



Transition to Homeless and Inclusion Health Nursing

Contents

Chapter 1 - Introduction

Chapter 2 - Making the transition

Chapter 3 - Working safely

Chapter 4 - Patient focus

Chapter 5 - The effective
multidisciplinary team

Chapter 6 - Working with people at
risk of harm

Chapter 7 - Responding to policy and
capturing evidence

Chapter 8 - Developing your career

Chapter 1 - Introduction

Completing this chapter will enable you to:

- Learn how to use this learning resource
- Define homelessness and housing exclusion across three domains
- Learn about the historical context and the role of the NHS in tackling inequality
- Evaluate recent data on homelessness and its causes
- Learn about the challenges homeless patients have in accessing healthcare
- Consider different approaches you will need to take when nursing homeless patients
- Create a SWOT (strengths, weaknesses, opportunities, threats) analysis, and use this to inform your future learning
- Outline the key competencies required by a homeless health nurse
- Consider other professionals you will work with when caring for homeless patients

Welcome to your learning resource

Specialist nursing for people experiencing homelessness is a more recent addition to the broad variety of roles a nurse can undertake when working in the community. Although relatively new, it is becoming an ever expanding, specialist area of practice both nationally and internationally. It can vary widely across the country and can be one of the most challenging yet rewarding areas of practice.

This learning resource is designed for nurses with an interest in working with people experiencing homelessness and for those who are already in this area of practice, who would like an update on current practice and approaches. The resource uses the term 'you' to refer to the homeless health nurse, student nurse or other professional reading the resource.

For clarity and brevity, the Queen's Nursing Institute (QNI) mainly uses the term 'patient' to describe the person experiencing homelessness in need of nursing care. Person-centred holistic care is of utmost importance, so while this resource refers to the term 'patient', you should be aware that you are using your advanced nursing skills to diagnose, care, and treat each person as an individual according to their individual background, circumstances, needs and wishes. Every health appointment or meeting should look and feel different and be guided by the needs of the patient.

There is an emphasis on reflective questions and scenarios, rather than right / wrong answers in this resource. You are advised to identify a mentor who can support you through the content of the resource. This will help you to get more out of the learning by discussing scenarios and exploring the potential for further learning. The QNI may be able to link you with an experienced homeless health nurse in your area for more support.

What is homelessness?

Homelessness has been defined as a personal loss of rights across three domains :

- Physical – the rights to a decent dwelling adequate to meet needs of self / family
- Social – the rights to maintain privacy and enjoy social relations
- Legal – the rights to exclusive possession, security of occupation and legal title



4 Homelessness has been defined as a personal loss of rights across three domains: physical, social and legal.

Figure 1.1
ETHOS: The European Typology of Homelessness and Housing Exclusion²

	Conceptual category	Operational category	Living situation
Homelessness	Roofless	1 People living rough	1.1 Public space or external space
		2 People staying in a night shelter	2.1 Night Shelter
	Houseless	3 People in accommodation for the homeless	3.1 Homeless Hostel 3.2 Temporary accommodation 3.3 Transitional supported accommodation
		4 People in a women's shelter	4.1 Women's shelter accommodation
		5 People in accommodation for immigrants	5.1 Temporary accommodation reception centres 5.2 Migrant workers' accommodation
		6 People due to be released from institutions	6.1 Penal institutions 6.2 Medical institutions 6.3 Children's institutions/homes
		7 People receiving longer-term support due to homelessness	7.1 Residential care for older homeless people 7.2 Supported accommodation for formerly homeless people
Housing exclusion	Insecure	8 People living in insecure accommodation	8.1 Temporarily with family/friends 8.2 No legal (sub) tenancy 8.3 Illegal occupation of land
		9 People living under threat of eviction	9.1 Legal orders enforced (rented) 9.2 Repossession orders (owned)
		10 People living under threat of violence	10.1 Police recorded incidents
	Inadequate	11 People living in temporary/non-conventional structures	11.1 Mobile homes 11.2 Non-conventional building 11.3 Temporary structure
		12 People living in unfit housing	12.1 Occupied dwelling unfit for habitation
		13 People living in extreme overcrowding	13.1 Highest national norm of overcrowding

Rough sleeping refers to people living in a public or external space such as on transport, park bench, or doorway. It remains an important issue nationally and is the most visible sign of homelessness. However, most homelessness and poverty is hidden and there are many people without safe and stable accommodation or the means to support themselves adequately.

