Literature search results for ▮▮▮▮▮▮▮ *CCG ED lead*

Search Title: Models of improving health outcomes for the homeless

Search carried out by: Anne Gray, Knowledge Officer
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Date of search: 14 April 2012, update 29 May 2012

Databases searched: HMIC, BNI, SCIE, Cochrane Library,

Other resources used: IDeA, DH, Joseph Rowntree Foundation,

Time taken: 3 days

Summary of topic:
This broad ranging and rapid review brings together descriptions of services designed to improve health outcomes for people who are homeless, and evidence to support the different approaches. The report includes UK case studies, reviews of the evidence and resources/toolkits describing models to improve health outcomes for homeless people. No attempt has been made to evaluate the case studies. Reviews from peer reviewed journals and resources from key players in the field have been included.

This report has not tried to bring together broader initiatives where health improvement for the homeless is only a small part of the initiative.

Publications 2005 to date.

Summary of findings:

Case studies and descriptions of UK health services for people who are homeless people (refs 1-19) ,
Reviews and appraised evidence around the effectiveness of those services (ref 20-36)
Policies, toolkits and guidelines to support establishment of such services (37-52).

No further attempt has been made to collate findings of these reports.

(Links to websites/abstracts/full text are given where possible. To access articles you may need an Athens ID)

You may be sent a feedback form in about 4 weeks time. Please take the time to complete this so that we can make improvements to the search service.

New resource: (29 May 2012)

Improving Hospital Admission and Discharge for People who are homeless (Homeless Link and St Mungo's, May 2012)
A guide for hospitals on the treatment of homeless patients. Includes case studies.
http://homeless.org.uk/news/hospitals-discharging-homeless-people-street#.T8OX7GHufTo

Contents:

Useful organisations/resources and updating resources

Homeless pages - a comprehensive listing of UK publications, research and good practice on homelessness and related issues.
http://www.homelesspages.org.uk/
Resources on **Health -** http://www.homelesspages.org.uk/terms/24046/tids/1092
Recent additions here: http://www.homelesspages.org.uk/products_latest
RSS feed available: http://www.homelesspages.org.uk/products_latest/feed

Shelter (England)
http://england.shelter.org.uk/professional_resources
Email bulletins available

St Mungos –Homelessness and Health - publications and research
Includes drugs & alcohol, mental health and physical health
http://www.mungos.org/news/influencing_policy/health
E-newsletter available

Reading list around Homelessness from the Centre for Housing Policy
http://www.york.ac.uk/chp/expertise/homelessness/publications-presentations/

Initiatives to improve health of the homeless – case studies

1. QNI Opening Doors Project - improving health for homeless people and families.
Community Practitioner, February 2012, vol./is. 85/2(19-22), 1462-2815 (2012 February)
Fitzpatrick, Joanne
Abstract: Discussion of homeless health issues and the Queen's Nursing Institute's 'Opening Doors' project for nurses and other health professionals working with homeless people and families. The project's tackling of substance misuse and aims and outcomes, nurses' views on issues of working with the homeless and case studies to illustrate the project's work are outlined. [Original] 10 references
Source: BNI
Full Text:
Available in *print* at Milton Keynes Hospital PRINT ONLY
Available in *fulltext* at ProQuest
(See also QNI Homeless Health Initiative below)

2. Improving health for the homeless, CNO Bulletin April 2011
An online learning package to support nurses working with homeless people is helping one nurse-led practice in Solent NHS Trust.
http://www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/Chiefnursingofficerbulletin/April2011/DH_126278

3. Evaluation of health services received by homeless families in Leicester.
Jenkins, M, Parylo, C
Community Practitioner, January 2011, vol./is. 84/1(21-4), 1462-2815 (2011 Jan)
Research in Leicester into perceptions of homeless families on their access to and use of health services. The survey included responses about healthcare staff attitudes, ratings of the health visiting service, and knowledge about Sure Start centres. 14 refs.
Source: BNI
Full Text:
Available in *print* at Milton Keynes Hospital PRINT ONLY

Available in *fulltext* at ProQuest

4. London Pathway model - Promoting compassionate healthcare for homeless people
Health Foundation, [not dated]
This project seeks to bring greater compassion and skill to homeless healthcare, improving homeless peoples' experience of care and changing how hospital staff view homeless people.
http://www.health.org.uk/areas-of-work/programmes/closing-the-gap-through-changing-relationships/related-projects/promoting-compassionate-integrated-patient-centred-healthcare-for-homeless-people/

