

### FALKIRK HOMELESSNESS STRATEGY 2008-2013

#### The Health of Homeless People

Homelessness is a complex issue and homeless people themselves are not a homogenous group. However it is clear that health and homelessness are inextricably linked; ill health is both a cause and effect of homelessness. There are a wide range of health problems that are more prevalent among homeless people than the domiciled population including chronic conditions, stress, anxiety and other mental health problems affecting both single homeless people and homeless families with children (Pleace and Quilgars 2003). A study of homeless people in Aberdeen found that only 22% assessed their health as 'Good', compared to 77% of the general population using the Scottish Health Survey and a significant minority of homeless people were assessed as being dependant on drugs or alcohol alongside mental health problems and infectious diseases (Love 2002).

#### Access to Health Services

It is also recognised that barriers experienced by homeless people relating to accessing health services are similar to those experienced by a range of marginalised groups in our communities. Barriers for homeless people can include: **organisational barriers** e.g. some homeless people have difficulty in engaging with the bureaucracy of mainstream health services such as making and keeping appointments;

**attitudinal barriers** e.g. attitudes of staff based on low awareness of the needs of homeless people or homeless people having low expectations of a positive service response based on previous experience of service use; **mental health and drug/alcohol dependency** e.g. such complex problems can lead to chaotic living circumstances and lifestyles where individuals are unable to engage or stay in contact with health services without specialist support and; **focussing on immediate problems of survival** e.g. homeless people often do not prioritise their health needs until they become debilitating.

#### The National Policy Response

On this basis, Scottish health policy has recognised the need to address the health of homeless people as part of the broad goal to reduce health inequalities. 'Our National Health: a plan for action a plan for change' (Scottish Executive 2000) committed to improving the health of homeless people and this commitment was built on in 'Improving Health in Scotland: The Challenge' (Scottish Executive 2003). 'The Challenge' asserted that All NHS Boards are required to produce and implement Health and Homelessness Action Plans outlining the activity planned at local level to meet the health and health care needs of homeless people. In 2005 the Scottish Executive published the following Health and Homelessness Standards for Health Boards:

1. The Board's governance systems provide a framework in which improved health outcomes for homeless people are planned, delivered and sustained
2. The Board takes an active role in partnership with relevant agencies to prevent and alleviate homelessness
3. The Board demonstrates an understanding of the profile and health needs of homeless people across the area
4. The Board takes action to ensure homeless people have equitable access to the full range of health services
5. The Board's services respond positively to the health needs of homeless people
6. The Board is effectively implementing a health and homelessness action plan

Whilst the NHS Board holds the strategic responsibility for the Standards it is expected that delivery will be through Community Health Partnerships.

### **Local Policy Response**

The NHS Forth Valley Health and Homelessness Steering Group is the main partnership that works to ensure that the Health and Homelessness Standards are achieved on an NHS Forth Valley wide basis. In Falkirk, a Health Sub Group of the Falkirk Homelessness Forum Executive Group was established in December 06 to co-ordinate the development and implementation of the health related actions of the Falkirk Council Homelessness Strategy 2007-2012 and integrate the Falkirk related actions from the Forth Valley Health and Homelessness Action Plan into the Falkirk Homelessness Strategy. The Falkirk Homelessness Forum Health and Homelessness Sub Group consists of representatives from Falkirk Community Health Partnership, Falkirk Council, Forth Valley NHS Department of Public Health and is chaired by a Public Health Practitioner from Falkirk Community Health Partnership from April 2005.

### **Forth Valley Health and Homelessness Needs Assessment**

In The Falkirk Homelessness Strategy 2003-05, Falkirk Council committed to jointly commissioning a comprehensive health needs assessment of homeless people in partnership with NHS Forth Valley Health and Homelessness Steering Group. The findings will inform the implementation of the joint health and homeless plan for Forth Valley. The needs assessment was structured around surveys of 91 service users from all three local authorities, Falkirk, Stirling and Clackmannanshire.

The aims of the needs assessment were to:

1. Identify and review current data and information sources on homeless people
2. Investigate the health needs of homeless people especially in relation to access
3. Explore how existing services can best meet the needs of homeless people

## **Findings**

The research provided a wide range of findings and views of the health needs of homeless people in the Forth Valley area.

