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Assessing Health Inequalities for Adults Experiencing Homelessness

Presented by:

ACP Rebecca Lace

Homeless and Vulnerable Adults Team (HVAT)

Dr Ben Hughes

Assistant Professor

University of Greater Manchester

On behalf of:

Joanne Dickinson (Service Lead - HVAT)

Angela Woods (University of Greater Manchester)

Improving care,
transforming lives...for a **better** Bolton



Homeless Statistics

Deaths whilst homeless are increasing

More Than 1,300 People Died While Homeless in 2022

Reported death figures among homeless population in the United Kingdom*



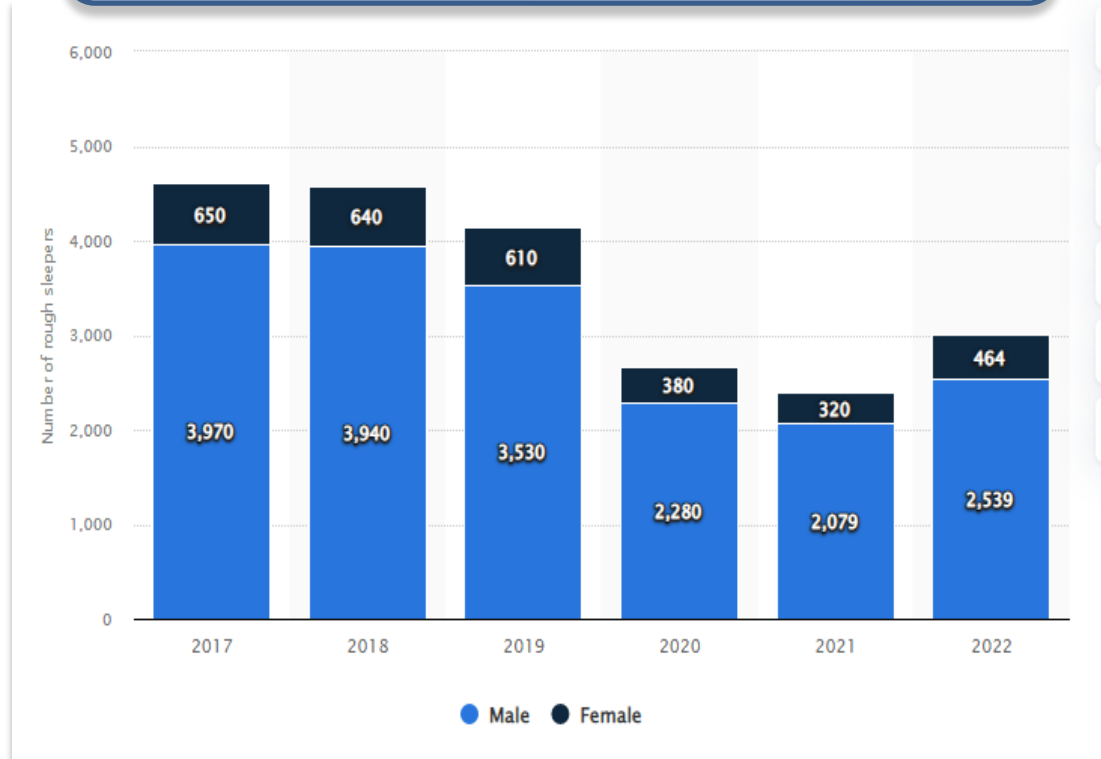
* As of April 4, 2023. Real numbers are likely higher as several authorities do not collect data on homeless deaths.

Source: Museum of Homelessness



Statista (2024)

Proportion of Rough Sleepers – far greater number of males than females



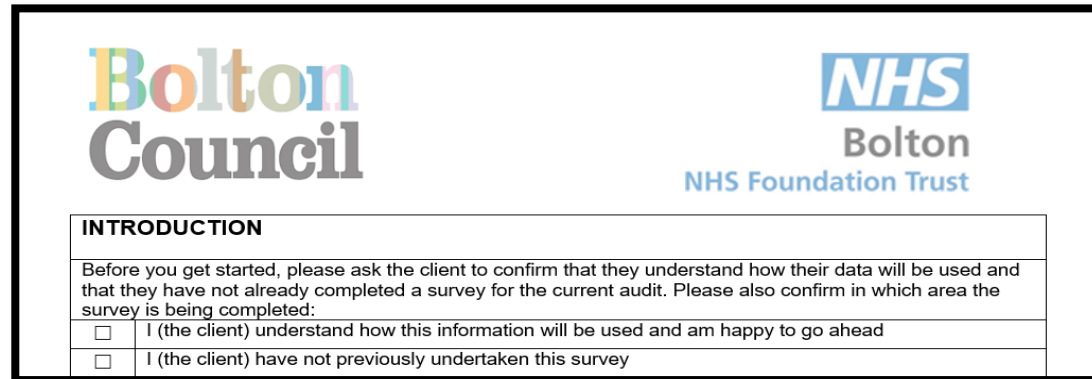
Statista (2023)



Homelessness

- **Poor health** - Those who have lived experience of homelessness have far poorer health and social care outcomes than the general population (NICE, 2022).
- **Care gaps** - Inclusion health and tackling inequality of care is a priority for all health and social care providers (NHS, 2019; Greater Manchester Integrated Care Partnership, 2023).
- **Accessing Services** - The attendance rate at A&E or urgent care centres is 3 x higher than the general population for those experiencing difficulties associated with homelessness (Homeless Link, 2022).

- Bolton University approached HVAT re homeless research
- Original audit template by Bolton Council in 2016 adapted to include Adverse Childhood Experiences - ACEs.