5. Supporting homeless people with advanced liver disease approaching the end of life (St Mungo's Palliative Care Project, 2009)
This report presents the findings of a detailed review of the case notes held by St Mungo's for people affected by advanced liver failure who died between January 2009 and April 2010. Focus group discussions with staff from St Mungo's were held to explore their experiences of the deaths of residents. The research aimed to identify changes in the general condition or behaviour of homeless people with advanced liver disease that might indicate their health was deteriorating and they could soon be facing death.
http://www.mariecurie.org.uk/en-gb/healthcare-professionals/innovation/st-mungos/

6. Project London: helping vulnerable people to access healthcare
A snapshot of the users of 'Project London's' clinic for vulnerable groups in East London and examines who they are, their health needs and their experience in trying to access medical care
http://www.researchasylum.org.uk/?lid=1654

See also **Project London** website:
"Project:London is an advocacy project that provides information, advice and practical assistance to vulnerable people to help them access NHS and other services"
(Not: reports are very large pdf documents)
http://www.medecinsdumonde.org.uk/projectlondon/default.asp

Volunteering with Project:London.
Forbes, M
Midwifery Matters, March 2010(7-8), 0961-1479 (2010 Spring)
Personal experiences of a midwife working for the Doctors of the World organisation as a volunteer support worker with Project:London. The work of Project:London in helping people who have not been able to access NHS care because of homelessness or irregular immigrant status is described. The assistance provided in accessing maternity services is discussed.
Source: BNI
Full Text:
Available in *fulltext* at EBSCOhost

Project: London : supporting vulnerable populations.
McColl, Karen, Pickworth, Sarah, Raymond, Isabelle
BMJ, 2006, vol./is. 331/7533(115-117), 0959-8138
Abstract: Some people in the UK find it difficult to access health care. People with chaotic lifestyles, such as those living on the streets, have difficulty fitting in with the way mainstream health services are organised. People who have not grown up with the NHS do not easily understand how to enter it or how to use the health system. Tougher restrictions on entitlement to NHS care introduced in April 2004 are another barrier to health care for migrants. Project: London will help people to access the services that they are entitled to and will speak out for vulnerable people who are unable to access the medical care they need. 13 refs. [Summary]
Full Text:

Available in *fulltext* at Highwire Press

7. Westminster's Homeless Health team July 2010

A description of the work of the team.
http://www.idea.gov.uk/idk/core/page.do?pageId=20892644
There are many other examples of services for the homeless on the IDeA (LGA) website here:
http://www.idea.gov.uk/idk/search/system-search.do

8. A nurse-led response to unmet needs of homeless migrants in inner London.

Collinson, S, Ward, R
Br J Nursing, January 2010, vol./is. 19/1(36-41), 0966-0461 (2010 14 Jan)
The work of the tuberculosis team led by a nurse specialist at Homerton University Hospital, in Hackney, London in dealing with homeless patients from eastern Europe affected by the recession. Legislation concerning rights to accommodation, a site visit to a squat, use of a mobile clinic for screening and the questionnaire used to investigate psychosocial needs are described. 11 refs.
Source: BNI
Full Text:
Available in *fulltext* at EBSCOhost
Available in *print* at Milton Keynes Hospital PRINT ONLY

9. A review of working with homeless adolescents with comorbid mental health and substance misuse problems.

Corrigan, M, Manley, D
Advances in Dual Diagnosis, September 2009, vol./is. 2/3(25-31), 1757-0972 (2009 Sep)
Services in Nottingham for homeless adolescents with dual diagnosis. Challenges in securing engagement with interventions, the goal of harm reduction, the use of motivational interviewing and the value of multi-agency working are discussed. 41 refs.

10. Nurse-managed free clinic fosters care connection for homeless population.

Wilson, C
Rehabilitation Nursing, May 2009, vol./is. 34/3(105-9), 0278-4807 (2009 May/Jun)
Services provided at an inner-city medical/psychiatric nurse-managed free clinic for homeless people, including the chronic and other conditions seen in the clinic. The implications for successful interaction with and management of homeless people are discussed. 12 refs.
Source: BNI
Full Text:
Available in *fulltext* at ProQuest

11. Establishing a new service role in tuberculosis care: the tuberculosis link worker.

Craig, G, Booth, H, Hall, J
J Advanced Nursing, February 2008, vol./is. 61/4(413-24), 0309-2402 (2008 Feb)
Research in London to develop and implement a social outreach model of care for tuberculosis care for patients in disadvantaged groups, such as the homeless, based on the role of TB link worker. The case load and source of referrals to the link worker were analysed and the benefits to patients and community services of the role were evaluated. 36 refs.
Source: BNI
Full Text:
Available in *fulltext* at Ovid
Available in *fulltext* at EBSCOhost
Available in *print* at Milton Keynes Hospital PRINT ONLY

