interviewed about leaving prison

They knew it was coming by the time we got there. There's nothing available for me... So just not joined up at all. You just were left to come out and just go on your own.

a man in Edinburgh

Hospital discharge showed the same pattern. One woman who had been in hospital for two months, having lost her friend and then her wife within weeks of each other, was moved from a short stay in step-down accommodation into a string of hotel rooms.

I just keep getting sent forward and forward and forward. You don't get any support. I've got one worker coming, so I'm meeting her today. I've never met her before.

She thinks she's doing really well because she's putting me in the Travelodge. But it's miles away. I can't even make it there.

I've been really depressed with getting moved here and everywhere, because I can't carry the bags. I'm leaving stuff in the street or in the hotels... I'd rather slept on the street than be placed here, there and everywhere.

a woman in Edinburgh

People leaving substance use treatment described being placed back into the very environments they had just come out of. A successful stay in rehab followed by a temporary flat surrounded by active drug use is not a fresh start; it is a relapse waiting to happen.

Bereavement, family breakdown and the end of a relationship

A sudden loss can turn into homelessness within weeks when there is no safety net underneath it. Several people traced the start of their homelessness to a death.

He died in a hostel. So that's how I first physically came in here.

I think I'd rung them first – I'm pretty sure I need help.

Sometimes the loss and the housing crisis arrive together. One woman lost her home because the tenancy had never been put in her name, despite eight years of living there.

It hadn't been evident that I had actually been living there for eight years. It's a care of, it was just a care of, so they wouldn't let me keep it. I was left sitting outside the front door with my bags.

a woman in Inverclyde

Grief also arrives alongside other pressures – caring responsibilities, ill health, shame. One woman described post-natal depression that nobody picked up on, a crash, a month as an inpatient and then her children being taken into care.

Another described a childhood spent looking after an unwell parent and a father whose view was that “*mental health doesn't exist and just get on with it*”. These are not housing problems on the surface. They become housing problems very fast.

Too many forms, all at once

Moving into independent living, managing a new diagnosis, or staying in college while your housing is falling apart all mean dealing with several organisations at the same time. People in crisis do not have the bandwidth to hold benefit rules, a council housing portal and an NHS waiting list in their head at once. When it gets too complicated, people stop.

They send you a letter saying, do you want to stay on the housing list.

That's quite stressful in itself, because then you've got to phone them up or e-mail them and wait for their correspondence. One time they took me off the list after I'd phoned them.

I went to them to help me get PIP and the person who did it didn't have a clue – it was a nightmare. It was only one paragraph, and then it was sent back for a mandatory reconsideration.

Bad communication does the same damage as no communication. One woman only discovered by chance that she had been allocated a housing social worker months earlier:

I've got a social worker from housing and I didn't even know...

all the times I've been on the phone to her. Communication would be a big thing.



Growing up and moving out

Young people described leaving the family home in a hurry – after violence, after a family breakdown, or simply because staying was no longer possible – and having no idea what to do next.

The night I got kicked out, my dad dragged me across the road and I was covered head to toe in bruises. It was not the first time he hit me... They were already aware. They were like, do you want to report him? And I went, what's that going to gain me? I'm not going to get a place of living out of that.
a young woman in Midlothian

I didn't even know where to go through the council. It's not properly spoken about.

I was scared to go into the accommodation on my own, being a young girl... so I've had to rely heavily on friends.
a young woman in Fife

When accommodation was offered, it often did not fit. A 16-year-old placed in a chaotic mixed-age hostel said simply:

There was just so much random stuff. Being 16, I didn't even want to leave the room.

Neurodivergent young people described support that only worked when the worker actually understood them –

she had understanding of people that were neurodivergent as well, so she understood.

WHERE PEOPLE SLIP, AND WHAT CATCHES THEM

Transition point	What goes wrong	What catches people
Leaving hospital	Discharge to a hotel or the street; no plan; no named worker.	Outreach on the ward before discharge; supported housing to stabilise.
Leaving prison	Told to present at a service that has nothing available.	A tenancy or supported place arranged before the release date, throughcare support.
Leaving treatment	Housed in places where there is known substance use.	Housing choice that protects recovery.
Bereavement	Tenancy lost, benefits stop, grief untreated.	One worker who follows through and understands the circumstances to help navigate.
Leaving the family home	Young person with nowhere to go and no information.	A homelessness lens in schools and colleges; youth-specific help.
Managing many services	Overlapping forms and appointments; people disengage.	A worker who does the admin alongside the person, or takes the burden for them.

WHAT ACTUALLY WORKS?