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INTRODUCTION	
Before you get started, please ask the client to confirm that they understand how their data will be used and that they have not already completed a survey for the current audit. Please also confirm in which area the survey is being completed:	
<input type="checkbox"/>	I (the client) understand how this information will be used and am happy to go ahead
<input type="checkbox"/>	I (the client) have not previously undertaken this survey

- Funding secured from Bolton Council – Rough Sleepers Initiative to support the interviewing process

- **To determine the accessibility and provision of health care to highlight gaps in:**
 - **Healthcare promotion**
 - **Health and Addiction services provision**
 - **Also to share information about current homeless service provision**

Audit Topics

47 Questions:

- Demographics
- Life Background
- Homeless Background
- Immigration Status
- Physical Health
- Mental Health
- Substance Use
- Support Received
- GP Registration
- A&E / Hosp Attendances
- Health Promotion / Screening
- ACEs x 10 questions



Method

- **Ethical approval granted by Bolton University and Bolton FT.**
- **Regular meetings held throughout.**
- **100 questionnaires were completed by HVAT (RL & JD) Aug 2020 – Aug 2021**
- **Forensic psychologist embedded within Rough Sleeper team provided timely psychological support to those interviewed.**
- **Data was analysed by Ben (UoB)**
- **Work written up for publication (AW, BH, RL & JD).**



Demographics

100 patients

79 Male & 21 Female

Average Age 40.2yrs

Sexual Orientation

93 Heterosexual

5 Bisexual

1 Declined

1 Not Completed

Ethnicity

91 White / White British

3 Asian

2 African

1 Gypsy / Traveller

1 Mixed Ethnic

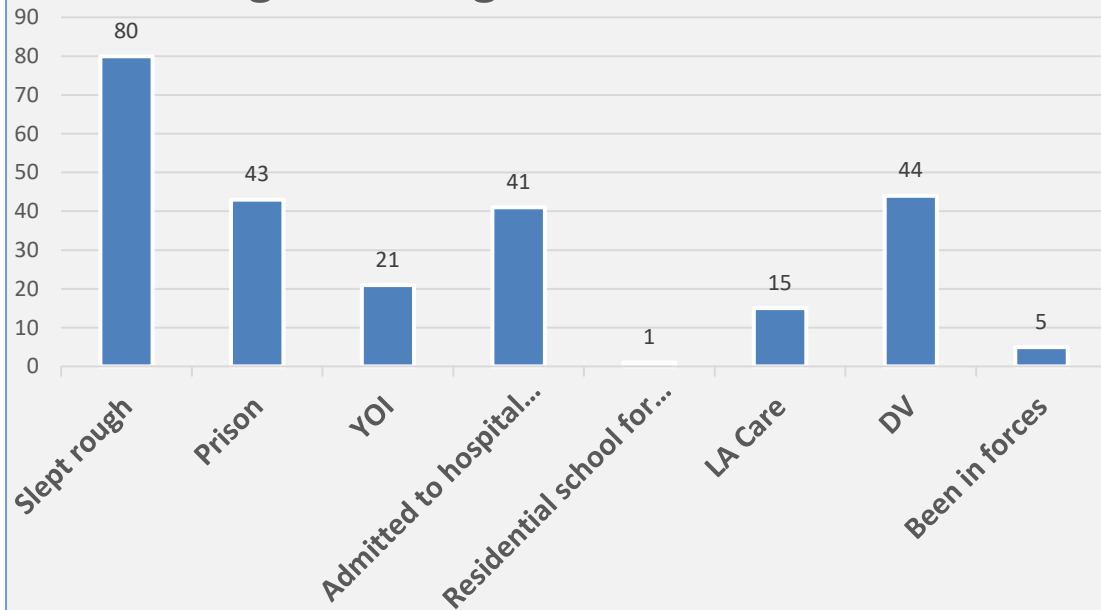
1 White non-British

1 White and Black African

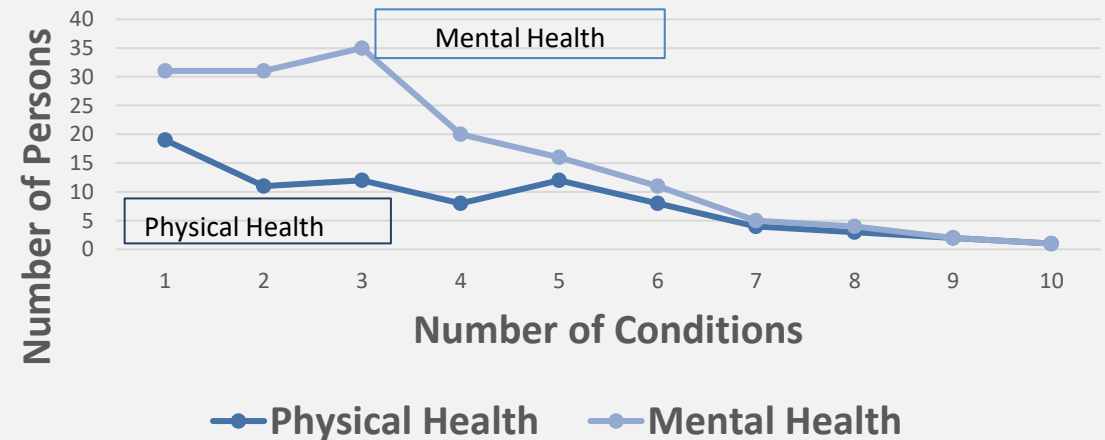
80% had slept rough
68% had been in institutional care

