

Healthcare for Homeless Families  
**Policy and Education  
Workshop**

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# About us...

- The National Housing Federation is the voice of affordable housing in England
- We represent the work of housing associations and campaign for better housing
- Our members provide 2.5m homes for more than 5m people and invest in a diverse range of neighbourhood projects that help create strong, vibrant communities
- Our health work is funded by a Department of Health, NHS England and Public Health England



Public Health  
England



Department  
of Health

**NHS**

**England**

**NATIONAL  
HOUSING  
FEDERATION**

# What we will cover

- What's the scale of the problem and the impact on healthcare?
- What are the barriers to the use of health services by homeless people?
- What works?
- Are there any resources available?
- Group work

# What's the scale of the problem?

- **Shorter life expectancy:** the average age of people who die while homeless is **47**; for women it is only **43**.
- **Complex health & mental health needs:** people who are homeless often have multiple and complex health needs:
  - 44% of St Mungo's residents have a significant physical health condition
  - 73% have a mental health problem
  - 55% have substance use needs.
  - 53% of homeless women have tried to end their life compared to 1.5% of the general population.

# Impact on health service use

- People who are homeless:
  - attend A&E 5 times as often as the general population
  - are admitted 3 times as often
  - stay 3 times as long
  - overall they cost 8 times as much
- High risk for health conditions e.g. respiratory problems, musculoskeletal, TB, liver disease, Hepatitis B&C, assaults, smoking, leg ulcers

# What are the barriers for those experiencing homelessness?

- Difficulty registering with primary care
- Difficulties getting appointments and unreliable attendance e.g. street homeless
- Negative attitudes to homelessness
- Distrust from homeless people
- Complex problems when health services often have a single condition approach
- Exclusion from mental health & substance use services because of dual diagnosis

# What works: hospitals

- Start recording housing status. Questions about living situation on admission.
- Housing workers as part of hospital discharge teams.
- Multidisciplinary homeless teams in hospitals with high numbers e.g. Pathway <http://www.pathway.org.uk/>.
- Step-down housing services for homeless people being discharged.

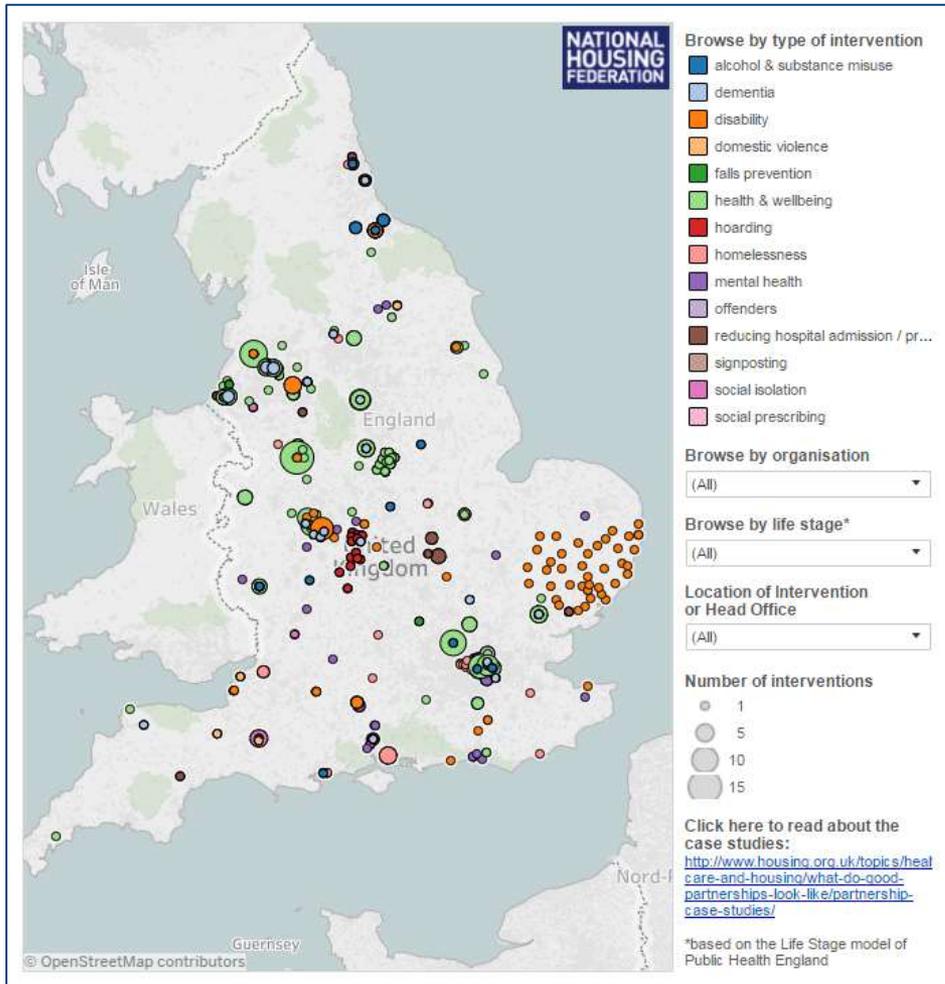
# What works: primary care

- Guidance on registration, welcoming approach, forms may be difficult (literacy, eyesight), appointments made easy, agree how to communicate, continuity of care, willingness to review more than one problem per appointment.
- Enhanced contracts to provide walk-in services, longer appointments and in-reach to hostels.
- Housing advice part of primary care.
- Specialist homeless GP practices and homeless nursing teams where high morbidity.

# What works: mental health

- Mental health workers linked to street outreach teams and visiting hostels on a regular basis.
- Mental health teams willing to outreach (e.g. street assessments)
- Specialist homeless mental health teams or workers in areas of high morbidity.
- Housing workers linked to hospital discharge teams.
- End exclusion of dual diagnosis.

# More examples of what works



# Further resources

## Commissioning guides

- <https://www.myhealth.london.nhs.uk/healthy-london/programmes/homeless/commissioningguidance/commissioninggguide>
- <http://www.rcgp.org.uk/common-elements/rss/~media/Files/Policy/A-Z-policy/RCGP-Social-Inclusion-Commissioning-Guide.ashx>

## Service Standards and Reports

- <http://www.pathway.org.uk/publications/faculty/>
- [http://www.mungos.org/homelessness/publications/latest\\_publications\\_and\\_research](http://www.mungos.org/homelessness/publications/latest_publications_and_research)
- <http://www.mungos.org/documents/5378/5378.pdf>
- <http://www.mungos.org/documents/7430/7430.pdf>

## NHS Health and Housing Quick Guide

- <https://www.england.nhs.uk/commissioning/health-housing/>

# Group work questions

1. What are the gaps in knowledge / practice environment that need addressing most?
2. What do you see to be the two main policy priorities and two main education priorities around working with homeless families?
3. What drives the need for change?
4. Can you identify any key patterns, data or evidence that supports these priorities?
5. What are the expected outcomes from different policy / changes to education?
6. What would you like to have happen? Is it possible?
7. What is the next best step towards better quality support for homeless families?