12. Health without a home (QNI Homeless Health Initiative)

Tansley, Kate
Community Practitioner, 2008, vol./is. 81/10, 1462-2815
Abstract: Through user involvement, the QNI Homeless Health Initiative has identified key ways in which health care for homeless people needs to be improved. Cites 11 references. **Full Text**:
Available in *print* at Milton Keynes Hospital PRINT ONLY
Available in *fulltext* at ProQuest
See QNI Opening Doors Project - improving health for homeless people and families.- above

13. Integrated treatment for homeless clients with dual disorders: A quasi-experimental evaluation

Morse, Gary et al
Journal of Dual Diagnosis, 2008, vol./is. 4/3, 1550-4263
Abstract: The purpose of this study was to compare the effectiveness of four interventions in providing services to homeless clients with dual disorders: standard care (SC), assertive community treatment only (ACTO), integrated assertive community treatment (IACT), and new integrated assertive community treatment (NIACT). Participants had to be homeless, have a substance use disorder, and have a severe mental illness to be eligible for the study. One hundred and ninety-six individuals were randomly assigned to SC, ACTO, or IACT. Approximately two years later, 85 participants were assigned to NIACT. A quasi-experimental design was employed to analyse the data. Clients in the NIACT program had better outcomes on consumer satisfaction than clients in the other conditions. Clients in NIACT, IACT, and ACTO groups had better housing outcomes than clients in SC. Clients in NIACT reduced their use of drugs more than clients in the other programs, but there was no difference between conditions on the other substance abuse variables. There was no difference between conditions on psychiatric symptoms. IACT may need to be augmented with other services to reduce substance use and produce better psychiatric outcomes for dual-disorder homeless individuals. Cites numerous references. [Journal abstract]

14. Homelessness: a way forward for nurses

Tansley, Kate
Primary Health Care, 2008, vol./is. 18/1, 0264-5033
The author outlines the issues facing nurses working with homeless people and gives details of a new initiative to improve care provision. Cites numerous references. [Journal abstract]
Full Text:
Available in *fulltext* at EBSCOhost
Available in *fulltext* at ProQuest

15. A primary care service for socially excluded patients.

Lyson, Judith, Harrison, Scott
Nursing Times, 2007, vol./is. 103/24(30-31)
Abstract: This article describes the development of a **community matron-led primary care service** designed to meet the needs of people who are socially excluded, such as asylum applicants and homeless people. It suggests how primary care staff can improve services and access to them for these hard-to-reach groups. 5 refs. [Abstract]
Full Text:
Available in *fulltext* at Ovid
Available in *print* at Milton Keynes Hospital PRINT ONLY

16. Nursing the homeless: health care on the streets.

Whiting, J
Nurse Prescribing, December 2007, vol./is. 5/11(485-7), 1479-9189 (2007 Dec)

Role of a nurse practitioner who is a nurse prescriber in a **charity walk-in centre** for homeless people. The health needs and problems of the homeless are identified and the principles of good prescribing, applied to homeless clients, are discussed. 7 refs.
Source: BNI
Full Text:
Available in *fulltext* at EBSCOhost

17. Piloting the community matron model with alcoholic homeless clients.

Dorney-Smith, S
Br J Community Nursing, December 2007, vol./is. 12/12(546-51), 1462-4753 (2007 Dec)
Research to evaluate a pilot project of the community matron model with homeless alcoholic individuals at a 'wet' hostel in Lambeth. The aims of the project were to reduce acute service demand for A&E and hospital admissions, and to increase clients' Euroqol EQ-5D quality of life scores. Barriers to care encountered and solutions employed by the community matron were discussed. 17 refs.
Source: BNI
Full Text:
Available in *fulltext* at EBSCOhost

18. Front Door Wolverhampton overarching service pathway.

Findlay, Jon, Weiner, Chris, Williams, Hilary
Journal of Integrated Care Pathways, 2006, vol./is. 10/1(41-46), 1473-2297
Abstract: Front Door Wolverhampton is a pilot project for people who are homeless or vulnerable, and it developed out of the Community Asset Feasibility study (CAFs). CAFs was commissioned by the Wolverhampton Neighbourhood Renewal Board and completed by the Wolverhampton Policy and Research Institute. The overarching recommendation of CAFs was that it was now important to join up homeless and allied services and to devise smarter ways for services to work together. The intention being to ensure higher quality services for homeless and vulnerable groups. Front Door Wolverhampton has taken up this challenge and developed integrated care/service pathways as one way to meet these objectives. The use of integrated care/service pathways in a non-health-care setting is to the project's knowledge, unique. 1 fig. + 1 appendix [Introduction]

19. The role of the public health nurse in meeting the primary health care needs of single homeless people: a case study report.

