

# Health and Homelessness

Simon Community NI

## Position Paper

### Central Position

***Everyone in Northern Ireland who is homeless should have the right to a permanent home and the necessary health care to realise their full potential.***

### Context

People who are homeless are disadvantaged with poorer health and lower life expectancy than those in permanent accommodation who lead more settled lives. They also experience difficulties in accessing the full range of health services available.

**Health and homelessness** are intrinsically linked. Physical and mental health problems are amongst the complex range of issues which can lead to homelessness.

Homelessness and the lack of a stable and secure home setting can result in short-term and long-term health problems.

### The Way Forward

Simon Community NI (SCNI) consider that having and maintaining good health is a critical factor in everyone's lives. Everyone who is homeless should therefore have the right to a permanent home and the necessary health care to enable them to realise their full potential.

SCNI believe it is vital that policy makers and service providers work towards:

The development of Health and Homelessness Standards and Plans for Northern Ireland, to ensure coordination of working and a unitary approach across government departments and agencies.

Ensuring that people who are homeless are registered with a GP.

An audit and evaluation of current health services for people who are homeless, and on the basis of this consideration should be given to the extension of such services.

Ensuring that training on health and homelessness is provided to all GPs and health staff, to assist in the prevention of homelessness and movement out of homelessness.

## Homelessness

Homelessness is a prevalent issue in Northern Ireland – caused in part by a range of issues including, family and relationship breakdown, the lack of social rented housing (1) and the cost of buying or renting private housing. Last year (2007/08) the Simon Community were approached by 3,173 individuals and 122 families in need of emergency accommodation. (2) In the same period 19,030 households presented as homeless to the NI Housing Executive, (3) and 2,566 households were placed in a range of temporary accommodation.

## Health

Being in good health is important to all of us – not least because it enables us to live our lives to the full.

The World Health Organisation (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity...including the ability to lead a socially and economically productive life. (4)

Health or being healthy means different things to different people – depending on a range of variables including age, socio-economic status, occupation, life expectations, country and area of residence, and a range of social determinants of health. A person's health takes into account both their physical and mental health and well being. (5)

## Health Inequities

Health inequities continue to exist – both in terms of actual health and access to health care services.

*“Despite some relative improvements, there is a continuing health gap between the most deprived areas and Northern Ireland overall. This is most evident in the potential years of life lost, infant mortality rates, teenage births, standardised admission rates to hospitals and cancer incidence rates indicators”.* (6)

*“Not only is our health not good, but it is the poorest of our people who have to pay the highest price in health terms. Those of us who are poorest are more likely to be sick or disabled and to die at a younger age. These inequalities in health are present from birth right through to old age”.* (7)

## Linkages between Health and Homelessness

The facts about health and homelessness have been summed up by many commentators. Poor health is not only a consequence of homelessness but can also be one of the reasons leading towards it.

*Homelessness has a hugely negative impact on the physical and mental health of those affected, and on their ability for regaining proper control of their lives....Poor health is one of the more visible impacts of homelessness.* (8)

Overall there is a greater risk of premature death and health problems amongst the homeless population than amongst the population at large. **Health problems** include chronic conditions, mental health problems including anxiety, stress, self-harm, infectious diseases, and an increased risk of dermatological problems and musculoskeletal problems. A significant minority of homeless people are dependent on drugs or alcohol often alongside mental health problems and other multiple needs.

*... the effects of homelessness in Northern Ireland continue to prompt concerns for the NI Housing Executive...It is widely recognised that homeless people are more vulnerable to infectious diseases, due to their living environments and generally poor conditions, and surveys...have revealed high levels of mental illness among people living in temporary shelters and B&B type accommodation. (9)*

Health problems amongst homeless people are not confined to those sleeping rough. Single people and families living in temporary accommodation – with friends or in hostels – may experience little privacy, have limited facilities of their own and have to share kitchens and bathrooms, and have limited long-term security and stability. All of this impacts on health.

