



THE HEALTH AND WELLBEING OF PEOPLE WHO ARE HOMELESS:
EVIDENCE FROM A NATIONAL AUDIT

IN GOOD HEALTH?

- **8 out of 10 homeless clients have one or more physical health need**
- **7 out of 10 clients have one or more mental health need**
- **In the past 6 months, 4 in 10 had been to A&E at least once and 3 in 10 had been admitted to hospital**
- **Almost 1 in 3 regularly eat less than 2 meals per day**

The health of people who are homeless is among the poorest in our communities. Being homeless means you are more likely to suffer from mental and physical ill health, and at the same time unable to access the health services you need.

This report brings into focus the health and well being needs of people who are homeless. It directly draws on the experiences of over 700 homeless people from across England who contributed to a new audit tool, developed by Homeless Link and partner agencies from across the voluntary and statutory sectors.

As the coalition government outlines its vision for reforming the NHS, local agencies are preparing to play a greater role in deciding how to best meet the health needs of communities. Aims for improved health outcomes, fairness and a cost effective NHS are at the centre of this change. For our health services to achieve these goals, commissioning has to be built on the evidence of need of everyone in the community, including those who often fall beneath the radar of routine planning. Often these individuals have the highest need, the poorest health outcomes and can require the most costly services if left untreated.

The data provided by this audit gives us the opportunity to better understand the prevalence of poor health among homeless individuals at a local and national level, and identify how services can better address these in the future. The findings highlight key health challenges facing homeless people and the agencies trying to support them, and send a clear message that our health services cannot afford to overlook their needs.

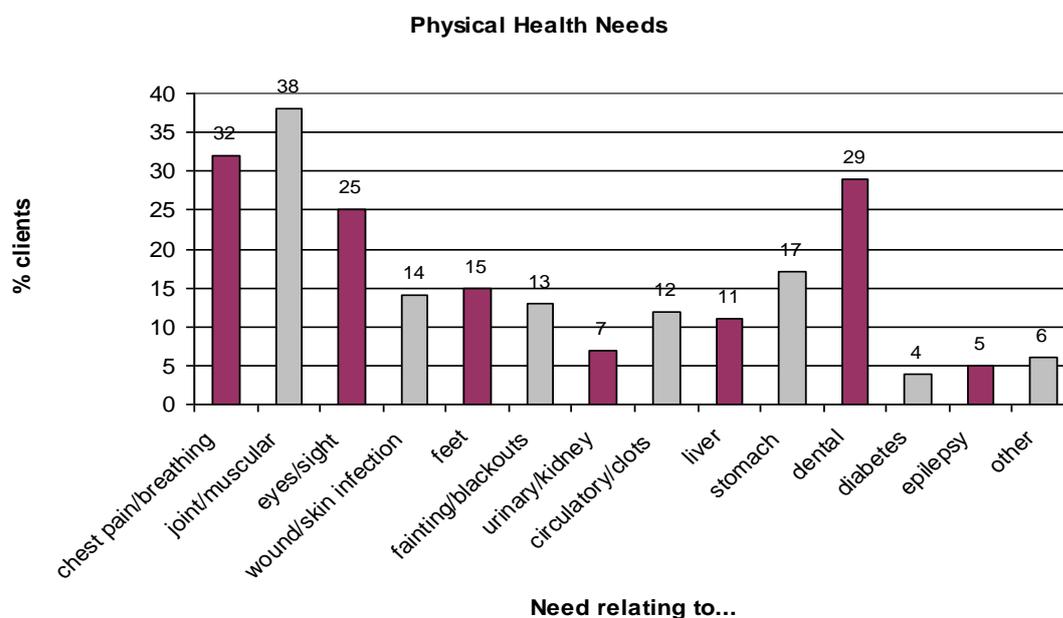
THE FINDINGS

HEALTH AND WELLBEING

Physical health

8 out of 10 clients have one or more physical health need and over half have a long term physical health need. Most felt they managed these needs well; however 1 in 5 said they found it difficult to cope and wanted support.

In the national audit, 82% reported one or more physical health need. The range of conditions reported included:



Over half (56%) clients in the audit reported that they had a long term physical health need. This compares to 29% of the general population who are estimated to have a long term physical illness.¹ Where comparative data is available for all the above conditions, this represents far higher prevalence rates compared to the general population².

Condition	General Population	Homeless People
musculoskeletal problems	10%	38%
respiratory problems	5%	32%
eye complaints	1%	25%

Almost 1 in 5 clients said that they found it difficult to manage their health problem, even if some support was already being received.