Poulton, B, McKenna, H, Keeney, S
Primary Health Care Research & Development, April 2006, vol./is. 7/2(135-46), 1463-4236 (2006 Apr)
Research in Northern Ireland analysing the findings of an innovation to improve the health of homeless people, involving a community nurse practitioner carrying out a needs assessment in an inner city area, coordinating multidisciplinary services for this client group and facilitating access. The nurse's job description, roles and required skills are discussed and illustrated with patient case studies. 31 refs.
Source: BNI
Full Text:
Available in *print* at Milton Keynes Hospital PRINT ONLY
Available in *fulltext* at ProQuest

Reviews and evidence around services for health improvement for the homeless

20. Survey of Needs and Provision (SNAP) 2012

Information collected for the Homeless UK website on:
- service provision

- project funding
- client demography and background
- outcomes achieved

http://homeless.org.uk/snap2012

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

Fitzpatrick-Lewis, Donna, Ganann, Rebecca, Krishnaratne, Shari

Abstract: BACKGROUND: Research on interventions to positively impact health and housing status of people who are homeless has received substantially increased attention over the past 5 years. This rapid review examines recent evidence regarding interventions that have been shown to improve the health of homeless people, with particular focus on the effect of these interventions on housing status. METHODS: A total of 1,546 articles were identified by a structured search of five electronic databases, a hand search of grey literature and relevant journals, and contact with experts. Two reviewers independently screened the first 10 per cent of titles and abstracts for relevance. Inter-rater reliability was high and as a result only one reviewer screened the remaining titles and abstracts. Articles were included if they were **published between January 2004 and December 2009** *(see systematic review by Hwang for earlier studies – below)* and examined the effectiveness of an intervention to improve the health or healthcare utilization of people who were homeless, marginally housed, or at risk of homelessness. Two reviewers independently scored all relevant articles for quality. RESULTS: **Eighty-four relevant studies were identified; none were of strong quality while ten were rated of moderate quality**. 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, and health services utilization, 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. CONCLUSIONS: These studies provide important new evidence regarding interventions to improve health, housing status, and access to healthcare for homeless populations. The additional studies included in this current review provide further support for earlier evidence which found 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. This review also provides a synthesis of existing evidence regarding interventions that specifically support homeless populations with HIV. [Abstract]

Full Text: http://ukpmc.ac.uk/articles/PMC3171371 or
pdf http://ukpmc.ac.uk/articles/PMC3171371/pdf/1471-2458-11-638.pdf
Notes:The conclusions above were based on the ten studies rated of higher quality. (Table 1). The remaining 74 studies considered to be moderate quality are included in the references (refs 12-81) and shown in Additional file 2 under the following headings:

- *Homeless people with mental illness*
- *Homeless people with substance abuse*
- *Homeless people with concurrent mental illness and substance abuse*
- *Homeless people with Tuberculosis, HIV, Hepatitis or other chronic illness*
- *Homeless or runaway youth*
- *Homeless women, families or children*
- *Homeless, miscelllaneous*

This review updates an earlier systematic review:

> **Interventions to improve the health of the homeless: a systematic review.**
> Hwang SW, Tolomiczenko G, Kouyoumdjian FG, Garner RE.

Am J Prev Med. 2005 Nov;29(4):311-9.
BACKGROUND:
Homelessness is a widespread problem in the United States. The primary goal of this systematic review is to provide guidance in the development and organization of programs to improve the health of homeless people.
METHODS:
MEDLINE, CINAHL, HealthStar, PsycINFO, Sociological Abstracts, and Social Services Abstracts databases were searched from their inception through July 2004 using the following terms: homeless, homeless persons, and homelessness. References of key articles were also searched. 4564 abstracts were screened, and 258 articles underwent full review. Seventy-three studies conducted from 1988 to 2004 met inclusion criteria (use of an intervention, use of a comparison group, and the reporting of health-related outcomes). Two authors independently abstracted data from studies and assigned quality ratings using explicit criteria.
RESULTS:
Forty-five studies were rated good or fair quality. For homeless people with mental illness, case management linked to other services was effective in improving psychiatric symptoms, and assertive case management was effective in decreasing psychiatric hospitalizations and increasing outpatient contacts. For homeless people with substance abuse problems, case management resulted in greater decreases in substance use than did usual care. For homeless people with latent tuberculosis, monetary incentives improved adherence rates. Although a number of studies comparing an intervention to usual care were positive, studies comparing two interventions frequently found no significant difference in outcomes.
CONCLUSIONS:
Coordinated treatment programs for homeless adults with mental illness or substance abuse usually result in better health outcomes than usual care. Health care for homeless people should be provided through such programs whenever possible. Research is lacking on interventions for youths, families, and conditions other than mental illness or substance abuse.

