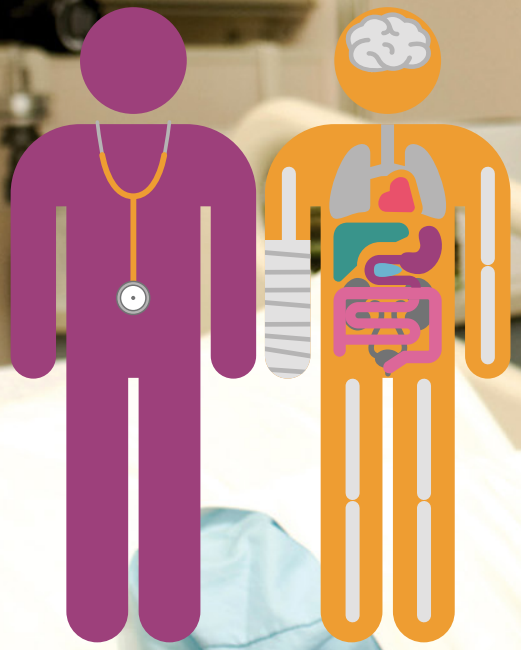
# The **unhealthy** state of **homelessness**

## **Health audit results** 2014



homeless link

# Contents






Homeless Link is a charity no. 1089173 and a company no. 04313826.

# Executive **summary**

Using information supplied by over 2,500 people, 'The unhealthy state of homelessness' highlights the extent to which people who are homeless experience some of the worst health problems in society.

The report uncovers the barriers many individuals face when it comes to getting treatment, as well as the impact of ill health on NHS A&E, hospital, mental health and substance misuse services.

## Widespread ill health

In 2010, Homeless Link first published national data* looking at the health of homeless people. This new report makes clear that we are yet to see a real improvement in reducing the scale of health problems faced by those who have experienced homelessness.

## Unhealthy lifestyles

Those with experience of homelessness are also more likely to have unhealthy lifestyles, which can cause long-term health problems or exacerbate existing issues.

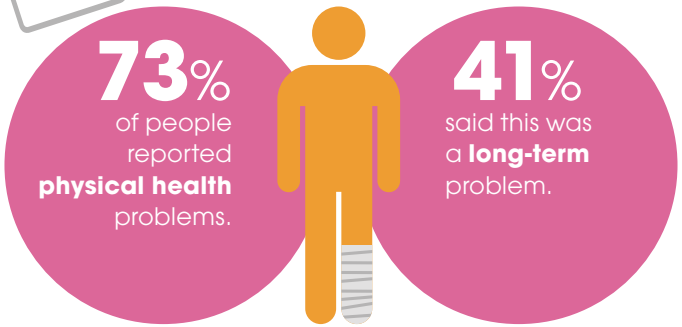
Analysis of the latest data found that 77% of homeless people smoke, 35% do not eat at least two meals a day and two-thirds consume more than the recommended amount of alcohol each time they drink.

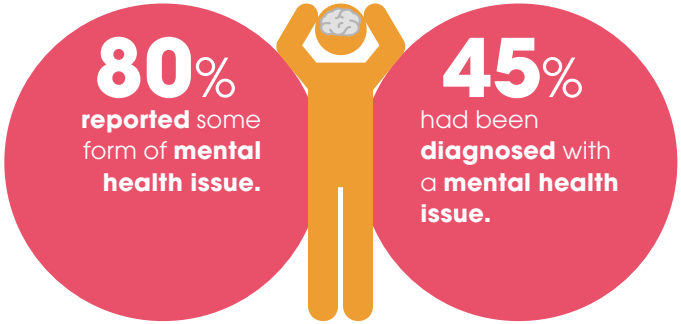
## Not enough help

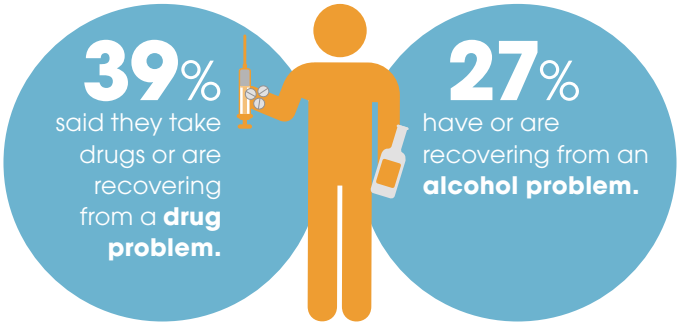
Despite 90% of those surveyed reporting that they are registered with a GP, a significant number of homeless people report that they are not receiving help with their health problems.

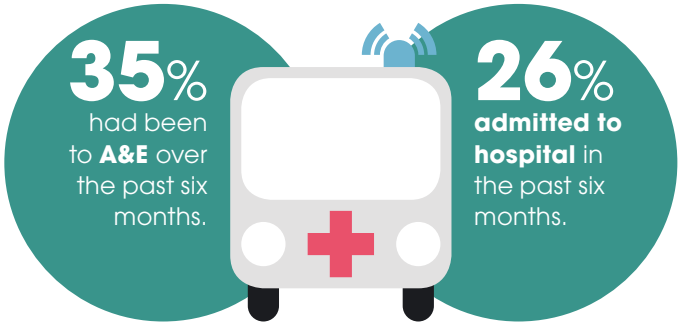
* The Health and Wellbeing of people who are homeless: findings from a national audit Homeless Link (2010)

## Homeless health check




| Worse than the general public | Health issue | Homeless population | General population |
|---|---|---|---|
| Physical, mental and substance misuse issues remain prevalent among the homeless population and at levels that are much higher than those experienced by the general population. | Long term physical health problems | 41% | 28% |
| | Diagnosed mental health problem | 45% | 25% |
| | Taken drugs in the past month | 36% | 5% |

Over 15% of respondents with physical health problems were not receiving support, while 17.5% of those with mental health issues and 16.5% with alcohol issues would like support but are not receiving it. Additionally, 7% of respondents had been refused access to a GP or dentist within the past 12 months.

Over a quarter of those receiving some form of support with their physical or mental health problems reported that they would benefit from more help.

## Impact on the NHS

Individuals experiencing homelessness continue to be heavy users of acute health services, a situation that has significant cost implications for the NHS.

The latest data indicates that the number of A&E visits and hospital admissions per homeless person is four times higher than for the general public. This matches the Department of Health's own estimates, which puts homeless people's use of health care at a minimum of £85m per year.

## Housing – a health issue

Our data also reconfirms the strong links between health and somebody's housing situation.

Reported incidents of physical ill health, depression and substance misuse issues are far higher amongst individuals who are either sleeping rough or in living in precarious accommodation, like squats.

## Signs of progress

There has, however, been progress since 2010, especially when it comes to how the NHS deals with homeless patients admitted to hospital.

According to the latest data 36% of homeless people admitted to hospital report being discharged onto the streets with nowhere to go. In 2010, this issue was reported by 73% of respondents admitted to hospital.

As a result of campaigning by homelessness and health charities and new investment, our latest data suggests that while there is still a long way to go, progress is being made.

## Recommendations

These findings underline the need for action across the health system. At the end of this report we make a number of recommendations to improve the commissioning and delivery of services that prevent and treat the poor health experienced by homeless people.

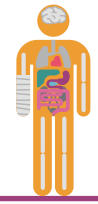
However, if we are to truly break the link between ill-health and homelessness, we will need to see a concerted effort by front-line NHS staff to help individuals manage and overcome their health problems.