Where things went well, it was rarely because the system was generous. It was because someone worked against the grain of a disconnected system and did the heavy lifting, so the transition never became a crisis. Four things came up again and again.

1. Systems that think forward

A transition is a window of opportunity if people are safe, connected and trust the people around them. The strongest examples in the research all involved someone turning up early. Outreach workers visited one person repeatedly while she was still on the ward, and instead of a hard discharge to a B&B she was moved into supported accommodation to stabilise before looking at a permanent tenancy. Another person put it plainly:

| *Because I was in hospital, it made it easier – it was like a breakthrough.*

Prison release worked the same way when someone met the person at the gate rather than waiting for them to arrive at the counter of a crisis service.

2. Taking on the admin burden

Old, disconnected systems rely on people in crisis to advocate for themselves. Prevention works when a worker sits beside someone to help fill in the form, make the phone call, or physically goes with them to the meeting.

| *I had no ID; I didn't claim benefits at all, I lived with nothing. She helped me get my paperwork together, get phone calls, forms, appointments, go to the doctors.*
a man in East Dunbartonshire

| *They provided help with paperwork – medical forms, social forms – and they worked closely with my housing officer to push the council to find me somewhere.*

3. Out of hours support

Mental health and housing crises do not keep office hours, and people said so bluntly: “It’s Monday till Friday, nine to five. It’s not like that. Twenty-four-hour services are important.” A round-the-clock drop-in or phone line acts as a pressure valve.

| *When I phoned Hope Point I was on the point of filling a glass of water full of paracetamol and drinking it. I phoned Hope Point and they calmed me down and talked me out of it.*
a man in Dundee

| *I did phone in crisis and they told me to come down, and I came down here at one in the morning. Where else would you have gone?*
a woman in Dundee

An open door at 2am stops temporary distress becoming a permanent crisis and stops the night ending in police custody, an emergency department or self-harm.



4. One trusted person who already knows the story

This was the single loudest finding across both pieces of research. One of our peer researchers called it having a ‘sticky person’ – one worker who sees it through from start to end. Without it, people are asked to explain their trauma again at every door.

| *When you have somebody who really wants to make a difference, who really cares, who's actually invested, and you're not just an appointment to them – that makes a huge, huge difference.*
a woman in Dundee

| *She saved my life essentially.*
a young woman in Midlothian

| *Once I got the worker that I was able to engage with, then the relationship started to get better. My confidence started to grow, and my trust came back.*
a woman in Aberdeenshire

The opposite experience was described just as clearly as “the tick-box exercise approach” –

| *you have to see this person, but we're not actually going to be proactive about offering any help.*

And when services do talk to each other, the relief is immediate:

| *Saves you repeating your story... they maybe already got answers, so when you're going there, you're getting help.*
a man in Edinburgh

Asked whether the services in his life had ever worked together, another man answered:

| *No. It was just one worker, once.*

WHAT NEEDS TO CHANGE?

None of what people asked for is unusual or expensive. It is human, relational and consistent. These are the changes both pieces of research point to.

1. Make every door the right door

Create a genuinely joined-up system where **any service can connect someone to the help they need**, with one named person supporting them across services. This means properly funding Ask & Act, trauma-informed practice, navigators and 24/7 crisis support – and measuring whether prevention is actually happening.

2. Make every transition a safe one

No one should leave **hospital, prison, treatment** or **childhood** without a plan for what happens next. Every transition should include a named worker, a housing plan and active follow-up – with temporary accommodation able to become a settled home where it is working.

3. Build the foundation people need to thrive

Housing is prevention. Invest in enough social homes to reduce the pressure driving homelessness and crisis, while ensuring young people, families and people facing the hardest lives can access early, rights-based support before problems escalate.

A FINAL WORD

The people who took part in this research were, for the most part, generous about the help they eventually received. What they wanted was for it to arrive earlier, from someone who stayed. As one woman said after describing years of being moved from place to place: *“I hope from now on I know it can really get better.”* That should not depend on luck.

At a personal level we already know how to do this. When someone we love goes through a transition we gather round them, acknowledge that one part of life has ended, and walk with them into the next. If we can do that as families, friends and neighbours, there is no reason why services designed to help people cannot do the same – wrapping around the person instead of expecting the person to work around the system.



THE CHANGE TEAM | KEEP IN TOUCH

Suite 30, Ladywell Business Centre, 94 Duke Street, Glasgow G4 0UW

0141 420 7272 | changeteam@homelessnetwork.scot

www.homelessnetwork.scot

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Registered Office: Suite 30, Ladywell Business Centre, 94 Duke Street, Glasgow, G4 0UW