The findings include the following:

- 54% were registered with a dentist. 1/3 of those not registered with a dentist could not find an NHS dentist who would accept new registrations;
- 18% had contact with a community mental health team;
- 25% has contact with a drug treatment agency;
- 18% described their health as poor;
- The most common health problems included; Asthma (26.4%), chest problems (27.5%), Fungal infections (20.1%), skin problems (27.5%), eye problems (30.8%), Teeth and gum problems (50.5%), Headaches (57.1%), and Joint problems (25.3%)
- 14.3% were frequently or constantly taking prescribed methadone
- 26.4% were frequently or constantly taking anti depressant tablets
- 92% said that they had access to cooking facilities within their accommodation but only 73% actually used them.
- 24% admitted having an alcohol problem and 8% were seeking assistance for this.

## **Specific Issues**

A range of strengths and challenges were identified across Forth Valley. Strengths identified included:

- Evidence of positive and flexible approaches to working with homeless people in particular general practices, in mental health services, community services and in housing services.
- Centralised specialised resources appear to work well in facilitating access to mainstream health services for some homeless people (Salvation Army Stirling).

Challenges identified included:

- Insufficient data for identifying homeless peoples' health needs and use of health services.
- Service providers perceptions of poor interagency operational collaboration.
- The need for training for frontline health service staff.

- Delays in benefits payments have a significant affect on the health of homeless people as well as prescription costs for those on benefits.
- Access to healthy food particularly for clients in Bed and Breakfast accommodation.
- The need to improve discharge planning to achieve sustainable resettlement.
- Negative attitudes by some service users towards NHS Community Psychiatric Nurse services effecting access to mental health services.
- The need to improve access to podiatry and dental services.

## **Recommendations**

Key recommendations of the needs assessment include:

- The creation of one stop shops for homeless health provisions.
- Targeted outreach in health provision to ensure that homeless people are reached and interventions happen at the right time.
- Better networking and training for all key agencies.
- Appointment of a lead person to work across organisations to ensure that services are delivered.
- Targeted professional development for health professionals to ensure a consistent and sensitive approach to the treatment of homeless persons.

The recommendations are being progressed through a review of the Forth Valley Health and Homelessness Action Plan by the Forth Valley Health and Homelessness Steering Group. Actions will be based on the following cross cutting themes that emerged from analysis of the findings.

- Partnership and user involvement
- Information

This encompasses both information for people experiencing homelessness and information for service providers.

- Capacity and service development

This encompasses human resources of agencies involved – staff numbers, skills, knowledge and attitudes (and the potential for workforce planning, training and education to improve these), facilities, materials, and equipment and service development plans based on improvements in the above likely to have a positive impact on the health of people who are homeless, and access to services.

These 3 main cross-cutting areas relate to each other, and inter-act, but between them provide a means for considering improvement in relation to the health of people experiencing homelessness. The actions in the Falkirk Health and Homelessness Action Plan are grouped according to each of these three key themes and it is anticipated that this provides us with a public health framework of long term solutions aimed at improving the health of homeless people and reducing/ preventing homelessness in Falkirk.

## **Examples of Good Practice in Falkirk**

### **Community Food and Development Worker/ Falkirk Salvation Army**

A Community Food and Development Worker from NHS Forth Valley works in partnership with Falkirk Salvation Army to:

- support the organisation in making and identifying changes to food provision , motivate staff and provide training/resources;
- ensure that adequate resources are available for food activities and;
- highlight opportunities for development, including funding.

The Community Food and Development Worker has added much valued capacity to the development of the Homelessness 'Drop In' Service. Listening and responding to clients needs and opinions has further improved the drop in service menus with less pies etc. and more healthier choices e.g. spaghetti bolognese being offered. The laundry and shaving facilities have 'opened doors' and a feeling of community is more prevalent, volunteering at the 'Drop In' has increased and people are staying on premises for longer.

The full time post of a support worker has made a real difference, resulting in more time to speak to clients and has increased use of the service. The support worker and cook attended a Food Health and Homelessness conference which encouraged them to look positively at what they had achieved. This further stimulated them to undertake some basic cooking skills with the clients and provide extra fruit and vegetables and they have been successful in obtaining a grant from Community Food & Health (Scotland) to fund this.

In 2007 the Community Food and Development Worker supported Falkirk Salvation Army to successfully host a national Food Health and Homelessness event for Community Food and Health (Scotland).

#### *Future developments –*

Develop/increase cooking and food awareness skills with clients.  
Provide clients with a piece of fruit or vegetable at drop-in sessions.  
Realisation of clients own skills within the centre where appropriate.