Where there has been progress, we need to learn why it has been effective. We must ensure there is the political will and investment to maintain and develop this work.

## Health MOT for homeless people

Anyone who becomes homeless should be offered **a full health check** and **receive appropriate care** for any physical, mental or substance misuse problems.

# Understanding **the issue**



Information supplied by over 2,500 people experiencing homelessness reveals that homeless people still have shocking levels of poor physical and mental health – at levels well above the general population.

The poor health of homeless people is not a new issue. Living on the streets or without a stable home can make you vulnerable to illness, poor mental health and drug and alcohol problems.

Many people become homeless because of existing health needs. The longer people remain without a stable and safe place to live, the more these problems multiply and the harder they are to overcome.

For the past few years an increasing body of evidence has shown the impact of this poor health on individuals and on the NHS.[1] Homeless people are more likely to use A&E, spend time in hospital and to be heavy users of mental health and substance misuse services.

Premature rates of death[2] and the prevalence of chronic and multiple health conditions among homeless people paint a very stark picture of the human cost to this inequality, and the scale of the challenge to overcome.

Across the NHS, voluntary sector and local communities, services have long been rising to this challenge, developing health services which are more accessible, personalised and which bridge the gap with accommodation so that a longer-term route out of homelessness and poor health can be found.

## **Progress** check

**The past few years have seen several policy changes aimed at improving the health of the most vulnerable, including homeless people.**

### 2010

- The Government launches Inclusion Health, a programme to drive improvements through better commissioning of services and clinical leadership to ensure that everybody gets the care that they need, with a specific focus on homeless people.

### 2012

- Health & Social Care Act places legal duties on NHS commissioning authorities and Secretary of State for Health to reduce inequalities between patients when it comes to accessing health services and the health outcomes achieved.
- The Royal College of General Practitioners publishes guidance for GP commissioners urging better provision for homeless people and other vulnerable patients. A year later the Faculty of Homeless and Inclusion Health `Standards for Commissioners and Providers' sets clear minimum standards for planning, commissioning and providing health care these groups.

### 2013

- Care Quality Commission commits to inspecting GP practices on how well they assess and meet the needs of homeless people, ensuring they provide appropriate care and that it is accessible.
- Department of Health launches £10m investment to improve post-hospital care for homeless patients
- Healthwatch launches its first inquiry, focussing on improving discharge from health and care settings. The experiences of homeless people are one of the three consumer areas the inquiry will explore.

### 2014

- Department for Communities and Local Government announces new investment for accommodation which improves homeless people's health outcomes.

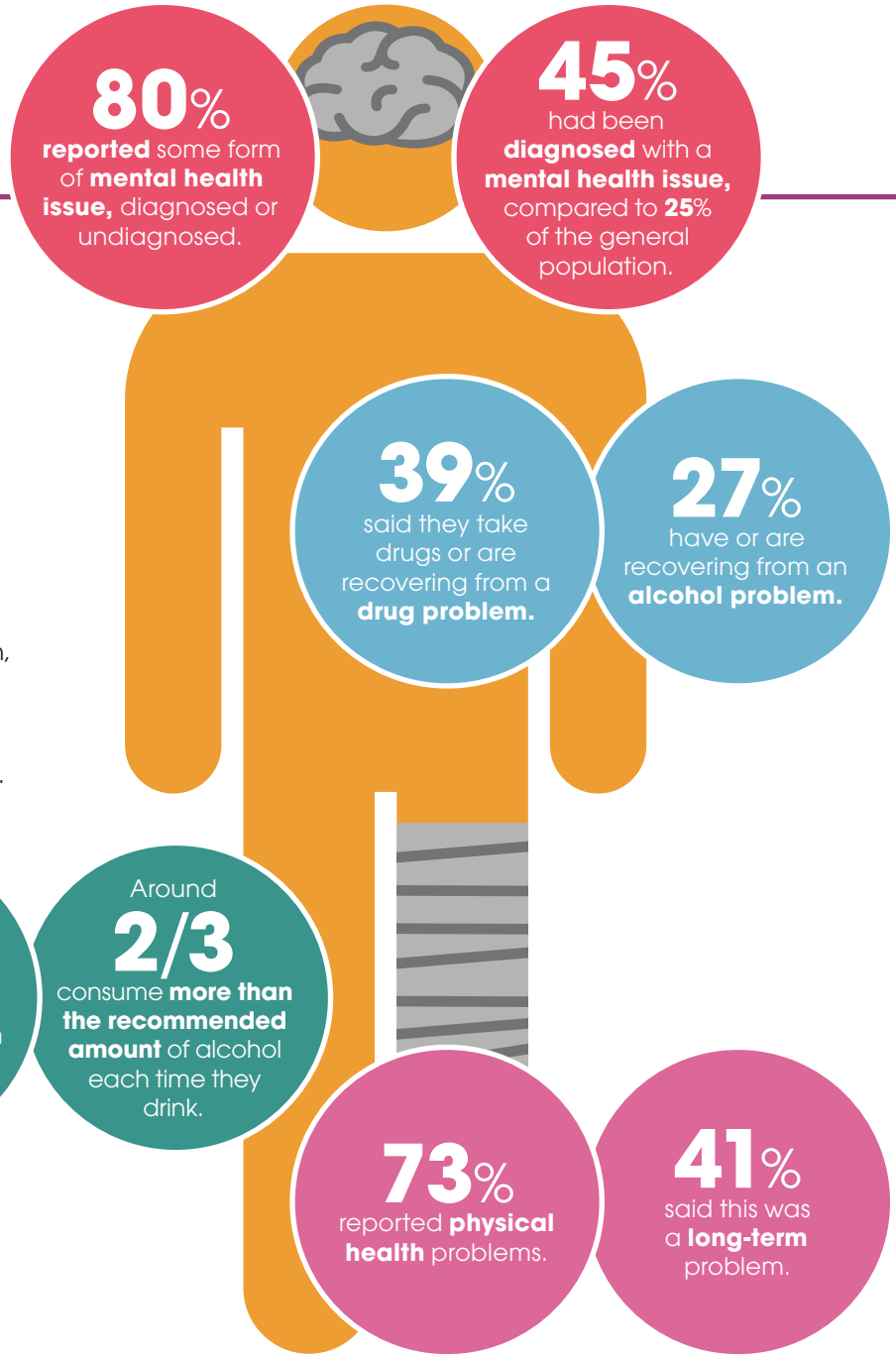
Alongside local action, recent changes to the NHS have put renewed calls on local commissioners to identify the needs of the most vulnerable, and ensure health services work together to make measurable improvements to people's health and tackle the inequalities that exist.

But despite the changes we've seen, there is a long way to go. The new data in this report finds that the poor health that homeless people experience on a day to day basis persists. There are also significant barriers that will need to be overcome if we are to address this issue.

# Health: Key findings

Over the past two years, 2,590 homeless people have taken part in local health audits (www.homeless.org.uk/health) across the country to share their experiences of using health services, and the health problems they have. The rich data and information captured in these audits has been used by local commissioners to identify gaps in provision and develop more responsive services for homeless people locally.

When we asked people about their health, few reported only one problem. Many reported a combination of mental and physical health needs – often which they had experienced over a number of years.