History of healthcare provision for the vulnerable

Before the time of the poor laws, people who experienced homelessness were cared for primarily by religious organisations. The English poor laws made the State responsible for offering some provision for the poor. Initially poor relief was local and rather uncoordinated. Later, it became more centrally organised and included the setting up of workhouses.

After World War II, this approach was superseded by the Welfare State. The Poor Law was abolished in 1948 when Clement Atlee's Labour Government passed the National Assistance Act which identified a National Assistance Scheme that provided a social safety net for those most in need, including the homeless. From a health perspective, the inception of the National Health Service (NHS) in July 1948 under health secretary Aneurin Bevan established three core principles:

- that it meet the needs of everyone

- that it be free at the point of delivery
- that it be based on clinical need, not ability to pay.

These three principles have guided the development of the NHS ever since. The NHS Constitution was clear that 'everyone counts' and that 'we have a responsibility to maximise the benefits we obtain from NHS resources, ensuring they are distributed fairly to those most in need. Nobody should be discriminated against or disadvantaged, and everyone should be treated with equal respect and importance.'

Recent levels of recorded homelessness

Current data about homelessness give some insight into levels of homelessness over time. It is difficult to measure homelessness with accuracy, given the tendency for people to move between different levels of the housing exclusion spectrum. Therefore, rough sleeper counts only give a snapshot of the level of homelessness in an area; like measuring the volume of an iceberg by looking at the tip.

Crisis publishes data in The Homelessness Monitor (2021). The report covers a year dominated by the twin major events of the COVID-19 pandemic and Brexit. It is also the first Monitor in which a comprehensive analysis of Homelessness Reduction Act processes and outcomes is included and we offer detailed modelling estimates and forward projections of extreme forms of 'core' homelessness.

Some key facts from the homelessness monitor report 2021 : Fitzpatrick, S., Pawson, H., Bramley, G., Wood, J., Watts, B., Stephens, M. & Blenkinsopp, J. (2021) The Homelessness Monitor: England 2021. London: Crisis

Key Findings

- Thanks to temporary protective measures (especially income protection programmes and eviction moratoria), the COVID-19 pandemic triggered no immediate overall increase in homelessness applications. The number judged as threatened with homelessness fell back significantly between April-June 2020 (down 35 per cent on the previous quarter).
- But temporary accommodation placements surged, particularly of single homeless people, as a result of the emergency measures to protect people at risk of rough sleeping ('Everyone In') during the pandemic.
- Local authorities agreed that the combined impact that key policies like raising the Local Housing Allowance (LHA) and suspending evictions have had in preventing homelessness during the pandemic – the suspension of evictions from social and private rented tenancies was identified by 87% of councils as very important in preventing and minimising homelessness.
- But despite this progress, the pandemic has further exposed England's severe shortage of affordable homes. Access to long-term housing was the capacity challenge most widely seen as having been posed (or emphasised) by the pandemic by local authorities. A majority of councils surveyed said it had become harder to place homeless households in both social rented and private rented sector housing during the pandemic. A pressing priority for many local authorities remains finding effective move on arrangements for people temporarily accommodated during the COVID-19 crisis.
- Post-lockdown, local authorities expect to see an increase in levels of



4 Being homeless or precariously accommodated is an enormous physical and mental challenge.

- homelessness - 94% said they expect to see an increase in people made homeless after being evicted from the private rented sector and increase in newly unemployed people made homeless by the pandemic.
- 'Core homelessness' in England – a concept which captures the most severe and immediate forms of homelessness – is estimated to have totalled nearly 220,000 in 2019, having risen from about 187,000 in 2012. During 2020 these numbers dropped somewhat to around 200,000, mainly due to the effects of the Government's emergency measures in response to the COVID-19 pandemic. In 2020 there were an estimated 10,500 people currently sleeping rough on any given night which had dropped by a third on the previous year.

It is predicted that the economic aftermath of COVID-19 risks a substantial rise in core homelessness, including rough sleeping, unless the Government implements a range of housing and welfare mitigation interventions, including continuing with emergency accommodation measures for those at risk of rough sleeping. In the longer term, the largest projected impact on reducing core homelessness would result from a large expansion of total and social housing supply and consistent, large-scale application of Housing First accompanied by appropriate support for mental health and substance misuse issues, and raising of the Local Housing Allowance.

