

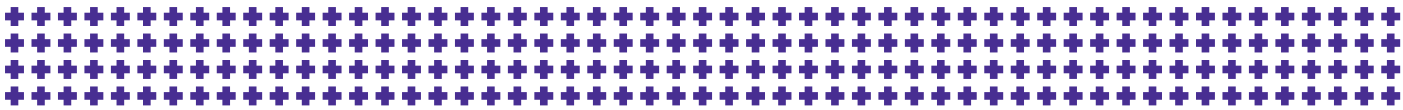
# Nursing care for people experiencing homelessness

A Survey of the QNI Homeless Health Network



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This report presents the expert knowledge and experience of Homeless Health Nurses and contributes to the evidence for meeting the health care needs of people who are homeless, giving clear recommendations to support service planning.

### Background

In 2007, a small group of experienced Homeless Health Nurses (hereafter referred to as HHNs) approached the Queen’s Nursing Institute (QNI) with a proposal to improve the healthcare of people experiencing homelessness, by linking up Homeless Health Nurses across England, Wales and Northern Ireland in a co-ordinated network.

Motivated by the inspiration of these nurses, the QNI’s Homeless Health Network was established. Since then, hundreds of nurses have contributed to this work. The QNI has supported the development of a series of projects and programmes over the past ten years, including national conferences, learning events, unique learning resources, and a specialist health assessment tool for nurses working with people who are homeless. The network has grown and now has a membership of over 800 nationally.

The network continues to support HHNs and a wide range of other professionals with an interest in homeless healthcare to collaborate and create resources, share practice, learn from each other, and gather data and evidence to inform policy in the field of homeless healthcare.

### The need

People experiencing homelessness are some of the most vulnerable to poor health outcomes across the population. Homelessness and housing insecurity in the UK is increasing – the number of people sleeping on the streets has risen by 132% since 2010<sup>1</sup>. There is mounting international evidence about the negative impact of homelessness on health.

When comparing people who are homeless with the rest of the population, they are

- 50 times more likely to have Hepatitis C<sup>2</sup>
- 34 times more likely to have Tuberculosis<sup>3</sup>

- 20 times more likely to die from harmful drug use<sup>4</sup>
- 9 times more likely to commit suicide<sup>5</sup>
- 8 times more likely to have epilepsy<sup>6</sup>
- 4 times more likely to have a mental health problem<sup>7</sup>

People who experience homelessness are likely to die at a younger age. Women with a background of homelessness, substance use, sex work and being in prison have a mortality rate 12 times higher than the general population. For men, this is 8 times higher<sup>8</sup>.

Longer term homelessness almost inevitably leads to poor health outcomes, and the accumulation of many concurrent physical and mental health conditions. In this context it is vital that effective, frontline nursing care is widely available for people who experience homelessness.

HHNs have excellent insights into the specific needs of the people they work with every day. The QNI wanted to determine from the perspective of HHNs, their views of effective homeless healthcare and what make the most significant improvements. The evidence the QNI collected was based around exploring the care interactions between HHNs and their patients, to learn what kind of support is needed to enable people to both exit homelessness and sustain and improve their health.

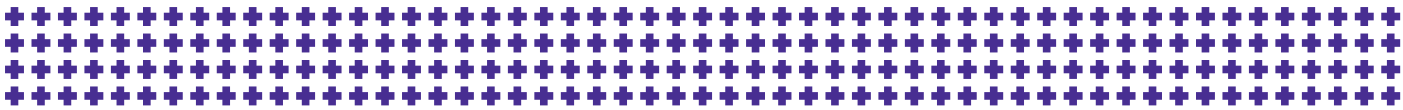
In 2018, The Queen’s Nursing Institute surveyed 206 HHNs to ask them how they currently organise care, the range of services they provide and the challenges they face. This report gives a thematic analysis of their responses.

1. <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN02007>  
2. Beijer, U et al (2012) Prevalence of tuberculosis, hepatitis C virus, and HIV in homeless people: a systematic review and meta-analysis. *The Lancet Infectious Diseases*; 12:11, 859–870.  
3. Beijer, U et al (2012) Prevalence of tuberculosis, hepatitis C virus, and HIV in homeless people: a systematic review and meta-analysis. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(12\)70177-9/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(12)70177-9/fulltext)

4. [https://www.crisis.org.uk/media/236799/crisis\\_homelessness\\_kills\\_es2012.pdf](https://www.crisis.org.uk/media/236799/crisis_homelessness_kills_es2012.pdf)  
5. <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/>  
6. Laporte A et al, Epilepsy among the homeless: prevalence and characteristics, *European Journal of Public Health* <http://eurpub.oxfordjournals.org/content/16/5/484>  
7. <https://www.homeless.org.uk/facts/our-research/all-research-reports/homelessness-and-health-research>  
8. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31869-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31869-X/fulltext)



‘Homelessness and housing insecurity is increasing – the number of people sleeping on the streets has risen by 132% since 2010.’



### What changes would make the biggest positive difference?

The QNI asked HHNs ‘what single change could make the most positive difference to the health of people who are homeless in your area?’ Asking frontline health professionals directly is a useful method – they have care interactions with a wide range of people and so they are able to analyse and identify the barriers to health that different individuals face.

