

Getting homelessness & exclusion into JSNAs



Helen Mathie
Homeless Link

What is the current picture?

JSNAs & homelessness

‘The JSNA must include those in disadvantaged areas or vulnerable groups who experience health inequalities, such as those who find it difficult to access services and those with complex and multiple needs, when considering the current and future health and social care needs for all the local population’

[Inclusion Health Board, 2013]

What is the current picture?

JSNAs & homelessness

‘Needs to Know’ research 2014

- Sample of JSNAs & JHWSs in 50 upper tier LAs
- 86% make some reference to homelessness.
- But two thirds (64%) make no mention of single homelessness or rough sleeping.
- Fewer than one in ten JHWSs (6%) have a dedicated section for single homelessness and more than six in ten (61%) make no reference to homelessness at all
- Inconsistent with levels of need/demand



What is the current picture?

JSNAs & homelessness

What should be included?

- The extent of single homelessness in the area – including non-statutory (trends, demographics, housing need etc) as a wider determinant of health
- The health & wellbeing of people experiencing homelessness (assets as well as needs, existing provision, gaps, experience of services etc)

Plus:

- Clear channels for VCS to contribute views and data
- Informed by experts by experience
- Maximise potential of different data sources



Filling this gap

Sources of data on homelessness

- Housing related support client data
- Secondary data sources (rough sleeping, statutory homelessness etc)
- Internal client monitoring data (client need, demographics, outcomes)
- Case studies of homeless people's experiences of health and social care
- Homeless Health Needs Audit
- Housing Needs Assessments
- Housing Stock Condition survey



Case study: Health Needs Audit

What does the survey cover?

- A free, web based tool to **assess the health needs of people who are homeless** in a local area
 - health needs, service use, substance misuse, housing situation, employment (and other determinants), views on current provision
- Developed in 2011:
 - To date, **31** audits undertaken by **27** areas with **3,355** respondents
 - Updated in 2015 with PHE
 - Partnership between statutory & voluntary sector key



What does it provide?

Build an evidence base

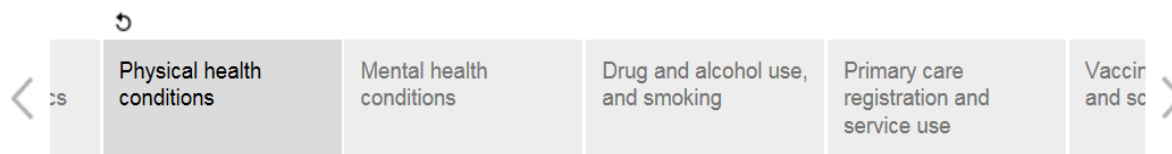
- **Evidence** about health & homelessness
 - What are the existing issues?
 - What do you need to know more about?
 - What are frontline services and people with experience of homelessness telling you?
- **Compare your data** to the national picture
 - General population surveys
- Look at **trends and changes**
- Explore using **unit cost data**



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A local & national picture

Collation of national findings



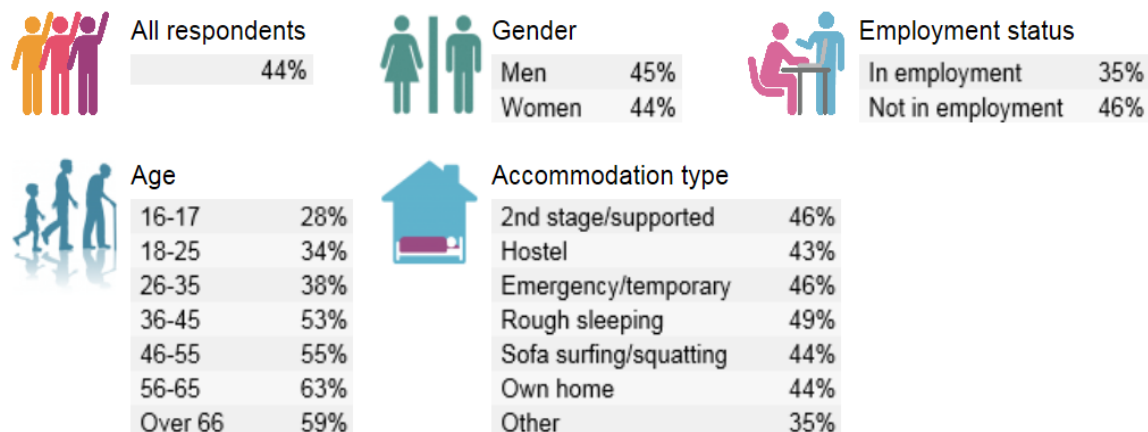
Physical health problems among the homeless population.