Mental Health conditions were far more prevalent than Physical Health conditions

Range of backgrounds declared

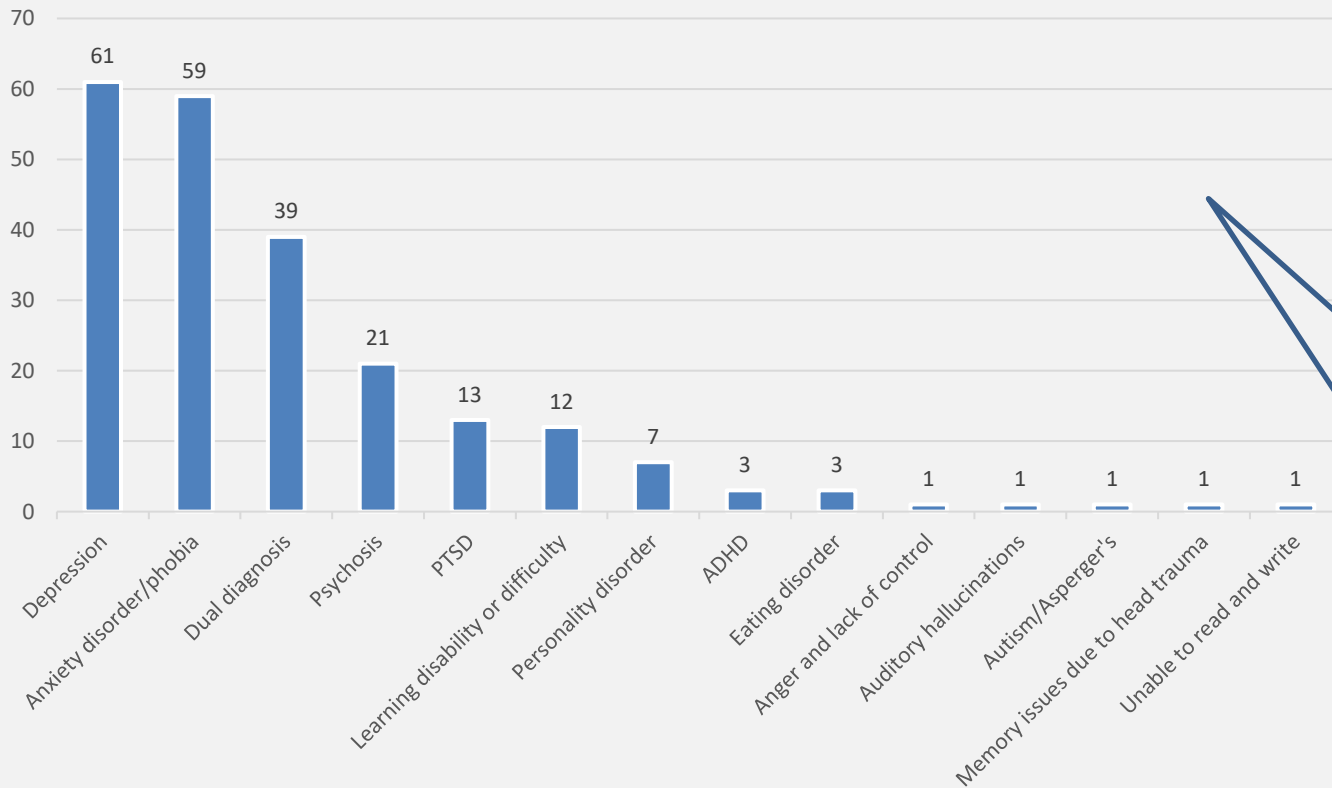


Comparison of Number of Physical and Mental Health Conditions per person in last 12 months



Mental health

Any HCP said about mental health or behaviour conditions in the last 12 months?



Homeless people reported experiencing multiple mental health problems

- 64% reported multiple conditions in the last 12 months
- 69% reported multiple conditions in the 12+ months

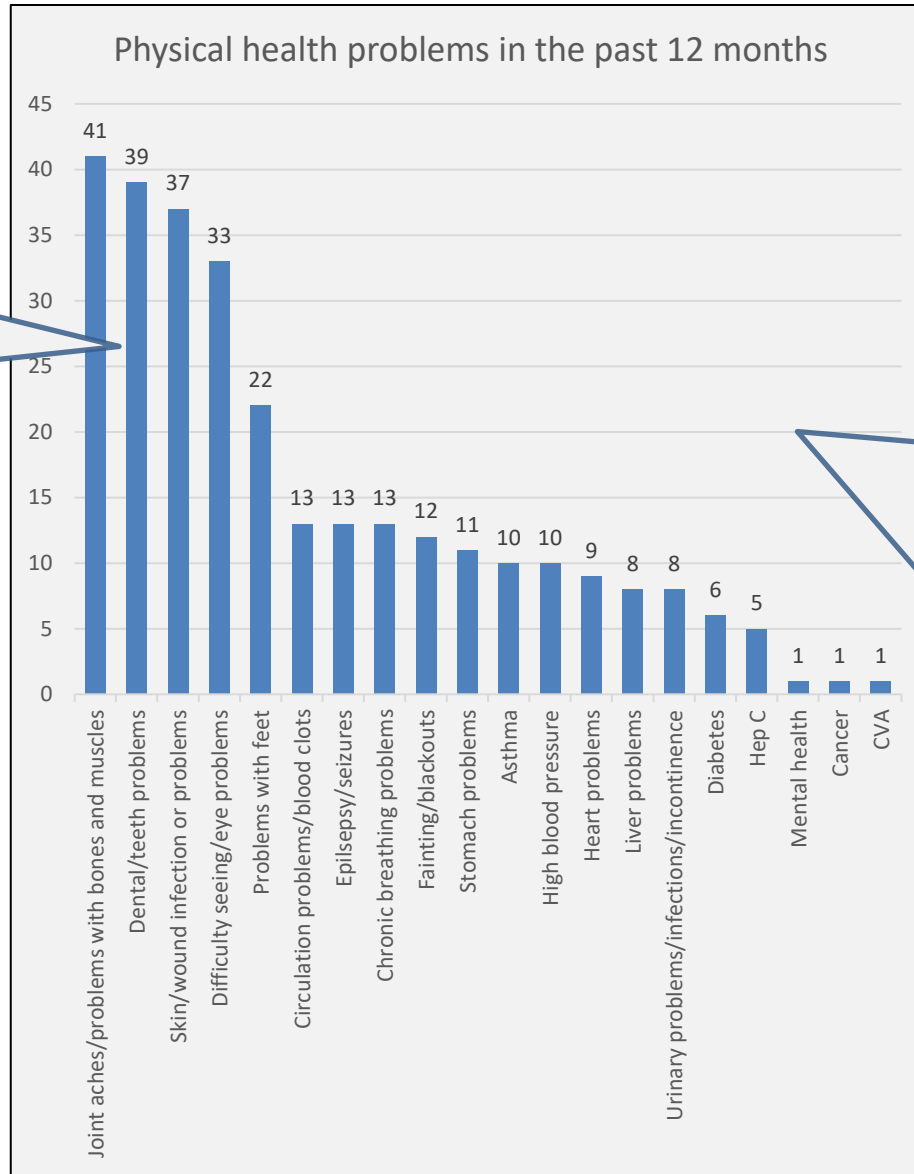
- **Over half of participants reported either anxiety, depression, or both**
- **39% reported mental health problems related to drug/alcohol use**
- **Some significant mental health problems e.g. 21% reported Psychosis).**
- **Trauma of some kind also featured**