## Warning signs

**While there are signs of progress, the challenges to tackling homeless people's ill health remain.**

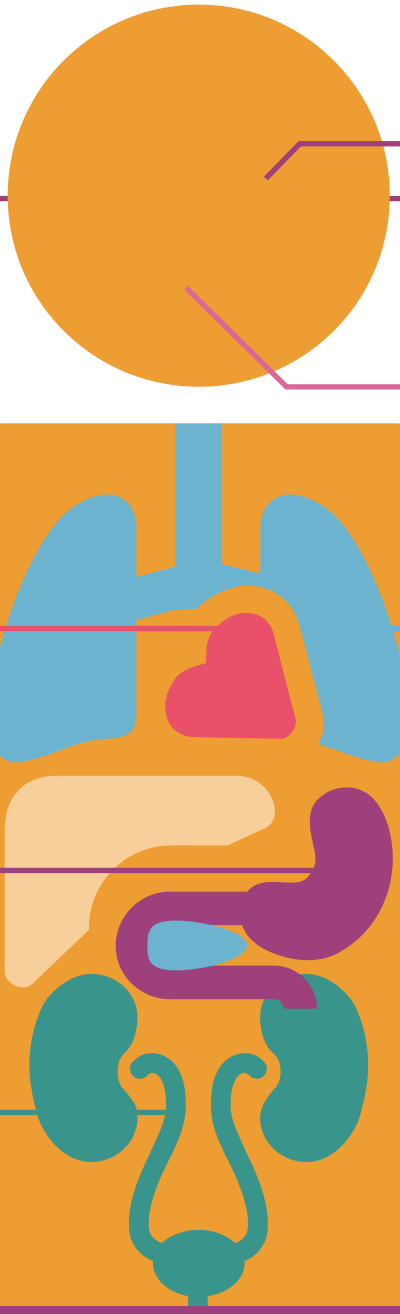
- **Rough sleeping,** the form of homelessness most associated with health problems, has **increased by 37%** since 2010.*
- Widespread changes to commissioning in the NHS and the need to save money could **put at risk future investment** in and provision of specialist homeless health services.
- Homelessness services are under increased pressure, with demand from those with complex needs increasing, at the same time as funding pressures impact on their capacity to meet this. **38% of accommodation services** reported funding **cuts** in 2013. **74% had to turn people away** because their needs were too high for the project to manage.[3]
- In our annual survey of members, **'Improving the physical and mental health of clients'** was ranked as the **top priority** by **nine out of ten** homelessness professionals.
- Despite housing being a recognised determinant of health, only **4% of homelessness services** receive any **investment** from the **health sector.**[4]

* Rough sleeping in England: autumn 2013 Department for Communities and Local Government

# Physical health

Available comparable data shows that almost all long-term physical health problems are more prevalent in the homeless population than in the general public. An exception is heart and circulation issues. This could be because older people are more likely develop heart problems, and the average age of people using homelessness services is much lower.

If we include responses that cover short term health problems reported by homeless people, the prevalence of physical health problems is even greater.



**Eyes** 14.2% (1.4%)

**Dental** 15% (general population unknown)

**Heart & circulation** 7.7% (10.1%)

**Chest & breathing** 15.2% (5.8%)

**Stomach** 10.4% (2.6%)

**Joints & muscular** 22.1% (13.9%)

**Urinary** 4.7% (1.5%)

**Skin** 7.6% (0.8%)

Source:
Homeless Link's Health Needs Audit
General Lifestyle Survey 2011

**Long-standing physical health problems** (12 months+) **N = 1685-2266** (General population in brackets)

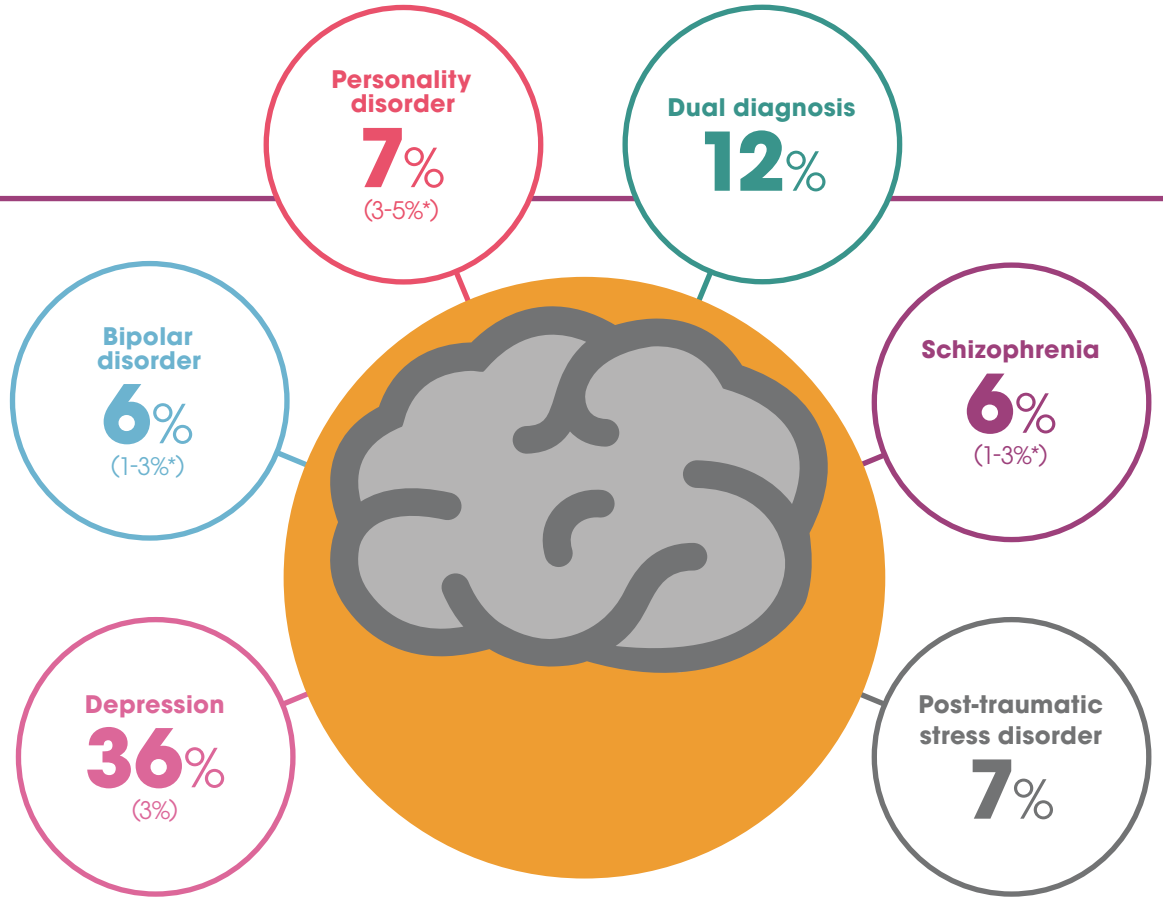
# Mental health

Our data also shows that homeless people experience high levels of stress, anxiety and other signs of poor mental health.

The proportion of homeless people with diagnosed mental health problems (45%) is nearly double that of the general population (around 25%).[5] In particular, the incidence of depression amongst homeless people is substantially higher. A high proportion of homeless people also have other mental health problems including schizophrenia, bipolar disorder and post-traumatic stress disorder.

In addition, 12% of participants diagnosed with mental health issues also reported drug and alcohol issues. This 'dual diagnosis' often restricts homeless people from accessing support, as services are unable or unwilling to provide support around mental health while still using drugs or alcohol.

41% of all participants reported using drugs or alcohol to cope with their mental health issues which shows the high cost of being unable to access the right support.