*Health and homelessness relate to each other in a multifaceted way... The aggressive environment can lead to severe physical ailments, cutaneous and respiratory problems being amongst those that frequently reoccur. The severe stress arising from environmental and lifestyle factors, as well as the frequent isolation associated with chronic homelessness, also leads to widespread mental health problems. Mental disorders such as depression, schizophrenia and personality disorders are often associated with chronic homelessness. These may be worsened or even provoked by substance abuse, which is often a feature of homelessness. (10)*

## **Rough Sleepers**

Research in 2002 indicated that three-fifths of rough sleepers had a drug problem, half an alcohol problem, a third physical health problems and a third mental health problems. (11) Furthermore rough sleepers have an average life expectancy of 42 years.

## **Single Homeless People**

Single homeless people are more likely to suffer from mental health problems and alcohol and drug misuse. They are also at greater risk of physical illness and of contracting infectious diseases.

Poor mental health – including self-harm and suicidal tendencies are experienced by at least 60% of all SCNI residents. A third of all SCNI residents experience physical health problems including chronic chest/breathing problems.

Research amongst the homeless population in the Eastern Health & Social Services Board area indicates that substance misuse is a significant issue among homeless people both in terms of prevalence of use (23 - 27% of the sample) and dependency, that 'risk behaviours' are associated with that substance use, and that the incidence of mental ill health among the homeless population is high. (12)

## Homeless Families and Children

Families and children living in temporary accommodation – which may be overcrowded with little room to play or do homework – also experience significantly more health problems than the general population (13) as:

- \* homeless children are twice as likely to be admitted to hospital for accidents and infectious diseases
- \* behavioural problems and poor sleep patterns have been found to be higher among homeless children
- \* mental health problems are significantly higher among homeless mothers and children.

A study in Leeds (14) in 2003 found that the health, education and general welfare of children living in temporary accommodation is seriously affected by the lack of support and services in the city's hostels.

## Homeless People Accessing Health Care Services

The general public's access to primary health care services is usually through the 350 GP practices throughout Northern Ireland. Access to secondary services – or in the case of emergencies first point of call – are at regional level via the acute and community hospital services. Furthermore specific services are required to ensure that homeless people can access the appropriate assessment and treatment.

**Given the relative poorer health experienced by people who are homeless access to appropriate health care is of paramount importance.**

However, research in England and Wales indicates that homeless people are around 40 times more likely not to be registered with a GP than members of the general public. (15)

Furthermore research (16) by the SCNI found that although much in need of, homeless people do not have sufficient access to health services. While the majority of SCNI residents are registered with a GP (90%) – one out of 5 of these individuals said they were not currently living within an accessible distance of their GP. Clearly maintaining contact with health professionals such as the GP, social workers, dentists etc. can be difficult if the individual or family is accommodated temporarily some distance away from these services. In addition, other barriers include stereotypical views held about homeless people and GP receptionists' attitudes.

Overall it can be more difficult for homeless people to attend appointments, particularly if they are moving around, or to participate in health improvement and health promotion activities, such as healthy eating and physical activity.

There is a growing awareness within Northern Ireland and the UK of the relationship between Health & Homelessness, this is reflected in the development of good practice to enhance the health of people who are homeless. However, there is room for improvement in many directions including the role of:

- Health in the prevention of homelessness and moving out of homelessness.
- Admission to and discharge from hospital – for those who are homeless.
- Provision of good and affordable housing – both in preventing homelessness and ensuring resettlement – and therefore preventing repeat homelessness.

## Policy

Current Government policy refers to health and homelessness.

**Investing for Health (17)** focussed on the NI Executive's priority of "Working for a Healthier People", recognising that a modern, successful society must include major improvements in health, and reductions in health inequalities. Overall this report noted that "homelessness presents a considerable risk to health both physically and through feelings of social exclusion." And "homeless people are more vulnerable to infectious diseases, due in part to their less safe living environments."