### **Falkirk Council Accommodation Resource Centre (ARC) Community Psychiatric Nurse (CPN) For Homeless People**

A CPN has been appointed to work on a two year pilot project run by Falkirk Council and the Falkirk Community Health Partnership. The post involves working with homeless people with mental health needs and is funded by Falkirk Council, based at the ARC. The aims of the project are to:

- Contribute to the health and social care assessment of people who are homeless or at risk of becoming homeless within the Falkirk Council area;
- Assist homeless people who are experiencing mental health problems get access to the health and social care services they require;
- Meet the mental health support needs of people either by ongoing CPN involvement or through referral to other appropriate services;
- Develop and maintain links with other agencies involved in health and social care support to homeless people;
- Provide specialist mental health advice to clients, carers and agencies involved in supporting homeless people.

The CPN carries out nursing assessments of individuals who present as homeless and who are experiencing mental health difficulties, to inform an action plan developed in partnership with the client aimed at working towards increased stability in terms of social and mental wellbeing. CPN also provides advice and support to homeless people with mental health difficulties leaving hospital and liaises with fellow members of the Accommodation Resource Team to identify appropriate accommodation options for these clients. The CPN also provides a valued liaison service for other professionals including ARC staff, Castings Hostel staff and hospital staff working with patients who are homeless or at risk of becoming homeless. Working in partnership with sector mental health teams the CPN also provides additional support to known vulnerable clients during a period of homelessness or when they are at an increased risk of becoming homeless.

The post has evolved to become a key link between mental health services, homelessness services and non statutory services providing support to homeless people; between July 2006 and July 2007 having had direct involvement with over 70 clients all of whom had experienced difficulties in accessing or maintaining engagement with mainstream health services and who were at increased risk of deterioration in their mental wellbeing and level of social functioning for a variety of reasons revolving around their situation of homelessness.

**CLIENT STATISTICS FOR CPN ( HOMELESS PEOPLE ) JULY06-NOV07****REFERRAL SOURCE**

<b>SOURCE</b>	<b>No</b>	<b>%</b>
INTERNAL WITHIN ARC	69	67
OTHER HOUSING TEAMS WITHIN FALKIRK COUNCIL ( INCLUDING CASTINGS HOSTEL )	15	14
SOCIAL WORK	1	1
MAINSTREAM MENTAL HEALTH TEAMS	12	12
GPs	3	3
VOLUNTARY/ NONSTAT MENTAL HEALTH SERVICES	0	0
WOMENS' AID	1	1
SELF/ INFORMAL REFERRAL ( VIA FAMILY,FRIENDS ETC )	2	2

**PRESENTING DIFFICULTIES**

<b>DIFFICULTY</b>	<b>No of clients</b>	<b>%</b>
MENTAL HEALTH DIFFICULTIES (SYMPTOMS OF PSYCHOSIS)	23	22
DIFFICULTIES WITH LOW MOOD/ SYMPTOMS OF DEPRESSION	32	30
MEMORY DIFFICULTIES	6	6
POOR SELF ESTEEM/ POOR ASSERTIVENESS SKILLS	1	1
SITUATIONAL, COPING DIFFICULTIES	9	8
PROBLEMATIC SUBSTANCE USE AND MENTAL HEALTH DIFFICULTY	28	27
PROBLEMATIC SUBSTANCE USE	6	6
<b>TOTAL</b>	<b>105</b>	<b>100</b>

## **AGE GROUPINGS**

<b>AGE</b>	<b>No OF CLIENTS</b>	<b>%</b>
0-18 YRS	9	9
19-64YRS	92	87
65 YRS +	4	4

## **GENDER**

MALE	87	83%
FEMALE	18	17%

## **EXISTING SERVICE INPUT AT TIME OF INITIAL CONTACT**

REGISTERED WITH GP ( INCLUDING DIRECT PATIENT CARE SERVICE)	77	73%
OPEN TO MAINSTREAM MENTAL HEALTH SERVICES	21	20%
OPEN TO SUBSTANCE ABUSE SERVICES	4	4%
OPEN TO SUBSTANCE ABUSE SERVICES AND MAINSTREAM MENTAL HEALTH SERVICES	3	3%

## **Future Developments**

The Health sub group of the Falkirk Homelessness Forum will support the implementation of the recommendations from the evaluation of the ARC CPN for Homeless People pilot service to sustain the benefits achieved