## Diagnosed mental health issues

(General population in brackets)

| Self-reported mental health issues N = 2148-2339 | Often feel stressed | Often feel anxious | Have panic attacks | Feel depressed | Have difficulty sleeping | Suicidal thoughts | Self-harm | Hear voices | Other |
|---|---|---|---|---|---|---|---|---|---|
| % of respondents | 73% | 64.8% | 39.1% | 67.3% | 63.8% | 32.1% | 21.5% | 18.2% | 8% |

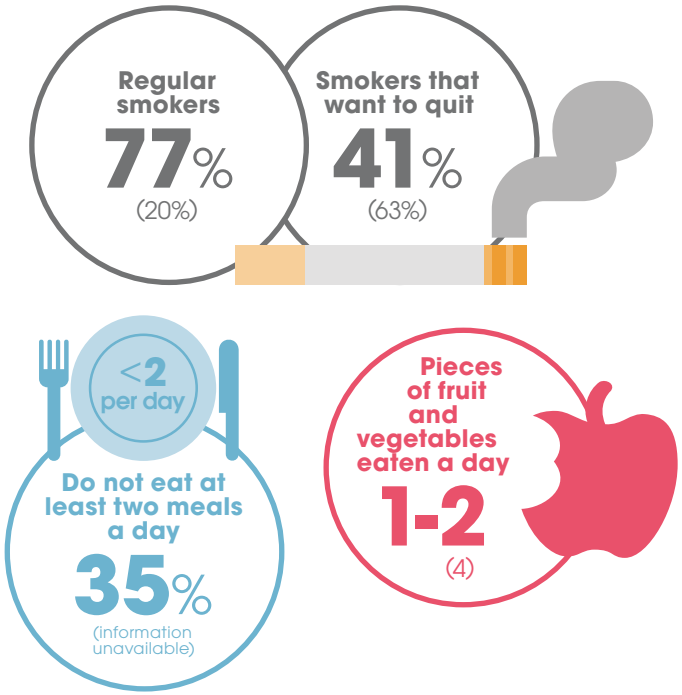
* http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/

# Wellbeing

Our data reflects that being homeless can make it much harder to have a healthy lifestyle.

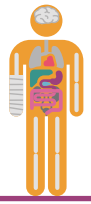
High levels of smoking and poor diets are likely to make existing physical and mental health more difficult to overcome and could lead to health issues in later life.

## Wellbeing N = 1782-2590




Source: Nutrition Survey 2011; Homeless Link's Health Needs Audit

# Drug & alcohol misuse



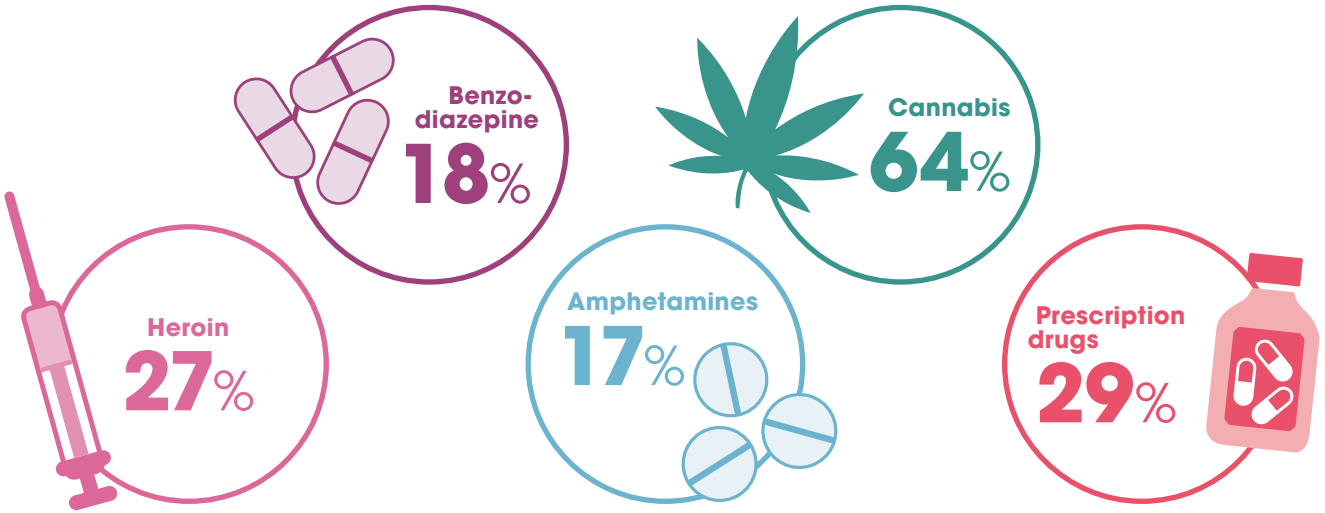
Around a third of the homeless people who took part in the local audits reported high use of drugs and alcohol. While levels of substance use can vary widely depending on an individual's circumstances, this figure corresponds to findings from previous research which paints a similar picture of the prevalence of substance use among those using homelessness services.[6]

## Drug use

**39% of audit participants** said they take drugs or are recovering from a drug problem, and **36%** had taken drugs in the month before completing the audit. By comparison, only **5% of the general public** took drugs in the past month.

Cannabis appears to be the most commonly used drug by those experiencing homelessness. However, a quarter reported taking heroin and prescription drugs not prescribed for them.[7]

## Illicit drug use by homeless people who reported substance misuse problem N = 912




Source: Homeless Link's Health Needs Audit

## Alcohol use

**27% of homeless people** taking part in the audit reported that they have or are recovering from **an alcohol problem.**

However, data on the regularity and amount homeless people drink implies that these needs may be more common. 39% of homeless men and 25% of women who took part in the audit drink twice or more a week, and around two-thirds of homeless men and women drink more than the recommended amount each time they drink.[9]

By comparison, one-third of the general public drink more than recommended amount on at least one day each week. Males appear to be more likely to drink more frequently than females.

### How often do you have an alcoholic drink?

% of respondents N = 2385

| Frequency | All | Men | Women |
|---|---|---|---|
| Every day | 15.6% | 17.6% | 10.9% |
| 2-3 times per week | 5.2% | 6.0% | 3.5% |
| 4-6 times per week | 13.7% | 15.3% | 10.3% |
| 2-4 times per month | 15.8% | 22.7% | 29.1% |
| Monthly or less | 24.8% | 15.7% | 16.6% |
| Never | 24.9% | 22.8% | 29.7% |
| **Total** | 100% | 100% | 100% |

Source: Homeless Link's Health Needs Audit

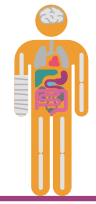
### How many units do you have on a typical day?

% of respondents that drink N = 1709

| Units of alcohol | All | Men | Women |
|---|---|---|---|
| 1-2 units per day | 15.6% | 13.4% | 19.3% |
| 3.4 units per day | 21.6% | 20.9% | 23.1% |
| 5-6 units per day | 16.4% | 16.2% | 16.8% |
| 7-9 units per day | 11.2% | 11.6% | 10.4% |
| 10+ times per day | 35.1% | 37.8% | 30.4% |
| **Total** | 100% | 100% | 100% |

Source: Homeless Link's Health Needs Audit

# Use of health services: Key findings



Results from the local audits show homeless people are heavy users of health services, with the number of A&E visits and hospital admissions per homeless person four times higher than for the general public. This corresponds with earlier research by the Department of Health, which estimated use of services was between 4-8 times that of the general population, at a cost of £85m per year.[10]

Flexible, community-based services can prevent poor health worsening and help avoid unplanned use of acute care. This new evidence gives a renewed call to invest in high quality primary care, care which works in partnership with housing agencies so that a patient's housing need can be assessed and addressed alongside any medical needs, and which provides personalised, on-going support so everybody gets the help they need.

