Homelessness, Access to services and COVID-19: Learning during the pandemic to inform our future

Key considerations and themes interpreted from stakeholder interviews in Summer 2020 and the COVID-19 Health and Social Care Learning System

Place, Home and Housing

Creating opportunities for housing, health and social care to be better connected and drive improvements in health and wellbeing

Healthcare Improvement Scotland | ihub

About this report

COVID-19 and the associated control measures have led to a change in the way health and social care services are being delivered. People experiencing homelessness already face many barriers to accessing services and the development of new models of service delivery, as a result of the pandemic, have the potential to exacerbate existing health inequalities for people experiencing multiple, complex needs.

This report is informed by the experiences of people being housed in hotels and temporary accommodation as a result of the pandemic. It draws on people's experiences shaped by COVID-19 and the changes to the way services are being delivered. The report identifies the barriers and enablers for access and highlights the key components to be considered when designing or delivering health and care services for people experiencing homelessness in the future.

Key findings

Accommodation - Providing people with accommodation enabled health outreach teams to engage with people that were previously hard to reach and acted as a springboard to people with multiple, complex needs engaging with other health and social care services.

Connected Services – People who are homeless often experience a range of issues that require to be addressed by a number of different health and social care providers. Learning from the experiences of people supporting homeless people has highlighted the interdependencies that exist between services and the conditionality around access which prevents people from having their needs met in a coordinated way.

Trusted relationships and spaces - Trusted relationships play a critical role in supporting people to navigate and access services. Key workers within trusted third sector support organisations often act as a conduit between services and people to facilitate engagement with a range of health and social care services.

Proactive, person-centred responses – Traditional barriers to access were removed where statutory and third sector organisations worked together to provide multi-disciplinary services based around people's needs, with the most effective responses being delivered to where people were.

Digital access to health and social care services – The emergence of digital platforms to provide health and social care services presents opportunities to remove many of the traditional barriers to access previously experienced by people who are homeless. It also offers the chance for clinical staff across different health and social care services to come together to provide a multi-disciplinary approach to care and support.

Conclusions

Learning from this research has shown that the most effective responses to supporting people to access health and social care services have been where statutory and third sector organisations have collaborated to provide services that are designed around people's needs. These services were delivered in a way that helped to mitigate many of the traditional barriers faced, often by taking services to where people were.

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Executive Summary

Introduction

This report seeks to understand the experiences that have been highlighted by COVID-19 and identify the barriers and enablers for access and the key components to be considered when designing and delivering health and care services for people experiencing homelessness in the future

Further reading from the ihub

COVID-19 Health and Social Care Learning System:

- Summary of key themes
- Full report
- Insights from the system

Background

COVID-19 has brought about a rapid change in the way health and care services are delivered. Public health control measures have introduced social distancing and reduced face to face contact leading to increased isolation and loneliness against the growth of digital models of care and engagement.

Before COVID-19 it was widely understood that people experiencing homelessness already face significant barriers to accessing health and care services. The Scottish Government's research into health and homelessness found that people who experience homelessness interact with certain health services more often than people in the least deprived and most deprived parts of the population. The virus and the associated control measures to protect the wider population have the potential to exacerbate existing health inequalities for people with multiple, complex needs making it even harder than ever for people to have their health needs met.

Local Authorities acted quickly and decisively to secure accommodation for people experiencing homelessness during the pandemic. This report is informed by the experiences of people being housed in hotels and temporary accommodation as a result of the pandemic. Many of the people being supported by the organisations we spoke to experience the most severe forms of disadvantage. This often means that they require access to a range of health and care services and have traditionally found it difficult to have their health and care needs met in a coordinated way.

This report describes the experiences that have been amplified by COVID-19, identifying the barriers and enablers for access and highlighting the key components to be considered when designing or delivering health and care services for people experiencing homelessness in the future.