The survey enabled HHNs to consider broadly the practical, strategic, environmental and contextual changes necessary to ensure best quality healthcare for people who are homeless. This also helped them to identify the current barriers to effective healthcare, and to consider alternative scenarios that could improve the overall experience of healthcare and health outcomes.

In their responses, HHNs considered a wide range of changes necessary to improve health outcomes for people who are homeless. When reading the submissions from the HHNs, it became clear that a pattern emerged and that they fit into four linked but distinct areas. These changes related to: improving capacity and capability, improving quality, improving access and increasing professional and public knowledge. The responses received indicate that action in all four of these areas is necessary in order to improve healthcare for people who are homeless.

**Figure 1: Changes needed to improve the health of people experiencing homelessness**



### Capacity and capability

HHNs commented that they wanted to see more focused provision to include intermediate care, advanced nursing care, and more mental health and drug and alcohol service provision. They also referred to more capacity within the housing sector including more homeless shelters, and supported accommodation, and more accessible housing in general.

### Quality

HHNs commented that working processes could be improved. This included enhanced provision of frontline services, and more streamlined services with better collaboration between different support organisations. They also referred to more targeted work by welfare agencies, better tenancy support, and a higher standard of emergency accommodation.

### Access

HHNs commented that they wanted people who are homeless to have better access to services, and services that are more flexible to complex needs. This included upholding the right to GP registration, improving transport to appointments (or assertive outreach), more community services and abolishing barriers to healthcare such as charging patients from overseas. Responses also included better access to health services such as dental care and podiatry.

### Knowledge

HHNs commented that more widespread public knowledge would help both the prevention of homelessness and crisis management. In particular they wanted to see less stigma associated with being homeless from staff working in support services, better public knowledge about how to help, and more education in schools focused on tenancy management and homelessness reduction.

### Summary of comments

The overall comments describe a wide range of recommended changes including dedicated nursing care, more collaboration between professionals, better working processes and more use of advocacy, which will be discussed in more detail throughout the report.

### Improving capacity and capability

There is a wide range of health services nationally, but a far smaller pool of experienced nurses focused on holistic and integrated healthcare for people experiencing homelessness. This type of healthcare is time and labour intensive. It is vital that commissioners understand the complexities around engaging and building relationships and trust with people who are homeless as one of the crucial elements of delivering healthcare.

Within the comments relating to capacity and capability, the QNI identified four commonly suggested areas for action:

1. To provide holistic and advanced nursing care;
2. More staff, resources, funding, and capacity focused on homeless health;
3. More homeless shelters, supported and emergency accommodation, and routes to affordable housing;
4. The provision of 'recovery from hospital' care to enable people to exit hospital into intermediate care if required (to prevent homelessness).

HHNs identified the value of and need for advanced and comprehensive nursing support for people who are homeless, including homeless families. A significant issue is ensuring that when people access services, there is sufficient staff capacity to identify their needs and work with them. Several responses made reference to timely access to mental health support and substance misuse services.

Nurses surveyed expressed the view that people experiencing homelessness should have their housing rights re-instated promptly. It is important that there are enough interim accommodation options for people exiting homelessness. HHNs recognise that one size does not fit all and that a range of accommodation options is needed to support people exiting homelessness.

#### Homeless Health Nurses in their own words:

The following selected quotes indicate the type of comments made by HHNs regarding improved capacity and capability:

### Community nursing and primary care

*'A dedicated nurse who is able to assess, plan, implement and review in the context of the reality of that complicated life for that individual, and prescribe when needed.'*

*'Offering emotional support as well as advanced health assessment and prescribing.'*

*'Ensuring families in homeless accommodation have regular access to health visiting support and that they have a health visitor when they move to their next address.'*

*'More investment in primary care, closer working between health and social care.'*

### Mental health and substance use

*'More mental healthcare and drug addiction centres and rehab.'*

*'An increase in substance misuse services.'*

*'Mental health services to have the funding and staffing support to fully assess people regardless of their substance misuse status.'*

### Homelessness support

*'More support services that meet people where they are - more flexible funding.'*

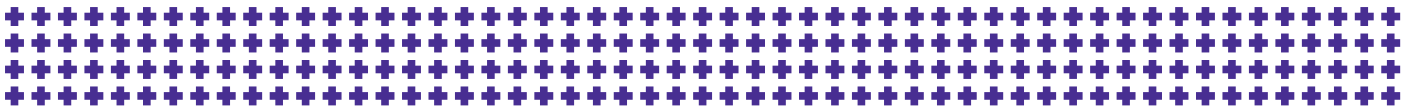
*'More staff, more resources such as food, blankets, warm clothes and counselling... I work with children and families. It's very upsetting when you are unable to get basic resources for people to stay warm and fed.'*

*'More funding for hostels and training for staff.'*

*'Developing the service with additional staff, to include an outreach service as there are many rough sleepers locally who don't engage with any services.'*

*'More funding for specialist services suitable for this client group.'*

*'It is vital that commissioners understand the complexities around engaging and building relationships and trust with people who are homeless as one of the crucial elements of delivering care.'*