- High instances of certain physical health problems

Physical health

- 80 individuals (80.0% of the 100) identified any multiple physical health condition in the past 12 months
- 81 individuals (81.0% of the 100) identified any multiple physical health condition in the past 12 months



- Some potentially serious physical health issues, like DVTs, Diabetes and Hep C were also apparent

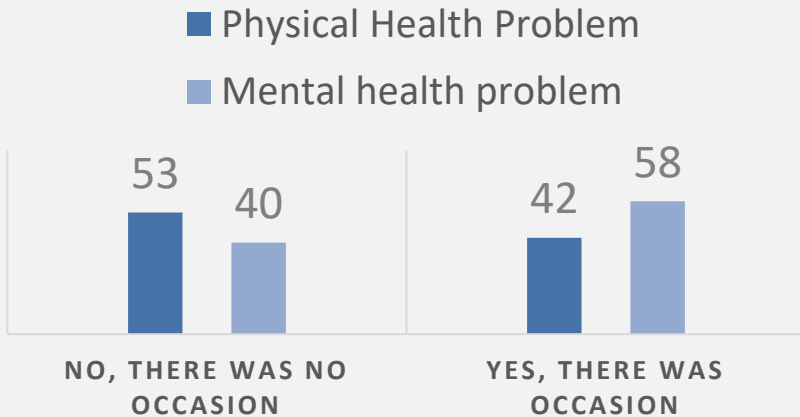


Accessing Services

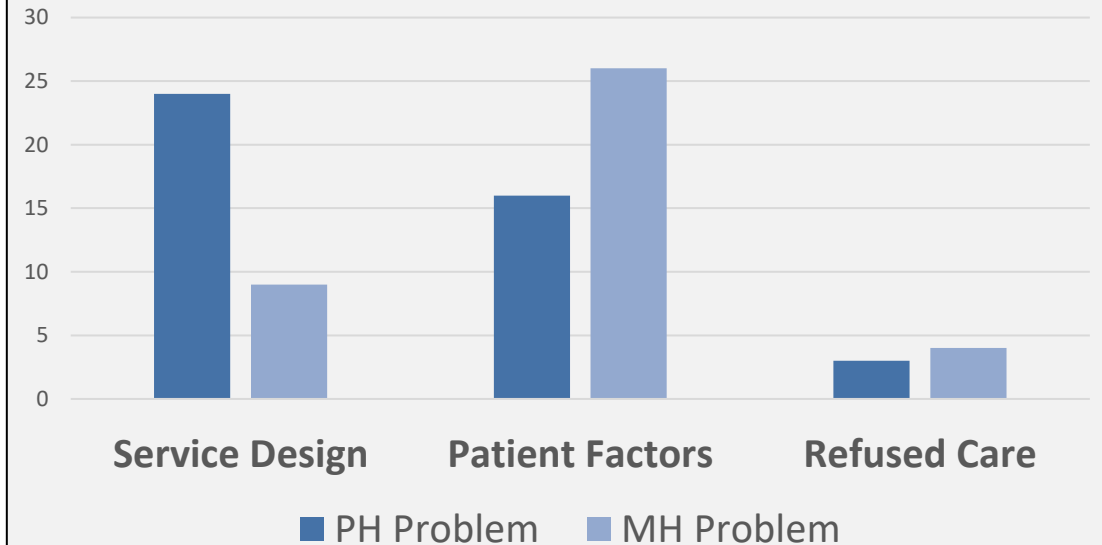
- 6% not registered with a GP
- 7% refused GP registration in last 12 months
- Approx half had difficulties accessing health care

- **Service design was a significant barrier**
E.g. No GP apts, digital platform, waiting list times, out of area, no follow-up, pts unaware of our drop-in clinic

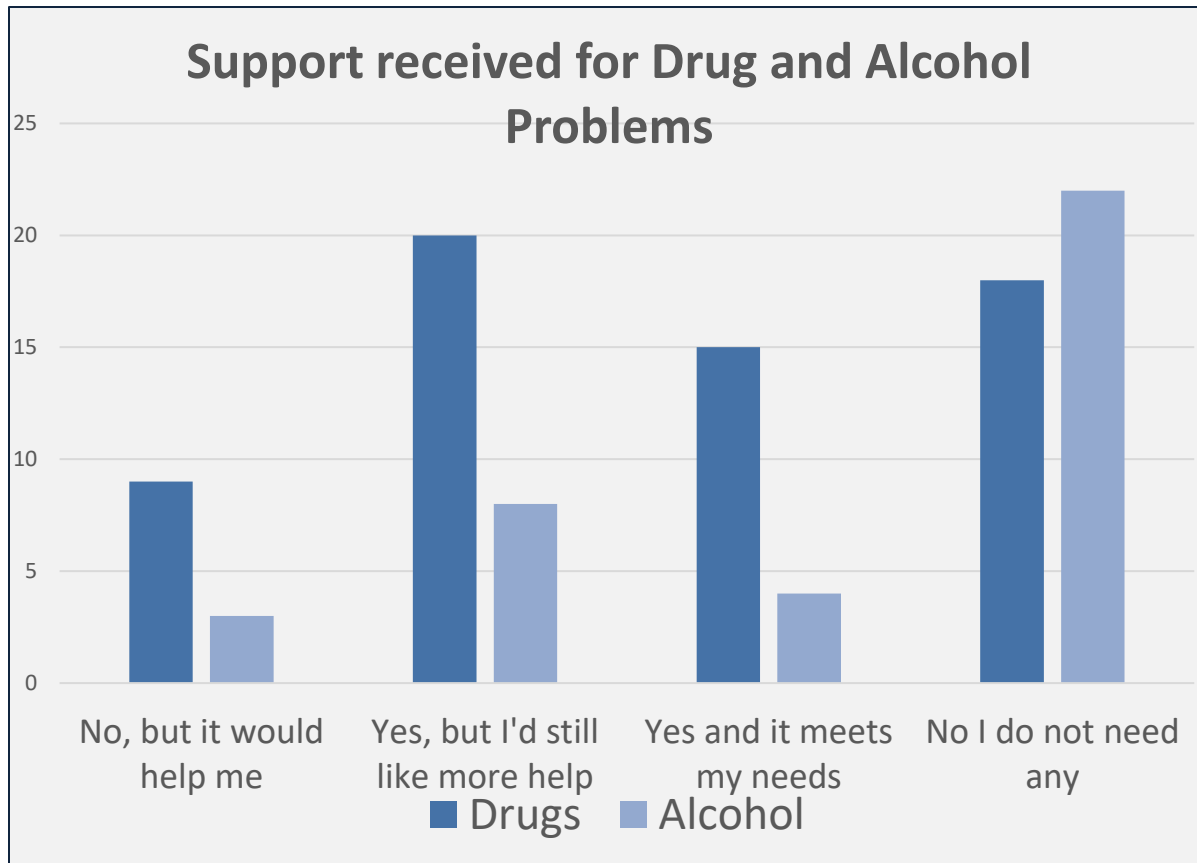
COMPARISON OF DIFFICULTIES ACCESSING HEALTH CARE FOR PHYSICAL AND MENTAL HEALTH IN LAST 12 MONTHS