Methodology

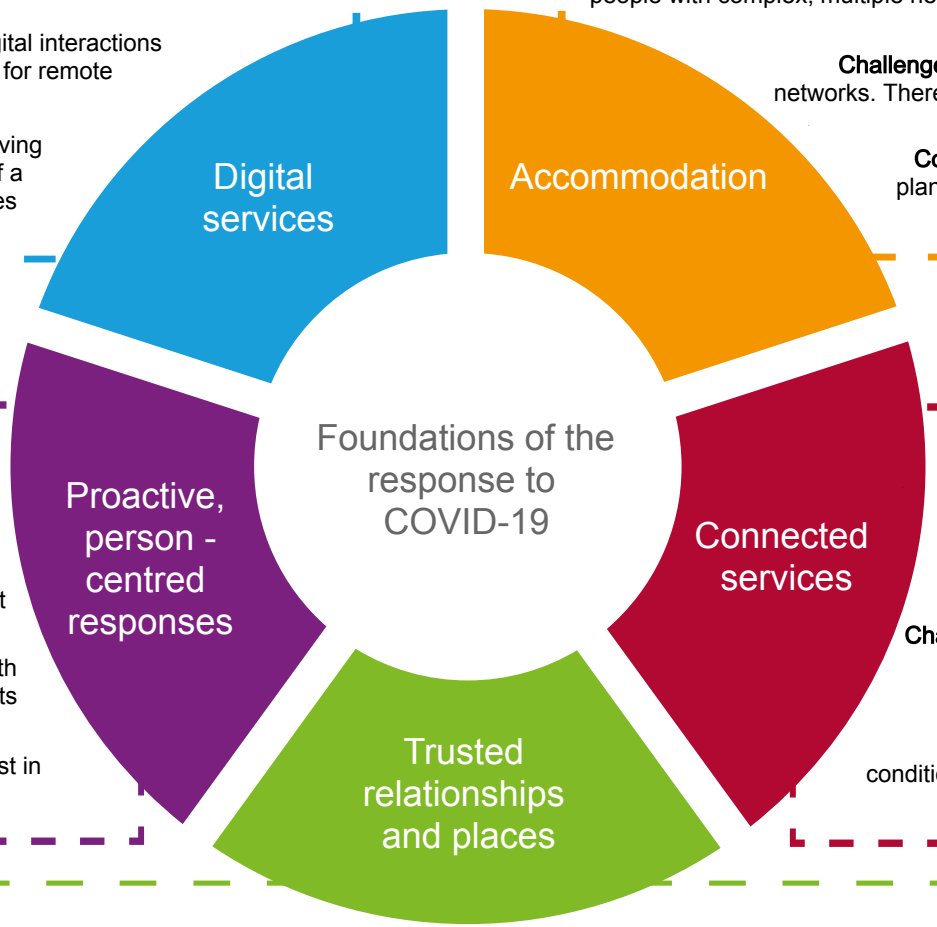
Between June and September of this year, we spoke with a range of services that support homeless people to understand how homeless people were affected and their ability to access health and social care services.

Ten semi-structured interviews were carried out with participants all of whom have experience of working within homelessness services before and during the COVID-19 pandemic. The interviewees were approached with a request to discuss their experiences and opted in to the process. Interviews were conducted with employees of both third sector organisations and the NHS, covering both rural and urban areas. The interviews were transcribed and thematically analysed.

A systematic literature review was conducted by a Healthcare Improvement Scotland Information Scientist between the 4th and 10th Sept 2020. The database search was limited to review articles and to English language publications from the last 10 years. This search resulted in 70 unique pieces of literature. The key peer reviewed articles which are relevant to the themes generated by the interviews are discussed here. A full bibliography of the relevant literature can be obtained from HIS.

As we look to the future and new models of delivery, a number of key themes emerged that should be considered when developing and delivering homelessness health and care services.

Key summary points.



What was done: Services developed remote models of care. The use of video consultation platform Near Me increased significantly.

Benefits: Removes traditional access barriers around travel (costs, time, anxiety). Supports joint working and means interactions can happen within a person's comfort zone, with closer informal support networks.

Challenges: Digital access and literacy are limited. Digital interactions can feel transactional. Not all services are appropriate for remote delivery.

Considerations: Digital access and literacy need improving significantly. Digital services need to be seen as part of a suite of options for people with clear pathways. Services need to be co-designed.

What was done: People experiencing street forms of homelessness were housed in hotels.

Benefits: Increased opportunity for outreach and health services to engage with people with complex, multiple needs that they had found difficult to reach previously

Challenges: People were dislocated from their usual support networks. There was anxiety around the change and the long term situation

Considerations: Good communication and transitions planning are essential in supporting people to maintain access to services while their situation changes.

What was done: Services were forced to develop stronger outreach practices to support people where they were. Multi-disciplinary approaches developed around peoples' needs

Benefits: Reduction in anxiety and cost around attending services. More direct and responsive support available.

