



SOUTHEND-ON-SEA HEALTH NEEDS AUDIT

November 2014

CONTENTS

| | |
|--|-----------|
| Key findings | 3 |
| The Results of the Audit | 3 |
| Demographic Information | 4 |
| SECTION 1: ACCESS OF HEALTH SERVICES | 5 |
| Registration with health services | 5 |
| Use of services (during the past 6 months) | 5 |
| SECTION 2: PHYSICAL HEALTH AND WELL-BEING | 7 |
| SECTION 3: DRUG AND ALCOHOL USE | 9 |
| Drug use | 9 |
| Alcohol Use | 10 |
| SECTION 4: MENTAL HEALTH | 12 |
| SECTION 5: VACCINATIONS AND SCREENING | 13 |
| SECTION 6: WHAT WORKS WELL | 14 |
| Recommendations | 15 |

TABLE OF FIGURES:

| | |
|---|----|
| Figure 1: Current Sleeping Arrangements | 4 |
| Figure 2: Acute attendance within the last 6 months | 6 |
| Figure 3: Health support | 6 |
| Figure 4: Number of clients with physical health problems | 8 |
| Figure 5: Clients responding to 'In the last month have you used any of the following substances' | 9 |
| Figure 6: Number of clients who responding to 'Do you get support to help you address your drug use?' | 10 |
| Figure 7: Responses to 'how many units do you drink on a typical day when you are drinking?' | 10 |
| Figure 8: Response to 'Do you have or are recovering from an alcohol problem?' | 11 |
| Figure 9: Experience of mental Health difficulties | 12 |
| Figure 10: Responses to 'What type of support helps your mental health?' | 13 |
| Figure 11 Response to 'Where you can access contraception or sexual health support' | 14 |

Key findings

This summary of the findings is based on 218 sets of surveys, which were conducted with clients from a range of homelessness agencies in Southend-On-Sea during October 2012 and December 2012. These agencies were:

- HARP
- Southend Borough Council Housing Options Team
- Southend Borough Council Adult Social Work Team
- Southend Borough Council Supporting People Team
- NHS Health Trainers
- Southend YMCA
- Soup 4 Southend
- Southend Churches Winter Night Shelters
- Southend Vineyard - Storehouse
- Southend MIND
- Women's Refuge
- Southend University Hospital Foundation Trust Discharge Team
- Southend Citizens Advice Bureau
- Family Mosaic

This audit is part of a national project to develop better information about the health needs of homeless people and their usage of health services.

There is currently limited information about these issues. Without it, it can be very difficult to both understand the current picture of health among homeless people and evidence how services may need to improve. This project is crucial to gain this information so that different agencies – across the NHS, Borough Council and voluntary sector- have the knowledge and capacity to bring about change and ultimately improve the health and well-being of homeless people in Southend.

The Results of the Audit

This summary presents some of the key findings and further analysis can be done as required. It looks at clients' responses to questions about:

- Access and usage of health services
- Physical and mental health
- Drug and alcohol use
- Access of screening and vaccinations

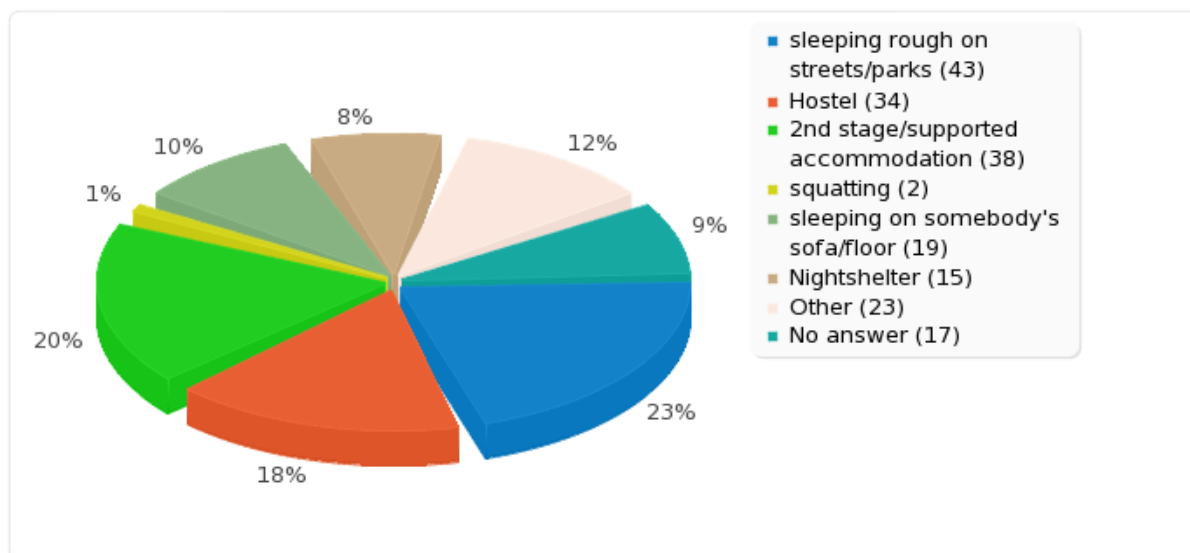
We had a marked increase in responses from the 2009 audit; percentages have been provided where appropriate. Please note that a small number of clients participated in the audit in Southend. As such, percentage based analysis should be used with some caution. Also, as some clients did not answer every question, the baseline is different for some questions – this is noted in footnotes.

