

Healthcare for the Homeless

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GP, Compass Health outreach at One25

primary healthcare for homeless people

compass health



- A team of nurses, GPs & health link workers based at the Compass Centre, Bristol
- Primary healthcare and support for homeless & vulnerably housed adults
- Outreach sessions at One25, hostels, the Wild Goose café and BDP
- Separate (SMART) team for methadone / subutex
- Evening outreach on BDP's mobile needle exchange, to rough sleepers and the night shelter

“Homelessness makes you sick”

“Homelessness is a social determinant of health; it can both cause and exacerbate health problems”

“A Future. Now - Homeless Health Matters: the case for change”
St Mungo’s Broadway, October 2014.



Definition

“Homelessness is about more than just rooflessness.

A home is not just a physical space, it also has a legal and social dimension. A home provides roots, identity, a sense of belonging and a place of emotional wellbeing.

Homelessness is about the loss of these.

Homelessness is costly to the individual, society and the state”

www.crisis.org.uk/pages/-about-homelessness

AIMS OF THIS SESSION – to try and dispel some myths! To look at:

Some of the reasons why and how people become homeless.

The links between homelessness, life expectancy and ill health.

Some of the common health presentations of homelessness.

Some approaches to the care of a homeless person.

What is homelessness?

- **Rough sleeping**
- **Night shelters**
- **“Hidden homelessness”**
 - **Sofa surfers**
 - **Vulnerable migrants**
 - **Street sex workers**
- **Temporary or over-crowded accommodation**
 - **Bed & Breakfast**
- **Squatting**
- **Gypsies and Travellers**
- **Anyone in transit or without a home**

Myths about Homelessness - 1

Statement:

“Statistically the majority of homeless people choose to live that way”

Answer: Myth

Less than 6% of homeless people are homeless by choice

Who we care for

- **Adults only**
- **“Single homeless” or “non-statutory homeless”**
ie: those who do not meet the priority need criteria for statutory local authority housing
- **Anyone in any of the “homeless” categories given previously**
- **Also:**
- **Hostel residents**
- **The “vulnerably housed” :**
Some of our long term clients, even once they hold tenancies, are at high risk of eviction if / when their tenancy breaks down because of their inability to manage

Homelessness in the UK



Population est > 40,000 at any one time. 100,000 move in and out of homelessness each year.

Gender : 73% homeless are male

Age: predominantly 20- 55 yrs old.

Ethnicity: very variable by city and over time, but nationally:
>63% white, 20% black,
10% from outside Europe
5 -10% eastern European

Inclusion Health Evidence Pack 2010
Hidden Needs, Peter Aspinall, 2014.

Bristol demographics

Population approx 432,000

2011: 2,266 newly homeless

Rough sleepers: 60+ / night

Young population: Bristol has high % of 25 – 35 year olds.

Estimated 3 - 5,000 injecting drug users.

10,000 dependent alcohol users.



Bristol...

- “Tackling homelessness and rough sleeping is a key priority for this city” – George Ferguson
- Preventing Homelessness Strategy 2013-18:
 - Prevention / integrated and accessible services / early intervention / emphasis on young people
- But budget cut by 20% 2011-15

How / why do people become homeless?

“Pushes”

- Family breakdown / broken home
- Abuse: historical or current
- Lack of social support
- Learning difficulties
- Mental health
- Life events eg Bereavement
- Prison sentences
- Drugs and alcohol
- Debt
- Disaster – eg fire
- Leaving care – or the forces
- Escaping from traffickers

“Pulls”

- Freedom from ties of society
- Anti-system
- Crime
- Drugs and alcohol
- The “big city”
- Freedom of movement
- Street culture and sense of “belonging” vs loneliness
- Escapism
- Avoiding mental health services
- Avoiding the police
- Migration / asylum

Myths & Facts about Homelessness - 2

- Question:
- Up to a quarter of homeless people are from military backgrounds

Answer: Fact

SSAFA statistics suggest that in the UK 1 in 4 homeless men are ex-military

Support for the Services and Armed Forces Association

EFFECTS OF HOMELESSNESS

Overcrowded, cold, damp and unsanitary living conditions. Ill-health.

Loss of contacts & relationships, jobs, children, families, motivation, aspirations and hope.

Often already lack, or lose, the life skills needed to budget or manage a tenancy

Disengagement and marginalisation from “mainstream” society.