Mental Health

7 out of 10 clients have one or more mental health need. A third of these clients said that they currently lack the support they need to address their mental health.

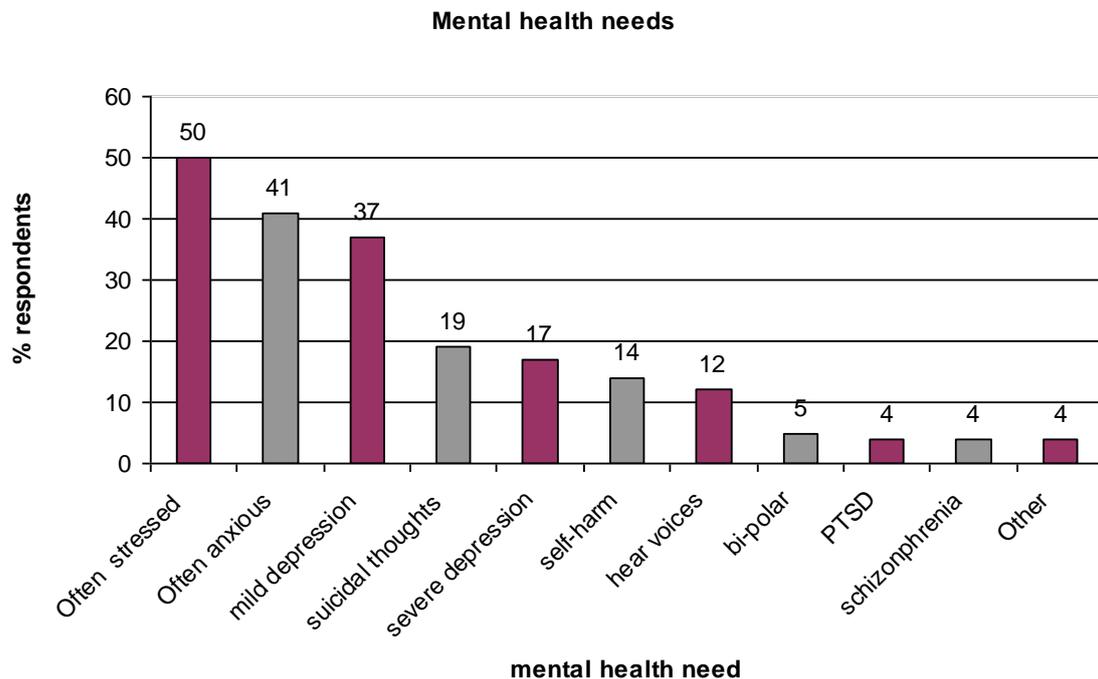
The data showed the high prevalence of mental health problems among homeless people – both diagnosed conditions and those which may fall under the threshold for services. It is estimated that 30% of the general population experience some form of ‘mental distress.’³ 72% clients in the audit

¹ Office National Statistics, General Lifestyle Survey, 2008. 29% self reported a ‘long standing’ illness.

² Please note the data from the audit includes both short and long term need related to these conditions. General population stats as reported in ONS General Lifestyle survey, *ibid*. This data refers to long term need but provides best available comparison.

³ Goldberg, D. & Huxley, P, *Common mental disorders a bio-social model*, 1992

reported one or more mental health need – a rate almost two and a half times as great. The chart below outlines the needs clients reported, of which 45% said their mental health problem was a long term need.



The Office of National Statistics estimates 4% of people in the general population self harm. Our data suggest that people who are homeless are three and a half times more likely to self-harm. At the same time, the ONS suggests around 10% general population experience symptoms linked to anxiety or depression.⁴ Our audit suggests a rate around five times this among people who are homeless.

Many clients with a mental health need also have problems relating to drugs or alcohol. Often they face difficulties gaining access to specialist services able or willing to address these. In our survey, 44% of those with a mental health problem report 'self medicating' with drugs or alcohol to alleviate their mental health problems have.

35% of those with a mental health need said that they would like more support with their mental health. Talking therapies was the most common source of help clients requested, followed by support from a specialist mental health service, such as CMHT. This suggests homeless people are not currently accessing the interventions they need to address their mental health problems.

Well being

In the audit 77% of homeless people smoke. This compares to 21% of the general population.⁵ Only half of smokers in the audit (55%) had been offered smoking cessation advice.