To access the full findings you will need to view the data on Limesurvey, the online system into which all the results were inputted. Please refer to the 'Data analysis guide' for more information or contact helen.mathie@homelesslink.org.uk

The clients who participated were predominantly sleeping rough on streets/parks (22.5%) or

living in supported accommodation (19.9%) or in a hostel (17.8%). There was also a number of clients who had recently been homeless and had secured permanent accommodation within the last year, these are shown as 'Other' (12.4%) – please see figure 1 below. Nevertheless local homeless organisations reported more rough sleepers than indicated from the HNA.

Figure 1: Current Sleeping Arrangements



Source: Homeless Link questionnaire December 2012

Demographic Information

All the analysis can be done by demographic such as gender, age, ethnicity, housing status etc. to provide a greater insight into the different experiences of clients¹.

- The majority were White British (68%), 4 white Irish (1.8%), 4 white European (1.8%), 2 white Other (0.9%) and just 1 client who was Black British (0.4%), 1 Black Caribbean (0.4%), and 1 Chinese (0.4%). Over 25 % of clients did not state their ethnicity.
- 16 clients were currently in contact with probation services. 2 clients had community orders and 2 were working with the Youth Offending Service.
- 20 left prison within the past 12 months and 13 clients had left prison more than 12 months ago. A small number of clients (9 individuals) had left care services in the past 5 years.
- 40% considered themselves to have a disability. Most of these related to mental health (11.9% of those who said they had a disability), a long term condition (11.7% of the same group), and difficulties with mobility (6.4%) and learning disability (3.7%).
- The majority were a UK resident (91%) and 2.65% were other EU national.
- 67.2% were male, 30.37% female and 3 clients (1.5%) may have been transgender.
- The majority of respondents were aged 18-25 years (32%) followed by 36-45 years (27.5%) and 26-35 years (17.3%) a small minority were 16-18 years (2.6%) and over 65 years (0.5%).

¹ Baseline = 193

At present only 12.04% were in training or education, 9.4% were volunteering and 8.38% in employment. Just over half did not think that their health stopped them being able to undertake any training, volunteering or employment.

SECTION 1: ACCESS OF HEALTH SERVICES

Registration with health services

The findings suggest 70.2% are registered with a GP (the majority permanently). Nevertheless this may be because those clients felt the homeless health care service to be a permanent service. Some clients are registered with a GP but prefer to see the homeless health care service at HARP. While 20.64 % stated they are registered with a homeless health care service. 38% of clients are registered with a dentist.

Use of services (during the past 6 months)

Overall 80% of clients have used a GP at least once during the past 6 months
28% used a dentist at least once
17% used an optician at least once.
26% had seen a nurse at least once
27% had been to a walk-in centre at least once
24 had had at least one outpatient appointment
41% clients went to A&E in the past 6 months
28% clients used an ambulance at least once in the past 6 months
23% clients were admitted to hospital at least once