*'Intermediate care and specialist supported accommodation.'*

*'Convalescent beds instead of being discharged onto the streets.'*

*'Intermediate care centre for complex patients who have substance issues.'*

*'Specialist supported mental health accommodation.'*

*'Assistance with accommodation for people with TB.'*

*'Availability of safe emergency housing which affords privacy and confidentiality for a diverse population living with HIV. Hostels dealing with individuals with problems of addiction to drugs and alcohol may not provide safety to many of the patients I work with who find themselves homeless due to immigration and inability to work (in particular an increase in vulnerable women from sub-Saharan Africa).'*

**More access to housing and accommodation**

*'Faster access to appropriate stable housing with a bespoke, flexible wrap around support package.'*

*'Provision of accommodation. This would provide stability whilst beating addiction, recovering from physical and mental health would be easier. People would be warm, safe and feel they are worth something.'*

*'Permanent homes meeting their basic needs, shelter, nutrition, and warmth.'*

*'More accessible temporary and interim accommodation.'*

*'Easier access to housing as this will impact on an individual's overall health and wellbeing.'*

*'Adequate long term stable supportive housing options with clinical staff to support complex health needs and intermediate care service facilities.'*

**More night shelters**

*'People in my area have access to shelters which are free and they also provide food and clothing. In this*

*cold weather, access to a warm, safe bed at night is paramount to improving health. Long term, many complex factors are involved in supporting homeless people to find a permanent home, but the immediate threat to health is from sleeping rough.'*

**Improving the quality of local health and housing systems**

There is a patchwork of local support services in the health, housing and care systems, each with a responsibility towards people experiencing homelessness. If brought together in a systematic co-ordinated way with common protocols and processes and systems for sharing information, these services can reduce duplication of time and effort, and improve the pathway for people who need to access the support. Time is needed to develop these local structures as part of a holistic view of service delivery so that care is seamlessly transitioned between services.

Within the comments relating to the quality of local health and housing systems, the QNI identified six areas for action:

1. Improved collaboration between professionals and less bureaucracy
2. Better quality emergency accommodation
3. Improved support for people who are addicted to drugs
4. Improvements in working processes
5. Homelessness prevention as everyone's business
6. Better understanding of homelessness by commissioners of health services.

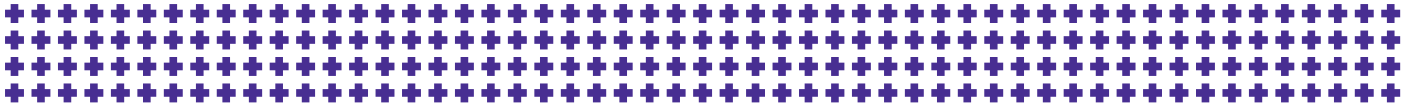
HHNs stated that professionals across the health, housing and support sectors should work more collaboratively and more consistently with each other. A range of options was proposed, including co-location of services, multidisciplinary teams, integration of commissioning and local homelessness forums and streamlined care pathways between physical health, mental health and substance misuse services.

HHNs have excellent insights into living conditions in refuges, homeless hostels and other forms of emergency accommodation locally and nationally. Some propose that improvements in the standard



'Homeless Health Nurses have an insight into living conditions in refuges, homeless hostels and other forms of emergency accommodation locally and nationally.'





of accommodation would help people at a critical crisis point in their lives. Accommodation should be designed to provide support and meet basic standards of living: habitable, healthy, private, safe and secure.

**Homeless Health Nurses in their own words:**

The following selected quotes indicate the type of comments made by HHNs regarding improving the quality of local health and housing systems:

**Collaboration**

*'A multidisciplinary team comprising of doctor, occupational therapist, physiotherapist, social worker, peer mentors, health navigators, and outreach drug and alcohol workers for each hostel.'*

*'Better resourced and coordinated multi-disciplinary health and social care team, with an emphasis on psychological services and therapeutic arts.'*

*'Easy access to dedicated multidisciplinary team to include health, social care and housing.'*

*'To have a contract with the local GP so that we could link to NHS services to enable me to prescribe, refer directly, link to the hospital courier to enable on-site phlebotomy and smears. This would improve timely interventions.'*

*'Definitely having a GP that will come to clinics with us.'*

*'Support integrated working with adult social services, substance misuse services and mental health services.'*

**Improvements in holistic care pathway**

*'Integrate health and social care services to create a single pathway that is holistic.'*

*'Streamlining of processes and a compassionate response from staff. Looking at cases individually.'*

*'Linking with intense support services to enable support and concordance.'*

*'Better more sustained input from health services for*

*people in temporary accommodation.'*

*'Easier support to access benefits.'*

**Co-location**

*'Comprehensive healthcare and substance addiction services in one place resulting in fewer splintered organisations leading to better communication.'*

*'Having a homeless health hub as healthcare is not provided in one place and is (currently) provided by multiple organisations with different systems and poor communication.'*

*'Working with wet houses and hostels to provide health advice that can help to keep people in accommodation.'*

**Sharing information**

*'Having a forum where all professionals from the agencies involved can regularly meet to discuss how to improve the experience of families going through homelessness.'*

*'Coordinated services with less red tape and barriers.'*

*'Closer relationship with commissioners who will listen.'*

**Standard of accommodation**

*'Access to safe, suitable accommodation.'*

*'Use of better cooking facilities and access to a washing machine.'*

*'More interim housing and less bureaucracy within housing policies.'*

**More support for people addicted to drugs**

*'Supervised opiate injection centre with support for treating addiction.'*

*'For the Home Office to make a change to the Misuse of Drugs Act and permit the setting up of 'safe consumption rooms' for people who use drugs. This would aim to reduce street injecting and thereby reduce the risk of infections and injuries through injecting drugs and offer opportunities to engage*