## Inclusion Healthcare: Leicester

**Inclusion Healthcare improves the health and wellbeing of homeless and other marginalised groups of people through the delivery of responsive and high-quality primary healthcare services.**

As a specialist general practice, Inclusion Healthcare offers permanent registration to homeless people and works in partnership with two hostels in the city to support and provide treatment to its residents, as well as male and female street workers.

The team is made up of experienced doctors and nurses, a liaison nurse who works between the practice and local hospitals to improve patient journeys, an alcohol worker, a health visitor, a specialist midwife, and direct links into drug and mental health services.

Inclusion Healthcare has built a consistent reputation for excellent clinical services and provides excellent value for commissioners. As a result of consistent positive feedback, further contracts have been secured to deliver much needed local services in the community to disadvantaged groups and those with the greatest need.

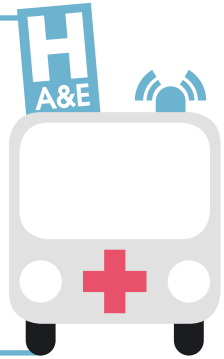
There are specialist services for individuals with alcohol and substance misuse issues, and a 'wet' centre for street drinkers, in partnership with Leicestershire & Rutland Probation Trust.

Daily clinics are held at Inclusion Healthcare's headquarters, Charles Barry House, and at the multi-agency outreach venue, the Dawn Centre. This also contains a 44 bed homeless hostel and drop-in centre run, by the Y Project, where people can receive medical treatment alongside advice and support into housing.

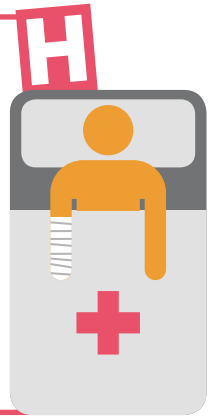
The needs of patients are very much at the heart of the service, and this is reflected in its running. There is an active Patient Participation Group that meets every 6 weeks to identify and promote ongoing high quality service maintenance, change and improvements.

## Use of acute and primary care services

**35%** **had been to A&E in the past 6 months.** A&E visits per homeless person are four times higher than for the general public. On average homeless people reported **1.66 A&E visits per year** compared with **0.38 per year** for the general public.[11] Some had multiple visits per month.




**26%** **had been admitted to hospital over the past 6 months.** On average there were **1.18 hospital admissions per year** for homeless people compared with **0.28 per year** for the general public. This reflects previous research which found that homeless people usually stay in hospital for longer than the general public, mainly because of their more acute health issues.[12]



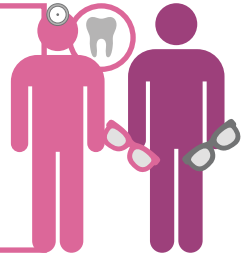
**64%** **of homeless people said they had somewhere suitable to go upon leaving hospital.** This is a significant improvement from the results 3 years ago and could reflect the progress being made in this area.

**90%** of surveyed homeless people said they are either permanently or temporarily **registered with a GP.**

Homeless people who are **rough sleeping** or living in more **insecure** types of accommodation **use GP services the least.**

**21%** of homeless people said they had used **opticians** in the last six months.

**32%** had visited a **dentist.**



## Preventing the costs of ill health

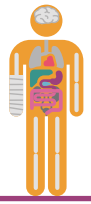
**Accessing the right health care early on** can prevent problems worsening to crisis point. National costs data published this year* show the costs of the health interventions we all use:

- An average **GP consultation** costs **£45**
- The cost of providing care from a **community-based nurse** is **£48 per hour**
- The average cost of an **attendance to A&E** is **£113**
- The cost of an average **hospital inpatient** episode is **£1779.**

* http://neweconomymanchester.com/stories/832-unit_cost_database

The results show **homeless people access GPs roughly 1.5-2.5 times more than the general public each year,** which is lower than their comparative use of hospital services (4 times more). This suggests a large number of homeless people could still be approaching hospitals as a first choice for healthcare.

The most common reasons for attending A&E were due to violent incidents or assaults. A high number also attended because of alcohol use and related to a mental health need or crisis.



## Reasons for using A&E

| Reason | % of respondents that use A&E N = 811 |
|---|---|
| Violent incident or assault | **16.2**% |
| Accident | **15**% |
| Other | **14.8**% |
| Relating to alcohol use | **10.5**% |
| Breathing problems/chest pains | **10.4**% |
| Relating to mental health | **9.7**% |
| Stomach pain | **7.4**% |
| Self-harm | **6.2**% |
| Seizure/fitting | **5.4**% |
| Relating to drug use | **4.4**% |
| **Total** | **100**% |

Source: Homeless Link's Health Needs Audit

Homeless people's high use of hospitals may also be due to difficulties accessing mainstream primary care. While our data found generally quite high rates of GP registration, this does not necessarily equate to timely and effective access of these services.

Previous research has highlighted the barriers homeless people experience in accessing primary care and the importance of steps such as flexible appointment times, having services based in homeless agencies,

## Groundswell: Homeless Health Peer Advocacy

**Groundswell is a charity which enables homeless and vulnerable people to take more control of their lives, have a greater influence on services and play a fuller role in the community.**

Homeless Health Peer Advocacy (HHPA) is a volunteer peer support service that enables people to make and attend health appointments. In addition to providing practical support, such as travel fares, reminders and accompaniment to appointments; peer advocates also focus on building the skills, confidence and knowledge to enable clients to continue accessing health services independently.

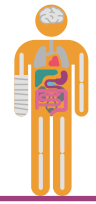
As a result people get their health issues diagnosed earlier, are more likely to sustain treatment and improve their health outcomes. While at the beginning of an intervention numbers of appointments increase rapidly, following the intervention there is a sharp decrease in the use of NHS services.

A study conducted by the Young Foundation found that there is a substantial fall in NHS resource usage by participants after leaving the HHPA service. Costs to the NHS fall 42% after clients have completed the intervention. (May 2014)

The HHPA service was created in Westminster in 2010 and has since delivered over 3,000 engagements. Groundswell currently deliver the HHPA service in Westminster, Hammersmith & Fulham, Kensington & Chelsea, Lambeth and Hackney.

All volunteers have personal experience of homelessness; their ability to successfully engage with people considered 'hard to reach' is key. Volunteers progress with the assistance of a cohesive, person-centred programme of support; over half of the 30 graduates of the programme have gone directly into paid employment.

The heart of HHPA is about enabling people experiencing homelessness to access services. This is not only about removing the physical and personal barriers for the client, but also about removing the structural barriers. This is achieved through increasing health professional's understanding of the challenges faced by homeless people and supporting improvements in their practice; along with contributing to the design and delivery of services.



and training to help medical staff understand homeless people's needs.[13]

7% of the homeless people we talked to said they had been refused access to a GP or dentist within the past 12 months, sometimes as they did not have identification or proof of address, had missed a previous appointment or because of their behaviour.

The data also found in general long lengths of inpatient hospital stays, with 20% of those admitted to hospital staying for over a week. 64% of homeless people said they had somewhere suitable to go when they were discharged. This reflects an improvement from data collected four years ago where only 27% reported this was the case.

At the same time, research by Homeless Link and St Mungo's Broadway in 2011 called for greater accountability from the NHS to reduce unsafe discharge, and profiled some of the agencies such as the UCL Pathway which were leading practice in this area.[14] Subsequent campaigning has led to more clinical leadership, investment and innovation in more integrated discharge arrangements for homeless patients, and this latest data suggests the positive impact this seems to be having.