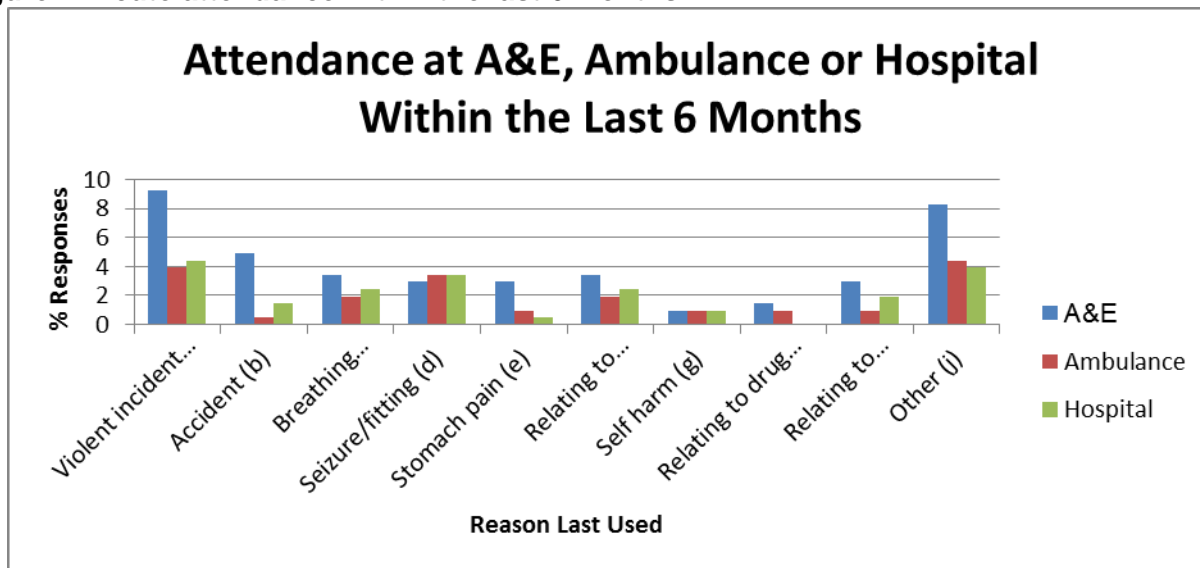
More detailed analysis is available in Appendix 6.

Clients who reported that they had used A&E, Ambulance Service or been admitted to hospital, of those clients who used A&E services, the main reason related to violent incident or assault. The second most common reason was for other reasons, see Figure 2 below. Reasons for ambulance call outs and hospital admission followed a similar trend with lower numbers involved. There was insufficient data available to report on the number of nights for hospital admission.

Clients were asked if they had been given information about health services they can use from their hostel/day centre/housing project. 55.6% said they had been given information about this². Of these responses 76.6% found this information useful.

² Baseline = 205

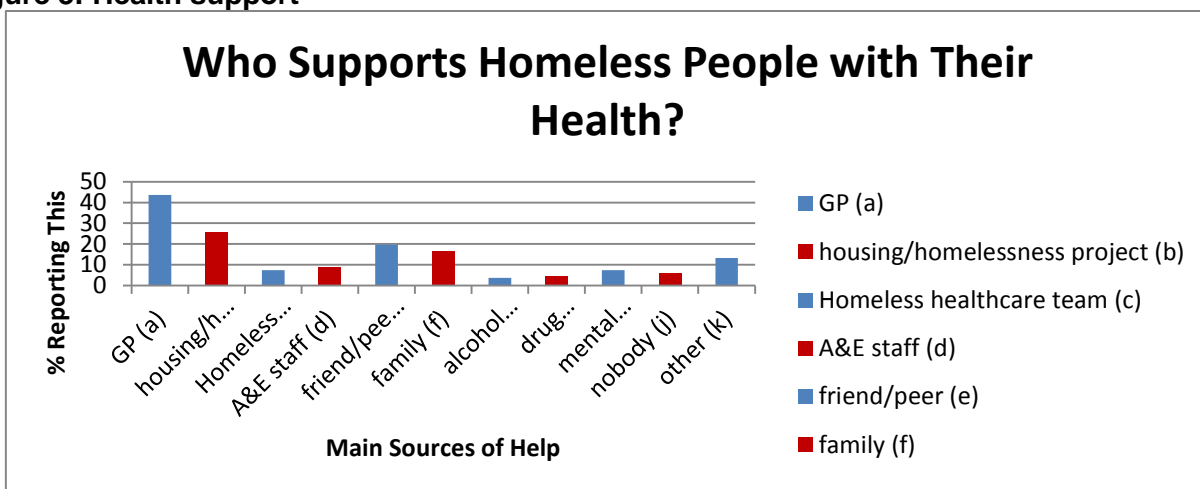
Figure 2: Acute attendance within the last 6 months



Source: Homeless Link questionnaire December 2012

Clients were also asked who they considered to be their main sources of help. The data showed the important role of staff in the homelessness sector and homeless people themselves in addition to health professionals. Other sources of help were listed as CAB, Probation Service and the hospital Discharge Team. There was a general feeling that some clients may have misunderstood the question.

Figure 3: Health support



Source: Homeless Link questionnaire December 2012

15% said there had been health services that they had not been able to access. The reasons given to include 'not taking NHS patients', 'don't know how to register' 'GP refusing referral to that service'. In addition many in general may have chaotic lifestyles, which makes it difficult for them to book and keep appointments. This corresponds with Department of Health findings;³ however, the vast majority of clients stated that they had not been refused access to a GP or dentist.

³ Department of Health, 'Critical condition', Crisis, 2002

SECTION 2: PHYSICAL HEALTH AND WELL-BEING⁴

The majority of clients smoke (81.5% or 163 clients). Although some of the key stakeholders indicated this was not seen by them. This compares to 21% of the general population.⁵ Of these:

- 36.97% (61 clients) said they wanted to stop smoking.
- Over half of smokers (90 clients) said they had been offered stop smoking advice or support, although only 25 (15.15%) had taken this up.