22. Nurse-led homeless intermediate care: an economic evaluation.

Dorney-Smith, Samantha
British Journal of Nursing, October 2011, vol./is. 20/18(1193-1197), 0966-0461
Research in London into the effectiveness of a nurse-led homeless intermediate care pilot scheme in reducing the mortality, morbidity and secondary health care use of people at a homeless hostel. Hospital admissions, A&E attendance, health outcomes, patient satisfaction and cost effectiveness were examined. [ORIGINAL] 15 references
Source: BNI
Full Text:
Available in *fulltext* at EBSCOhost
Available in *print* at Milton Keynes Hospital PRINT ONLY

23. Investigation of the oral health needs for homeless people in specialist units in London, Cardiff, Glasgow and Birmingham.

Hill, K, Rimington, D
Primary Health Care Research & Development, April 2011, vol./is. 12/2(135-44), 1463-4236
Research assessing the oral health needs of homeless adults. Questionnaires completed by homeless people and by staff working at specialist dental units in 4 UK cities were used to investigate the dental health of homeless people, the attitudes of other health professionals towards working with the homeless, and the type of work performed in homeless clinics. 20 refs.
Source: BNI
Full Text:
Available in *print* at Milton Keynes Hospital PRINT ONLY
Available in *fulltext* at ProQuest

24. Addressing the health needs of the homeless.

John, W, Law, K

Br J Community Nursing, March 2011, vol./is. 16/3(134-9), 1462-4753 (2011 Mar)

Abstract: Literature review exploring the psychosocial, sexual health and biological health needs of single homeless individuals. Health inequalities theories are used to analyse the relationship between homelessness and health, provision of healthcare for this population is examined and the nurse's role in overcoming homeless people's barriers to accessing health services is discussed. 44 refs.

Source: BNI

Full Text:

Available in *fulltext* at EBSCOhost

25. Homelessness : a silent killer : a research briefing on mortality amongst homeless people.

Crisis, Dec 2011

Notes: The average age of death of a homeless person is 47 years old and even lower for homeless women at just 43, compared to 77 for the general population. Drug and alcohol abuse are particularly common causes of death amongst the homeless population, accounting for just over a third of all deaths. Homeless people are over nine times more likely to commit suicide than the general population Deaths as a result of traffic accidents are three times as likely, infections twice as likely and falls over three times as likely. Being homeless is incredibly difficult both physically and mentally and has significant impacts on people's health and well being. Ultimately, homelessness kills.

http://www.crisis.org.uk/data/files/publications/Homelessness%20-%20a%20silent%20killer.pdf

26. Homelessness and mental health: adding clinical mental health interventions to existing social ones can greatly enhance positive outcomes

Cockersell, Peter

Journal of Public Mental Health, 2011, vol./is. 10/2, 1475-9535

This paper seeks to discuss the association between homelessness and poor health, both physical and mental. A pilot project run by St Mungo's suggests that adding clinical mental health interventions, notably psychotherapy, makes existing social care interventions several times more effective, enables deeper recovery, and frees people to move on across all the domains of their lives. St Mungo's was awarded a grant by the Cabinet Office as one of the national pilots working with 'adults facing chronic exclusion' (jointly funded by the Department of Work & Pensions, Ministry of Justice, Department of Health, Department of Communities, and Department of Families and Children - because these clients impact on the remits of all these departments). The aim of the project was essentially simple: to test the hypothesis that, if chronically excluded adults were excluded because of their psychological disorders, then could a psychotherapeutic intervention reduce their exclusion? Recently, 274 people have attended for therapy; 30% of these are women, 70% men, with 68% white and 32% black. In total, 30% did not come to the initial assessment session, and there are many reasons for this, for example, people abandoning or being evicted from their accommodation, death, imprisonment and resettlement. Some were also referred without proper consultation, so that when they were contacted it turned out they did not want psychotherapy or, in a few cases were already accessing it elsewhere. Of those who did attend assessment, 80% went on to attend four or more sessions; most clients attended either two to four sessions, or more than 12. Attendance overall was 76%, and non-attendances were noted on 11% of occasions. Many homeless people become caught in the 'revolving door' of hostels, prison, hospitals, and the streets, often for many years. This paper argues that this form of homelessness affects people because of their mental health, and that social solutions alone are not sufficient, which is why the door continues to revolve. Offering appropriate clinical interventions alongside existing social ones could begin to transform this situation. Cites numerous references. [Journal abstract]