Challenges: New people found it difficult to register with services. Removal of face to face interactions and visits to services exacerbated isolation for some.

Considerations: Co-design service pathways and invest in the co-location of services.

What was done: There was greater collaboration among services.

Benefits: Easier access to a variety of services. Greater support around the interdependencies of issues like addictions and mental health.

Challenges: Limits to data connectivity of NHS systems. Disruption of established pathways through the suspension of some services.

Considerations: Invest in joint working and remove conditional access. Involve people with lived experience and support workers in the design of joined up services.

What was done: Support workers were vital, as trusted people, in supporting and maintaining access at an uncertain time.

Benefits: Trusted source of information regarding changes. Support workers can support practical and psychological access issues.

Challenges: Removal of face to face interactions and community spaces. Redeployment of staff that had these relationships.

Considerations: Build in time to develop good relationships. Utilise existing third sector groups/staff that have strong relationships with people.

Access to accommodation

As the severity of the pandemic became clear, Local Authorities and third sector homelessness organisations, supported by funding from The Scottish Government, worked together to accommodate people experiencing, or at risk of, rough sleeping. As people were accommodated, they were supported to connect and engage with health and care services.

Example

The Simon Community worked to house people experiencing rough sleeping.

They supported over 2500 people into accommodation as well as providing meals and welfare support to people.

Benefits

The housing of people rough sleeping demonstrated the impact that having access to accommodation can have on increasing engagement with health and social care services. Support staff within the hotels reported increased engagement with health outreach services for some of our most complex and vulnerable citizens who had previously been hard to reach.

By providing people with a safe and settled living environment a number of benefits were identified:

- Increased engagement with GP and pharmacy services
- Ability for outreach health services to build relationships with people with multiple, complex needs that they had previously found difficult to reach
- Following engagement with outreach services, people were supported to make further connections to help meet their needs across a wide range of social care issues
- Support staff in the hotels were able to support people to access services digitally, e.g. Near Me

Challenges

The speed at which people were accommodated during the pandemic meant that sometimes people were accommodated away from existing support networks. In these cases, people reported finding it more difficult to access services and informal supports:

- Where people had established support networks, these were disrupted when moved into temporary accommodation in a different area with travel restrictions further compounding their isolation
- Being accommodated further away often meant the removal of access to a GP impacting access to drug and alcohol and mental health services
- Anxieties increased by the uncertainty of what would happen to their accommodation once ‘lockdown’ was eased
- Some people chose to rough sleep because of their experiences within the allocated accommodation, some reported concerns for their safety and wellbeing.

Future Considerations

Offering immediate access to accommodation evidenced the potential for our whole system to work together to respond, however, we must view this as a temporary solution ensuring we:

- Support ‘transitions’ in and out of temporary accommodation by providing relevant periods of notice to ensure continuity of care across geographic boundaries by having their access to GPs and other service retained or moved to the new area
- Ensure people receive the right information about available services in proximity to their accommodation
- Address the conditionality around accessing health services particularly when people are being housed out with their normal area and find it difficult to register for services in their new area

Connected services

The complexity of supporting vulnerable people to stay safe during the pandemic created a greater appetite for partnership working between statutory services and third sector organisations, historic barriers appeared to dissipate in the ambition to address the problem in hand. There was increased connectivity between services allowing smoother transitions, access to support and better communication

Example

The Edinburgh Access Practice worked with third sector partners to ensure full support for the people they were seeing

Watch a video outlining the work they have been doing.

Benefits

Collaboration and joint working meant that people with complex needs were well supported through a dynamic and evolving situation. Once a person connected with one part of the system it was easier to facilitate connections and nurture support from the wider system.

