

HONESTY

EXCELLENCE

AMBITION

RESPECT



Improving Access to Health and Social Care Services for Homeless People

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access

Your Community Your Trust

Commissioned by

healthwatch
Norfolk

Improving Access to Health and Social Care Services for Homeless People

Commissioned by Healthwatch Norfolk in 2013
Conducted by Access Community Trust
Report written by Emma Ratzer, CEO

Introduction

This report presents the findings of a comprehensive study on the health and social care needs of homeless people. The study was commissioned by Healthwatch Norfolk in 2013 and conducted by Access Community Trust. The aim of the study was to identify the barriers faced by homeless individuals in accessing health services and to provide recommendations for improving service delivery.

Homeless People's Health Needs

The findings of the survey highlight the multiple barriers that homeless people find when accessing health care. The situation of homelessness is accompanied generally by poor mental and physical health, problems of access in terms of personal economic situations, lack of information, lack of understanding and poor experiences when interacting with services.

Of those interviewed, 26% were neither in hostel nor supported accommodation, which suggests that for these individuals, no address and lack of the most basic housing needs adversely affect their health and their ability or inclination to address problems. For nearly all the people surveyed, recent national health campaigns seemed to have had no effect, with 82% smoking tobacco and most not wanting to give up, and only 2 people responding that they eat five or more portions of fruit or vegetables on a daily basis.

As expected, we found a prevalence of mental health, drug and alcohol, and dual diagnosis conditions with a majority of those engaged with services, but many wanting 'more help' and 45% stating that they 'self-medicate', which needs exploring further. For those who responded that they had drug or alcohol issues, nearly all expressed a desire to access help to at the very least control their intake, but also to reduce and stop. There seems to be more confidence expressed in drug and alcohol services, possibly because there is a better understanding and rapport between practitioners and clients than in the more general/physical health services.

When it comes to general physical health, there seem to be many barriers, as mentioned in the first paragraph. It would seem that too often people tend to use services only when conditions become critical, with perhaps the most telling statistic that 56% of those surveyed had used Accident and Emergency services in the previous 6 months. Many of the physical health problems that people report to have endured for more than 12 months (dental and eye problems, infections, wounds, and foot problems) could in many cases be treated reasonably easily if patients accessed services when problems arose. If people don't access services when they actually have a problem, they are even less likely to have preventative health checks or screenings, which is highlighted by the female respondents with nearly 60% not having had a cervical smear test in the previous three years and only one responding that they had received a breast examination.

The reasons for not accessing services were multiple and often individually based, but economic factors aligned with personal fears (being judged, poor staff attitude, lack of knowledge of processes and procedures, fear of professionals, illiteracy) were prevalent with only just over half (56%) wishing to access service by appointment. This suggests a major feeling of dislocation from mainstream services and a need for services to be delivered to patients in an environment that they are more comfortable with. The 'world view' of many homeless people may be very different, for instance, a number of respondents preferred to answer 'straight' or 'normal' rather than heterosexual to the question on sexual orientation.

There seems to be a mutual lack of understanding between health services and homeless clients. There would be better engagement if health services worked more closely with Homelessness agencies who have a greater understanding of the needs of homeless people and have relationships with clients built on trust. If health services would engage with clients in hostels or day centres, confidence in the system would develop and so many conditions could be addressed before they became critical. This would be beneficial to the health of clients, have greater cost savings, and counter stresses on A&E services. Multi-Agency forums would help mutual understanding between services. One problem that our Outreach team faces regularly is homeless clients being discharged from hospital back on the streets with no support, perpetuating the health issues of people with whom we work. If a patient is identified as homeless, it makes sense that homelessness agencies should be contacted on admittance to hospital or at least prior to discharge.

We can learn much from each other. Smaller voluntary organisations tend to be more individually focused and able to address clients in a less formal way. So many homeless people have had a lifetime of bad experiences that make engagement with statutory agencies or 'authority' figures (such as medical staff) difficult. Likewise, the NHS, which deals with the medical condition primarily rather than the individual person, may find some homeless people's behaviour beyond their comprehension or experience.

Insight into Improving Homeless People

This qualitative report provides rich insights from focus groups and one-on-one interviews conducted with 20 participants from diverse backgrounds and housing situations. The peer-led approach encouraged open, honest discussions, revealing key themes such as stigma, motivation, access vs. receiving services, emergency services as default, and literacy & engagement.

Stigma and motivation were identified as major barriers to accessing care. While access to services is difficult, once accessed, care is often positive. Emergency services like A&E and ambulances are often the only accessible options for homeless individuals. Low literacy and lack of experience in being consulted hinder participation.

Case studies highlighted the dangers of discharging patients to no fixed abode without support, showing the cycle of emergency care use and disengagement from long-term support.

Recommendations include tailoring services to be more accessible and empathetic, addressing stigma and building trust, and using insights from this stage to refine future questionnaires and service design.