Full Text:

Available in *fulltext* at EBSCOhost

27. A Review of Single Homelessness in the UK 2000-2010

Anwen Jones and Nicholas Pleace, Crisis and Centre for Housing Policy, 2010
Chapter 6. Single homelessness and health (p67-76)
6.1 Introduction
6.2 The effects of single homelessness on health
6.3 Improving the health of single homeless people
6.3.1 Barriers to health care for single homeless people
6.3.2 Debates about specialist and mainstream health service provision
6.3.3 Key policy and service provision developments from 2000-2010
6.4 Conclusion
http://www.york.ac.uk/media/chp/documents/2010/A%20Review%20of%20Single%20Homelessness%20in%20the%20UK%202000%20-%202010%20-%20report.pdf

28. Healthcare for Single Homeless People, DH 2010

This paper presents the results of analysis aimed at better understanding the health needs and relative healthcare costs of people who are homeless or living in certain types of insecure or short-term accommodation…Different models for provision of primary care services to this client group are discussed and the barriers experienced in accessing mainstream primary care are set out. Four models of care are described, ranging from outreach services to a fully integrated primary and secondary care model.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114250

29. A long way from home: mental distress and long-term homelessness - a Good Practice Briefing, Shelter 2008

The prevalence of mental health needs among those experiencing homelessness and the difficulties they face when attempting to access mainstream mental health services are well documented. Shelter's research shows that people with mental health problems are at a greater risk of experiencing long-term, damaging homelessness. This continues to occur despite recent changes in policy and the introduction of high-profile reports and practice guidelines.
http://england.shelter.org.uk/professional_resources/policy_and_practice/policy_library/policy_library_folder/a_long_way_from_home_mental_distress_and_long-term_homelessness_-_a_good_practice_briefing

30. Health and homelessness : a whole-systems perspective.

Housing Care and Support, 2008, vol./is. 11/1(7-10), 1460-8790
Read, Sue
People who are homeless often have multiple, complex health needs. Health services need to be adapted to ensure that they receive appropriate care in a cost-effective way, and that this is done in partnership with other agencies so that their needs are met in a holistic and productive manner. This can be achieved by modifying existing care pathways, by provision of specialist services or both. Any local solution will depend on the number of people who are homeless and their needs. The undertaking of joint strategic needs assessments offers an opportunity to influence commissioners to ensure that the needs of people who are homeless are included in future care and support developments. 8 refs. [Abstract]
Full Text:
Available in *fulltext* at EBSCOhost
Available in *fulltext* at ProQuest

31. How can health services effectively meet the health needs of homeless people?

Wright, Nat M. J., Tompkins, Charlotte N. E.
British Journal of General Practice, 2006, vol./is. 56/525(286-293)

Abstract: BACKGROUND: Homelessness affects many people in contemporary society with consequences for individuals and the wider community. Homeless people experience poorer levels of general physical and mental health than the general population and there is a substantial international evidence base which documents multiple morbidity. Despite this, they often have problems in obtaining suitable health care. AIM: To critically examine the international literature pertaining to the health care of homeless people and discuss the effectiveness of treatment interventions. DESIGN OF STUDY: Review and synthesis of current evidence. METHOD: Medline (1966-2003), EMBASE (1980-2003), PsycINFO (1985-2003), CINAHL (1982-2003), Web of Science (1981-2003) and the Cochrane Library (Evidence Based Health) databases were reviewed using key terms relating to homelessness, intervention studies, drug misuse, alcohol misuse and mental health. The review was not limited to publications in English. It included searching the internet using key terms, and grey literature was also accessed through discussion with experts. RESULTS: Internationally, there are differing models and services aimed at providing health care for homeless people. Effective interventions for drug dependence include adequate oral opiate maintenance therapy, hepatitis A, B and tetanus immunisation, safer injecting advice and access to needle exchange programmes. There is emerging evidence for the effectiveness of supervised injecting rooms for homeless injecting drug users and for the peer distribution of take home naloxone in reducing drug-related deaths. There is some evidence that assertive outreach programmes for those with mental ill health, supportive programmes to aid those with motivation to address alcohol dependence and informal programmes to promote sexual health can lead to lasting health gain. CONCLUSIONS: As multiple morbidity is common among homeless people, accessible and available primary health care is a pre-requisite for effective health interventions. This requires addressing barriers to provision and multi-agency working so that homeless people can access the full range of health and social care services. There are examples of best practice in the treatment and retention of homeless people in health and social care and such models can inform future provision. 105 refs. [Abstract]
Full Text:
Available in *fulltext* at National Library of Medicine
Available in *print* at Milton Keynes Hospital PRINT ONLY