- Partnership working meant that once people were engaged, they could be connected with the right support
- Outreach workers were working with care professionals to meet a wide range of needs
- There was a more coordinated approach to support, recognising the links between mental health, addictions and physical health
- Services were able to provide person centred responses for people in crisis evidencing the opportunities to engage with multiple health services

Challenges

Providing multi-disciplinary approaches to meeting peoples' needs were identified as positive and provided an opportunity to support people across a range of issues. Challenges around the coordination of care for people experiencing homelessness is widely understood and the pandemic further highlighted that:

- Data sharing protocols within the NHS were cited as a barrier to effective partnership working
- The interruption of some services as a result of the pandemic disrupted established joint working practices/routes to support
- It was unclear which services were available and how people could access them, resulting in people relying on peer information gathered on the ground to help others find and access services

Future Considerations

Connected services are essential for supporting people with complex needs [1], who often have to prioritise fundamental human needs before considering their access to health and social care services [11]. In order to support better collaboration it will be important to:

- Ensure people with lived experience are involved in the design and delivery of services
- Understand people's needs and identify the interconnections between services required to achieve positive health and wellbeing outcomes
- Consider interdependencies between mental health and substance use services and remove conditionality to access
- Nurture partnerships across services used by people experiencing homelessness to build positive relationships
- Learn from and support the spread of successful joint working models
- Promote the development of person centred, rights based health and social care responses to homelessness and multiple, complex needs
- Ensure relevant health and social care services are visible and communicated across relevant networks
- Assess proximity to services and support networks when providing emergency accommodation

Trusted relationships and spaces

A clear component to the success of services being delivered during this period was the importance of trusted personal relationships in supporting and maintaining access. Continuity across a range of services, through a trusted contact, is hugely beneficial for people experiencing multiple disadvantage.

Further reading

Common trust and personal safety issues: A systematic review on the acceptability of health and social interventions for persons with lived experience of homelessness.

Benefits

Trusted relationships play a critical role in supporting people to navigate and access services [8]. Key workers are an important part in bridging the gap between services and people, often acting as a conduit between both to facilitate initial engagement and sustained contact with a wide range of health and social care services. Establishing a trusting relationship can help to:

- Understand how to help people to access and navigate the services that will help them the most
- Sustain engagement with services through continued interaction on the service user's behalf
- Promote the benefits of engaging with services
- Facilitate conversations between multiple services and ensure understanding during a traumatic period of time
- Provide support to engage with new services

Challenges

These relationships are built over time and are often centred on individual workers rather than the organisation they represent. This posed challenges with regards to maintaining these relationships during the COVID-19 pandemic:

- The reduction in face to face services impacted established trusted relationships
- The pandemic required an urgency of response which meant there was less time and opportunity to develop trusted relationships
- The closure of community hubs such as libraries and drop-in centres removed access to informal, safe spaces and trusted relationships between staff and service users
- Redeployment of staff meant that, while there might have been continuity of service, it was with someone new
- Support workers were unable to accompany people to appointments meaning that people were unable to access the services they need

Future Considerations

When developing services or support for people experiencing homelessness it will be important to consider:

- Building in time for staff to develop trusting relationships with people
- Exploring where existing relationships can be utilised to reach people – usually through third sector services
- Support approaches that allow for consistent interpersonal relationships across a range of services
- Co-designing services and pathways of care with people with lived experience and trusted key workers

Proactive, person-centred responses

Public health measures limiting face-to-face contact required a change in the delivery of many services. Rather than the emphasis being placed on people to make the effort to attend appointments, clinics or pharmacies, the services themselves adapted their delivery methods.

Initial response to COVID-19

COVID-19 meant that services had to act quickly to change how they could reach people and continue to provide vital services. Services were required to adapt their delivery models to meet immediate needs, reduce the potential spread of COVID-19 and reduce harm to their workforce and patients. We heard of a range of new approaches to coordinating medicines and care that evidenced new person centred approaches:

- Telephone appointments and digital consultations supported immediate responses where appropriate/required
- Multi-disciplinary teams became mobile and delivered services in the community
- Adjustments to prescribing meant people gained access to medications in a way that suited personal circumstances, whilst this was to limit travel and contact between patients, primary care and pharmacy staff there were many benefits to a ‘contactless approach’:
    - GP surgeries had the capability of arranging for prescriptions to be dispensed in alternative pharmacies closer to where patients were living
    - Key social care services were able to arrange prescription with GPs.
    - Patients in receipt of Opiate Substitution Therapy (OST) were able to receive all of their medications at once evidencing our capability to meet people’s needs by providing multiple prescriptions at a time
    - Prescribing services made use of community pharmacies and their home delivery services

Benefits

Innovative person-centred responses triggered by the response to COVID-19 highlighted the benefits of designing and delivering services around the needs of the individual. Several positive outcomes were reported:

- Innovative prescribing and delivery of medicines helped reduce anxiety around attending pharmacies and travelling during the pandemic
- The use of telephone and digital appointments allowed for immediate engagement for a complex patient base helping to reduce instances of non-attendance
- Actively offering outreach and meeting patients where they were removed many of the traditional barriers to access previously experienced
- Multi-disciplinary responses were developed based on people’s needs, often coordinated by statutory services and involving relevant agencies across health, social care and the third sector
- Key workers reported that person-centred approaches were seen as compassionate and helped to reduce stigma

Challenges

It is worth highlighting that although largely positive, the way some services adapted resulted in unintended consequences and acted as a barrier to access:

- The removal of face to face services, daily medication collection, which offers routine, exacerbated loneliness and isolation for some people
- Services worked for existing clients, however, new clients found it difficult to register with services particularly Mental Health and Addictions services

Proactive, person-centred responses

Example

Dundee HSCP developed an outreach hub, located in areas with high homelessness populations.

Future Considerations

The development of person-centred approaches to care based on people's needs are vital in ensuring people can access the services they require. COVID-19 has highlighted that new models of care may not meet the needs of everyone. When designing and delivering new services, it is important to consider:

- Co-designing new pathways of care and engagement that balance the need for both remote access and face to face
- Co-locating services in a way that supports collaboration and reduces the number of interactions a person needs to make to get the support they need
- Using digital platforms to facilitate engagement with multiple clinicians across a number of health and social care services
- Situating services where there are large homeless populations that can make outreach activities more effective by shortening the time from first interaction to being seen
- Where possible, taking services to where people are to remove the traditional barriers to access
- The role of the GP in prescribing and opportunities to develop alternative models to alleviate pressure on services and ensure people have access to medicines when they need them

Digital service models

Restrictions on face to face contact have meant that many services are now having to think differently around how they can develop new remote models of engagement and care.

Digital services need to be developed in a way that reinforces and enhances the key foundations of support outlined in this report.

The move to digital services

Restrictions on face to face contact have meant that many services are now having to think differently around how they can develop new remote models of care and engagement. Increasingly, the use of digital platforms such as NHS Near Me to provide health and care services affected by the pandemic are emerging as alternatives to face to face contact. The roll out of NHS Near Me across GP practices in Scotland has been seen as a success with over 17,000 consultations undertaken using the service between March and June of 2020 and there is an appetite across the system to capitalise on the progress made. This has been reflected in The Scottish Government's Programme for Government 2020/21 which states:

"While video consultations are not for everyone or every clinical situation, the benefits are significant. Near Me provides more patient choice, reduces travel for patients and clinicians, and has economic benefits such as reducing the need for time off work. We will now move to a position of Near Me as the default option where that is right for a person and they are happy to use the service, with the aim that all health and care consultations are provided by Near Me or telephone whenever clinically appropriate"

Benefits

A number of potential benefits were identified by both people working in homelessness organisations and NHS staff providing homelessness health services. Although largely still in development, the creation of appropriate and accessible digital service delivery models has the potential to:

- Reduce time commitments and travel costs usually spent on attending face to face appointments
- Alleviate anxiety and stress associated with accessing health and social care services traditionally
- Remove traditional barriers to accessing services such as transport, cost and conditionality caused by non-attendance
- Provide an immediacy of response that can facilitate better long-term engagement for people in crisis
- Reduce stigma and negative experiences felt by patients when accessing services in person
- Provide people with care and support at a time and place that suits them
- Support a joined up multi-disciplinary team approach to providing care for people with multiple, complex needs as there are fewer logistical barriers to multiple professionals attending digital appointments

Challenges

Connectivity remains a challenge for people experiencing homelessness and so digital access can lead to exclusion. It is important also to note that digital services do not work for everyone and should form part of a suite of options that allow access to services. There are potential risks around providing digital services that should be considered and mitigated when designing and delivering digital services in the future:

- It can seem less personal and more transactional with the potential for trust and relationships to be reduced
- Suitability of digital access outwith consultations and assessments requires to be assessed and developed
- Alternative pathways for treatment and face to face consultations need to be developed alongside any digital offer
- Provision of high value equipment can place people in harmful situations
- People might not have access to a digital device and there are challenges in providing people with them, along with supporting digital literacy
- Public spaces with internet access, such as libraries, are closing
- Services moving to digital delivery can increase social isolation, anxiety and stress – visit to GP/pharmacy may be the only social interaction people have
- Danger that people see digital consultations as a ready-made tool that is easily transferrable in place of face to face. Providing services digitally requires careful thought and planning

Digital service models

Key examples

Near Me has been used at the Edinburgh Access Practice

Connecting Scotland have been supporting people to access digital devices during the pandemic.