*with healthcare and drug treatment.'*

*'Improvement in assertive and passionate drug and alcohol services.'*

*'That the local drug and alcohol service reaches out to street homeless people.'*

*'Change in the benefits system; it currently allows people to continue to use drugs and alcohol, with no incentive to engage with support.'*

### **Improving access to healthcare**

The processes for linking people who are homeless into healthcare are very important, and people need to be part of the consultation process when designing healthcare service access points. The NHS and wider healthcare system has a range of care access points, for example, Accident and Emergency, NHS111, Ambulance Service, General Practice, Pharmacy, Walk-in Centre, Primary Care out of hours. This myriad approach is convenient when triaging and directing patients towards the most appropriate healthcare, but it can be extremely difficult to negotiate if you are homeless.

People experiencing homelessness may have a more limited range of options when accessing healthcare for many reasons including: health literacy, awareness of services available and what they need, fear or mistrust of services from a prior experience, transport difficulties, language barriers, or poor attitudes and stigma. Support is vital to enable people to access appropriate and timely healthcare.

Some people do not seek care until their health needs are critical, so intervening as swiftly as possible is imperative and different approaches are often essential. When people who are homeless access healthcare, they should be entitled to the same rights and levels of respect, dignity, care and compassion as others accessing the healthcare system.

Within the comments relating to improving access to healthcare, the QNI identified seven themes that were commonly suggested areas for action:

1. Develop faster access to services
2. Develop access to public health, health screening and health protection
3. Provide transport to appointments
4. Abolish healthcare charges for people from overseas
5. Ensure GPs uphold the right to register regardless of housing status
6. Link effectively to dental care, foot care and other community services.
7. More advocacy at all levels.

HHNs know that people who are homeless require the best possible access to healthcare. Historical traumatic experiences can lead people to become mistrustful of engaging with services. HHNs want the routes to healthcare to be uncomplicated for people who are homeless, meaning faster service access, immunisation coverage, GP registration and transport to appointments where needed.

### **Homeless Health Nurses in their own words:**

The following selected quotes indicate the type of comments made by HHNs regarding improving access to healthcare:

#### **Abolish NHS charging**

*'Take away the NHS charges for people with no recourse to public funds.'*

*'Scrap the overseas charging departments in the hospitals and make healthcare free for all regardless of immigration status.'*

#### **Transport**

*'Access to transport, such as a bus pass.'*

#### **Right to register with a GP**

*'GPs stop refusing to register homeless people.'*

*'GPs who do not insist on ID documents to register.'*

*'All GPs and reception staff to be educated about rights to register.'*

*'Salaried GPs who would see anyone regardless of*

*'Historical traumatic experiences can lead people to become mistrustful of engaging with services.'*



*their housing situation or immigration situation.'*

*'More easily accessible treatment from mainstream GP surgeries.'*

**Access to health protection and public health**

*'Supporting them toward health improvement and disease prevention.'*

*'Attempting to work with them and other agencies to prevent onward transmission of infectious disease.'*

*'Offer Flu vaccinations more widely to all clients.'*

*'Opportunistic health screening and vaccination in shelters and other places that homeless people present.'*

*'Ensuring that policies and guidelines for our screening programme are inclusive and enable access by all who need the service.'*

**Access to substance misuse and mental health services**

*'More flexibility in mental health appointments for homeless people.'*

*'Lower threshold opiate replacement prescribing programmes.'*

*'More flexible access to mental health.'*

*'Easier access to substance misuse and mental health services'*

*'Better access to good inclusive drug and alcohol services including needle exchanges.'*

*'Access to dual diagnosis services.'*

*'Better mental health and social care, more responsive drug and alcohol service.'*

**Other**

*'Treat painful foot conditions, address footwear issues and provide suitable shoes.'*

*'Easier access to food and fuel vouchers.'*

*'Help them sooner, for those that don't want a life on the street.'*

*'More spaces that provide drop in healthcare that are non-authoritarian in nature.'*

*'Easy access to decent hostel or supported accommodation where meals are provided.'*

**Advocacy**

*'Greater access and use of advocacy.'*

*'Advocating at a strategic level locally and nationally.'*

*'Advocating to other agencies regarding the asylum process and its impact on mental health.'*

**Increasing knowledge and awareness about the impact of homelessness**

HHNs want to see more communication about the evidence of the impact of homelessness on a person's health and encourage people to focus their support on people who are homeless. Public awareness of how people can offer useful assistance would be of benefit, together with learning from people who have experienced homelessness, if they are willing to share the reality of that experience in order to inform others.

It is important that health professionals (and student healthcare professionals) have a wide range of knowledge about the health harms associated with homelessness and the ways they can work to mitigate them and help people access the healthcare they need.

Within the comments relating to increasing knowledge and awareness about the impact of homelessness, the QNI identified four areas for action:

1. Increased public awareness of the most effective interventions for people who are homeless;
2. A positive attitude from all NHS staff towards people who are homeless;
3. Improved local knowledge of homelessness protocols and policies by healthcare professionals;
4. Raised public awareness of the most effective healthcare interventions for people who are homeless.