32. Developing homelessness prevention practice: combining research evidence and professional knowledge.

Crane, M, Warnes, A, Fu, R
Health & Social Care in the Community, March 2006, vol./is. 14/2(156-66), 0966-0410 (2006 Mar)
3 recommendations for developing homelessness prevention, arising from research into pathways into homelessness in newly homeless people. The principles of homelessness prevention and recent policy initiatives are reviewed. Issues specific to older homeless people are discussed. 50 refs.
Source: BNI
Full Text:
Available in *fulltext* at EBSCOhost

33. No place to call a home: exploring the health inequalities for homeless mothers and their families.

Wood, G
MIDIRS Midwifery Digest, June 2006, vol./is. 16/2(151-6), 0961-5555 (2006 Jun)
Exploration of health implications of homelessness for pregnant women and mothers, including definitions and causes of homelessness and poverty, particular problems faced by ethnic minority women and asylum seekers, illustrated by a case study, and how to meet the health and social care needs of this client group. A brief literature review on homeless women's health related problems is included. 62 refs.
Source: BNI
Full Text:
Available in *print* at Milton Keynes Hospital PRINT ONLY

34. Developing homelessness prevention practice : combining research evidence and professional knowledge.

Crane, Maureen

Health and Social Care in the Community, 2006, vol./is. 14/2(156-166), 0966-0410

Abstract: This paper presents recommendations of three kinds for the development of homelessness prevention: for practice changes, for the concerted development of evidence on the effectiveness of different measures, and for a more systematic approach to the identification and dissemination of good practice. The recommendations were developed through consultation with health-care, social service and housing provider staff. They were asked to comment on the results of a study of 131 newly homeless people, which showed that there were five prevalent 'packages of reasons' that created distinctive 'pathways' into homelessness and concluded that some cases were preventable. This article outlines the principles of homelessness prevention and recent British policy initiatives in the field, summarises the research methodology and relevant findings, and describes the consultation. The final section discusses the discrepancy between the high priority that homelessness prevention currently receives and the primitiveness of both the evidence base and the arrangements for good practice dissemination. 2 tables 50 refs. [Abstract]

Full Text:

Available in *fulltext* at EBSCOhost

35. S.O.S. Sick of Suffering : St Mungo's report into the health problems of homeless people, St Mungo's 2006 (8pp)

Key figures from the Health research showed that
• 1 in 2 of those with a physical health problem that is related to sleeping rough are not receiving treatment.
• Over 1 in 3 (38%) of those with respiratory problems are not receiving treatment
• 1 in 3 homeless people with a cardiovascular problem are not receiving treatment
http://www.mungos.org/documents/86/86.pdf

36. Sick and Tired - The Impact of Temporary Accommodation on the Health of Homeless Families

Shelter, December 2004

This report looks at the health impact of living in temporary accommodation.
http://england.shelter.org.uk/professional_resources/policy_and_practice/policy_library/policy_library_folder/sick_and_tired_-_the_impact_of_temporary_accommodation_on_the_health_of_homeless_families

Working practices/tools/guidance

37. Mental health and homelessness: Planning and delivering mental health services for homeless people

NHS Confederation, 2012

This Briefing sets out the policy context around tackling homelessness and addressing the mental health needs of homeless people. It also examines what considerations need to be made when planning, designing and delivering mental health services for homeless people and highlights examples of good practice. *Extensive bibliography.*
http://www.nhsconfed.org/Publications/Documents/mental_health_homelessness.pdf

38. Improving the health of the poorest, fastest': including single homeless people in your JSNA

St Mungos , Dec 2011

This briefing outlines why addressing the needs of single homeless people should be a core feature of JSNAs so that local authorities can achieve their goal of reducing health inequalities.
http://www.mungos.org/documents/7611.pdf

39. Tackling homelessness and exclusion: Understanding complex lives

Joseph Rowntree Foundation, 2011
This paper summarises findings from four projects examining the interaction between homelessness and other support needs and looks at services for people with complex needs and suggests ways that policy and practice can more effectively tackle homelessness
http://www.jrf.org.uk/sites/files/jrf/homelessness-exclusion-services-summary.pdf