Reasons for not receiving examination / treatment



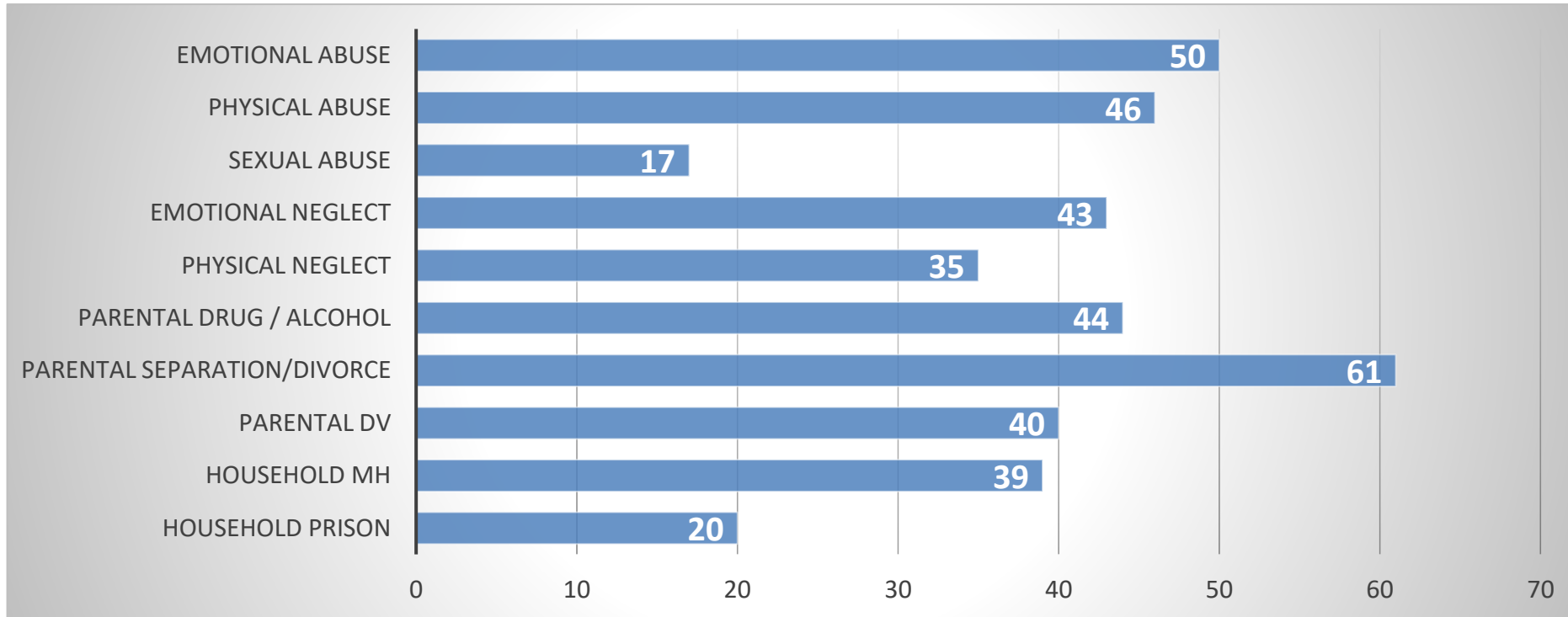
Addiction & Dependency



- 29 participants wanted more help with Drug dependency
- 11 participants wanted more help with Alcohol dependency

- 48% reported self medicating with drugs/alcohol

Adverse Childhood Experiences



4 or more ACEs are seen to be a determination of the effects lasting into adulthood (n=53).

Sexual abuse is the most reactive for deprivation outcomes (n=17).
(Briggs et al 2021)

Having a high ACE score is a social determinant of health

A lifetime prevalence of ACEs is substantially higher for the homeless population

(Liu et al, 2021).