Our audit data also highlighted the poor diets many homeless people have with 48% of clients who say they do not eat at least 2 meals per day on average. Only 5.5% say that they usually consume the recommended 5 or more pieces of fruit or vegetables per day, compared to 26.9% of the general population – over a third do not eat any at all (41%).⁶ While this does not provide a full picture of clients' diet, this question was intended to provide an indication of clients' access to fresh fruit and vegetables and an understanding of nutrition. Homeless Link includes this question to look at concerns over poor diet.⁷

Of those who responded almost two thirds participated in exercise at least twice a week (65.5%), however, of those who did not, only 15.28% would like to.

Diet, exercise and smoking are strongly linked to an individual's overall mental health and physical well-being. This data suggests that more could be done to tackle some of the causes of poor health and target preventative services more effectively.

The most common physical health problems, as shown in figure 4, were related to:

- joint pain/problems with bones and muscles (43%)
- chest pain/breathing problems (35%)
- dental problems (40%)

Other physical health problems related to sleep, other forms of pain and mental health issues.

Of all the clients included in the audit, 119 (54.5%) said they experienced a long term physical health need or problem.

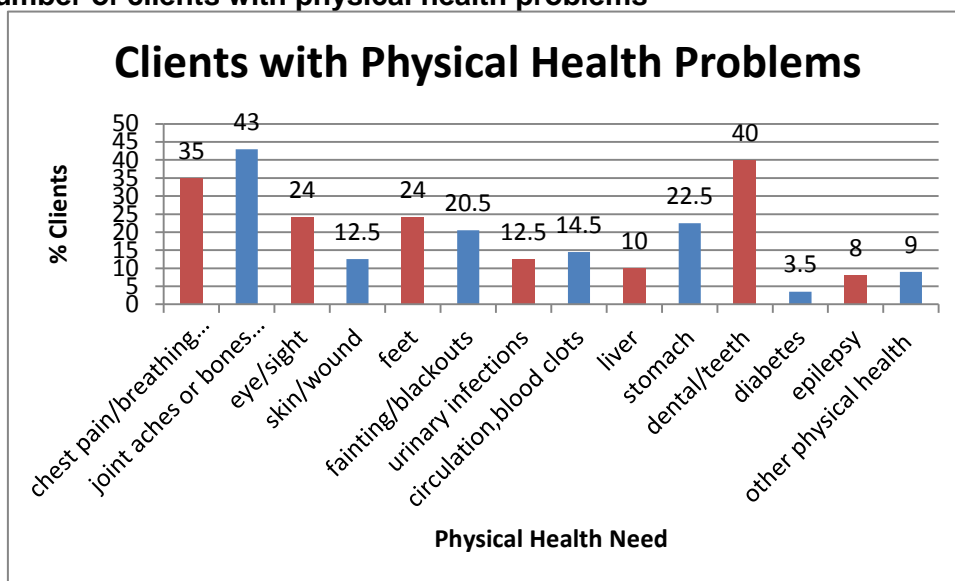
⁴ Baseline = 200

⁵ The NHS Health and Social Care Information Centre, Statistics on Smoking, 2012

⁶ The NHS Health and Social Care Information Centre, Statistics on obesity, diet and physical activity, England, 2012

⁷ Some organisations felt this question was offensive to homeless people.

Figure 4: Number of clients with physical health problems



Source: Homeless Link questionnaire December 2012

Of those who responded to a question about receiving support to help with their physical health problem⁸, 19.5% said it met their need and 23% said they received help but would like more. 19.5% said they did not receive any help and would like some and 23% said they did not need any help.