40. Interagency working to support the health of people who are homeless

Joly, Louise, Goodman, Claire, Froggatt, Katherine, Drennan, Vari
Social Policy and Society, 2011, vol./is. /4, 1474464

Abstract: Interagency working is a recurrent theme in homelessness policy literature, but is ill defined and rarely addressed in UK homelessness research. This article draws on findings from a study that explored how interagency working is achieved between statutory and voluntary sector services concerned with improving the health of people experiencing homelessness. The authors argue that a focus on the health needs and behaviours perceived as being a risk to the general population directly influences interagency working and how professional networks organise themselves. The findings are discussed with reference to the impact of social policy on the health of people who are homeless. Cites numerous references. [Journal abstract]

41. Care Coordination Model: Better Care at Lower Cost for People with Multiple Health and Social Needs.

IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2011.
This white paper outlines methods and opportunities to better coordinate care for people with multiple health and social needs, and reviews ways that organizations have allocated resources to better meet the range of needs in this population. There is special emphasis on the experience of care coordination with populations of people experiencing homelessness
http://www.ihi.org/knowledge/Pages/IHIWhitePapers/IHICareCoordinationModelWhitePaper.aspx

42. End of life care: Achieving quality in hostels and for homeless people -a route to success

National End of Life Care Programme, 2010
A practical guide to implementing high quality end of life care for homeless people in our communities
http://www.endoflifecareforadults.nhs.uk/assets/downloads/RTS_Homeless___Final_draft___201012 11.pdf

43. Meeting the psychological and emotional needs of homeless people; Non-statutory guidance on dealing with complex psychological and emotional needs

National Mental Health Development Unit and the Department for Communities and Local Government, 2010
Includes many examples of existing services and research
http://www.nmhdu.org.uk/silo/files/meeting-the-psychological-and-emotional-needs-of-people-who-are-homeless.pdf

44. Healthcare for Single Homeless People, DH, 2010

This paper presents the results of analysis aimed at better understanding the health needs and relative healthcare costs of people who are homeless or living in certain types of insecure or short-term accommodation
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_ 114250

45. Homelessness and health : a HNA report, Central Bedfordshire Council Area, Nov 2009

"This report on health and homelessness in Central Bedfordshire seeks to provide an accurate representation of information from the agencies above and in so doing create a joint vision for the ongoing development of health services which meets the complex needs of homeless people in Bedfordshire."

http://www.bedfordshire.nhs.uk/downloads/central_bedfordshire_2_homeless_hna.pdf

46. Hospital admission and discharge: People who are homeless or living in temporary or insecure accommodation, DH 2006

This publication relates to guidance to support hospitals, Primary Care Trusts (PCTs), local authorities and the voluntary sector, working in partnership, to develop an effective admission and discharge protocol for people who are not living in settled accommodation. The over arching aim of the protocol will be to ensure that no one is discharged to the streets or inappropriate accommodation.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063736

47. Access to mainstream public services for homeless people (literature review)

Crisis & CESI 2005

This report reviews and summarises existing evidence on the extent to which homeless people are able to access mainstream services, and how well public services are performing for homeless people

http://www.crisis.org.uk/publications-search.php?fullitem=168

48. Healthy hostels: A guide to promoting health and well-being among homeless people

Hinton, T, Evans, N & Jacobs, K. October 2005

The first guide to comprehensively explore health promotion work with homeless people this report sets out to answer questions such as: How can housing, resettlement and health workers promote the health and well-being of homeless people? and what are the most effective ways of working and what resources do they need?

http://www.crisis.org.uk/publications-search.php?fullitem=160

49. Achieving Positive Shared Outcomes in Health and Homelessness

Homelessness and Housing Support Directorate with the Department of Health's Health Inequalities Unit, 2004

This guidance, based on analysis of good practice, data and research, sets out the health issues and health inequalities faced by homeless people and those vulnerable to homelessness, and relates these to existing statutory and non-statutory targets.

http://www.communities.gov.uk/archived/publications/housing/achievingpositiveshared

50. Multi-agency assessment panels toolkit (Shelter)

This best practice manual contains the practical information you need to set up a panel, including FAQs and trouble-shooting guides, good practice examples, and sample forms and checklists. (July 2004)

Download the MAAP toolkit

Guidelines to accompany the MAAP toolkit are also available to download

51. Guide to models of delivering health services to homeless people

Crisis, 2003

A practical document to be used by primary care trusts, local authorities and voluntary organisations when planning health services for homeless people.

http://www.crisis.org.uk/publications-search.php?fullitem=154