The CPN will work to raise awareness of the service in Falkirk Community Health Partnership to improve access to the service via primary care



## **Streetsport / Health Promotion Department contribution**

The Health Promotion Officer (HPO) in the Community Team has a specific remit for homelessness across Forth Valley. In the Falkirk area the HPO works in partnership with many organisations on varied aspects of homelessness and the prevention of homelessness. This has included:

- The production of a leaflet for people who are homeless or at risk of homelessness to inform them of how to access services.
- In conjunction with the Salvation Army, initiating significant changes to the structure and set up of the Homelessness “Drop In”. This included changing opening times to make it more accessible for services to be in attendance and creating the full time post of Support Worker rather than Co-ordinator.
- Through the Health Promotion Department, offering training free of charge on a variety of health subjects including Scottish Mental Health First Aid, sexual health and drug awareness. Workers from services working within the homelessness sector are encouraged to attend these certified courses.
- Registering representatives from homelessness organisations and accommodation providers with the Health Information Resource service to provide direct access to appropriate information for workers and clients alike.
- Assisting the Oral Health Team to set up a service for the distribution of oral health packs through organisations working with people who are homeless.
- Setting up the Street Sport project which works with vulnerable people who are either homeless or at risk of homelessness. The project uses sport to tackle health inequalities in a holistic manner.

## **Street Sport**

Street Sport is a programme of sport, education and health activities, which has helped more than 200 vulnerable young people over the past year. The main strength of Street Sport is the strong partnership of more than 40 organisations, from the private, public and voluntary sector, working together.

Originally the programme comprised of football only, but at the request of participants it has been expanded to include hill walking, canoeing, trail biking and rock climbing. The introduction of the WISH programme in January enabled Street Sport to extend its appeal to women. In partnership with the Big Issue Foundation, residential courses are offered, which enable participants to gain the John Muir Discovery Award. Two participants have had the opportunity to play for Scotland at the Homeless World Cup in South

Africa and in Denmark and three participants have been chosen to go to the Himalayas in October 2007.

Participants are encouraged to carry out voluntary work. This not only has a direct benefit to the volunteer and their community but it also assists them to re-engage with society. The programme has developed a school outreach teaching module on Alcohol and Knives that is being built into the curriculum at Grangemouth High School.

Through Street Sport, all partners are given direct access to this traditionally 'hard to reach' group, who face some of the greatest health inequalities. Issues such as substance use and sexual health are addressed, and mental health, physical activity and a healthy diet are promoted. In addition there are significant benefits from positive social interaction, team building, improved body image, self esteem and social skills.

Independent research of the programme displayed that among the tracking survey sample (n=25): (please note that the percentages shown for substance reduction are of the total sample, whether they used substances or not. If they were based only on those who actually used substances the reduction/quit rates would be much higher):

- Alcohol: 4% quit, 79% drink less often, 63% have less when they drink
- Tobacco: 17% quit, 38% smoke less often, 38% have less when they smoke
- Cannabis: 25% quit, 29% use less often, 29% have less when they use
- Class A: 29% quit, 13% do them less often, 4% have less when they do them
- 71% reported improvement for *I get into trouble outside my home/hostel/digs*
- 58% are more often physically active other than participation in Street Sport
- 83% are physically active 5 or more days per week
- 50% eat healthy food more often
- 79% reported improvement for *I am taking good care of myself*
- 38% reported improvement for *I am sleeping well*
- 79% reported improvement for *I am using my free time well*
- 79% reported improvement for *I am moving forward toward my life goals*
- 71% reported improvement for *I have a positive attitude*
- 67% reported improvement for *I feel that my job prospects are looking up*
- 67% reported improvement for *I am late for appointments or I don't show up*
- 33% reported improvement for *I get along with my partner or family*

*“The programme is valued and respected by the participants and the Stakeholders. There is a feeling that the programme has positive street credibility and that it is growing in value. Participants feel that they are positive role models and that their constructive involvement is recognised by local residents and potential employers.*

*For any willing to grow with the changes, new-found confidence was channelled naturally into skills development The positive outcomes were numerous and reached every aspect of their lives, including transition to independent housing, employment and education.”*  
*Chris Mason Sept 2007 Researcher*

### **Future Developments**

To undertake a pilot in partnership with Falkirk Education Services in Grangemouth High school to engage S2 and S3 pupils.

To develop participants' voluntary role to enable them to facilitate health promotion activities with local young people.