Causes of homelessness

There are many causes of homelessness including health causes, financial causes, leaving institutions without support and political causes such as conflict. 'Individual, interpersonal and structural factors all play a role – and interact with each other' to cause homelessness.

Many homeless people have experienced trauma, neglect, poverty, family breakdown and disrupted education in childhood and family relationship breakdown, often along with the loss of employment and their home. Many people will move around from place to place, sleeping on floors and this is often referred to as 'sofa surfing'. Homelessness impacts on many aspects of a person's life, such as maintaining employment or education, looking after health and wellbeing, and maintaining relationships.

Impact on Health

Homelessness services work with individuals from a wide variety of backgrounds and who for an equally wide variety of reasons may have poor physical and / or mental health; they may misuse drugs and / or alcohol, and may be vulnerable to, or indeed already are homeless or destitute.

Being homeless or precariously accommodated is an enormous physical and mental challenge, and it has profound impacts on people's health and wellbeing. People experiencing homelessness, commonly present to

health services with:

- mental health conditions
- skin diseases
- chronic gastric problems
- respiratory disease
- substance addiction (wide range of harmful substances with stimulant, hallucinogenic, opiate, and tranquilliser type properties including alcohol and nicotine)
- communicable disease, such as Hepatitis, HIV and Tuberculosis
- muscular skeletal problems
- antenatal and postnatal problems
- dental or foot problems

They may have low self-esteem, loss of confidence, loss of opportunities and a multitude of issues, which can in part be related to inadequate housing. They often have the greatest need and have a distrust of traditional medical services because of their personal history. This can sometimes mean that you may at times be dealing with challenging and chaotic behaviour and difficulty in keeping patients accessing services appropriately.

Homeless Link research showed that the proportion of homeless people in England experiencing some form of physical or mental health problem is at least double that of the general population, and many are not getting the right help. Using data from more than 2,500 homeless people, their research reveals that 73% of homeless people suffer from one or more physical health problems and 80% report having a mental health issue. They called for a full health assessment for anyone identified as homeless and appropriate treatment for their physical and mental health needs. As a means of addressing this issue, the QNI worked with nurses across the country to create [specialist health assessment guidance and template assessment form](#).

People who are homeless are more likely to die young, with an average age of death of 47 years old and even lower for women at 43, compared to 77 for the general population (74 for men and 80 for women). It noted that this is the average age of death of those who die on the streets or while resident in homeless accommodation.

At the ages of 16-24, people experiencing homelessness are at least twice as likely to die as their housed contemporaries; for 25-34 year olds the ratio increases to four to five times, and at ages 35-44, to five to six times. Drug and alcohol abuse are particularly common causes of death amongst the homeless population, accounting for just over a third of all deaths. People experiencing homelessness have seven to nine times the chance of dying from alcohol-related diseases and 20 times the chance of dying from drugs. They are 15 times more likely to have psychosis.

Challenges accessing health services

People experiencing homelessness can experience a variety of barriers to accessing health services, which professionals should consider when designing services. These include:

- Being asked to provide proof of address and ID information when registering for a GP practice. This is not vital for GP registration everyone is entitled to primary care.
- Lack of knowledge on the part of GP Practice staff may inadvertently turn patients away.
- Staff in health services may treat homeless patients less favourably because of their homelessness.
- Patients may have a lack of confidence, a lack of trust in services. They may not have the full knowledge of which health services to access at which times.
- Transport costs to reach the nearest health service may be unaffordable.
- Medical services often communicate by letter or phone, which can make it hard to communicate with people who are living in temporary accommodation or on the streets.

Nurses' capacity for care and empathy means they are often effective at building relationships with patients experiencing homelessness. Patients recognise these relationships as being built on trust, non-judgmental and helpful. When this happens, patients are more likely to attend health services to see their nurse, and this gives the nurse a platform to engage their patient in a non-threatening but encouraging way to empower individuals to address their issues and access (with support) the services they need to move forwards. Nurse care can be a vital first step for people experiencing homelessness.

People facing very difficult circumstances can feel intimidated and uncomfortable going to services that may seem 'official'. They may therefore avoid them, but with a supportive nurse and plenty of encouragement, they may access the services they most need. This improves their individual situation and has a wider impact on the local community too.