‘People experiencing homelessness often have a wide range of complex needs, requiring intensive professional support.’



In many areas there is a groundswell of local activity by people taking positive action in their communities to help people affected by homelessness. People experiencing homelessness often have a wide range of complex needs, and so may also need intensive and professional support targeted across health, housing, care, and income needs.

The support of the public is beneficial. HHNs expressed a wish to see public support directed in the most effective ways that would translate into sustainable benefits. Closer relationships between people who have been homeless, health care professionals and the wider public to share their knowledge can help when developing effective responses.

HHNs identified the need to change negative attitudes by some staff towards people who are homeless. They suggested targeted education to tackle the stigma of homelessness to ensure that all healthcare professionals recognise the needs of people experiencing homelessness.

**Homeless Health Nurses in their own words:**

The following selected quotes indicate the type of comments made by HHNs regarding increasing knowledge about the impact of homelessness:

*‘Change in stance on begging from the public. I have worked with multiple individuals who have declined to access medical interventions instead opting to continue raising in excess of £100 daily from begging to support illicit drug use.’*

*‘Non-judgemental staff.’*

*‘Homeless health is everyone’s business and there are no hand-offs. Acute care discharge processes particularly need to be addressed and staff attitudes to the homeless population.’*

*‘Education to children at school about being financially independent and sustaining a tenancy and not getting into debt.’*

*‘Change the attitudes of clinical staff and reduce stigma associated with substance misuse.’*

**Homeless health nursing – a unique role**

There are features of delivering nursing care to people who are homeless in the community that make the role of the HHN unique. By learning more about the care interactions between nurses and people who are homeless, we can draw out valuable lessons about the nature of modern integrated holistic nursing care, which takes into account the background, current and future needs of the whole person.

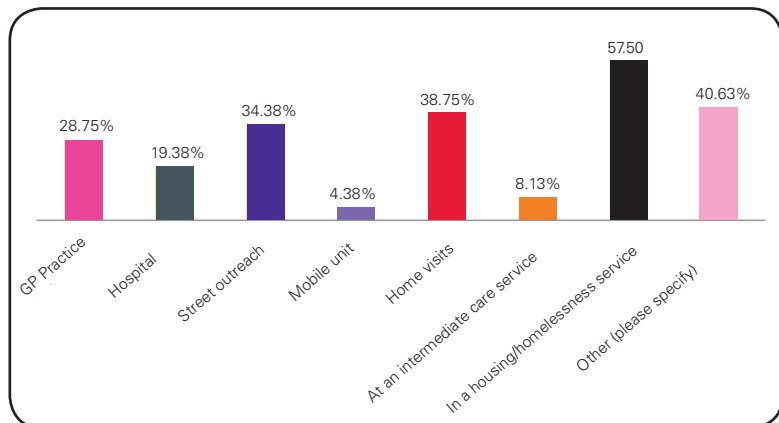
The QNI asked HHNs where they worked and what interventions they delivered. As a result of analysing this data, the QNI has identified five characteristics of an HHN. These are:

1. Nursing care delivered in flexible locations;
2. Bringing care directly to the patient;
3. An opportunistic approach to delivering care;
4. Holistic advanced nursing care including mental health, public health, substance misuse and physical health;
5. Referring people to other health services, housing services and community and social support.

**Nursing care in flexible locations and bringing care directly to the patient**

Homeless healthcare is delivered flexibly to accommodate an individual’s needs. This means healthcare professionals need to adapt their approaches and provide healthcare at the most relevant and convenient location for the patient.

**Figure 2: Locations of care provision by HHNs**



Respondents were asked in what locations they mainly provided healthcare for people who are homeless. Figure 2 shows that more than 50% of Homeless Health Nurses surveyed are providing care within a housing or homelessness service, such as a day centre or hostel. Many nurses work across multiple settings including GP surgeries, hospitals, and directly on the streets. The 'other' category included a wide range of locations including substance misuse services, soup kitchens, traveller sites, church drop-ins, ambulatory clinics, probation services, prisons, voluntary action centres and children's centres.

**Drop-in clinics and opportunistic care**

While there are certainly many examples of fixed appointments in community-based nursing care for people who are homeless, there is also a very high use of unscheduled, opportunistic care via drop-in clinics, particularly in areas most frequented by people experiencing homelessness, for example city centres.

**Homeless Health Nurses in their own words:**

The following selected quotes indicate the type of comments made by HHNs regarding variations around service provision:

*'I offer nurse drop-in clinics rather than appointments. Many people I see have no fixed abode, are sofa surfing, living in hostels or sleeping rough.'*

*'I offer opportunistic nursing care and clinics run in homeless hostels.'*

*'Our clinics are walk-in, so this varies a lot.'*

*'A large part of my role is spent on the street working with people who are street homeless and therefore my time is not 'planned' into appointment slots.'*

*'My team work flexibly in the community offering practical support.'*

*'I see patients with liver disease and this includes clinics in the GP surgery for the homeless and vulnerably housed weekly and a prison clinic weekly.'*

