Housing Research Summary

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Homeless People's Access to Medical, Care and Support Services
A Review of the Literature

Introduction

The National Homelessness Strategy commits the Welsh Assembly Government to ensuring that all people who are homeless (including those in temporary accommodation) have access to the services they need, including health, education, and social services. For this reason, the University of Salford was commissioned to review the research literature on the problems homeless people face in accessing the medical, care and support services they need and to identify ways in which take up may be improved.

Main findings

The literature tends to fall into two categories, either concentrating on individual projects providing a service for homeless people in a specific setting or geographical location, or featuring approaches designed to tackle a specific 'condition' for example mental distress, amongst a homeless population. Some common themes and issues can be discerned:

- Homeless people are a heterogeneous group of people with diverse and complex needs.
- As a definition, homelessness includes people living in a variety of circumstances. Some may be 'rough sleepers', others may be living in bed and breakfast or other temporary accommodation. So homelessness should not be taken to mean 'rooflessness'.
- The medical care and support needs of homeless people are compounded by their lifestyle.

- Many homeless people have complex co-existing medical conditions, often exacerbated by mental illness allied to alcohol and/or drug misuse. These medical conditions are many and varied, e.g. depression, anxiety, psychoses, tuberculosis, diabetes, cardiovascular conditions, other respiratory conditions, and tooth decay.
- Mainstream medical, care and support services do not generally meet the needs of homeless people. Staff, and the public often hold negative attitudes towards homeless people. Homeless people are often unaware that such services exist. Some service providers, for example General Practitioners, commonly discriminate against homeless people.
- Some client groups are much less likely than others to have their needs met. These include black and minority ethnic groups, ex-offenders, substance misusers, asylum seekers, single people generally, and particularly those with more chaotic lifestyles and those with severe mental health problems.

Conclusions

The lives of homeless people are not structured in a conventional way and, for this reason, can be seen as comparatively 'chaotic'. The review clearly indicates that services which are successful in attracting homeless people are those which are provided away from traditional settings. Consequently, services for homeless people need to be provided in settings and locations frequented by homeless people, such as hostels, night shelters, drop-in centres, or via mobile units driven to appropriate locations.

Services also need to be flexible, so the time of day the service is provided makes a big difference to the ability of homeless people to access it. For example a dental service operating in the evening on the premises of a resource centre for homeless people would both provide access at a suitable time and help to overcome the barrier which a formal clinical setting presents. Nonetheless it is equally important for appointment processes to have the character of an open system to accommodate the difficulties presented by the life-style of most homeless people, which make formal appointment systems problematic.

The review identified that one of the barriers to accessing services is the perceived negative attitude of staff towards homeless people. It is imperative that front-line staff and practitioners work in a non-judgmental way. There is scope to enhance this by developing an understanding approach of homeless people's circumstances through training.

The medical, care and support needs of homeless people are varied and complex. When these needs are juxtaposed with services which are structured along uni-professional lines and with a marked absence of 'joined-up' processes of communication and service delivery, the need for these services to be co-ordinated becomes clear. This requires a strategic vision operationalized through local service planning and delivery.

The realisation of such a vision would benefit by taking account of the views of service users, as advocated by policy statements and legislation. Given the negative and stereotypical attitude of many service providers towards homeless people,

it is especially important that in planning services the views of past and present homeless service users are listened to and allowed to influence service design. However, involving service users has been shown to require commitment from providers in the form of financial recompense, for example to pay for transport costs, and practical support. The latter can take the form of training on committee procedures or the establishment of service user networks to provide mutual encouragement and guidance.

It needs to be recognised that a successful strategy to promote homeless people's access to medical, care and support services will bear a cost:

- To provide incentives to practitioners to work with homeless people.
- To ensure that services can be provided at unconventional times.
- To provide the appropriate equipment to enable services to be taken into the community.
- To support the development of strategies, particularly at local level, to ensure the efficient and effective co-ordination of the different services involved.
- To ensure that suitable evaluation tools are available to measure the health status of the homeless population, and that services are properly evaluated.

Copies of this research summary, and the full report **"Homeless People's Access to Medical, Care and Support Services - A Review of the Literature"** are available from:

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