Get Connected Pilot from Simon Community to support people experiencing homelessness to digital devices

Future Considerations

Further work is required to understand how we facilitate access to digital services for people experiencing homelessness and ensure people who are digitally excluded receive the same levels of care. From early conversations with both support staff and clinical staff delivering homelessness health services, a number of key considerations have been identified.

Two key facets of digital access emerged – the technical considerations of how people access digital services; and ensuring that digital services are developed in a way that provides the right support for people.

Digital access

- Access to digital devices, either as personal devices or communal devices in trusted community spaces such as libraries, accommodation providers and community centres
- Access to data and the internet
- Adequate support to build confidence in using digital devices, including ongoing technical support through Digital Champions
- Support for providing digital services in homeless accommodation sites to undertake risk assessments and develop clear processes around use
- Safe, private spaces to access services confidentially
- Co-design of services and processes with people with lived experience and trusted support workers to ensure that the needs of people using the service can be met by any future design
- Using the expertise and relationships of third sector organisations to reach people and support digital access to health and social care services

Design of services

- Be clear on what the service is aiming to achieve and how digital tools can support these aims
- When it is appropriate to use digital services and when personal interaction is required
- The role of digital services as part of a wider suite of services
- How to best use third sector organisations and outreach workers to engage people with digital services
- Clear communication of what the service is and how the interaction will go
- The limitations of technology/connection issues and ensure a backup such as telephone is available
- How they will work with people to co-design services and pathways that work for them
- Systems for developing and improving services through feedback from users, support workers and clinicians providing services
- Clear pathways to face to face consultation or treatment if required

Considering different types of accommodation

- People living in temporary furnished flats require access to their own device, data and internet and the ability to access support in the community
- People living in temporary / shared accommodation sites require access to communal devices, data and internet and should be supported by key workers to help facilitate access to services

Looking to the future

COVID-19 has shone a spotlight on the barriers people experiencing homelessness face to accessing health and social care services. By speaking to people who work to support people with multiple, complex needs we have seen that there are also opportunities to capitalise on the lessons learned from the response to the pandemic to design and deliver future services that are accessible and meet the needs of the people that use them.

It is important that partners across health, social care and housing reflect on the lessons learned and seek to create opportunities to work together.

The Scottish Government's Homeless and Rough Sleeping Action Group (HARSAG) provided recommendations which call for "very clear agreements between Housing and Health & Social Care/NHS to ensure seamless support for move-on from hotels and other emergency accommodation".

The findings of this research also present an opportunity to capitalise on the progress made by Housing First to develop the role of health and social care providers in helping to prevent homelessness and ensure people can be supported to live in safe, settled housing.

National forums such as the Rapid Rehousing Transition Plans (RRTP) Sub-group , Housing Options Hubs , Homelessness and Rough Sleeping Action Group (HARSAG) and the Homeless Prevention and Strategy Group (HPSG) should be used as a vehicle to facilitate conversations across health, social care and housing to identify opportunities to work together to build on the lessons learned from the responses to COVID-19.

Next steps, within the key areas identified in this report, that partners across health, social care and housing can take to develop effective approaches to meeting the needs of people who are homeless:

Accommodation
- Use rapid rehousing and Housing First as a vehicle to collaborate on localised responses to homelessness
- Support 'transitions' in and out of temporary accommodation by working together to ensure access to GPs and other services are retained or moved to the new area
- Ensure people receive the right information about available services in proximity to their accommodation

Connected services
- Understand people's needs and identify the interconnections between services required
- Consider the interdependencies between mental health and alcohol and drugs services and remove conditionality to access
- Ensure people with lived experience are involved in the design of services

Trusted relationships and spaces
- Build in time for staff to develop trusting relationships with people
- Explore where existing relationships can be utilised to reach people – usually through third sector services
- Co-design services and pathways of care with people with lived experience and trusted key workers

Proactive, person-centred responses
- Co-design new pathways of care and engagement that balance the need for both remote access and face to face
- Co-locate services in a way that supports collaboration and reduces the number of interactions a person needs to make to get the support they need
- Where possible, take services to where people are to remove the traditional barriers to access

Digital access to health and social care services
- Assess the suitability of digital access out with consultations and assessments
- Develop alternative pathways for treatment and face to face consultations alongside any digital offer
- Use the expertise and relationships of third sector organisations to reach people and support digital access

Supporting the system – Healthcare Improvement Scotland

The key learning from this research has highlighted the areas that should be explored in further detail as we look to support health, social care and housing organisations to work together to ensure equal access to services for people experiencing homelessness.