The NHS is very clear that anyone resident in the country has entitlement to primary care services:

'A patient does not need to be 'ordinarily resident' in the country to be eligible for NHS primary medical care – this only applies to secondary (hospital) care. In effect, therefore, anybody in England may register and consult with a GP without charge.'

Where a GP refers a patient for secondary services (hospital or other community services) they should do so on clinical grounds alone; eligibility for free care will be assessed by the receiving organisation. It is important to note that there is no set length of time that a patient must reside in the country in order to become eligible to receive NHS primary medical care services. Therefore all asylum seekers and refugees, overseas visitors, students, people on work visas and those who are homeless, overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice even if those visitors are not eligible for secondary care (hospital care) services. The length of time that a patient is intending to reside in an area dictates whether a patient is registered as a temporary or permanent patient. Patients should be offered the option of registering as a temporary resident in the practice area for more than 24 hours but not less than 3 months.'



4 'People facing very difficult circumstances can feel intimidated and uncomfortable going to services that may seem 'official'.

It is important that primary care staff foster welcoming environments to people seeking GP registration, regardless of their background.

What patients told us about the barriers they found

Patients in focus groups highlighted some of the challenges for the QNI:

- *'Well waiting time, and sometimes you might need a sick note but you can't get an appointment to see one for two weeks.'*
- *'They put you back on the streets again, knowing that you ain't got a phone, you ain't got an house, so how can you phone them up if you ain't got an house and no money and no phone?'*
- *'I was homeless and he didn't want me around. He [the GP] perceived me as to be a problem... I mean, he's a lot better now I've got a stable address and all that, he treats me with respect.'*
- *'Once you get to see the doctors, they generally are interested in your case as medical professionals and will try and give you some service, but frontline staff are [sic] another matter.'*
- *'I hate doctors and medicine, I would rather go to the GP tomorrow, tomorrow, tomorrow!'*

Delivery of care

When nursing people experiencing homelessness in the community, you will require a different approach to hospital nursing or even more traditional forms of community nursing. You may be working in a homeless hostel, a women's refuge, you may be working on streets, or parks where rough sleeping is prevalent or you may be in clinic in a multi-disciplinary environment. You may have access to a mobile health unit. Your employer could be the NHS, the local authority, a voluntary sector organisation, private providers contracted to the NHS, a church or a housing association, each with their own culture, policies, and terms and conditions. Whichever the approach, the flexibility to work autonomously and with others and in a wide variety of environments is essential to becoming a good homeless health nurse.

This kind of environment can be overwhelming for some people who have not worked with people who are homeless before. It can also be exciting and provide many opportunities for innovation to shape services, which meet the needs of people at real risk of harm and very poor health outcomes. There is the opportunity to make a real difference in people's lives.



Activity 1.1

- Visit the QNI's Homeless and Inclusion Health Programme
- Explore the site and read through resources which interest you
- Think about your background training, the knowledge and skills you already have and the skills you might need to care for homeless patients.



Activity 1.2

- Fill in the table below, by listing your strengths and weaknesses in working in homeless health nursing.
- Then list the opportunities there may be for building more skills relevant to this area of practice..
- Complete the table by listing any threats or barriers to your development in homeless health nursing. This is a good way to identify barriers to learning early so you can consider ways you could overcome them.
- Discuss the table with your mentor and feel free to keep developing it as you learn more throughout the resource.

Figure 1.2 – A SWOT Analysis

STRENGTHS	WEAKNESSES
OPPORTUNITIES	THREATS

Role of a homeless health nurse

As you develop your practice, you will further understand the range of skills required in the specific field of homeless health. The ability to combine flexibility with safe practice, autonomy with teamwork, persistence with calmness under pressure, and empathy with self-management marks out an excellent homeless health nurse. In figure 1.3, you can see some of the skill areas, which nurses have identified, as important to working effectively in homeless health.

4 I was concerned I wouldn't be able to meet the client's needs - my clients have taught me everything I know since.

providers version 3.0 which should help to guide you to maintain the confidence in your practice knowledge and skills needed for effective practice.



Activity 1.3

- Consider how you might best use your existing skills.
- Consider and list the additional clinical skills you may need to become a homeless health nurse.
- Research how and where you might access formal or experiential training to give you confidence in the role.