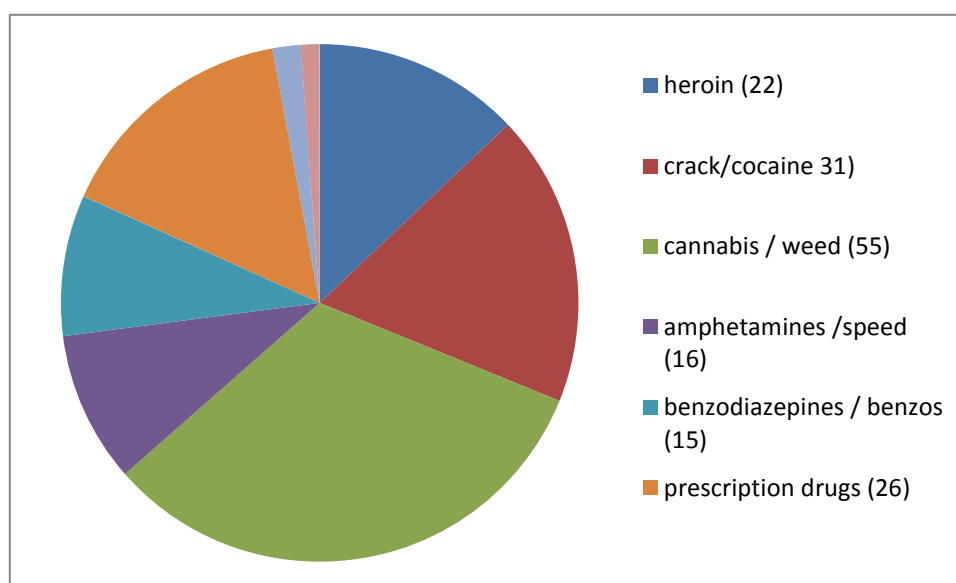
⁸ Baseline = 169

SECTION 3: DRUG AND ALCOHOL USE

Drug use

The minority of clients (38.7%) say they use drugs or are recovering from a drug problem, whilst 47.6% of clients said that they did not use any substances. This is a reduction in the previous audit findings. Cannabis was the most commonly used substance with 25.5% indicating that they use it, followed by cocaine with 13.9% of clients using them (see Figure 5 below).

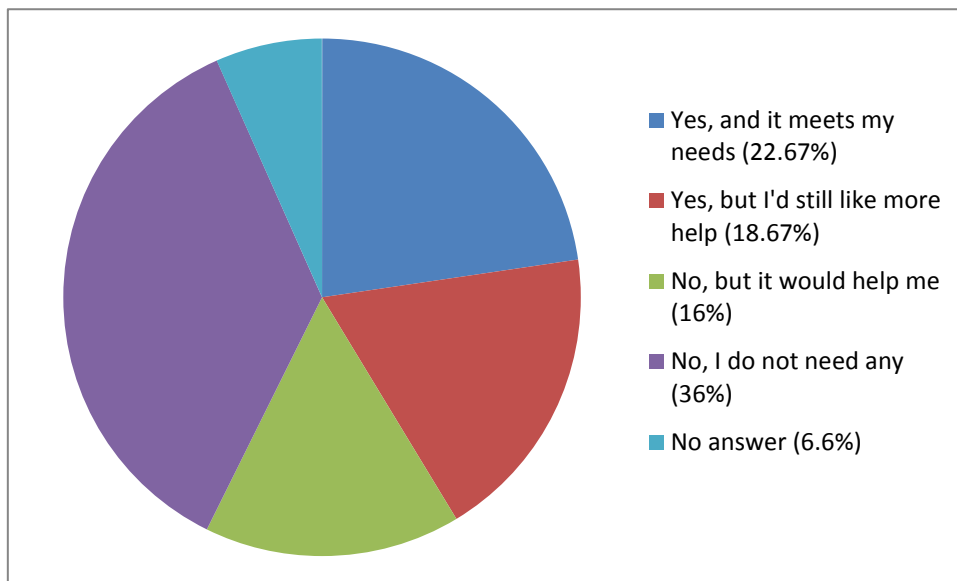
Figure 5: Clients responding to ‘In the last month have you used any of the following substances’



Source: Homeless Link questionnaire December 2012

The majority of clients said that they did not need support around their drug use, and a smaller number said they did get support and on the whole clients felt this met their needs – however there were a few individuals who felt that some more support would help them. When asked which type of support they wanted, most of these clients said they wanted help to control or stop their drug use, while other wanted more personalized services available i.e. counseling.

Figure 6: Number of clients who responding to ‘Do you get support to help you address your drug use?’



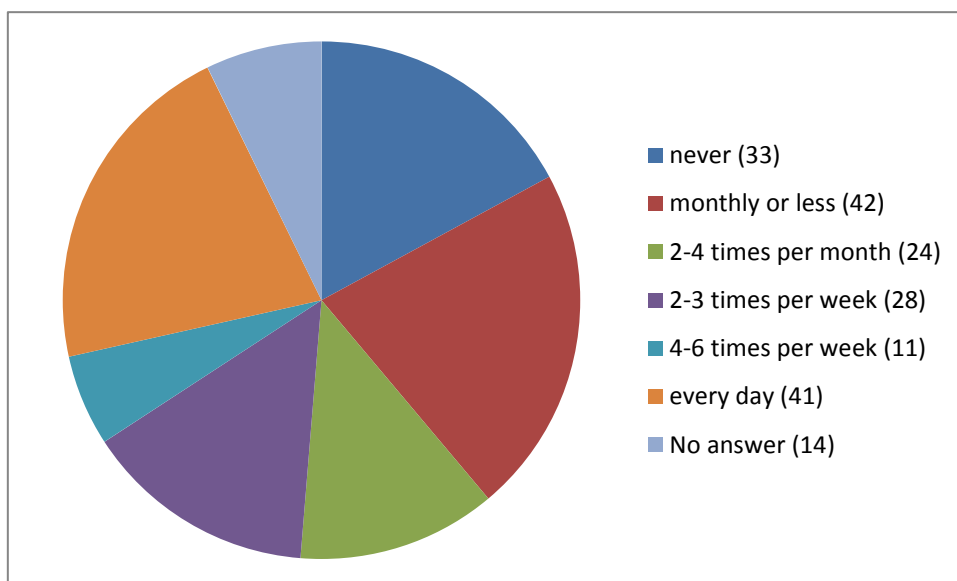
Source: Homeless Link questionnaire December 2012

