Health needs assessment of homeless in Haringey

Key findings from a report by Dr Ruth Watt
Haringey 2013
Absolute poverty – a lack of the basic material necessities of life – continues to exist, even in the richest countries of Europe. The unemployed, many ethnic minority groups, guest workers, disabled people, refugees and homeless people are at risk. **Those living on the streets suffer the highest rates of premature death.**

(Wilkinson & Marmot, 2003:16)
Introduction

**Aim** was to explore the health needs of rough sleepers and those living in hostels in Haringey

**Purpose** was to make recommendations for consideration by housing and health commissioners

**Objectives:**
- Identify the population that are rough sleeping or in hostels in Haringey and their demographics
- Identify the priority health needs for this group
- Identify usage of emergency and acute services
- Identify any barriers to health services
- Identify the services out there already improving access to health services
- Identify areas of best practice
Why 50 homeless men are sleeping in a Tottenham church

New Economics Foundation report pinpoints how cuts are hitting England's most deprived wards, in London and Birmingham

Amelia Hill
The Guardian, Monday 19 November 2012 15.00 GMT
Methodology

Expert views
• Interviews with staff and managers at local hostels, dual diagnosis and alcohol treatment services

Epidemiological evidence
• Literature review
• Best practice
• Analysis of local data, e.g. GP registrations database, National Drug Treatment Monitoring System

Benchmarking
• Benchmarking data from health services i.e. prevalence and service use data

## Who do we mean by homeless

<table>
<thead>
<tr>
<th>Conceptual Category</th>
<th>Operational Category</th>
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<tbody>
<tr>
<td><strong>Roofless</strong></td>
<td><strong>Living rough</strong></td>
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<tr>
<td></td>
<td><strong>In emergency accommodation</strong></td>
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<tr>
<td><strong>Houseless</strong></td>
<td><strong>In accommodation for the homeless</strong></td>
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<td></td>
<td>People in women's shelters</td>
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<td>People in accommodation for immigrants</td>
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<td></td>
<td>People due to be released from institutions</td>
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<td>People receiving longer-term support (due to homelessness)</td>
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<tr>
<td><strong>Insecure</strong></td>
<td>People living in insecure accommodation</td>
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<td>People living under threat of eviction</td>
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<td>People living under threat of violence</td>
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<tr>
<td><strong>Inadequate</strong></td>
<td>People living in temporary/non-conventional structures</td>
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<td>People living in unfit housing</td>
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<td>People living in extreme overcrowding</td>
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Source: Adapted from FEANTSA, European Typology of Homelessness and housing exclusion
Homeless in Haringey – an overview

494
Statutory homeless in 2010/11

60% of households with dependent children

41% from black ethnic groups
(compared 19% in Haringey - Census 2011)

Half lone parents
(From accepted households)

Source: Community Housing Service, 2012.
Rough sleepers in London

Half of all rough sleepers in England located in London

Estimated

6,437

Vast majority single men

Source: Chain, 2013

12% women

Source: Chain, 2013

58% aged 26-45

Source: Chain, 2013

Source: Brodie, 2013
Rough sleepers in Haringey

85 people sleeping rough
at least once in Haringey in 2012/13, with 76 being new individuals.


London Fire Brigade concerned about people sleeping in derelict buildings, garages and sheds in Haringey.
Homelessness and health

People without safe, secure affordable shelter experience more health problems than the general population.

Short term conditions:
- Physical injuries and wounds
- Dental

Life style factors:
- Drug dependence
- Smoking
- Alcohol misuse
- Poor nutrition

Infectious diseases:
- Infections (HEP B/C, HIV)
- TB
- Inflammatory skin conditions

Mental ill health:
- Depression
- Psychotic disorder
- Dual diagnosis

Long term physical conditions:
- Heart and circulation problems
- Physical trauma
- Respiratory illness
- Physical trauma

Source: People without safe, secure affordable shelter experience more health problems than the general population.

Haringey Council
Prevalence of risk life style factors

**SMOKING**
- **85%** rough sleepers
- **68%** hostel clients
- **28%** General population

Source: Crosier, 2004; Ash, 2003

Over half of hostel clients use drugs

Source: Homeless Link, 2010

Nearly **1 in 3** regularly eat less than 2 meals per day

Source: Homeless Link, 2010

32% with alcohol dependency

Source: Bilton, 2008
Impact on health

LIFE EXPECTANCY

- Rough sleepers: 41
- General population men: 79
- General population women: 83

Source: Brodie, 2013; ONS, 2013

MENTAL HEALTH

- 7 out of 10 clients of homeless have a mental health need. Twice the rate compared to general population

Source: Homeless Link, 2010

PHYSICAL HEALTH

- 80% with physical health needs
- Homeless population: 56%

Source: Homeless Link, 2010

Long term conditions

Many die of treatable medical conditions

Source: Homeless Link, 2010
Cost to the NHS

Numbers of hospital outpatient appointment “did not attends are seven times higher” compared with the general population.