## St Mungo's Broadway: Hospital Discharge Network

**The Homeless Hospital Discharge Network aims to help homeless people in London who need nursing help after leaving hospital. The network comprises an initial 24 specifically designed beds in single rooms within existing St Mungo's Broadway projects.**

This project offers 'step up, step down' care for homeless people who are not ill enough to require hospital care, but who still require some ongoing care. It is available to those who are leaving hospital after a period of treatment, or to help people avoid entering hospital in the first place. For the general population, this is the sort of care that could be provided in the home, with support from the GP or nurse, and family members. Without a home and network of support, it can be more difficult to regain health.

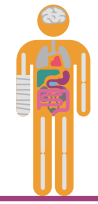
The core team is a nursing team which will be available during day-time hours, six days a week.

The nurses have support from a GP service and a part-time clinical psychologist and two part-time psychotherapists, recognising the levels of mental health problems among homeless people. They work alongside housing support staff and peer support workers to ensure that clients get help to recover their health but also help to move on as their treatment comes to a close.

Clients may remain in the service for a few days, or for 6 to 8 weeks, depending on their condition. The health team will work closely with hostel staff to jointly plan and deliver support to clients.

This, along with the 'Hospital to Home' projects in Charing Cross and St Thomas's hospitals to support and secure accommodation for homeless patients, is funded as part of the Department of Health's £10 million Hospital Discharge Fund.

# Is more **help needed?**



## Housing professionals as health champions

The data provided by homeless people also shows the key role that front line staff in homelessness projects play in supporting clients to manage and address their health problems.

### Who helps you most with your health?

| % of respondents N = 2590 | |
|---|---|
| GP | **54.1**% |
| Housing/homelessness project staff | **34.7**% |
| Family | **19.4**% |
| Friend/peer | **18.6**% |
| Homeless healthcare team | **9.1**% |
| Mental health worker | **7.8**% |
| Nobody | **7.5**% |
| Drug worker | **6.6**% |
| A&E staff | **5.7**% |
| Alcohol worker | **4.9**% |

Source: Homeless Link's Health Needs Audit

The audits show that while many homeless people are receiving help for their health problems, others were not receiving any support at all. Some clients reported that they were receiving support for some of their health needs, but not for other conditions they experience.

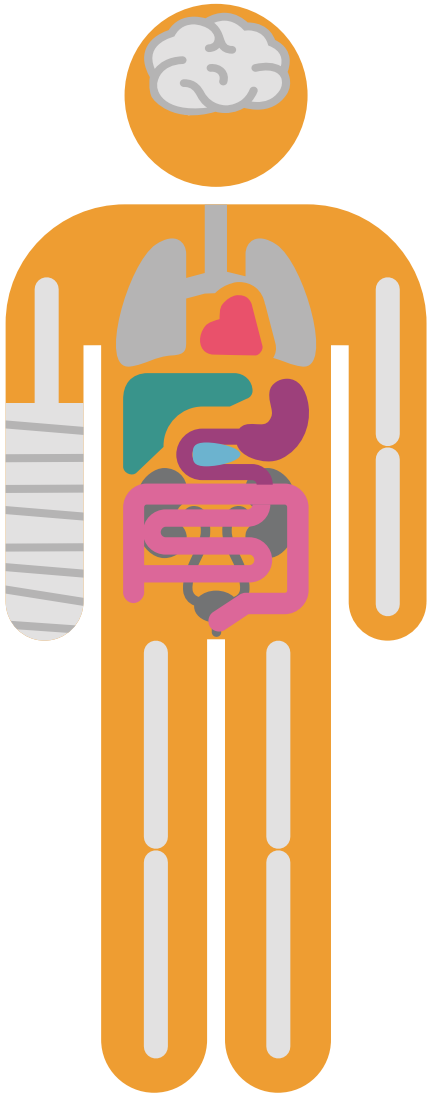
## Help with physical health

Around two-thirds of homeless people with physical health problems were receiving support, although many of these people said they needed more help. 16% of those surveyed were not receiving support but said they would like to.

### Do you get support for your physical health problems?

| % of respondents with a physical health problem N = 1745 | |
|---|---|
| Yes, and it meets my needs | **39.9**% |
| Yes, but I'd still like more help | **25.8**% |
| No, but it would help me | **16.0**% |
| No, I do not need any | **18.3**% |
| **Total** | **100**% |

Source: Homeless Link's Health Needs Audit



## Help with mental health

Of those with mental health issues, nearly half (44%) said they received the right support. However, 28% of those already receiving some form of support would like more help, and close to one in five do not receive any support which suggests there are still significant gaps to address.

The most common form of support was counselling, but many are also supported by a Community Mental Health Team, and take part in arts, sport or volunteering.

### Do you get support for your mental health needs?

| % of respondents N = 984 | |
|---|---|
| Yes, and it meets my needs | **44.3**% |
| Yes, but I'd still like more help | **28**% |
| No, but it would help me | **17.5**% |
| No, I do not need any | **10.2**% |
| **Total** | **100**% |

Source: Homeless Link's Health Needs Audit

## Help with drug and alcohol use

Most homeless people who have a drug use issue and would like support seem to be receiving it, and positively reported that it is meeting their needs. However, around 30% of homeless people that receive support said they would like more.

### Do you get support for your drug use?

| % of respondents N = 853 | |
|---|---|
| Yes, and it meets my needs | **38.6**% |
| Yes, but I'd still like more help | **15.6**% |
| No, but it would help me | **8.6**% |
| No, I do not need any | **37.3**% |
| **Total** | **100**% |

Source: Homeless Link's Health Needs Audit

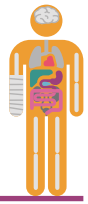
Over a third of homeless people with alcohol issues are receiving support. However, when compared to other areas of health, the number requesting more support around alcohol was much higher. Close to half of those that do not currently receive any help said they would like some.

### Do you get support for your alcohol issues?

| % of respondents N = 623 | |
|---|---|
| Yes, and it meets my needs | **38.5**% |
| Yes, but I'd still like more help | **23.9**% |
| No, but it would help me | **16.7**% |
| No, I do not need any | **20.9**% |
| **Total** | **100**% |

Source: Homeless Link's Health Needs Audit

# The link between homelessness and health



Our data confirms the strong links between health and an individual's housing situation; although all of our respondents were experiencing some form of housing need, those who were rough sleeping or in particularly precarious accommodation like squats reported higher levels of poor physical health.

## Physical health problems for those in different types of accommodation

| % of respondents N = 1942 | |
|---|---|
| Squatting | **88.2%** |
| Rough sleeping | **83.8%** |
| Private accommodation | **80.7%** |
| Other temporary accommodation | **78.8%** |
| Emergency accommodation | **77.5%** |
| Sofa surfing | **75.0%** |
| Supported accommodation | **71.6%** |
| **All** | **74.3%** |

Source: Homeless Link's Health Needs Audit

Similarly, the data shows that rough sleepers and those living in squats, as well as those who were sofa surfing, were more vulnerable to drug and alcohol problems compared to homeless people living in temporary accommodation.

This reinforces the important role accommodation and support can play in providing a stable base from which somebody can engage in treatment or receive help to address health needs. Homeless Link's Annual Survey of the homelessness sector shows that substance use services are available in all accommodation based services either in-house or via referral to an external agency.