The DHSSPSNI strategy **Caring for People Beyond Tomorrow (18)** includes the need to have a health service providing comprehensive person-centred care, with a readily accessible and responsive first point of contact and an emphasis on engagement with people and communities about their care. In terms of homelessness it highlights the need for further development of partnership working between Departments, Agencies and voluntary bodies, as this can offer *considerable scope for the development and implementation of new holistic approaches to many intractable social issues such as homelessness*. In particular it commends the nursing profession where nurses are taking on specialist roles and extending their skills in areas such as working with vulnerable groups such as the homeless.

More recently the DSDNI Promoting Social Inclusion Report **Including the Homeless (19)** recognised the link between homelessness and poor health and committed the Government to work across Departments in a range of areas, including to *promote the health and mental well-being of the homeless and ensure they have access to quality health and social services when required, and consider rolling out existing models of good practice across Northern Ireland at a level proportionate to the incidence and risk of homelessness in each Health and Social Services Trust area*.

## Health and Social Care Reforms

Proposals for Health and Social Care Reform are being progressed. These proposals can enable significant strides in tackling health inequalities. Opportunities to achieve this may be realised through Local Commissioning groups and the establishment of a Regional Public Health Authority. These structures and their links to community planning have a key role effect in the delivery of health services to homeless people.

## Right to Health

This position paper is centred on a basic assumption of a right to health which is underpinned by the International Covenant on Economic, Social and Cultural Rights (Article 12), and which has been ratified by the UK government. The production of a Bill of Rights for Northern Ireland is underway – and the NI Human Rights Commission has put forward a suggested Bill of Rights to the Bill of Rights Forum. Initial consultations (September 2001) included the following items in relation to health and health care:

### Right to health care

1. Everyone is entitled to the highest attainable standard of physical and mental health and well-being.
2. Government shall take reasonable steps to promote good health and well-being, and to ensure adequate prevention and treatment of ill-health.
3. Equality of access to health promotion, treatment and prevention of ill-health shall be assured.

### Issue 1: Development of Health Standards and Plans

It is vital that all housing and health providers have adequate knowledge, flexibility and availability to services in order to work with individuals and families who are homeless. Their particular circumstances – be these vulnerability, transience and moving around, or the level and nature of their health needs – need to be taken into account.

Arrangements are already in place to ensure joint working and service delivery between the providers of housing and health services. These are embodied in the Local Supporting People Partnerships and Homeless Area Action Plans. In Scotland – as outlined below – a step further has been taken.

#### Model of Good Practice

As in Northern Ireland health and housing/homelessness are devolved in Scotland. There has been concern about the health of homeless people in Scotland for some time, and as a result a Homelessness Task Force was charged with improving health among homeless people. This has included all local Health Boards being required to produce Health and Homelessness Action Plans (by 2002) and a set of National Health and Homelessness Standards have been developed (2005).

The Health and Homelessness Action Plans have led to the development of new services for homeless people including joint training, hospital discharge protocols to prevent homelessness, health improvement initiatives etc. In addition, the plans were required to be linked to the local mental health and drug and alcohol strategies. Some Health Boards and local authorities, e.g. Fife, run training programmes on health and homelessness.

The Health and Homelessness Standards aim overall to raise the standard of health and homelessness planning, with the end goal of ensuring that homeless people have the same level of health service across Scotland, as the rest of the community. The performance of the Health Boards is monitored against these Standards.

### Recommendation 1

The NI Executive should introduce **the development of Health and Homelessness Standards and Plans in Northern Ireland**, to ensure coordination of working and a unitary approach across Departments.

