Homelessness Health Inequalities: Recommendations

Report for YMCA Together

October 2023

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Homeless Link

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Introduction

System P is a Cheshire & Merseyside ICS funded programme, which commenced in September 2021.[1] The programme uses Bridges to Health segmentation methodology, which has been endorsed by NHS England. Segmentation aims to categorise the population according to health status, health care needs, and priorities. This methodology identifies groups of people who share characteristics that influence the way they interact with health and care services. One of these segments is the complex lives segment.

To support this work, funding has been made available to support a short programme of events to address specific areas within the complex needs segment which include:

- Homeless health inequalities.
- Dual diagnosis.
- Co-production and system change.
- Embedding new ways of working for people living a complex life.

This short briefing paper will outline recommendations developed from the first session focusing on homelessness health inequalities. To set the scene, current context was provided to demonstrate it challenges faced by people experiencing homelessness when accessing primary and long-term health support.

Finding from Homeless Health Needs Audit 2022 concluded that[2]:

- It has been widely documented that people experiencing homelessness face significant health inequalities and poorer health outcomes than the rest of the population.
- Diagnoses of physical and health conditions are much higher than the general population and many people experiencing homelessness face early onset frailty.

[1] The Strategy Unit (2023) System P. Available at: https://www.strategyunitwm.nhs.uk/system-p

[2] Homeless Link (2022) The Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit. Available at: https://homeless.org.uk/documents/754/Homeless_Health_Needs_Audit_Report.pdf

- The average age of death of someone experiencing homelessness is 30 years lower than the public (average age of death for women is 42 and for men 46).
- Homelessness is more widely becoming recognised as a public health issue rather than a housing issue.

To support wider discussions and enable a clear understanding of the provision that is already in place locally, guest speakers were invited to the event and provided an overview of current services, challenges faced, and outcomes. This included:

- Liverpool homelessness in-reach service.
- Brownlow homeless health team.
- End of life care support.

Recommendations from the briefing have been drawn from discussions based on case study/scenarios outlining barriers, challenges, and system issues when accessing health care, which can be viewed in the Appendix 1.

Recommendations

Prevention

- Harm reduction to be at the core of prevention work by ensuring that anyone experiencing homelessness can access provisions without judgement or assumptions being made about their situation. Not having a fixed address should not become a barrier, which can be overcome by allowing health outreach teams access to wider medical records to allow follow up appointments, assessments and diagnosis to be monitored and supported.
- Long term investment should be made to tackling health inequalities which recognises wider social return on investment. The commitment to larger funding can support more innovative approaches which not only focus on crisis support but help to reduce pressures on blue light services and A&E admissions.
- Regular evaluation and impact reporting to be undertaken to develop clearer understanding of causes, effects and long-term impacts of health and homelessness within the wider sector and to lobby for policy change. By including examples of personal experiences, life stories and action learning this can support not only responses to homelessness health inclusion but also address the need for cultural change and wider workforce development.

Leadership

- In line with national strategy, multi-agency approaches must be adopted to correctly categorise and understand the implications that homelessness has on individuals. Local ICB/S should establish formal links with both operational and

strategic leads so that a full understanding and appropriate use of data can inform present and future responses to addressing health inequalities and to reduce homelessness deaths.

- Ensure sustainable and dedicated leadership with named persons/positions to develop structural responses to homelessness health inequalities outlining structure and governance which is embedded within local homelessness service and recognises the role played by voluntary, community and faith providers. Formal links should be made to the local authority homelessness and rough sleeping strategy and action plan.
- Workforce development should play a key part in addressing homelessness health inclusion. Leaders within all areas of the sector should ensure that staff in both statutory and non-statutory setting are trained to understand the impacts and links between health and homelessness, and how to support this through housing options assessments.

Assessments & Reviews, Advocacy and Engagement

- Trauma-informed responses to be embedded within all aspects of assessment and review which enables individuals to be involved in all decisions about their health needs. By preventing people repeating their stories and being re-traumatised this may encourage engagement with health services. A proactive method of assessment should be adopted focusing on aspirations and goal setting, moving away from deficit-based approaches. By changing and adapting language from risk assessing to safety and wellbeing planning will create a person-centred culture and allows for holistic responses to meet individual needs.
- Assertive engagement to be implemented to complete health care assessments bringing services to people who are often felt unwelcome or stigmatised within mainstream healthcare services. By placing people within services this will help to overcome aspects of digital and technological exclusion and support the building of relationships between people facing health exclusion and health care services.
- Lived experience of homelessness is widely recognised as a key element of the design, delivery and implementation of homelessness services. The implementation of advocacy for people experiencing health exclusion can support people to maintain their health journey and support them by interpreting complex language and protocol, by attending appointments this may reduce not attendance and discharge from support.

Safeguarding

- Increased knowledge and awareness of safeguarding criteria to be understood by homeless healthcare specialists within homelessness health care provisions and/or

adapting safeguarding criteria to recognise self-neglect and health implications of homelessness and early onset frailty. This can be achieved through wider workforce developments and the creation of homelessness specialist and champion roles to prevent street homelessness discharge and ensure DTR's are fully embedded in all discharge procedures.

- Where homelessness deaths occur directly relating to homelessness which does not meet criteria, a rapid review must take place to ensure that learning is sourced, and that specific preventative action can be implemented.
- Develop a clear understanding of what is meant by 'capacity'. Often people experiencing homelessness alongside a combination of mental ill health and/or substance use are not provided with necessary support due to the conflicting approaches leading to people being denied specific point in time treatment decisions being made because. To overcome this a protocol should be developed in partnership with safeguarding specialists and social care teams to prevent people slipping through gaps which are created by the system itself.

Appendix 1: Homeless Health Inequalities Presentation

Homeless Health Inequalties.pptx

Appendix 2: Word Cloud

About Homeless Link

Homeless Link is the national membership charity for organisations working with people experiencing or at risk of homelessness In England. We aim to develop, inspire, support, and sustain a movement of organisations working together to achieve positive futures for people who are homeless or vulnerably housed.

Representing over 900 organisations across England, we are in a unique position to see both the scale and nature of the tragedy of homelessness. We see the data gaps; the national policy barriers; the constraints of both funding and expertise; the system blocks and attitudinal obstacles. But crucially, we also see – and are instrumental in developing – the positive practice and 'what works' solutions.

As an organisation we believe that things can and should be better: not because we are naïve or cut off from reality, but because we have seen and experienced radical positive change in the way systems and services are delivered – and that gives us hope for a different future.

We support our members through research, guidance, and learning, and to promote policy change that will ensure everyone has a place to call home and the support they need to keep it.

What We Do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

Homeless Link

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Let's End Homelessness Together

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