Alcohol Use

The majority of clients drink (73%) with the highest proportion of 21.5% (41 clients) saying they drink just once a month or less, although this is followed by 21% who drink every day and 21% of clients indicated that they drink more than 3 times a week.

The amount consumed varies, but 27.8% of drinkers (44) indicated that they usually drink more than 10 units of alcohol each time they drink.

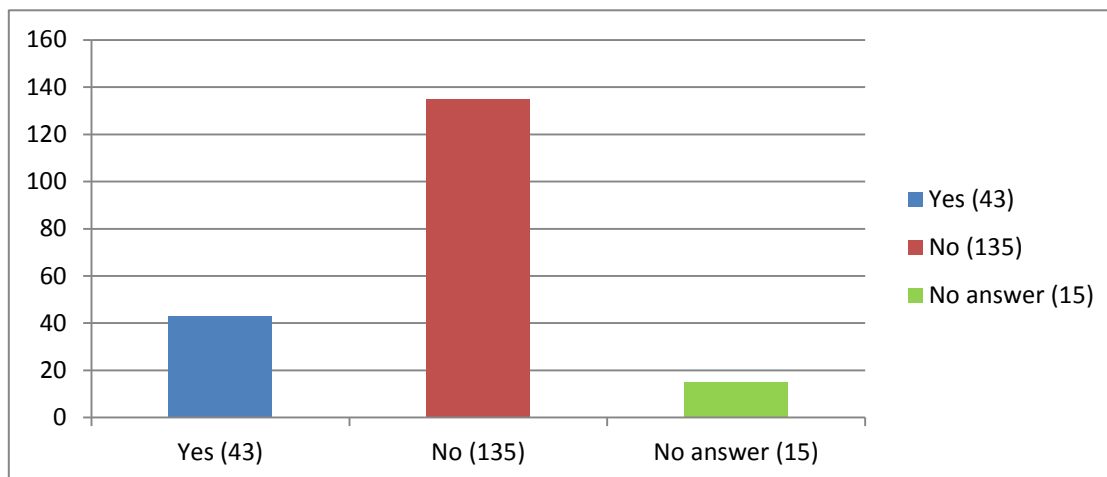
Figure 7: Responses to ‘how many units do you drink on a typical day when you are drinking?’



Source: Homeless Link questionnaire December 2012

The majority of clients said that they did not have or are recovering from an alcohol problem (figure 8), although only a small number indicated that they did not need any help around their alcohol consumption. A majority did report that they would like more support with their alcohol use. This demand related to support to better control or reduce alcohol use, whilst 4 clients wanted help to stop drinking altogether.

Figure 8: Response to 'Do you have or are recovering from an alcohol problem?'



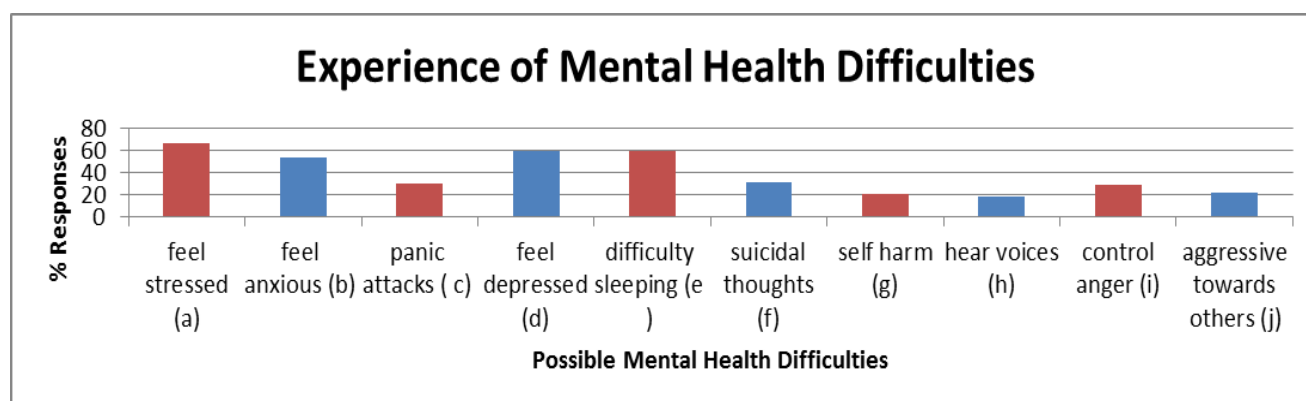
Source: Homeless Link questionnaire December 2012