Increased contact with drug users and drinkers together with increased temptations to use themselves

Enter into chaotic lifestyle, living from crisis to crisis with constant struggle to earn money

Myths & Facts about Homelessness - 3

- Question:
- Predominantly homeless people commit more violent crimes than housed people

Answer: Myth.

Homeless people actually commit less violent crimes than housed people

Homelessness kills.....



- **Average age at death:**
 - Men – 47 years
 - Women – 43 years
- **73% report a physical health problem**
- **80% report a mental health problem**
 - 45% have a mental health diagnosis (25% of gen pop.)
 - There is a lot of under-diagnosis and dual diagnosis

Mental health issues are often rooted in childhood abuse, especially for women who are homeless. This is compounded by the risks of being homeless.

Homeless Link, 2014

Poor access to or use of health care services



- **Very high incidence of traumatic injuries – many due to assaults, intoxication, self neglect.**
- **single homeless people are 5 times likely to use A&E than the gen popn**
- **> 3 times more likely to have acute hospital admissions – and to stay for 3 times as long**
- **They still experience many barriers when trying to access primary care, even though a greater percentage are now registered with GPs than formerly**
- **Hidden Needs 2014**

Survey of St Mungo's Broadway hostel clients (London)

- Many suffer from a combination of physical illness, mental health problems and substance misuse.
- 65% of hostel residents have mental health problems
- 52% use alcohol and / or drugs problematically
- 35% say that drug use and 33% cited alcohol use were factors contributing to their homelessness
- 47% have a significant physical illness

“A Future. Now –Homeless Health Matters: the case for change”

October 2014

Health Problems.



- Respiratory illnesses
- Wounds, skin ulcers and other skin complaints.
- Musculoskeletal problems.
- Physical trauma
- Drugs and alcohol related illnesses – esp. liver failure
- Blood-borne viruses
- Poor dental health
- Mental ill health

Infestations.



Bed bugs and body lice.



Foot problems

- Trench foot/
immersion foot
- Athletes foot.
- Neglect.



Leg ulcers

- **Leg ulcers often caused by injecting injuries and poor circulation after previous DVTs**
- **“Culture” of groin injecting is common in Bristol**



Compass Health & Street Drinkers

- Increasing contact with street drinkers:
 - “Wet” clinics at the Compass Centre & Wild Goose café.
 - Outreach workers
- Engage with street drinkers, build relationships and trust
- Poly drug use is common
- High level of clients with Hepatitis C as well as problematic alcohol use.
- Nutrition advice, Thiamine, Pabrinex



Compass Health and street sex workers – weekly clinic at One25

- Many, complex issues keep women trapped in sex work - they are not there because they want to be
- Most become addicted to self medicate the pain of horrendous abuse.
- Selling sex is often the only way they can earn enough to pay for drugs – often for their partners too
- They need to use drugs to be able to numb the pain of the work



Myths & Facts about Homelessness - 4

- Question:
- Most homeless women have been the victim of domestic abuse

Answer: Fact

studies indicate that 63% homeless women in the UK have experienced domestic violence from at least one partner

Compass Health: our approach

- Minimise barriers
- Flexible consultations, drop in clinics
- Awareness of issues
- Advocacy
- Non judgemental
- Appropriate referrals
- Relevant care pathways
- Multidisciplinary and multiagency working

Myths & Facts about Homelessness - 5

- Question:
- Homelessness will probably always be a fact of life as there's no specific answer to it

- Answer: Myth
- It takes three things to end homelessness:
 - An adequate income
 - Affordable housing
 - Support services for those who need them

Some of the research papers

- **“Mapping Study of Services for Homeless Women in Bristol” Henry et al Oct 2010**
- **St Mungo’s Broadway & Homeless Link (2014) “Improving the health of the poorest, fastest”**
- **“A Future. Now. Homeless Health Matters” St Mungo’s Broadway 2014**
- **Aspinall, P.J (2014) “Hidden Needs”**
- **Gill, P, Macleod, U, Lester, H and Hegenbarth, A (2013) “Improving access to healthcare for Gypsies & Travellers, homeless people & sex workers” RCGP**
- **HM Government (2010) Inclusion health: “Improving the way we meet the primary healthcare needs of socially excluded people”**
- **Inclusion Health (2013) “Commissioning Inclusive Services: Practical steps towards inclusive JSNAs”**
- **NHS England (2014) “Avoiding Unplanned Admissions Enhanced Service: Proactive Case Finding and Care Review for Vulnerable People”**
- **The Faculty for Homeless Health (2011) “Standards for commissioners and service providers”**
- **The Queen’s Nursing Institute – Homeless Health Network**