*'I usually work on a cycle visiting 3-4 homeless hostels and drop-in centre.'*

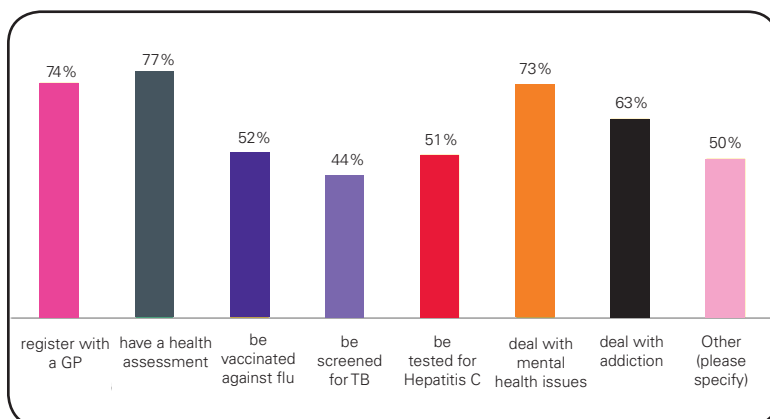
**A full range of holistic advanced nursing care**

HHNs have a very wide skillset and need to be able to assess, treat and refer patients who often present with a high level of trauma and mistrust of mainstream services. They need to be knowledgeable in public health and health promotion and be skilled at working with co-existing short and long term physical and mental health conditions and substance addiction. They also need to have the compassion and courage to work with an individual in crisis.

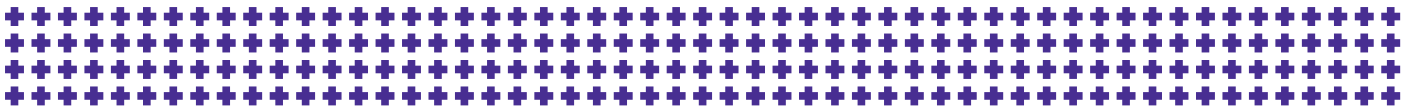
The key skills of a HHN include advocating for patients and referring and connecting them with other healthcare services and wider support networks.

The HHN is often the health professional who has the majority of contact with a patient, and the person who co-ordinates other services in order to achieve the best possible care. Nurses who undertake this work must be experienced, well trained, well supported and employed at a level commensurate to the complexity of their work. Many are also independent prescribers which enables more rapid access to treatment.

**Figure 3 shows how HHN services help people who are homeless**



*'HHNs have a very wide skillset and need to be able to assess, treat and refer patients who often present with a high level of trauma and mistrust of mainstream services.'*



**Homeless Health Nurses in their own words:**

The following selected quotes indicate the wide range of skills a HHN might be required to use:

*'We offer sexual health checks, Pabrinex injection (a high potency vitamin injection for patients who have long-term alcohol addiction), dressings, acute illness assessment, health promotion and illness prevention.'*

*'I run a physical health clinic and do a lot of signposting and multi-agency work.'*

*'We do dried blood spot testing for blood borne virus, help with wound care, and test for chlamydia and gonorrhoea.'*

*'We ensure children are up to date with vaccines and developments and ensure parents have regular face to face access to a health visiting service in their temporary accommodation.'*

*'We help people access wound care, access a dentist, access podiatry, be screened for STI's, access contraception, be treated for Hep C, access HIV clinics, and access a Women's Aid worker.'*

*'We provide advocacy to GP services and secondary care, including accompanying clients to appointments. Our service also includes podiatry and nurse prescribing (including for infections, minor ailments, skin conditions, and wound care).'*

*'Health advice and emotional support. I am also a prescribing nurse so can also prescribe treatment for minor illnesses including for chest infections, skin infections, and the review of anti-depressant medications.'*

*'Safe discharge from hospital.'*

*'Minor illness and injury.'*

*'We treated wounds, either acute or chronic, support access to mainstream healthcare, triage, prescribe, referral, support and advocacy with other health and statutory services, facilitate safe discharge from hospital'*

*'Provide the primary care service provision-management of long term conditions, treat diagnose and refer. Prescribe regular medication.'*

*'Palliative and end-of-life care.'*

*'Testing for all blood borne viruses; providing naloxone; resuscitation skills training for homeless people and access to counselling or podiatry.'*

*'Screening for infectious diseases in pregnancy.'*

*'I see patients with alcohol and viral hepatitis - a clinic appointment seeing those with at risk of liver disease. It involves assessment and treatment.'*

*'We offer practical support and safeguarding to supporting setting up utilities, bank accounts, and DWP.'*

*'Control infectious disease through treatment, isolation, vaccination, contact tracing as the situation demands.'*

*'Address foot and lower limb issues, encourage engagement with other healthcare professionals.'*