## Proportion of homeless people with alcohol issues in different types of accommodation

| % of respondents N = 1864 | |
|---|---|
| Rough sleeping | **38.5%** |
| Sofa surfing | **25.3%** |
| Squatting | **23.5%** |
| Supported accommodation | **23.3%** |
| Emergency accommodation | **21.3%** |
| Private accommodation | **17.1%** |
| Other temporary accommodation | **16.7%** |

Source: Homeless Link's Health Needs Audit

## Proportion of people that use drugs in different types of accommodation

| % of respondents N = 1828 | |
|---|---|
| Squatting | **60.0%** |
| Rough sleeping | **53.4%** |
| Sofa surfing | **39.8%** |
| Supported accommodation | **36.8%** |
| Private accommodation | **32.5%** |
| Emergency accommodation | **24.8%** |
| Other temporary accommodation | **22.9%** |

Source: Homeless Link's Health Needs Audit

# Time for **change**

There is evidence that if physical, mental health, substance misuse and housing agencies work together in a coordinated way to support an individual's multiple problems, better health outcomes and cost savings are achieved.[15]

This research clearly makes the case for multi-disciplinary services which meet multiple health problems.

## City Reach: Norfolk

**City Reach in Norfolk is an example of tailored healthcare services for homeless people. The service helps people who find it difficult to visit mainstream GPs, such as homeless people, substance misusers, and asylum seekers.**

The service was set up by a group of local healthcare professionals and homelessness service staff to address GP access issues for vulnerable clients, which was a particular issue after the closure of a GP service that worked with the local homelessness hostel.

City Reach mainly provides homeless people and other vulnerable people access to a GP and nurse at its main office. Homeless people typically access these services through a referral from a homelessness service, such as a day centre.

City Reach has a strong relationship with homelessness services in Norfolk. As a result, when a homeless person first uses a homelessness service, staff notify City Reach which conducts an assessment of the individual's health needs, screening for mental health and substance misuse issues, and any diseases such as TB.

Staff at City Reach also accompany street outreach workers on their shifts, and conduct on-the-spot health assessment. In addition, many homeless people self-refer themselves to City Reach.

Apart from linking directly with homelessness services, several aspects of City Reach's support helps address the issues homeless people often face in accessing GPs:

- Homeless people can access health services at City Reach without presenting documentation
- Staff at City Reach remind homeless people about their appointments
- GP appointments times are flexible, and GPs have leeway to spend more time with patients if necessary
- City Reach staff correspond with specialists on behalf of homeless people to ensure that key documents and information are not lost.

# Two Saints Breathing Space: Southampton

**Homeless people are more likely to have suffered complex trauma and often have a combination of chronic physical and mental health issues and substance misuse problems. Not having a home often prevents a full recovery to health following a hospital stay.**

Two Saints' Breathing Space is one of 52 projects funded by the Department of Health to address the issue of homeless people being discharged from hospital without somewhere suitable to go. The Breathing Space team works closely with the local hospital to identify and support patients with housing-related needs towards a full recovery after leaving care. This is achieved through:

- Assessing their accommodation needs and liaising with street homeless prevention team to find them suitable accommodation
- Assessing their healthcare needs and putting together an aftercare plan for when they leave hospital
- Offering a bed in the Breathing Space facility to some clients for a period of convalescence. During this time individuals receive ongoing medical care, support into accommodation and help and advice, for example in making applications for welfare benefits.

By offering stability and personalised aftercare, Breathing Space helps individuals address problems, such as alcohol and substance abuse and mental health issues, which would likely have worsened had they been discharged from hospital onto the streets. The service helps individuals on the road to recovery and breaks the cycle of homelessness, ill health and hospital readmission.

# Conclusion and recommendations

Our findings emphasise the importance of recognising once and for all that homelessness and health cannot be tackled in isolation.

Although since our last report in 2010 addressing this issue has been made a priority by the Department of Health, we are yet to see this lead to significant health improvements for homeless people on the ground.

We need action across the health system; this means better commissioning of services which prevent and treat poor health experienced by homeless people. This also means concerted effort by front-line NHS staff to help individuals manage and overcome their health problems.

Where there has been progress, we need to learn why it has been effective. We must ensure there is the political will and investment to maintain and develop this work. We are calling for:

## Better care

- All homelessness services to support clients to ensure that they are registered with GP, dental and optician services and receive an assessment.
- The NHS to offer a health check to any patient identified as homeless and a holistic care plan put in place to address any physical, mental health, substance misuse or wellbeing issues identified.

## Better commissioning

- Primary care services to be more targeted to the needs of homeless people: where clinical provision is integrated with the other services homeless patients require to regain and maintain their health, such as substance use services, welfare advice, adequate accommodation or hospital in-reach.
- A designated lead within local Health and Wellbeing Boards and Clinical Commissioning Groups (CCGs) to co-ordinate commissioning for homeless and vulnerable people, so that housing and health are joined up as part of the same pathway. They should review and report on progress to improve homeless people's health and wellbeing as part of the commissioning cycle.
- Greater investment in the homelessness sector for approaches known to effectively help people engage with and co-ordinate their care in the health system, such as peer advocacy and health liaison schemes.

## Better policy

- NHS England and Public Health England to publish a clearer set of actions about their plans to reduce the heath inequalities of homeless people, as part of their commitment to improve 'the health of the poorest, the fastest'. This should include a clearer set of standards and expectations for how local commissioners and Directors of Public Health should jointly meet the needs of this group.
- The Department of Health to continue co-ordinating the Inclusion Health work-stream at a national level. This programme has helped to make lasting changes to how the NHS should address health inequalities and improve the health of the most vulnerable and we urge the Department of Health to renew this work-stream and maintain the progress which has been made.

## Stronger inspection and accountability

- Local Healthwatch and Healthwatch England to proactively reach out to homeless people to ensure their voices are heard and represented at a local level.
- Homelessness services to ensure homeless people understand their rights when it comes to accessing health services, utilising levers like the NHS Constitution.
- The Care Quality Commission to publicly report on its assessment of the quality of service offered to homeless people as part of its inspection of primary care with clear recommendations for improvement.
- Clinical Commissioning Groups to state how far they have improved access to services and health outcomes for homeless people as part of their annual reporting requirements against the new health inequalities legal duties.

# Methodology

## What is the health needs audit?

Homeless Link developed the Health Needs Audit in 2009 in partnership with the NHS, Local Authorities, and our voluntary sector members. The Audit asks homeless people about their health, lifestyle and use of healthcare services. This data is recorded at a local level and is used by services and commissioners to better plan and provide health services for homeless people locally.

This paper includes 2,590 responses from homeless people using services in 19 areas across England between the start of 2012 and March 2014. Most of the homeless people completed the audits when they were accessing local services or during contact from outreach teams. As a result, there is some bias towards homeless people already accessing or engaging with services.

## Who took part?

The sample of survey participants broadly reflects the English homeless population using services:

- 69% of participants were male
- 36% were young people aged 25 or younger, and 58% were aged between 26 and 55 (Table 1)
- Most participants were staying in hostels or supported accommodation at the time of taking the Audit (Table 2)
- Few participants were in work, training or education, or were volunteering (Table 3). 38% said problems with their health was stopping them from engaging in education, employment and training.