Homeless Nursing Team

- Initially set up in 2007, 2 staff providing 2 hr /week clinic.
- ACP (Nursing) led service, 10 staff: Prison, MH, Paeds, A&E and Community.
- Band 2 (2), Band 6 (4), Band 7 (1) Band 8a (2) 3 prescribers + DSN (Band 7)
- Outreach – Sleep sites, ONS, Hostels, Guest Houses, sofa surfing addresses, move-on temp and permanent homes.
- In-reach at the hospital – MWF with M-F telephone support
- Drop-in health clinic with ACP – MWF, accessible in town centre
- MDT (GP, Social services, NHS) also includes RSI team (Council), RSDA (Council & GMMH), Accommodation staff.
- Empathic, compassionate and experienced team, approx. 200 pts

- **Rough Sleeper Drug & Alcohol Service** provides early help and support with addiction including mental health support from Neuropsychologist, Clinical Psychologist and Dual diagnosis nurses.
- Secured funding **In-reach at hospital** provides support to staff and patients navigating homelessness and reducing early unsafe discharges.
- Direct referral to **DVT clinic** and bridging prescribing
- Disease focused QIPs – **Hep C and Diabetes**
- QIP looking at further **Outreach work** to increase access to services and current QIPs in A&E looking at patient experiences and staff information about homelessness.

Health Condition focus:

Hepatitis C and Blood Borne Viruses

- North Manchester BBV team trying to tackle highest incidents of Hep C in North West (Bolton).
- Secured temp post for 15hrs / week – from March 2023 onwards.
- Testing and treating the most hard to reach patients which has led to successful cures for the very first time in some pts.
- Also includes BBV screening for Hep B and HIV.
- Opt out BBV screening has also recently commenced in all GM A&Es as part of a national rollout to reduce incidences of people living with untreated disease.

Health Condition focus: Diabetes

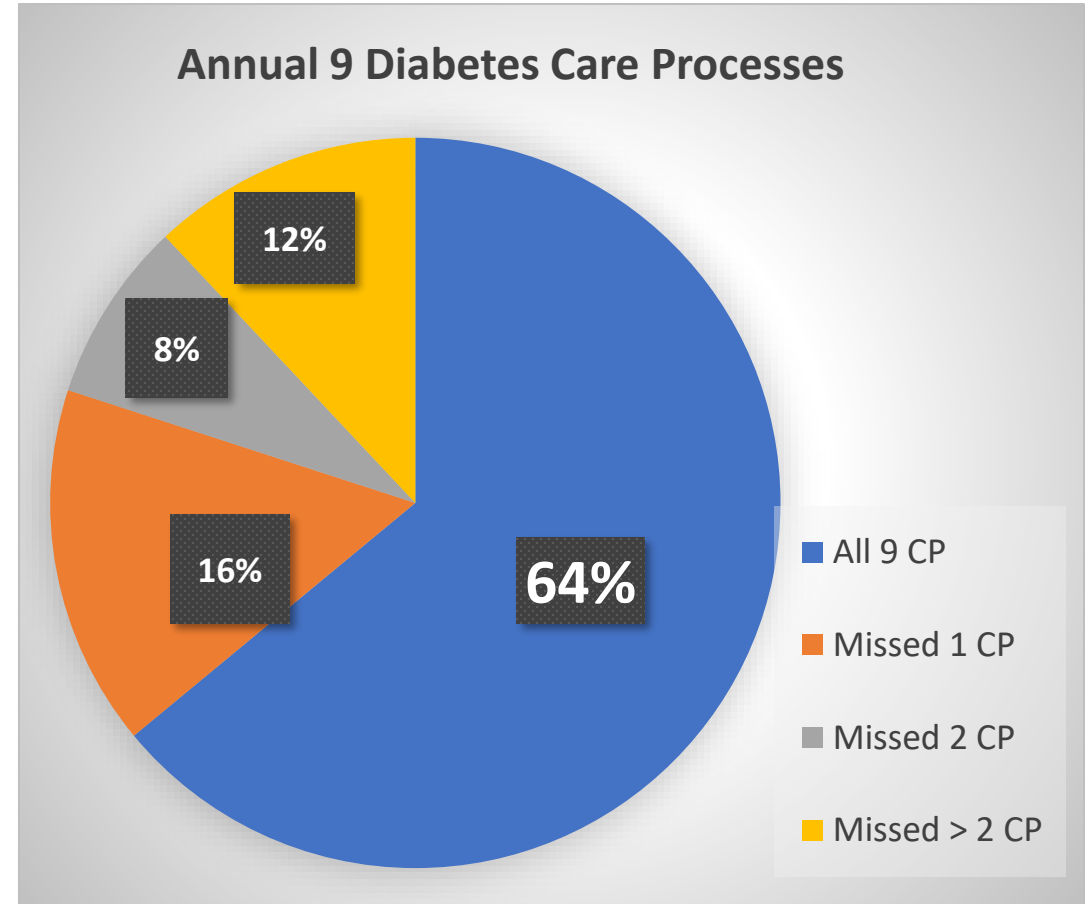
- Initial work started in 2021 with first diabetic patients being registered on the database.
- Diabetic Specialist Nurse secured permanent funding work 1 day/week from April 2024.
- Increased HVAT knowledge of complex Type 1 & Type 3c Diabetes.
- Vastly improved Diabetes 9 Care Processes results.
- DSN also sourced Breast, Cervical and Bowel screening through GP Federation for homeless population.
- To date, 73 pts have been seen and managed by our collaborative team.
- Currently reviewing ACPs in the team adjusting medication regimes.

Annual 9 Diabetes Care Processes

- Urine ACR
- HbA1c
- Blood Pressure
- Foot Screening
- Retinal Screening
- Lipids
- Creatinine
- Smoking
- BMI

In comparison:
England's best figures (pre-Covid) 2019-2020 were **44.8%** for all 9 Care Processes completed. (Combining data for Type 1 and Type 2).

(National Diabetes Audit, 2021)



QIP – Improving Access to Services

This evidence secured permanent funding for 2 additional staff to support the extended outreach work

- Small sample of 15 patients selected from frequent attenders at A&E and subsequent referrals into our service, looking at service access 3 months prior to outreach support and 3 months post outreach support in 2023.
- Pts with lived experience of homelessness who were either sofa surfing / moved on accommodations and having little / no engagement with our service.

Service	Improvement
GP engagement	250%
Drug & Alcohol	116%
Health Services	66%
Social / Comm services	172%



Health Outcomes through engagement with other services

Reduced unnecessary A&E attendances by 100%.