Examples of some of the skills you may need

- men and women's general health promotion
- holistic health needs assessment
- contraception and family planning
- smoking cessation
- dietary and nutrition advice including cooking / eating on a budget
- dental hygiene and self-care advice
- active lifestyle advice
- basic drug and alcohol misuse advice including signposting to specialist services
- basic mental health assessment and advice including signposting to specialist services
- management of long-term and often poorly controlled conditions e.g. epilepsy, respiratory diseases (COPD, asthma), diabetes
- minor injury and minor illness advice and management
- chronic and traumatic wound care
- leg ulcer wound assessment and management including use of Doppler
- wound dressings and compression bandaging
- venepuncture
- immunisations

Figure 1.4 – Some key professional links for the homeless health nurse



Although some key links are listed in figure 1.4, it is still useful to have a broad understanding of other community healthcare roles, which may have relevance to your practice, depending on the age, demographics, and needs of your patients. Figure 1.5 shows some other community healthcare professionals and some of their links to homeless health.

Different roles you will link with across the community

Your patients are entitled to access the wide range of professionals for their health and overall social care, just the same as anyone else in our society. It is essential therefore that you understand these different roles. You are likely to have a key co-ordinating role; ensuring care is well managed for your patients. This can include though is not limited to, the range of professionals in figure 1.4.

Figure 1.5 - The responsibilities of other community health professionals

Health professional	Description of role and responsibilities
Community Children's Nurse	Provides holistic nursing care to sick children in the community setting. Provides nursing care to children and young people with a life limiting, life threatening condition, complex disability, long-term conditions such as asthma, eczema or allergies as well as palliative and end-of-life care. Empowers and enables children, families and carers to become more competent in condition management. Reduces the need for hospital admissions and enables early discharge.
Community Matron / Case Manager / Caseload Manager	A highly experienced senior nurse that works with patients with complex health problems. Provides a single point of care to support provide care for patient and prevent hospital admissions. Usually deemed to be working as advanced nurse practitioners. Undertakes variety of tasks and responsibilities including: treating, prescribing, or referring patients to a specialist. Provides skilled care that meets patients' health and social care needs, involving other members of team as appropriate. In homeless care, plays a key role in organising and coordinating care and may run MDT (multidisciplinary team) meetings.
Community Mental Health Nurse / Community Psychiatric Nurse	Has specialist training in mental health. May be attached to a GP practice, community mental health team, or psychiatric units. Has wide range of expertise and gives advice and support to people with long-term mental health conditions, and administers medication. May specialise in treating children, older people, or people with a drug or alcohol addiction.
General Practice Nurse /Practice Nurse	Works within GP practices as part of primary care team to assess, screen and treat patients of all ages. Runs clinics for patients with long-term conditions such as asthma, heart disease and diabetes. Also offers health promotion advice in contraception, weight loss, smoking cessation, travel immunisations and others. May be a first health service contact for a homeless patient.
General Practitioner (GP)	Provides a complete spectrum of care within the local community: dealing with problems that often combine physical, psychological and social components. At partner level, may be an independent contractor to the NHS and have responsibility for providing adequate premises and for employing staff. May have an interest/more training in working with homeless patients.
Health Visitor / Specialist Community Public Health Nurse	Works mainly with families with children under the age of 5. Supports families and children in growth and development, post-natal depression, breastfeeding and weaning, domestic violence and bereavement. Plays a role in safeguarding and protecting children from harm. A registered nurse or midwife with further training. May specialise in working with homeless families.



.....

‘You are likely to have a key co-ordinating role; ensuring care is well managed for your patients.’

.....