### Table 1: **Age of survey participants**

| % of respondents N = 2348 | |
|---|---|
| 16-25 | **35.6**% |
| 26-35 | **20.5**% |
| 36-45 | **22.1**% |
| 46-55 | **14.9**% |
| 56-65 | **5.3**% |
| 66-75 | **1.4**% |
| Over 75 | **0.2**% |

Source: Homeless Link's Health Needs Audit

### Table 2: **Where did participants sleep last night?**

| % of respondents N = 2590 | |
|---|---|
| Emergency accommodation | **5.7**% |
| Hostel or supported accommodation | **20.5**% |
| Sofa surfing | **22.1**% |
| Rough Sleeping | **14.9**% |
| Squatting | **5.3**% |
| Private accommodation | **1.4**% |
| Other temporary accommodation | **0.2**% |
| Other | **1.6**% |

Source: Homeless Link's Health Needs Audit

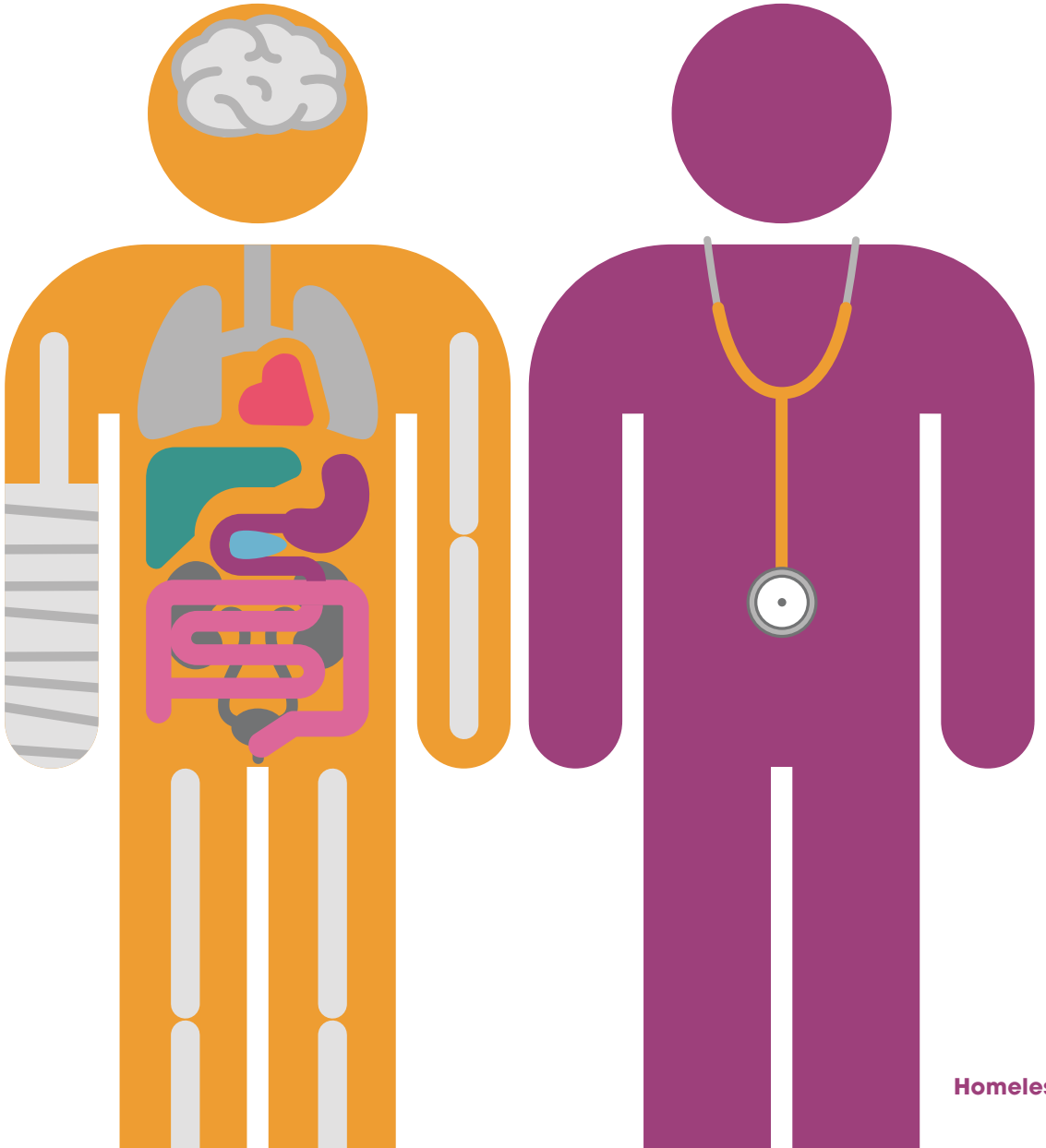
### Table 3: **Engagement in training, education and employment activity**

| % of respondents N = 1902-2004 | |
|---|---|
| In employment | **6.6**% |
| In training or education | **18.9**% |
| Volunteering | **13.4**% |
| Accessing guidance around work or further training | **31.0**% |

Source: Homeless Link's Health Needs Audit

# End notes


1. Recent research includes 'Hidden Needs: Identifying Key Vulnerable Groups in Data Collections', Aspinall, P , University of Kent(2014); Rough sleepers: health and healthcare, A review of the health needs and healthcare costs of rough sleepers in the London boroughs of Hammersmith and Fulham, Kensington and Chelsea, and Westminster (North West London NHS 2013).
2. 'Homelessness: A Silent Killer', (Crisis & Sheffield University), 2011. This research estimates an average age of death of between just 43-47 for homeless people.
3. Support for Single Homeless People in England: Annual Review, Homeless Link (2014).
4. Support for Single Homeless People in England: Annual Review, Homeless Link (2014).
5. Mind reports that around 1 in 4 people will experience a mental health problem each year: http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/
6. Annual Review of Homelessness Services in England, Homeless Link, 2014.
7. See: http://www.drugscope.org.uk/resources/faqs/faqpages/how-many-people-use-drugs.
8. Prescription drugs not intended for personal use.
9. NHS recommends that men should not regularly drink more than 3-4 units of alcohol a day, while women should not regularly drink more than 2-3 units. See: http://www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx
10. See Department of Health,'Healthcare for single homeless people', (2010): 'http://www.dhcarenetworks.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/Healthcare_for_single_homeless_people.pdf
11. The Health and Social Care Information Centre, Hospital Episode Statistics for England, Accident and Emergency (A&E) statistics, 2012-13, Table 6: A&E attendances by age group, 2011-12 and 2012-13See: http://www.chseo.org.uk/downloads/nhsbrief2-homelessdischarge.pdf
12. Rough sleepers: health and healthcare, A review of the health needs and healthcare costs of rough sleepers in the London boroughs of Hammersmith and Fulham, Kensington and Chelsea, and Westminster (North West London NHS 2013)
13. 'Improving admission and discharge from hospital for people who are homeless', Homeless Link & St Mungo's (2011).
14. See the findings from 'Making Every Adult Matter' pilots http://www.probonoeconomics.com/sites/probonoeconomics.com/files/files/reports/Update%20on%20findings%20of%20MEAM%20pilots%202014.pdf
15. For more information about the health needs audit see: http://homeless.org.uk/health-needs-audit
16. The Audit was carried out at services in Gloucestershire, Worcestershire, Middlesbrough, South End, Gateshead, North Tyneside, Nottinghamshire, London, Hampshire, Stockport, Brighton and Hove, Wandsworth, Durham, Liverpool, South Wales, Essex County, Totnes, Derbyshire, Erewash, and Birmingham.

homeless link

## What we do

Homeless Link is the national, membership charity for organisations working directly with homeless people in England. With over 500 members, we work to make services for homeless people better and campaign for policy change that will help end homelessness.

# Let's end homelessness together

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