



FACT SHEET 3

HOUSING STATUS

This Fact Sheet is number 3 of 6, all of which link to and provide background information for the guidance on producing a protocol for the Admission and Discharge of People from Hospital.¹ The other Fact Sheets in the series are:

- Fact Sheet 1 Web based resources on homeless services or developing a hospital Intranet
- Fact Sheet 2 The Housing Act and examples of letters to local authorities for medically vulnerable patients
- Fact Sheet 4 Developing integrated care pathways for homeless people
- Fact Sheet 5 Discharging homeless people from mental health wards
- Fact Sheet 6 Service users with no recourse to public

WHY IDENTIFY A PERSON'S HOUSING STATUS?

Acute trusts do not tend to keep data on the housing status of patients. They are therefore unable to measure throughput on acute wards and individual outcomes with patients. This needs to be a key area for development. It can be difficult to identify patients on acute wards as homeless. This may be due to: limitations in acute trusts' information systems, homeless patients' reluctance to disclose their homelessness, lack of skills and/or confidence on the part of nursing staff to ask appropriate questions about a patient's housing circumstances. This fact sheet is designed to help address the last of these issues.

Traditionally hospitals have only asked one question around a person's housing status –whether they are of 'no fixed abode' or have an address. However, a homeless person's accommodation status is more complex than the term 'no fixed abode' (NFA). Many homeless people will have an address, even though it may not be settled accommodation, for example a hostel. Even those sleeping rough may have a fixed place where they sleep. We therefore recommend that a person's housing status is clearly identified on admission.

Some hospitals have additional problems relating to hospital IT systems, including: lack of mechanisms to 'flag' homeless patients; the requirement of some IT systems to provide an address for all patients (meaning that former addresses and even GP surgeries can be utilised). In order to start collecting meaningful information on housing status these issues need to be addressed. Some hospitals have built into their IT system that it will automatically flag a patient as homeless if a hostel post code is given.

¹ <http://www.communities.gov.uk/publications/housing/hospitaladmission>

WHAT WILL IDENTIFYING A PERSON'S HOUSING STATUS CORRECTLY DO?

By establishing their status, this could be the key to:

- enabling them to keep their accommodation
- finding the right accommodation on their discharge
- planning a safe discharge and
- reducing unnecessary readmissions.

WHAT TERMS SHOULD BE USED AND QUESTIONS ASKED?

We recommend that the following questions are asked about a person's housing status, and are covered on admission.

Are you:

- living in your own home (either owned or rented) and are you able to return there?
- likely to lose your accommodation if you do not return within a certain time?
- living in supported accommodation?
- living in insecure accommodation, e.g. a squat?
- staying in bed-and-breakfast accommodation?
- staying with family or friends?
- staying in a hostel or night shelter?
- sleeping rough?

WHAT IF THE PERSON IS LIVING IN SOME FORM OF ACCOMMODATION (BOTH SECURE AND INSECURE)?

If the patient is living in their own home, supported accommodation, hostel or night shelter, bed and breakfast, or staying with family or friends,

The protocol should advise hospital staff to:

- Check if the person is able to return to this address,
- Check if the accommodation is at risk of being lost whilst the person is in hospital,
- If it is at risk the landlord should be notified and if on benefit or in need of applying for housing benefit they should also be notified that the person is in hospital and needs to make or alter their claim. and
- If they can return to their previous home there is a need to ascertain that the accommodation will still be appropriate on discharge.

WHAT IF THE PERSON IS SLEEPING ROUGH?

If the person is sleeping rough, the protocol should advise staff to begin discharge planning, and inform the discharge officer immediately. See Fact sheet 1 on homelessness resources

This fact sheet has been produced by Homeless Link and updated October 2010.

It relates to the CLG/DH guidance

[Hospital Admission and Discharge: People who are homeless or living in temporary or insecure accommodation](#)

(<http://www.communities.gov.uk/documents/housing/pdf/154289.pdf>)

The five other related fact sheets can also be found on the

[Homeless Link website](#) (<http://www.homeless.org.uk/hospitals>)

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