Recommendations

Based on the findings from the survey and qualitative research, the following recommendations are made to improve access to health and social care services for homeless people:

1. Deliver services in familiar environments (e.g., hostels, day centers) to increase comfort and accessibility for homeless individuals.
2. Improve collaboration between health services and homelessness agencies to build trust and better understand the needs of homeless people.
3. Use multi-agency forums to coordinate care and prevent discharges to the street, ensuring that homeless clients receive the support they need.
4. Address economic barriers and personal fears by providing clear information about processes and procedures, and training staff to be empathetic and non-judgmental.
5. Increase awareness and access to preventative health checks and screenings, particularly for women, to address long-term health issues before they become critical.

Appendices

Appendix 1: Healthwatch Questionnaire ACCESS TO HEALTH AND SOCIAL CARE SERVICES BY PEOPLE WHO ARE HOMELESS

ACCESS TO HEALTH SERVICES

- 1 Are you registered with these services in your local area?
- 2 Which of these services have you used in the past 6 months?
- 3 What was the reason you last used A&E, hospital or ambulance:

YOUR PHYSICAL HEALTH

- 4 Do you smoke? If no go to question 5
Yes No

Do you want to stop smoking?

Yes No

Have you been offered advice or help to stop smoking?

Yes, and took this up Yes, but did not take this up No

- 5 On average, do you eat at least 2 meals a day? If this is difficult, please think about the meals you ate yesterday.

Yes No

- 6 How many pieces of fruit and veg do you usually eat per day? If this is difficult to answer, please think about what you ate yesterday.

None 1 – 2 3 – 4 5+

- 7 Do you experience any of the following health problems?

Please select all that apply:

8 Are you receiving support/treatment to help you with your physical health problem?

Yes, and it meets all my needs

Yes, but I'd still like more help

No, but it would help me

No, I do not need any

YOUR MENTAL HEALTH

9 Do you experience any of the following mental difficulties?

10 Do you have a mental health need or condition which has been diagnosed by a Doctor or other health professional?

Yes

Don't know

No (go to Q12)

11 If yes, what was this, and how long have you experienced it for?

Please select all that apply

12 Do you get support with your mental health, eg from a worker, medic or support service?

Yes, and it meets my needs (go to Q13)

Yes, but I'd still like more help (go to Q14)

No, but it would help me (go to Q14)

No, I do not need any (go to Q15)

13 What type of support helps you?

Please select all that apply

Talking therapies (eg counselling, psychological therapies)

A specialist mental health worker – eg Community Mental Health Team

Service to address my dual diagnosis

Activities to do like arts and crafts, volunteering or sport

Practical support to help me with my day to day life

Other

14 What sort of support do you think could help you?

Please select all that apply

Talking therapies (eg counselling, psychological therapies)

A specialist mental health worker – eg Community Mental Health Team

Service to address my dual diagnosis

Activities to do like arts and crafts, volunteering or sport

Practical support to help me with my day to day life

Other

15 Do you use drugs or alcohol to help you cope with your mental health – this can be called 'self-medicating'?

Yes

No

DRUGS AND ALCOHOL

16 Do you take any drugs or are you recovering from a drug problem? (by drugs this does not include medication prescribed for a specific condition)

Yes

No

(go to Q24)

17 If yes, in the last month, have you used any of the following?

Please select all that apply

Heroin

Crack/Cocaine

Cannabis/Weed

Amphetamines/Speed

Benzodiazepines/Benzos

Prescription drugs

Other drugs, please say

None

18 Do you take methadone?

Yes

No

If yes, is this prescribed to you?

Yes

No

- 19 Do you currently inject drugs? Yes No
- If yes, do you share injecting equipment with others? Yes, usually Yes, sometimes
No
- 20 Do you know about:
- A needle exchange scheme you can use Yes No
- Advice or training on safer injecting Yes No
- 21 Do you get support to help you address your drug use?
- Yes, and it meets my needs
- Yes, but I'd still like more help
- No, but it would help me
- No, I do not need any
- 22 How does this support help you?
- Please select all that apply*
- Helps me to better control my drug use
- Helps me to reduce my drug use
- Help me to use drugs more safely
- Helps me to stop using drugs
- 23 What sort of help would you like?
- Please select all that apply*
- Help to better control my drug use
- Help to reduce my drug use
- Help to use drugs more safely
- Help to stop using drugs
- Other

- 24 How often do you have an alcoholic drink?
- Never
- Monthly or less
- 2 – 4 times per month
- 2 – 3 times per week
- 4 – 6 times per week
- Every day
- 25 How many units do you drink on a typical day when you are drinking?
- 1 – 2
- 3 – 4
- 5 – 6
- 7 – 9
- 10 +
- 26 Do you have or are you recovering from an alcohol problem?
- Yes No
- 27 Do you get support to help with this?
- Yes, and it meets my needs (go to Q28)
- Yes, but I'd still like more help (go to Q29)
- No, but it would help me (go to Q29)
- No, I do not need it (go to Q30)
- 28 How does this support help you?
- Please select all that apply*
- Helps me to better control my alcohol intake
- Helps me to reduce my alcohol intake
- Helps me to manage the impact drinking has on my health
- Helps me to stop drinking
- Other

29 What sort of support would help you?

Please select all that apply

Helps me to better control my alcohol intake

Helps me to reduce my alcohol intake

Helps me to manage the impact drinking has on my health

Helps me to stop drinking

Other

30 Have you been vaccinated for the following?

31 Have you been tested for the following health problems?

If you tested positive for ANY of these, did you go on to receive any treatment?