The evidence base provided by this research will inform the activities and areas of focus of the Place, Home & Housing team within Healthcare Improvement Scotland's ihub for 2021/2022. The Scottish Governments Ending Homelessness Together Action Plan commits to building a network of housing and health professionals to help collaboration and closer working to create opportunities to design and deliver services that meet the needs of people experiencing homelessness.

We will seek to support this work in 2021 through the creation of a national learning network for health, social care and housing partners to provide a space to:

- Stimulate discussion around the improvement of coordination of care for people experiencing homelessness
- Facilitate learning and good practice across the system
- Identify opportunities for collaboration and partnership working

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Further reading

Access to accommodation

Effectiveness of interventions to improve the health and housing status of homeless people: a rapid systematic review.

This research from 2011 indicates that access to housing is important to improve the health of homeless people, and also that the type of housing is important. This rapid review examined evidence regarding interventions that have been shown to improve the health of homeless people, with a particular focus on the effect of these interventions on housing status. It was found that for homeless people with mental illness, provision of housing upon hospital discharge was effective in improving sustained housing. For homeless people with substance abuse issues or concurrent disorders, provision of housing was associated with decreased substance use, relapses from periods of substance abstinence, health services utilisation, and increased housing tenure. Abstinent dependent housing was more effective in supporting housing status, substance abstinence, and improved psychiatric outcomes than non-abstinence dependent housing or no housing. Provision of housing also improved health outcomes among homeless populations with HIV. Health promotion programs can decrease risk behaviours among homeless populations. The research concluded that coordinated treatment programs for homeless persons with concurrent mental illness and substance misuse issues usually result in better health and access to healthcare than usual care.

Connected services

Supporting vulnerable people on Glasgow city centre streets: views of service providers

The need for connecting services was highlighted via research as part of the multi-agency planning for the establishment of a pilot Safer Consumption Facility and Heroin Assisted Treatment service for drug users with complex needs within Glasgow. This study aimed to explore synergies and difference in the role and remit of key organisation that interact with vulnerable people in Glasgow, the range of services and initiatives they deliver and how they respond to challenges they encounter. The research concluded that the activities of organisations are driven by their primary remit and this can sometimes seem contradictory or not conducive to collaborative working. Although they have to be clear about their primary remit, organisations should strive to facilitate the ability to move beyond that where necessary. No single organisational remit has precedence when working collaboratively. The evidence was supportive of establishing a health-led safe injecting facility as part of a wider multi-faceted public health response to meet the physical, social and mental health needs of vulnerable populations

Joining the dots

This is the report of a conference in Glasgow which brought together public sector, third sector and volunteers to discuss how they could join together to work alongside each other and homeless people, in a way which is rooted in the shared humanity of shared experience, to tackle homelessness in the city. This is a discussion around what matters and what works.

Delivering health and care for people who sleep rough: Going above and beyond

Further on the theme of connecting service this Kings Fund report aims to start to answer the question of what needs to be in place for the delivery of joined-up services to a population of people sleeping rough – as a system, rather than a discrete collection of services. It notes that health needs are closely intertwined with housing and other support needs. The solutions to improving health outcomes for people sleeping rough do not rest with the NHS alone – local authorities and the voluntary and community sector are essential partners. The report concludes that a population health approach is needed to address the full range of factors that influence the health and wellbeing of people sleeping rough.

The primary health care service experiences and needs of homeless youth: a narrative synthesis of current evidence

This narrative synthesis, from Australia, considered the specific primary healthcare requirements of homeless youth. Findings show that homeless youth access a variety of services and delivery approaches. Increased primary healthcare use is associated with those who recognise they need help. Street-based clinic linked services and therapy and case management alongside improved housing can positively impact upon mental health and substance use outcomes.

Further reading

Trusted relationships

Common trust and personal safety issues: A systematic review on the acceptability of health and social interventions for persons with lived experience of homelessness.