2015 interactive tool →

Select a category from the menu below to look at the prevalence of physical health problems among the homeless population.

- ☐ Reported a physical health problem
- ☒ Reported long term physical health problem (>12 months)

<http://www.homeless.org.uk/facts/homelessness-in-numbers/health-needs-audit-explore-data>



Turning evidence into practice

A case study



Carried out	February 2015
Funding	Commissioned by NE Regional Homelessness Group
Champions	Homeless Link Strategy & Partnership Manager regionally Local leads in each area
Participants	All 12 local authorities
Respondents	585 completed

Turning evidence into practice

Key asks



Feed into strategy

Promote using the data in JSNAs and Health & Wellbeing Strategies

Champion health

Encourage DsPH / CCGs to look for a GP in each area to be a champion for homelessness and health

Improve access

In-reach health services going in to homelessness services

Collaborate

Encourage further collaboration on Homeless Hospital Discharge Protocols

Work together

Developing two way sharing of information about homelessness and health, including training

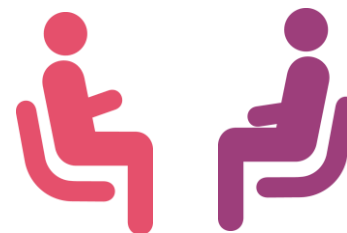
Additional types of evidence

Contextualizing the data

Qualitative techniques

- Focus groups or follow up in-depth interviews clients who have completed the survey explore a specific topic in depth

Things to consider: size of group, ethics, topic area and sensitivity i.e. mixed gender may not be appropriate



Additional quantitative data

- Mapping health needs audit data against other sources of information
 - Opinions & Lifestyle survey and Health Survey for England
- Homelessness and housing data
 - Statutory homelessness stats
 - Prevention and relief stats
 - Housing stock condition survey
 - Local health needs assessment



What we have learned



Getting exclusion into JSNAs

The right people

- Strategic leads across NHS, PH and housing
- Involve VCS from the start

Design it to fit local needs

- Who to include, shape and scale of evidence gathering

The full picture

- What works as well as what doesn't work
- All forms of homelessness – less visible and those not engaged in services
- Supplement with other sources of data (small scale, qualitative still valuable)

The start of a process

- JHWS, CCG plans, homelessness strategies

Further information & advice



Over to you

- **Toolkit and guidance**
 - <http://www.homeless.org.uk/health-needs-audit-toolkit>
- **Interactive web tool for national data**
 - <http://www.homeless.org.uk/facts/homelessness-in-numbers/health-needs-audit-explore-data>
- **The unhealthy state of homelessness**
 - <http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>
- **JSNA guidance**
 - <http://www.homeless.org.uk/sites/default/files/site-attachments/20141009%20JSNA%20Briefing.pdf>
 - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287787/JSNA_and_JHWS_guide_-_FINAL.pdf (commissioned by DH Inclusion Health Board)



We're here to help



Contact us if you are thinking about doing an audit:

Email:

homelesshealth@homelesslink.org.uk

Jonathon Graham:

jonathon.graham@homelesslink.org.uk

020 7840 4411

Rachel Hurcombe:

rachel.hurcombe@homelesslink.org.uk

020 7840 4418