Our audit data highlighted the poor diets many homeless people have. Almost a third of clients regularly eat less than two meals a day. In addition, only 1 in 4 homeless people said they usually eat 3 or more pieces of fruit or veg per day. Only 7% usually consume the recommended 5 per day, compared to 27% of the general population⁶ – a third do not eat any at all.

⁴ Office National Statistics (2000) quoted by Mind http://www.mind.org.uk/help/research_and_policy/statistics_1_how_common_is_mental_distress

⁵ The NHS Health and Social Care Information Centre, Statistics on Smoking, 2009

⁶ The NHS Health and Social Care Information Centre, Statistics on obesity, diet and physical activity, England, 2009

Diet, exercise and smoking are strongly linked to an individual's overall mental and physical well being. This data suggests that more could be done to tackle some of the causes of poor health and target preventative services more effectively.

SUBSTANCE USE

Over half the clients in the audit use one or more type of drug. Around a quarter of drug users were engaged in some form of treatment or support.

52% of participants indicated they used one or more type of illegal drug. This included:

- 28% cannabis
- 13% heroin
- 13% crack/cocaine
- 13% methadone
- 5% amphetamines

4% of clients indicated they currently inject drugs. The results suggest that about 1 in 4 clients are engaged in some type of support to address their drug use. Of these, almost a third felt this support was not adequately meeting their needs. A small number were not engaged in treatment but thought that this would help them. Support to help stop using drugs was the source of help most commonly requested.

3 out of 4 clients consume alcohol, and around half of these indicated this was weekly consumption or less frequent. However 20% of clients said they drank more than 4 times per week (the frequency considered harmful by the Department of Health). A third of these clients said they consume 10 or more units each time they drink, which suggests very harmful levels of alcohol consumption.

The majority of clients said they did not require support for their alcohol use. However, 17% wanted more support around their alcohol use. About half of these clients were already engaged in some sort of help, but did not feel it met their needs. Most wanted support to stop drinking, or support to reduce their alcohol consumption.

ACCESS OF HEALTH SERVICES

Despite using services at a primary level, homeless people also use hospital services at a disproportionate rate to the general population and discharge protocols are still not being implemented routinely.

The audit showed 8 out of 10 clients used a GP at least once during the past 6 months. Despite this contact, 4 out of 10 clients had been to A&E at least once during this period. In the past 6 month period:

- 41% went to A&E at least once
- 31% were admitted to hospital at least once
- 28% used an ambulance at least once
- 82% had been to a GP at least once

Over a 12 month period it is estimated only 7% of the general population will have an inpatient hospital stay. The figure of 31% for homeless people is over 4 times this rate, although this is based on a 6 month period.

The clients in the audit had an estimated average length of stay of 7.2 days (based on their most recent admission). This finding reflects a recent study by the Department of Health⁷ which found an average length of stay of 6.2 days for homeless people, compared to 2.1 days for the general population.

The Department of Health states that all acute hospitals should have admission and discharge policies ensuring homeless people are identified on admission and linked into services on

⁷ Healthcare for single homeless people, DH, 2010

discharge⁸. However, the audit found only a quarter (27%) of clients admitted to hospital had help with their housing before they were discharged.

85% of clients said they were registered with a GP, the majority permanently. However, this still leaves 15% unregistered, and nearly 1 in 10 (9%) said they had been refused access to a GP or dentist. The reasons given to them included 'unsuitable' behaviour, or lacking required ID or proof of address: 'I didn't have a utility bill with my name'; '(they) would not take people from a temporary hostel.'