Persons experiencing homelessness and vulnerable housing or those with lived experience of homelessness have worse health outcomes than individuals who are stably housed. Structural violence can dramatically affect their acceptance of interventions. This systematic review aimed to understand the factors that influence the acceptability of social and health interventions among persons with lived experience of homelessness. The evidence highlighted that individuals were marginalized, dehumanized and excluded by their lived homelessness experience. As a result, trust and personal safety were highly valued within human interactions. Lived experience of homelessness influenced attitudes toward health and social service professionals and sometimes led to a reluctance to accept interventions. Physical and structural violence intersected with low self-esteem, depression and homeless-related stigma. Positive self-identity facilitated links to long-term and integrated services, peer support, and patient-centred engagement. Practitioners and social service providers should consider anti-oppressive approaches and provide, refer to, or advocate for health and structural interventions using the principles of trauma-informed care. Accepting and respecting others as they are, without judgment, may help practitioners navigate barriers to inclusiveness, equitability, and effectiveness for primary care that targets this marginalized population.

Proactive, person-centred services

Barriers and facilitators perceived by women while homeless and pregnant in accessing antenatal and or postnatal healthcare: A qualitative evidence synthesis.

The aim of this review was to explore the barriers and facilitators perceived by homeless women, while pregnant, or within six weeks postpartum in accessing antenatal and/or postnatal healthcare. Two primary linked themes were generated: (a) lack of person-centred care; (b) complexity of survival. At an organisational level, a fragmented health service and accessibility to the health system were barriers, and resulted in poor person-centred care. At a clinical level, attitude and treatment from healthcare providers together with health knowledge all combined to illustrate poor person-centred care as barriers to homeless women accessing antenatal/postnatal healthcare. Sub-themes associated with complexity of survival included: disillusion with life, distrust of services, competing lifestyle demands and support and relationships. The findings of this review highlight that poor engagement may be partly explained by the complex interplay between both the healthcare system (person-centred care) and the individual (complexity of survival). Future services should be delivered in a way that recognises homeless people's complex and diverse needs, and should be reconfigured in order to try to meet them, through decreasing fragmentation of health services and staff training.

Homeless persons' experiences of health- and social care: A systematic integrative review.

Homelessness is associated with high risks of morbidity and premature death. However, many interventions which aim to improve physical and mental health do not reach the population of persons experiencing homelessness. Analysis of a systematic review resulted in three themes: Unmet basic human needs, Interpersonal dimensions of access to care, and Structural and organizational aspects to meet needs. The findings highlight that people experiencing homelessness often must prioritise provision for basic human needs, such as finding shelter and food, over getting health- and social care. Bureaucracy and rigid opening hours, as well as discrimination and stigma, hinder access to health- and social care.

Further reading

Digital services

Improving digital health access for excluded groups.

The Pathway project set out to assess digital knowledge among homeless and socially excluded populations, and identify their online needs. Central to its work was the involvement of Experts by Experience. The project was commissioned by NHS Digital's Widening Digital Participation team in discussion with the NHS England Patient Online team. The full report, Digital Health Inclusion for People Who Have Experienced Homelessness – A Realistic Aspiration? can be downloaded at https://tinyurl.com/pathway-research

Get Digital Scotland. Get Connected Pilot: Digital access for people experiencing homelessness during and beyond COVID-19.

The Simon Community Scotland funded a pilot delivered by Get Digital as a response to the coronavirus pandemic. It was designed to support people facing multiple exclusion and complex needs homelessness. They gave 36 people using Housing support services in Edinburgh a smartphone with unlimited calls, texts and data. They also provided one-to-one remote personalised support based around a digital skills framework. After three weeks the pilot project was evaluated and found each of the recipients of a device had moved from a place of digital exclusion towards digital inclusion, positively benefiting their lives. This report details what was done and the impact it had.

Connecting with Digital

This report details a programme which aimed to improve digital skills, and in turn the wellbeing, of people living with mental health issues or who were experiencing homelessness. The Community Connector project was part of a four year Reboot UK programme, a programme which aimed to explore the best ways to support vulnerable people to improve their lives through digital routes. The purpose of this specific project was to engage individual who would otherwise remain digitally excluded, support their social inclusion through digital technology and by supporting frontline workers to embed digital skills in their service offer. The report concluded that developing digital skills can impact positively on those people that are socially excluded and the organisations that support them.

Published December 2020

www.healthcareimprovementscotland.org

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