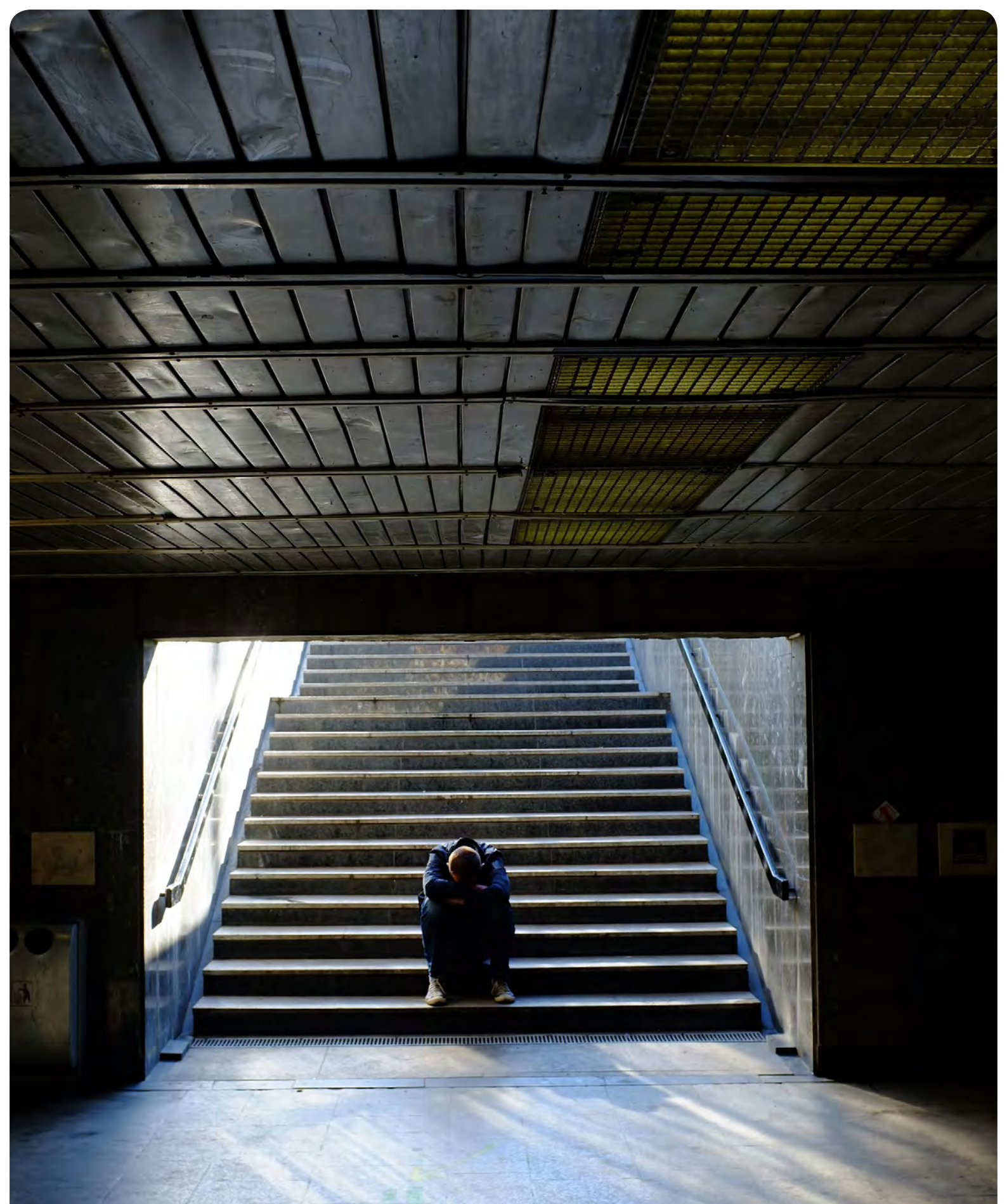
*'To ensure the family have no unmet health needs: dental, immunisations, development reviews, nutrition, emotional wellbeing, safety, play, access to healthcare.'*

*'Link in to a wide range of services i.e. food banks, benefits, legal and housing advice.'*

**Support for Homeless Health Nurses**

The QNI asked HHNs how their employing organisation supported and valued their contributions and helped them to gain the skills they needed in an emotionally demanding, complex and rapidly changing field of work.

Many nurses reported that their organisation supported them across a variety of measures, indicating a high level of satisfaction with their roles across many different employers nationally. They overwhelmingly agreed that their service valued their work. Some commented that there was insufficient time dedicated to service development and ensuring the right skill mix. In some instances, concerns were



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raised related to staffing levels, skill mix, funding and organising healthcare effectively.

HHNs are passionate about this area of work and are keen to indicate areas where their organisations perform well and where improvements could be made.

Using a 5 point Likert scale (*with the categories strongly agree/agree/neither agree nor disagree/disagree/ and strongly disagree*), the survey asked HHNs whether their service:

- Was easily able to retain and recruit staff
- Had the right skill mix to help people who are homeless
- Gave them time to develop their skills and knowledge
- Gave them time to develop the quality of their service

**Key data**

Of the nurses surveyed:

- 57% agreed or strongly agreed that their service is easily able to recruit and retain staff
- 71% agreed or strongly agreed that their service has the right skill mix to help people who are homeless
- 73% agreed or strongly agreed that their service gives them the time needed to develop the quality of their service
- 78% agreed or strongly agreed that their service gives them time to update their knowledge and skills

**Homeless Health Nurses in their own words:**

The following selected quotes indicate the type of comments made by HHNs about how they felt supported by their organisations and what improvements could be made:

**What works well?**

*‘My service does their best with the resources that they have, and I feel supported by my managers.’*

*‘I love my job. It is busy and challenging but I find it so*

*rewarding and I work with a fantastic team.’*

*‘Our team is a relatively new team so we are in a good position.’*

*‘Very supportive trust and management team who see the wider picture associated with homelessness and want to reduce the numbers affected.’*

*‘They encourage me to develop and innovate.’*

*‘Our Homeless team is amazing and the service users really feel supported, listened to and safe while they are here.’*

**What needs to change?**

HHNs identified a wide range of areas where more support with specific issues could help improve the care they are able to give, including appropriate staffing levels and skill mix, support for professional indemnity cover, funding and wider understanding of the needs of people who are homeless. Over 20% of respondents said that they worked more than 5 hours additional unpaid overtime each week.