### Issue 2: Registration with a GP

GPs provide a fundamental role in the delivery of health services to homeless people. The GP acts as the gate-keeper to refer people onto both community and hospital services, and where this access is lacking homeless people often present to A & E in the first instance, and frequently at a stage when health has significantly deteriorated. It is therefore vitally important to encourage GP registration amongst the homeless. Work is required to ensure that GPs realise that registration can occur without an address, i.e. using the surgery address as a Care of Address.

#### Model of Good Practice

Provision to encourage GP registration is currently being developed in Wales. Draft Health and Homelessness Standards) are currently out for external consultation, with Standard 4 (Deployment of nurses and health visitors) aimed at, amongst other things, increasing permanent registration with a GP. The proposed scheme also includes data collection and monitoring to ensure that registration has taken place.

### Recommendation 2

The Health and Homelessness Standards developed for Northern Ireland should include provision for **a drive to ensure that people who are homeless are registered with a GP**. This should include provision to measure and monitor progress, inform GPs of the various options available for registering people who are homeless, and ensure that appropriate training and peer support is available for GPs working with this client group.

### Issue 3: Specialist Services

Specialist health services for homeless people are emerging in parts of Northern Ireland, and there is merit in expanding and further developing these where the need is sufficient and the service can be targeted appropriately.

#### Models of Good Practice

A variety of models of good practice already exist in Northern Ireland including:

The Homeless Support Team in Belfast works with homeless people who have a mental health and drug and alcohol problems to increase the quality of and accessibility to suitable services.

The Belfast Health & Social Care Trust in Belfast provide a doorstep delivery Public Health Nursing service for homeless people. They work alongside hostels and other providers and directly with people who are homeless, providing a range of services including clinic sessions, health promotion groups, and referral to other agencies.

The NI Chest Heart and Stroke Energise programme works with homeless individuals in a primary preventative initiative focusing on their physical health, including ensuring they have access to relevant health care services.

The Simon Community Harm Reduction programme funded by the Eastern Drug & Alcohol Co-ordination Team provide a nurse led harm reduction service for chronic drinkers in North Down & Ards. It aims to provide an outreach service to those who do not wish to or are difficult to engage in services, including homeless people.

### Recommendation 3

Current levels of need for specialist health services should be assessed. In addition, the actual provision of such services for people who are homeless should be audited and evaluated in order to assess the level and nature of provision, its geographical coverage and its success/impact. On the basis of this range of information and in keeping with the focus and recommendations of **Caring for People beyond tomorrow** consideration should be given to extend the type, number and coverage of specialist health services for homeless people. Provision for this should be included in the Health and Homelessness Standards, together with sufficient cross-departmental funding to make this happen.

### Issue 4: Preventative Agenda

Health and social care staff – through assessments and working with individuals – have opportunities to help prevent initial and/or repeat homelessness. Clearly preventing homelessness happening has invaluable positive health and social benefits for the individual together with major cost savings for government.

Information gleaned at hospital admission and/or discharge is a clear point at which homelessness can be prevented (see above). In addition, health staff can become aware of a whole range of other factors that affect the individual's ability to both secure and maintain their accommodation – these may include drug/alcohol dependency, social and life skills, domestic or other violence/anti-social behaviour, diet and exercise. However it must be borne in mind that GPs and hospital staff work with everyone that comes to them, whatever their needs. People who are homeless – as illustrated above – have more and often particular health needs – arising from their housing situation. It is therefore important that GPs and hospital staff are aware of these – and also have the skills and knowledge to deal with them.

#### Model of Good Practice

The Housing Learning and Improvement Network (DoH) has produced an assessment tool on health risks and health inequalities in housing. Used jointly by housing and health service providers and commissioners, it can help identify problem areas and opportunities for local interventions that can reduce and prevent homelessness.

### Recommendation 4

The DHSSPSNI should review opportunities for health staff to be involved in preventing homelessness. Training for GPs and health staff – around health and homelessness – should be developed and delivered throughout Northern Ireland.

All references from this position paper can be found on the Simon Community website at: [www.simoncommunity.org](http://www.simoncommunity.org)