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# Exploring the health needs of young people who are homeless

## Pathways from Homelessness, 2020

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# Outline of talk

- Background and data
- Youth Voice
- Key themes identified
- Recommendations
- Follow up/next steps



children in temporary accommodation



continuously for at least six months



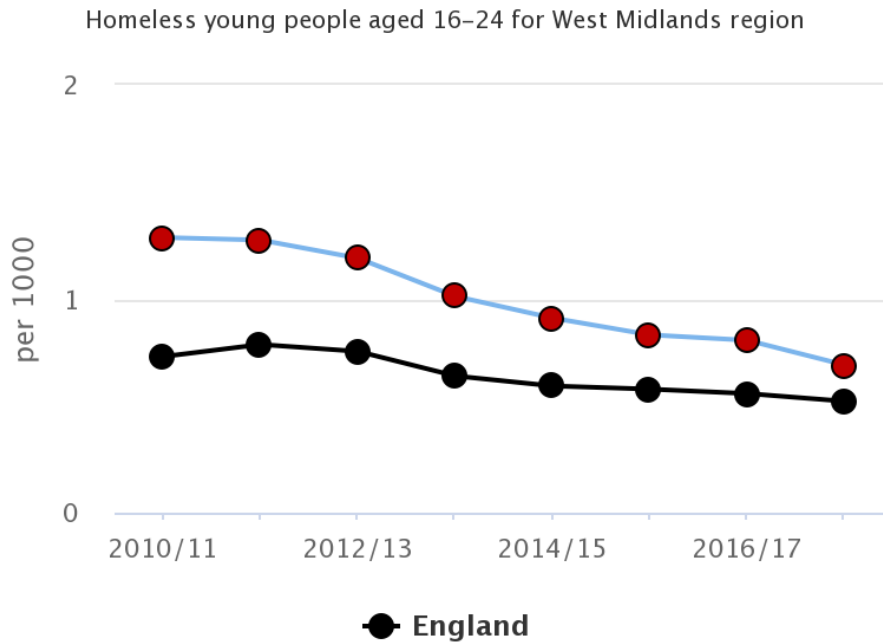
continuously for at least for one year



<https://www.childrenscommissioner.gov.uk/publication/bleak-houses/>



# Homeless young people aged 16-24



Time period	England Count
2010/11	16000
2011/12	17380
2012/13	16820
2013/14	14390
2014/15	13475
2015/16	13276
2016/17	12937
2017/18	12010

Source: Department for Communities and Local Government



## Rough sleeping and sofa-surfing

- 26% of UK young people have been forced to sleep in an unsafe place at some point
- 35% of UK young people have sofa surfed at some point in the past because they had nowhere else to stay
- Many reasons, including:
  - 'My parents were unable or unwilling to accommodate me'
  - 'Left home due to the negative environment there'

Clarke A. The prevalence of rough sleeping and sofa surfing amongst young people in the UK. *Social Inclusion* 2016



## Experiences of youth homelessness

- 69% felt that there were times no-one cared about them
- 55% felt there were times they could not tell anyone they were homeless
- 40% said that homelessness had a negative impact on education
- 30% suffered physical assault and 14% suffered sexual assault
- 15% took part in illegal activity for somewhere to stay
- 19% stayed in an abusive home with a partner because they had nowhere else to stay

<https://centrepoin.org.uk/media/3776/xmasreport.pdf>



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# Qualitative needs assessment

- Workshop with Youth Voice on health needs of young people who are homeless
- Focus group format – four groups
- *What are the health needs of young people who are homeless?*
- *Do healthcare services meet the needs of young people who are homeless?*
- *How can healthcare services for young people who are homeless be improved?*





## Specific health needs identified

- Mental health
- Substance Misuse
- Basic hygiene e.g. sanitary products
- Nutrition and healthy food
- Prescription costs
- Dental care
- Physical health
- Sexual health
- Long term conditions
- Disabilities
- Antenatal and maternity care
- Vaccinations



# Primary care

- Difficulties registering
- Access issues
- Medication concerns
- Payment for ID/doctor's letter
- Appointment length
- Use of A&E as an alternative
- Referrals
- Advocacy role

*Participant A described being made to have an interview before being allowed to register at the GP surgery. The participant felt staff had made discriminatory judgements when learning about the participant being homeless.*



# Secondary care

- No support given for homelessness
- Travel expense
- Discharge difficulties
- Next of kin
- Wait times
- Mental health services

*Participant B described walking for 3 hours from the hospital due to unaffordability of other means of travel.*



# Mental Health

- Attending A&E
- Wait times
- Referrals
- Waiting rooms
- Thresholds
- 'All or nothing' approach
- Self harm/suicide attempt to get seen/admitted

*Participant C described having to wait over 12 months when referred to mental health services, which led to the participant giving up on the referral.*



# Provision of Information

- Information on available services
- Access to internet and phone
- Health information
- Preventative advice
- Information on sexuality

*Participant D explained not being aware it was possible to access GP care and so used A&E as sole source of healthcare when sleeping on the streets*



# Stigma and discrimination

- Lack of empathy
- Patronising
- Voice not heard
- Clinical and non-clinical
- Prejudice and stereotypes
- Not disclosing homelessness due to fear of adverse effect on treatment

*Many participants had a strong feeling that staff distrusted homeless people and did not want them using their local services.*



# Good examples highlighted

- Walk-in services
- Mobile STI testing at hostels and postal kits
- Job centre referrals to medical services
- Healthcare linking to other services
- Pre-existing relationships with GPs/dentists
- Red box project
- Continuity of care and flexibility



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# Recommendations

- Attitudes and knowledge of healthcare staff: both clinical and non-clinical
- Mandatory training for receptionists and other staff on access
- Improved NHS 111 service
- Provision of longer appointments for those with complex needs in primary care
- Clear processes and information around access to prescriptions and dentistry
- Provision to 'self-treat' where appropriate e.g. first aid kits





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# Recommendations

- Safe zones for waiting in A&E
- Use of trained volunteers and peer support
- Mobile health services or available 'on the street'
- Legal backing for the NHS Constitution to stop people being turned away from healthcare due to housing status
- Better information on services available
- Information on what to do if turned away from healthcare



# Follow Up/Next Steps

- Feed into local/regional/national work
- Data/information toolkit
- Accessing health services resource
- My rights to healthcare cards
- Healthwatch
- Safe surgeries
- Youth engagement and participation



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# Any questions?