Addressing Barriers and Inequality

- Bolton Council – **bus passes** provided for urgent care or hospital appointments.
- **Training** provided by Forensic Psychologist (Bolton Council) for all Bolton homeless services in **Psychologically Informed Environments & Trauma Informed Care (PIE and TIC)**.
- Current task & finish group for **Trauma Informed Care** approach to look at **training all staff** at Bolton NHS FT.
- HVAT and RSDA team **support and accompany** complex patients with **appointments** to promote consistent care and reduce non-concordance.
- **GP Homeless Protocol flowchart** was presented and shared with over 50 GP practices in Bolton to signpost GPs to homeless services. Plans to update and re-share.
- **In-reach Homeless Protocol** Flow Chart recently updated and shared to help improve hospital staff knowledge.



In-reach Homeless Protocol

Homeless patient protocol

Is your patient homeless or at risk?

- NFA, Street Homeless, Sofa Surfing
- At risk at current address and can't return (domestic violence / abuse)
- In temporary accommodation (Hostel/Guest House)
- Mental/Physical health needs which prevents them returning to their address (Home not fit for purpose)

Does the patient have Care and Support needs? **YES** → Refer to Integrated Discharge Team via EPR

Is the patient in contact with Housing? **NO** →

- 1 Complete Duty To Refer online form-link on BOB
- 2 Or Bolton resident - contact 01204 335900
- 3 Other UK resident - direct to Local Authority

Does the patient have access to food on discharge? **NO** →

Homeless Aid UK Street Kitchen
 7pm - Tues, Thurs, Fri, Sat
 6pm - Sunday
 Arches, Le Mans Crescent, opposite Bolton Town Hall

Are you concerned? **YES** →

If you are concerned/need advice regarding a patient or feel they are not accessing health support please contact:
 Homeless & Vulnerable Adult Nursing Service
 Tel: 01204 463417/07789895151
 Email: homelessnursingteam@boltonft.nhs.uk

Does the patient require wound care advice/support? **YES** →

Homeless Drop-in Clinic, Lever Chambers.
 Mon, Wed & Fri 10am -2pm (note 10am to 12 for new referrals)

If YES can the patient travel to the town centre? **NO** →

Liaise with Treatment rooms / District Nursing for ongoing care
 Tel: 01204 462626

Other Contacts:
 Achieve for drug and alcohol dependence: Appointments: 01204 483090 Clinical Advice: 01204 483233
 Urban Outreach (CHARITY) (Street life Project -benefits and housing support) Mon-Fri 9-5pm 01204 385848
 Homeless Aid UK (CHARITY) (Emergency Support for Homelessness including food) Contact: 0800 124 4641

Flow chart of advice for healthcare staff to signpost their patient to the right services:

- Care needs
- Housing support
- Food Sources
- Health and Wound care support
- Addiction support
- Charitable support



Publications and Sharing Best Practice



- Audit results and subsequent improvements were published over 3 articles in 2023/2024.
- Also been approached by other homeless services across the UK to share our experiences in commissioning and service design.

Homelessness: partnerships and approaches to tackling complex needs

Angela Woods, Ben Hughes, Rebecca Lace and Joanne Dickinson

Abstract

Purpose – This paper – the first of three – aims to explore some of the complex physical and mental health needs of those experiencing homelessness. It will act as a lead-in to the other articles by establishing the nature of the problem and offer a rationale for carrying out a service user needs assessment as part of a review of local service provision in the North West of England against the backdrop of the current COVID-19 epidemic.

Design/methodology/approach – There are a number of complex social and health inequalities often experienced by those who are homeless. Effectively tackling these requires a coordinated multi-agency response to both prevent and tackle the harms associated with being and becoming homeless.

Findings – Partnership working offers the best opportunity to meet the complex needs of those experiencing homelessness. The current delivery model being actioned in the North West of England highlights the importance of the links between statutory and non-statutory services. An ongoing service user needs assessment will further help to highlight contemporary issues faced by those experiencing homelessness and those providing services in the context of the COVID-19 epidemic.

Social implications – Future papers as part of this series of three will consider the implications of social exclusion and barriers to accessing services faced on a day-to-day basis by those experiencing homelessness.

Originality/value – The opportunity to reflect on established views in relation to the nature and scope of homelessness. It will consider the implications exclusion from society and service provision that this group face on a day-to-day basis. The paper will describe a contemporary approach to tackling current issues faced by those experiencing homelessness in the current context of the COVID-19 epidemic.

Keywords Homelessness, Social exclusion, Health inequalities, Mental health

Paper type Research paper

Nature and scope

The legal definition of homelessness is described by Public Health England (PHE, 2019) as a household that:

[...] has no home in the UK or anywhere else in the world available and reasonable to occupy.

According to Crowley and Mulen (2019), public perception of homelessness is often focussed on those most visible and sleeping rough in large cities. Preconceptions of what homelessness is and who is homeless can affect both policy and practice. The charity Crisis (2018) noted that there is a lack of a shared understanding amongst professionals, the media and the general public in relation to homelessness, making it difficult to measure the nature and scope of the problem. The European Federation of National Associations Working with the Homeless (2006) developed a framework (European Typology on Homelessness and Housing Exclusion – ETHOS) to help capture the complexities of homelessness whilst also recognising the need for a shared approach across geographical boundaries. Whilst the ETHOS framework (EFNAWH, 2006) does aim to establish a shared understanding of what homelessness is and what the causes of homelessness are, it

Angela Woods and Ben Hughes are both based at the School of Health and Human Sciences, The University of Bolton, Bolton, UK. Rebecca Lace is a Trainee ACP, Independent Non-Medical Prescriber, Homeless and Vulnerable Adults Nursing Services, Bolton NHS Foundation Trust, Bolton, UK. Joanne Dickinson is Advanced Clinical Practitioner, Homeless and Vulnerable Adults Nursing Service, Bolton NHS Foundation Trust, Bolton, UK.

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Homelessness: measuring need to design more inclusive services

Angela Woods, Rebecca Lace, Joanne Dickinson and Ben Hughes

Abstract

Purpose – The purpose of this paper – the second of three – is to report the findings from a service user needs assessment in those who have contact with a local homelessness service in the North-West of England.