**Staffing and skill mix**

*‘We need more staff to provide a better service.’*

*‘We rely chiefly on volunteer nurses and non-clinical volunteers (rather than staff), who we recruit relatively easily and have good retention rates. My organisation is supportive but through lack of admin support, my time is never adequately released to update knowledge or develop the service as much as I’d like.’*

*‘We need a Nurse Prescriber / GP input’*

*‘Our service would benefit from a psychologist and more support workers.’*

*‘The service is under extreme pressure due to staff shortage and changes to working practice making it very difficult to afford the luxury of appropriate time for some of its activities.’*

*‘We have a great relationship with local GPs who value our input. We have tried to improve staffing levels to no avail. We have lost dedicated drug and alcohol workers for the homeless people we support*

*which has put a strain on our resources.'*

*'We desperately need support workers and extra nurses.'*

*'Currently not being allowed to recruit to fill vacant posts so we are limited by being short staffed and forced to offer posts to anyone whose job is at risk'*

*'Ideally we would have a more diverse skill mix.'*

### **Indemnity cover**

*'We are still struggling to sort out correct indemnity cover to fully develop the role.'*

### **Poor understanding of service user needs**

*'Management and corporate vision sometimes hinder delivering healthcare to a minority group, because they may only be a few people.'*

*'Lack of understanding of the needs of homeless people, and pressure from service to deliver numbers and failure to understand context of work.'*

*'Less flexibility, now more about key performance indicators.'*

### **Funding**

*'This can definitely be improved. Funding is a big issue and I have not had contact with a commissioner for a long time as they keep changing.'*

*'As I am employed by an NHS Trust I have difficulties improving and developing services due to financial constraints'*

Respondents were more likely to agree that they received support to develop their service. They did however identify areas for improvement in areas including staffing levels, indemnity cover and commissioning.

### **Summary of findings and implications for practice**

The survey indicates a need for improvements to capacity and capability across local health and housing systems alongside improvements to service quality.

It also highlights the need for people experiencing homelessness to have faster access to healthcare, by removing the barriers to healthcare and by treating patients directly in a convenient location for them. This includes the need to access public health through health screening and health protection, and a requirement that GPs uphold the right to register a person regardless of housing status.

Improving knowledge and awareness about homelessness is important. This will help people who have been homeless, the wider public, health professionals and health sector leaders to come together to organise the most effective local responses. The survey found a need for improved collaboration between services and professionals, alongside clear homelessness protocols and policies. Commissioners of services need to consider the resources and funding required for homeless health services; sufficient homeless shelters, supported and emergency accommodation and routes to affordable housing alongside 'recovery from hospital' care that enables people to exit hospital into intermediate care, if required to prevent homelessness and facilitate rehabilitation.

The HHN role is a unique and important one. The HHN is capable of bringing care directly to the patient in flexible locations using holistic advanced nursing care that includes mental and physical health. The HHN develops long-term relationships and co-ordinates the right community-based services in order to deliver the most effective healthcare, referring people to other health services, housing, community and social support.

The Government has committed to halving rough sleeping by 2022 and eliminating it by 2027. As part of this commitment the full involvement of the NHS and wider health, housing and support services will be essential to improve the health of people experiencing homelessness.

The QNI believes that HHNs are essential to informing and supporting this work locally, regionally and nationally in achieving this aim. It is vital that these roles continue to be supported as part of any homeless health care strategy.

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### Recommendations

Based on the evidence from this report the QNI has developed six recommendations for service commissioners and strategic planners to consider when planning homeless provision:

1. Create a health needs profile of the demographic and specific health needs of people experiencing homelessness in the local area (Homeless Link Template<sup>9</sup>) and consider the access barriers from the perspective of people experiencing homelessness.
2. Provide sufficient emergency accommodation to meet local needs with planned, supported and affordable routes into housing.
3. Consider the capability and capacity requirements in working with people who are experiencing homelessness to ensure that there is sufficient local specialist knowledge in health service providers.
4. Foster collaborative working for homelessness prevention and reduction across all services and ensure that staff working within wider health services have a full understanding of their responsibilities regarding the care and treatment of people experiencing homelessness.
5. Implement effective local substance misuse and mental health care services for people who are homeless in the area.
6. Ensure public awareness of local and national campaigns that help and support people experiencing homelessness.

### For further information go to:

- Homeless Health at the QNI: <https://www.qni.org.uk/nursing-in-the-community/homeless-health-programme/>
- Transition to Homeless Health Nursing Learning Resource: <https://www.qni.org.uk/nursing-in-the-community/transition-community-nursing/homeless-health/>
- Homeless Health Education Scoping Report: <http://www.qni.org.uk/resources/student-nurses-learn-health-needs-people-experiencing-homelessness/>

9. <https://www.homeless.org.uk/our-work/resources/homeless-health-needs-audit>



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