If tested for TB:

What type of TB screening was this?

Skin Test

X Ray

Don't know

32 Have you had a Sexual Health check in the past 12 months?

Yes

No

Don't know

33 Do you know where to access advice about sexual health

Yes

No (go to Q35)

If yes, where would you go?

GP or nurse

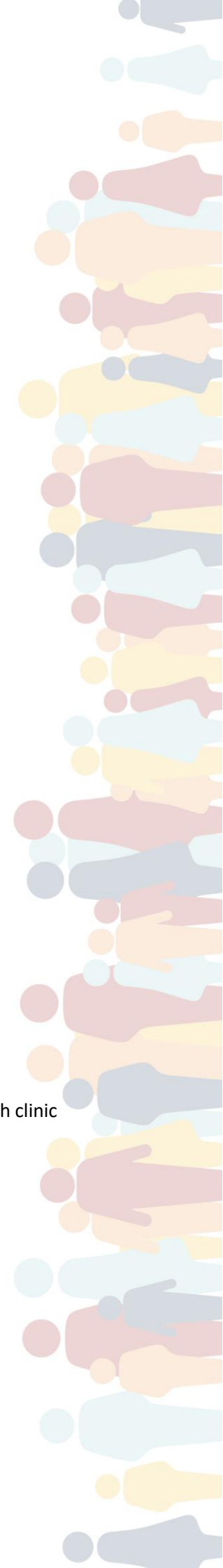
Homeless/housing staff

GUU/Sexual health clinic

Other

34 Female clients only:

Have you had access to specialist women's health services



ACCESS

- 35 Do you feel you are able to access the services you want or need to?
Yes No
- 36 What kinds of health and social care services would you like to be able to access?
- 37 What would your preferred way be to access these services?
By appointment
Drop In
Out reach
Home visits
Group sessions
- 38 What prevents you from accessing these services? (e.g. lack of transport)
- 39 How could access to health and social care services be better?
- 40 Do health and social care services ask homeless people about access to services?

STIGMA

- 41 What sort of experiences have you had?
Great Good Bad Awful
- 42 What makes the experience feel positive?
- 43 What makes the experience feel negative?
- 44 Do you feel you are labelled by your history and this affects your treatment?
- 45 Why do you consider this to be the case?
- 46 How do you think this could be prevented?



MOTIVATION

- 47 What stops you from feeling motivated to seek help from health and social care services?
- 48 Are there any measures that could be taken to help motivate you?
- 49 What could make the access easier to help you seek health and social care services?

A FEW QUESTIONS ABOUT YOU

- 50 How would you describe where you are currently sleeping? (If this frequently changes, please say where you slept last night)

Sleeping rough on streets/parks

Hostel

Supported accommodation

Squatting

Sleeping on somebody's sofa/floor

Nightshelter

Other

- 51 At the moment, are you:

- 52 Please circle if you are working with offending services:

Currently with probation

Current community order

Youth offending service/YOT

Other

- 53 Do you have any of these backgrounds? (this helps us to understand how your past experience may have affected your health or services you've been able to access)

Left prison within the last 12 months

Left prison more than 12 months ago

Left Care Services (for young people) within past 5 years

None of these backgrounds

54 Do you consider yourself to have a disability?

Yes

No

55 How would you describe this disability? Choose any that apply

Mobility

Sensory Impairment

Learning Disability

Development Disability
Condition

Mental Health

Long Term

Other

56 What is your migration status?

UK resident

Indefinite leave to remain

A10 national

Asylum seeker

Other EU national

Unknown

Other

57 What age range do you fall into?

16 – 17

36 – 45

66 – 75

18 – 25

46 – 55

over 75

26 – 35

56 – 65

58 What is your gender?

Male

Female

Transgendered

59 What is your sexuality?

Heterosexual

Bi-sexual

Gay or lesbian

Prefer not to say

60 How would you describe your ethnicity?

White British

White Irish

White European

White Other

Indian

Bangladeshi

Pakistani

Other Asian

African

Caribbean

Other black

White and Black Caribbean

White and black Caribbean
Chinese

White and black Asian
Romany/traveller

Other mixed
Other ethnic background

61 Is there anything else you would like to tell us about your health & the support you receive?

What works well?

What could be improved?

Any other comments





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