SECTION 4: MENTAL HEALTH

61.5% (clients) of respondents⁹ reported one or more problems relating to mental health and 33.3% (clients) said they had a long term mental health need or condition (figure 9). Mental health was the most unanswered section by all responders.

A high number of respondents (67.1%) reported often feeling stressed, depressed (60%) or experienced difficulties sleeping (59.48%). 30.7% of clients said they experienced panic attacks, 31.8% said that they have suicidal thoughts and 29.7% of respondents said they find it hard to control their anger.

Figure 9: Experience of Mental Health difficulties



Source: Homeless Link questionnaire December 2012

37.4% of those who reported having one or more mental health problem, said they had been diagnosed by a health professional or doctor, and 8.2% did not know if they had had a diagnosis. 38.97% clients of the same group said they 'self-medicate' using drugs or alcohol, while 28% of the same group reported a dual diagnosis with a drug or alcohol problem.

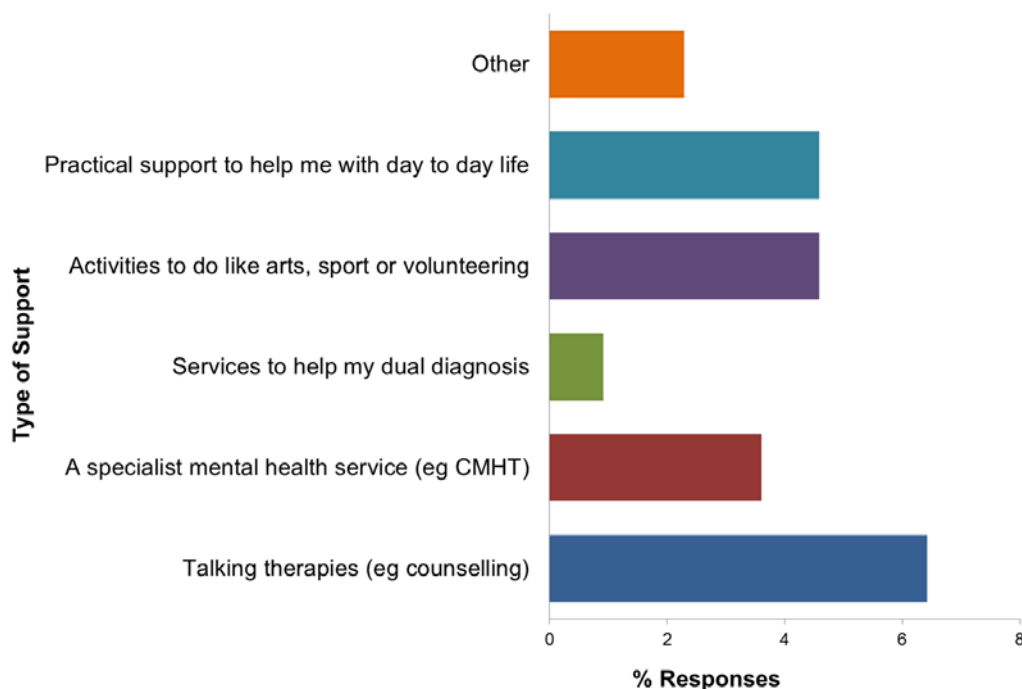
Those who get support with their mental health, reported the following support that helps them – 13.3% reported that this support met their need, while 38.4% responded that they did not need any support. However, a significant number of clients indicated that they would like more support for their mental health. This included 25 clients who were already receiving some type of support and 36 who were not currently receiving any.

This suggests a level of unmet need in this type of provision. Talking therapies and activities to do, for example art, were the main sources of help which clients felt would help them. Recently a pilot project run by St Mungo's¹⁰ 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. Some clients said that volunteering opportunities or receiving a diagnosis and support from their GP could provide effective support with their mental health needs (figure 10).

⁹ Baseline = 195 , (Baseline for b = 145 and c = 105

¹⁰ Peter Cockerell, (2011) "Homelessness and mental health: adding clinical mental health interventions to existing social ones can greatly enhance positive outcomes", Journal of Public Mental Health, Vol. 10 Iss: 2, pp.88 - 98

Figure 10: Responses to ‘What type of support helps your mental health?’