Source: Perera & Rabee, 2013

Homeless people are admitted to hospital four times as often as the general population and stay in hospital three times as long resulting in unscheduled secondary care costs that are eight times higher than for patients who are not homeless.

Source: Department of Health, 2010
Hostel dwellers and rough sleepers in Haringey: commissioned bed spaces 2012/13

- Single Homeless: 155 beds
- Mental Health: 109 beds
- Young People: 78 beds
- Learning Disabilities: 64 beds
- Offender and Substance Misuse: 62 beds
- Physical Disabilities: 26 beds
- Domestic Violence: 21 beds

Plus
YMCA North London
145 beds
(12 beds commissioned by the local authority already included in the chart)
20 beds in move-on flats
Local barriers to health services

- **Registration with a GP**: proof of residency and photo ID – limited guidance for health practitioners.

- **Getting homeless people to attend appointments**, local homeless report poor experience of medical care and unreceptive environments.

- **Lack of knowledge of the UK healthcare system**, e.g. Polish.

- **Mental health services** - Regional PH Group for London (2010) found specific issues with access to mental health services: waiting times and rigid eligibility criteria. Findings corroborated by local reports from hostels.

27% of rough sleepers have a NHS number, according to study by Inner North West London (INWL)

Source: Perera & Rabee, 2013
Local issues

- **Availability** - Local housing strategy reports a lack of provision of complex single homeless people, discharges from acute and mental trusts problematic when patients have nowhere to go

- **Access for homeless people** – homeless providers barriers getting clients though housing advice to the Vulnerable Adults team

- **Pathways** – poor continuity of care between specialist health and homeless services

- **Services** – Inadequate services regarding cannabis, counselling and IAPT services

- Queenswood Medical Centre has a psychotherapist at the practise but report difficulties when referring clients to external mental health services (check)

- **Role of faith organisations** - Faith groups are offering shelter in churches to homeless people independently and these have no input from health
Local services

- Single homeless projects with specialism's including substance misuse and mental health problems
- Substance misuse service in minimal residency requirements, which also providing training and in reach into hostels
- Dual diagnosis service for clients with mental health and substance misuse issues
- TB van every 6 months
- Queenswood Medical Centre – close to YMCA hostel and deals with high rate of homeless patients
- Mental health first aid training
Future projects for 2013

- St Mungo’s, a major provider of supported accommodation, has won a tender to provide a substance misuse recovery service and will open the college part to all service users.
- Queenswood, satellite service from DASH, with a target on Cannabis use.
- The Dual Diagnosis to provide a peer led substance misuse services based in a local hostel.
- Haringey Borough Commander of the London Fire Brigade will conduct a street count of all derelict buildings in the borough.
- North Middlesex hospital setting up a homeless discharge team.

....but no coherent unified strategy for health promotion, in primary, secondary or mental health services specifically looking at the needs of homeless people in Haringey.
Mainstream practices providing services for the homeless – for example a GP from a mainstream practice holds regular sessions for homeless people either in a drop-in centre or in his or her surgery.

Outreach team of specialist homelessness nurses – for example an outreach team of specialist nurses providing advocacy, support and relevant health care treatments, and sign-posting to dedicated GP clinics.

Full primary care specialist homelessness team – for example a team of specialist GPs, nurses and other services providing dedicated and specialist care, either located in a hostel or a drop-in centre.

Fully co-ordinated primary and secondary care – for example a team of specialists spanning primary and secondary care providing an integrated service including intermediate care beds and in-reach services to acute beds.

Source: Office of the Chief Analyst, 2010

But what is the best local model?
**Recommendations**

- **Develop a local model** for delivery of health and wellbeing for rough sleepers and hostel dwellers with key stakeholders, include community providers in the planning of services.

- **Joint commissioning** across the Council and CCGs to meet the health needs of homeless population – including joined up bids for external funding, explore providing similar level of support regardless of substance misuse status or history of offending.
Recommendations

- **Exploit existing resources** - for example, up-skill staff at hostels for health promotion activities, arrange health satellite services at hostels and Haringey winter shelters (church based rolling shelters).

- **Explore peer led options** – as an example Groundswell have a Homeless Peer Advocacy project which aims to improve the health of homeless people through peer advocates. Peers offer clients 1:1 support and accompany clients to appointments. Other health related services include the TB Peer Education project to support homeless and vulnerable people to get screened for TB.
Recommendations

Immediate service improvements:

- **Produce guidance** of the proof of residents needed for GP registration
- **Improve coding** of homeless status in patient records to more accurately assess prevalence and health needs
...but consider the hierarchy of needs and prevention

Qualitative study (Hinton, 2000) identified a number of factors they felt were negatively affecting health of the homeless:

- sharing space and the strains of communal living in hostels
- lack of daytime occupation
- lack of health information
- limited access to food and cooking
- and little resident involvement in the management of the hostel which fosters the feeling of powerlessness

Improving living conditions in hostels and providing housing support may be the most effective intervention for better health outcomes
Next steps

- **Bring together key stakeholders** to develop a local strategy and explore the feasibility of different models locally

- **Gather further information on best practise** and different local models in London