Learning Disability Nurse	Provides specialist healthcare to people with learning disabilities. Offers support to their families. Nurses in settings such as adult education, residential and community centres, patients’ homes, workplaces and schools. Homeless patients may also have a learning disability.
Occupational Therapist	Works to help people overcome the effects of disability caused by physical or psychological illness, ageing or accident. Examples of OT in homelessness include this one for OTs at homeless hostels run by the charity Places for People .
Physiotherapist	Uses skills including manual therapy, therapeutic exercise and the application of electro-physical modalities. Has an appreciation of psychological, cultural and social factors influencing patients. Advises and treats patients and carers in their own homes, nursing homes, day centres, schools and health centres. Members of the profession support people who are homeless in need of care in practice and in voluntary settings such as the Crisis at Christmas event.
Rapid Response or integrated Care team	Multidisciplinary health and social care teams made up of physiotherapists, occupational therapists, support workers and nurses. The service aims to prevent unnecessary patient admission to hospital and provide short-term support and rehabilitation in the home.
School Nurse/ Specialist Community Public Health Nurse	Works primarily with school age children in the school setting, and will offer a wide variety of services including health and sex education, development screening, immunisation screening and personal, social and health education across primary and secondary education. Can identify children at risk of harm and/or living in poverty and housing exclusion.
Specialist Nurse	Plays a key role in the management of patient care. Works closely with doctors and other members of the multidisciplinary team, to educate and support patients, relatives and carers from a variety of specialties, for example, Drug and Alcohol misuse, Tissue Viability, Palliative Care, TB, Diabetes, Epilepsy, Cancer and many others.
Speech and Language Therapist	Assess and treat speech, language and communication problems in people of all ages to help them better communicate. Will also work with people who have eating and swallowing problems.



Activity 1.4

Consider which community health professionals you could link with in your area and make a list.

An introduction to multi-agency work

Given the complexity of health needs of the patients you are treating, you will also work with other organisations to achieve holistic care. Some examples are given below:

The non-health multi-agency team

Local authority, housing providers, hostels, benefits agency, social care and health, drug and alcohol services, police and probation, prisons, charities and faith groups are all important partner agencies.

Local Authority

Although not everyone who is homeless or about to become homeless will approach their local authority, many will. All local authorities will have a homelessness lead or department. When someone presents at the council saying they are homeless, or will become homeless within 28 days, the local authority will consider if emergency accommodation is needed. Everyone is entitled to advice but not everyone is entitled to direct support. Who is entitled to receive help? And for those not entitled to help, who do they turn for assistance? The charity [Shelter](#) has

a guide for applying for local authority support and the criteria use in England and Scotland.

You may have to advocate for your patients who need emergency accommodation. This involves contacting your local authority to explain why you consider that a patient is vulnerable and in priority need. This is a complex issue and varies around the country so it is a good idea to read the Shelter guidance and your local authority's website.

Housing providers

These may be local authority, housing association, private landlords, charitable or faith groups. Hostels may be accessed by referral or direct access. You will need to understand what provision is available in your area, while recognising that shelter is a basic human need and that being without accommodation will significantly affect your patients' health.

Jobcentre/welfare support agency

Many people who experience homelessness either struggle to claim welfare payments or have difficulty in complying with requirements. This can result in benefit sanctions and can worsen the situation. You will often signpost your patients to the jobcentre/benefits agency or another homelessness organisation with knowledge in

this area of entitlements. How might you keep up to date? [Citizen's Advice](#) has a quick guide to available benefits.

For more information on multi-professional and multi-organisational working, read Chapter 6 - 'The effective multidisciplinary team'.



Summary

This chapter explored some of the context and causes to homelessness and some of the current challenges faced in delivering care to this population. The importance of developing a clear understanding of the other healthcare professionals that provide care to people in the community as well as those who are non-health agencies has been summarised.

You are encouraged to consider if working in this specialist area of nursing is for you. It will help you to think about what you can bring to this area of work, your own clinical skills and what additional skills you may need to work in this complex, exciting and challenging area of healthcare.

Further learning resources

Different models of homeless health practice

The [Homeless and Inclusion Health Programme](#) gives some examples of the different models for homeless health services. The QNI has supported homeless health nurses since 2007 and has a wide range of online education resources and guidance along with free membership to their homeless health network and learning days.

Homelessness: applying All Our Health, Public Health England 2016

This learning resource gives a helpful public health snapshot aimed at nurses, midwives, and allied health professionals around homelessness. It also features some actions and interventions that have shown to be effective.

Other support organisations

There are also other organisations that support both homeless people and professionals working in this specialist field and although not exhaustive, they include those below:

- Shelter - www.shelter.org.uk
- Crisis - www.crisis.org.uk
- Homeless Link - www.homeless.org.uk
- Pathway - www.pathway.org.uk

Sources of homelessness data

The following sites are useful for keeping on top of trends of homelessness in your area:

- [Homelessness statistics](#) - England
- [Homelessness statistics](#) - Wales
- [Homelessness statistics](#) - Scotland
- [Homelessness statistics](#) - London