Case Study: 40 year old male rough sleeper

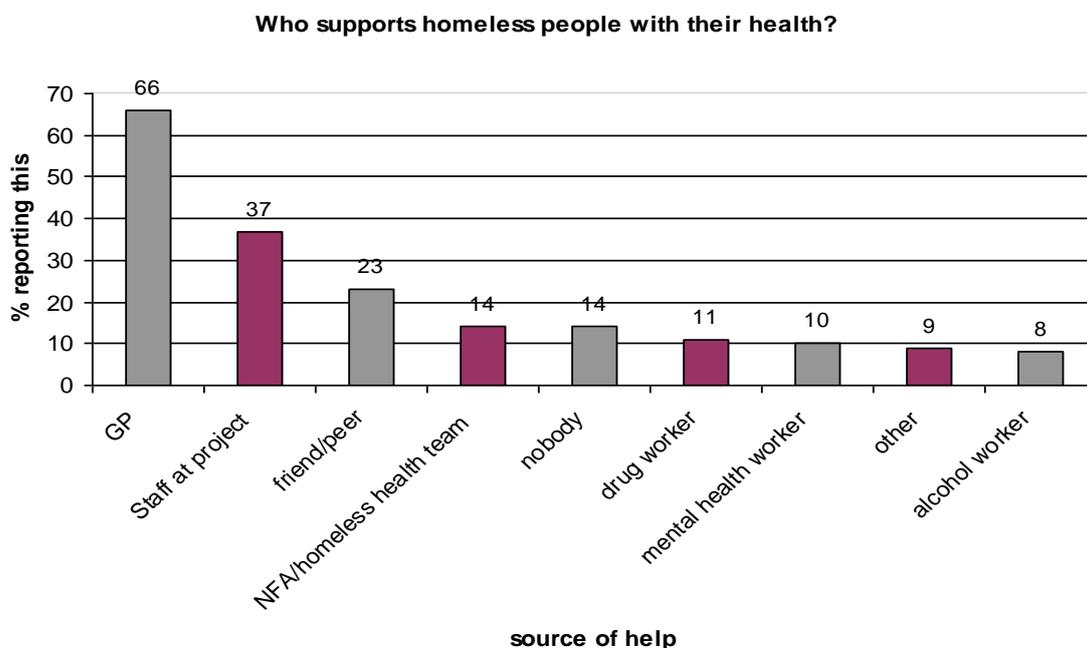
When the client participated in the audit, he reported several physical health needs including muscular pain, circulatory problems and epilepsy. He was not taking any medication or receiving treatment for these conditions.

The client also reported multiple mental health needs, including depression, post traumatic stress disorder and anxiety. He was not receiving any treatment, but felt he would benefit from a specialist mental health service.

Despite the long term nature of many of his health problems, the client only has a temporary registration with a No Fixed Abode (NFA) healthcare team, and is not registered with a GP. In the past 6 months he has made multiple visits to medical services, including over five visits to A&E. He has been admitted to hospital after suffering fits where he stayed for two nights. Despite his housing status, he was not helped with his accommodation on discharge.

The client's disproportionate usage of acute services and lack of ongoing engagement around his mental and physical health suggests there is a far greater role for primary care services in better meeting his needs.

Clients were also asked who they considered to be their main sources of help. The data showed the important role of staff in the homelessness sector and homeless people themselves in addition to health professionals.



This interim report provides a snapshot of some of the key findings. More detailed analysis is available on request. A full report from the project will be published in the Spring 2011.

⁸ Discharge from hospital; pathway, process and practice, DH, 2003

APPENDIX: ABOUT THE HEALTH NEEDS PROJECT

These findings were gathered as part of a project aimed at improving the health of homeless people. This project was delivered by Homeless Link with funding from the Department of Health.

The project addresses the lack of available data about the health of people who are homeless. This information is not routinely collected, and so rarely affects decisions around local priorities. Yet without this data, making informed decisions about how to best allocate resources and improve services can be difficult.

An audit tool was developed to enable homelessness agencies to gather consistent data about the health needs of their clients. Since March 2009, Homeless Link has been supporting nine local partnerships to pilot the audit tool and draw up local action plans to respond to the findings. The areas are Birmingham, Leeds, Bristol, South East Essex, Southampton, Sunderland, Lincolnshire, Ashton, Leigh and Wigan and the London Borough of Brent. In total, 727 clients with a range of housing and other support needs were interviewed by outreach teams in day centres, emergency and second stage accommodation.

At a local level, responses are being implemented at both a strategic and practical level, from ensuring the Joint Strategic Needs Assessment (JSNA) picks up the health of the local homeless population to identifying how local agencies can work together to improve access to local health services. Partnerships lie at the heart of the audit approach: clients, homelessness agencies, the health and housing sectors all have key roles to play.

While each pilot area is leading on the response to their own audit, this report draws on the collated data to provide a national picture of need.

More details can be found on our website www.homeless.org.uk/health-needs-audit. For further information on the findings please contact Helen Mathie, Policy Projects Manager on 020 7840 4428 or on helen.mathie@homelesslink.org.uk.

Homeless Link September 2010

Homeless Link is the national umbrella organisation for frontline homelessness charities in England. Currently we have more than 470 member organisations. Our members include hostels, day centres, outreach and resettlement agencies, housing advice centres, youth projects, health projects, welfare rights groups, regional homelessness networks, refuges, drug and alcohol services and faith run voluntary services. As the collaborative hub for information and debate on homelessness, we seek to improve services for homeless people and to advocate for policy change. Through this work, we aim to end homelessness in England.

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