Design/methodology/approach – Data were collected using a semi-structured questionnaire that included a section exploring Adverse Childhood Experiences. Aggregated data from a total of 100 completed questionnaires were analysed to understand the nature and scope of those accessing the Homelessness and Vulnerable Adults Service (HVAS).

Findings – Homeless people accessing HVAS face a number of challenges, which reflect their upbringing and chaotic and complex histories. Reports of multiple disadvantage, social isolation, physical and mental health problems were common among the cohort.

Research limitations/implications – This was a small cohort study, and the authors accept that this may potentially limit the scope of the findings. Themes identified are, however, reflected in wider research and official data collection sources. Future research may seek to widen the data collection methods to offer a more representative cohort.

Practical implications – The provision of co-ordinated multi-agency support is essential to tackle health inequalities experienced by those who are homeless.

Social implications – The complex issues often experienced by those who are homeless can further compound the impact of social exclusion on health and well-being. The reduction of statutory support and increased emphasis on self-reliance can further impact those people on the margins of society.

Originality/value – This study identifies how multiple deprivations and social isolation impacts upon health and well-being, further compounding a person's ability and willingness to engage with services. It raises the question of the systems failure to respond effectively.

Keywords Homelessness, Well-being, Health, Partnerships, Disprivation, Inequality

Paper type Research paper

Background/introduction

Defining and measuring homelessness is notoriously difficult and complex (Watts et al., 2022). Official data collection often relies upon recording the number of people seeking housing support and accessing emergency accommodation annually (Office for National Statistics (ONS), 2021). The number of people sleeping rough is calculated by carrying out a targeted recording of those visibly sleeping rough on a single night. As a result, this can give a skewed picture, and discrepancies in data reporting are regularly highlighted (Crisis, 2018). For example, official data last year suggested a downward trend in the numbers of rough sleepers (Department for Levelling Up, Housing and Communities, 2022), while other reports proposed an increase of over 50% of those sleeping rough since 2010 (Homeless Link, 2021). Figures recently released from the Department for Levelling Up, Housing and Communities (2023) identify that the numbers of people sleeping rough across all regions in the UK has recently risen for the first time in four years and has increased by 35% since 2010.

The authors received no financial support for the research, authorship and/or publication of this article. The authors would like to acknowledge the contribution made to the knowledge base by those who have supported the HVAS and those who work and volunteer in other support services in an effort to improve the lives of those who are homeless.

Homelessness: challenges and opportunities in the “new normal”

Angela Woods, Rebecca Lace, Joanne Dickinson and Ben Hughes

Abstract

Purpose – This paper – the final paper of a series of three – aims to discuss the implications of the findings from a service user needs assessment of people experiencing homelessness in the Northwest of England. It builds upon the previous paper by offering a more detailed analysis and discussion of the identified key themes and issues. The service user needs assessment was completed as part of a review of local service provision in the Northwest of England against the backdrop of the COVID-19 pandemic.

Design/methodology/approach – Semi-structured questionnaires were administered and used by health care professionals to collect data from individuals accessing the Homeless and Vulnerable Adults Service (HVAS) in Bolton. The questionnaires included a section exploring Adverse Childhood Experiences. Data from 100 completed questionnaires were analysed to better understand the needs of those accessing the HVAS.

Findings – Multiple deprivations including extensive health and social care needs were identified within the cohort. Meeting these complex needs was challenging for both service users and service providers. This paper will explore key themes identified by the needs assessment and draw upon further comments from those who participated in the data gathering process. The paper discusses the practicalities of responding to the complex needs of those with lived experience of homelessness. It highlights how a coordinated partnership approach, using an integrated service delivery model can be both cost-effective and responsive to the needs of those often on the margins of our society.

Research limitations/implications – Data collection during the COVID-19 pandemic presented a number of challenges. The collection period had to be extended while patient care was prioritised. Quasi-rigorous methods were used, however, this limited the opportunity for service user involvement and feedback. Future research could use qualitative methods to address this balance and use a more inclusive approach.

Practical implications – This study illustrates that the needs of the homeless population are broad and varied. Although the population themselves have developed different responses to their situations, their needs can only fully met by a co-ordinated, multi-agency, partnership response. An integrated service model can help identify, understand, and meet the needs of the whole population and individuals within it to improve healthcare for a vulnerable population.

Social implications – This study highlighted new and important findings around the resilience of the homeless population and the significance of building protective factors to help combat the multiplicity of social isolation with both physical and mental health problems.

Originality/value – The discussion provides an opportunity to reflect on established views in relation to the nature and scope of homelessness. The paper describes a contemporary approach to tackling current issues faced by those experiencing homelessness in the current context of the COVID-19 pandemic. Recommendations for service improvements will include integrating established good practices including embedding more inclusive/participatory approach.

Keywords Homelessness, Social exclusion, Health inequalities, Mental health, Partnerships

Paper type Research paper

Background and introduction

According to data reported by the Homelessness Monitor in England, there has been a recent increase in the number of people sleeping rough, the proportion of households at risk of homelessness within 15 days and those placed in temporary accommodation.

Angela Woods is based at the School of Health and Human Sciences, University of Bolton, Bolton, UK. Rebecca Lace is based at the Bolton Hospitals NHS Trust, Bolton, UK. Joanne Dickinson is based at the CCSB Bolton Hospitals NHS Trust, Bolton, UK. Ben Hughes is based at the School of Health and Human Sciences, University of Bolton, Bolton, UK.

The authors received no financial support for the research, authorship and/or publication of this article. The authors wish to acknowledge the contribution made by those with lived experience who completed the survey. Recognition and thanks are also given to those involved in the data gathering process. The authors hope this work will help to improve the lives of those who are homeless.



Recommendations

- Those working with the homeless population need training in Trauma Informed Care.
- Homeless services and those working with the homeless need to focus on accessibility and flexible approaches to ensure equitable care.
- Mental Health Care and Addiction Services need to be incorporated into homeless healthcare.

rebecca.lace@boltonft.nhs.uk

B.hughes2@greatermanchester.ac.uk

Thank you for listening, any questions?



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