Source: Homeless Link questionnaire December 2012

SECTION 5: VACCINATIONS AND SCREENING

Just 14% of clients on average¹¹ received vaccinations or accessed screening; this is below the average of 2009. Sexual health screening was by far the most widely accessed testing and Flu was the most widely vaccinated against.

| | Yes % | No % | Not sure % |
|--|-------|-------|---------------------|
| Hep A vaccine | 11.98 | 50.52 | 26.04 |
| Hep B vaccine | 16.15 | 48.44 | 25.00 |
| Flu vaccine (past 12 months) | 16.15 | 56.77 | 16.67 |
| Sexual health screening (past 12 months) | 32.29 | 47.40 | 4.69 |
| | | | Prefer Not to Say % |
| Hep C screening | 18.22 | 58.33 | 10.42 |
| TB screening | 15.63 | 61.46 | 10.42 |
| HIV screening | 21.36 | 54.69 | 10.42 |

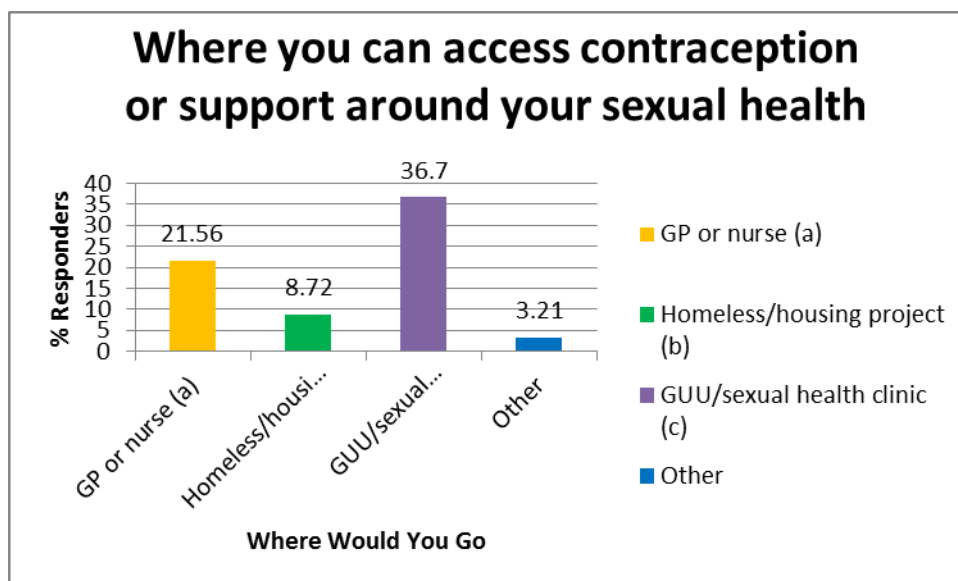
A small number of clients had tested positive for Hep C, TB and HIV – all clients preferred not to disclose if they were receiving treatment.

¹¹ An average of 27 clients had been screened or vaccinated with an average baseline of 192 clients.

Clients who were tested for TB¹² 4.59% screened with skin test and 0.92% chest x-ray, the remaining did not know.

The vast majority of clients said they knew where to go for advice around sexual health and contraception,¹³ with the largest number indicating that they would seek this advice from the sexual health clinic or GUM then their GP¹⁴. Other responses included CRI and CDAS. See Figure 11. Nevertheless 30% of clients said they did not know where to go for this type of support.

Figure 11 Response to ‘Where you can access contraception or sexual health support’



Source: Homeless Link questionnaire December 2012

58 female clients took part in the audit. Of these, 8.3% said that they had received a cervical smear in the past 3 years. 1.5% had received a breast examination. This is quite a small sample so should be interpreted with caution.¹⁵

SECTION 6: WHAT WORKS WELL

Clients were also asked to feedback on what works well and what could be improved. All clients reported thanks for the homeless organisations that support them, and one of the poignant responses stated ‘being talked to like a human being’.

Younger clients did not feel that anything could be improved, while other clients reported frustration with understanding the need for appointments and understanding timescales, most wanting their issue fixed immediately. Other suggestions for improvement included extending timescales for support options, having someone to talk to (including counselling), knowing what services are available and timely access to services and support for long term conditions.

¹² Baseline = 50

¹³ Baseline=168 (not including no answer)

¹⁴ Baseline=153

¹⁵ Baseline = 55

Recommendations

- Group to continue to meet to work through issues raised
- Homeless HNA to feed into the Homeless Prevention Strategy 2014
- Homeless Champions are enlisted within organisations working with people who are homeless
- Homeless HNA questions to be embedded into organisations (who work with people who are homeless in Southend-on-Sea) paperwork