




Making it matter: improving the health of young homeless people

AstraZeneca 
Young Health Programme

DEPAUL 
UK
YOUTH-COMMUNITY-OPPORTUNITY

Introduction by Paul Marriott and Catriona McMahon

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Our research highlights some challenging considerations for policy makers, commissioners and healthcare providers. It affirms both concerns in the current system and opportunities in its reform for those who work with young homeless people on a daily basis.

As we explored the health issues of these vulnerable young people it became clear that mainstream health services are not meeting their needs. As a result, poor health has become part of the cycle of youth homelessness, described by one young person as the 'web of disadvantage'.

Our results paint a complex picture. The young people we worked with to produce this research have difficult and overlapping needs with mental health, substance abuse and physical health issues. They access certain health services more and report higher levels of health needs than their peers. The challenge is to design services which address these issues in a joined-up way.

However, we should not be overwhelmed by the complexity of the problem. Successful interventions

are very often much simpler than the problems they seek to address. The reform of the health and social care system, particularly the introduction in 2013 of the Public Health Outcomes Framework and Health and Wellbeing Boards, offers an opportunity to afford greater priority to the issue of homelessness and it is important that this is acted upon. The principle of "no decision about me without me" is intended for all patients, and engaging young homeless people in the decision making process and making sure that their needs are represented is vital.

Our hope is that this information, and the recommendations put forward, will help providers and commissioners design more integrated services. In doing so we can better meet the needs of young homeless people and deliver savings by preventing long-term illness, reducing unnecessary hospital admissions, cutting emergency service use and avoiding missed appointments.

If we can intervene successfully at an early age we offer young people the opportunity to achieve better health, turn their lives around and fulfil their potential.

“

I started drinking when I was little with my Mum, she used to give me some cider to help me sleep.”
DPUK female client

Foreword by Professor Steve Field

Professor Steve Field CBE FRCGP FFPH FRCP,
Chairman, NHS Future Forum
Chairman, National Inclusion Health Board
General Practitioner, Bellevue Medical Centre, Birmingham

I was very pleased to be asked to provide a foreword for this report on the health of young homeless people. As Chairman of the National Inclusion Health Board, my role is to drive improvements in health outcomes for the most vulnerable and excluded groups in our society.

Whilst the general population's health continues to improve, the most vulnerable groups are all too often being left behind and have significantly poorer health outcomes than those enjoyed by the general population. The Inclusion Health programme focuses on those who experience the worst health outcomes because of their vulnerability and exclusion. The homeless have some of the poorest health outcomes and therefore are a key priority.

Although there are good examples of local services for young homeless people, barriers which prevent them from accessing health and social care services still exist. This report highlights the main issues faced by the young homeless population and sets out key recommendations for each part of the health and social care system to take forward. It is clear that integration and joined-up working between different parts of the system is vital.

I encourage policy makers, Health and Wellbeing Boards, commissioners and service providers to use this report to help address the health outcomes of the young homeless population within their community.

“

We've got somebody who's lived in Depaul for three years and we're still trying to get assessment of what level of learning disability.”
DPUK staff member

“

To be honest, I ain't got time to worry about my health, have I? No money, no roof over my head, no job, no girlfriend and no fags.” **DPUK male client**

The web of disadvantage



80% of young homeless people are registered with a GP compared to **92%** of the control group

£ GP appointment costs **£36**
Nurse appointment costs **£21**



40% of young homeless people are likely to be suffering from depression compared to **21%** of the control group



48% of young homeless people use cannabis compared to **6%** of the control group



27% of young homeless people eat less than 2 meals a day compared to **5%** of the control group



27% of young homeless people have been diagnosed with a mental health condition compared to **7%** of the control group



64% of young homeless people smoke every day compared to **5%** of the control group



17% of young homeless people have higher levels of disability compared to **4%** of the control group



In the last 12 months, **37%** of young homeless people had visited A&E, compared to **14%** of the control group

£ A visit to A&E costs **£100**



... **24%** of young homeless people had been in an ambulance compared to **3%** of the control group

£ Ambulance call out costs **£253**



... **27%** of young homeless people had been admitted to hospital compared to **6%** of the control group

£ Average cost of unplanned hospital admittance is **£1,400**

Executive Summary

These are some of the key findings of our research, which was carried out between May and October 2011 and in which more than 380 young people (16 – 25) participated. A health questionnaire was completed by about 130 young people from Depaul UK services, and by a control group of 200 young people from around the UK. Four focus groups and 26 individual interviews with young people also took place. A group of young homeless people were trained in research skills and carried out research with their peers.

Ethnographic films were made with four young people from Depaul UK services. More than 25 Depaul UK staff members took part in interviews and in regional focus groups. In addition, a steering group of experts guided the research and met to discuss its findings and recommendations.

The Context

An estimated 80,000 young people experience homelessness in the UK each year. This fails to account for the growing number of hidden homeless living in poor quality hostels or on a friend's sofa. The main cause of youth homelessness is known to be family breakdown.

Of the young people from Depaul UK services who participated in the research, around half were not in education, employment or training, almost five times as many as in the control group. They were at least twice as likely to have moved in the last 12 months.

What are the main barriers to quality care for young homeless people?

- Young homeless people do not consider health and health-related issues to be a problem or **priority** for them: other issues such as the need for housing and employment are more pressing.
- **Long waiting times** lead to a lack of timely care which is especially vital in this group who often seek help, particularly for mental health issues, at the point of crisis.
- **The transition from paediatric to adult services** often leads to a breakdown in continuity of care and challenges accessing adult services.
- **Them-and-us mentality** – some GPs are perceived to be judgmental and don't always provide the support needed to enable young homeless people to voice their concerns.
- Young homeless people often **lack confidence, motivation and a sense of purpose** which not only negatively affects their mental health but leads to an apathy in seeking care.
- Appointments are often short and with **different healthcare professionals** meaning issues are not fully addressed and young people often have to recount distressing personal stories repeatedly.
- **Lack of money** to attend appointments is a particular issue due to the transient nature of the lives of the young homeless population.
- **Chaotic lifestyles** can lead to challenges with continuity of care, keeping appointments and implementing healthcare recommendations.
- **Interrupted and chaotic upbringings** have resulted in a lack of knowledge about when and how to seek help.
- Some young people have a **limited vocabulary** to convey health concerns.
- Help is often needed **out of hours**, but not often available.

“

I can't get up and out of bed some days, there seems little point really.” **DPUK client**

“

Nearly everybody that we see has issues around timekeeping and being organised so when you've got health appointments or you're taking medication, if you have to keep to a regular routine that can be quite hard to do.” **DPUK staff member**

Our key recommendations:

“

Sometimes I hear voices telling me to do things but when I told my Mum she got me put in care and I had to see doctors so now I keep things to myself more.”
DPUK male client

For policy makers

We would like national recognition that young homeless people require a more effective, tailored and integrated health service, notably:

- Ensuring that organisations such as Healthwatch England & local HealthWatch have the skills and knowledge to engage and consult young homeless people, in order to ensure that they are represented in national and local decisions.
- Structured guidance for both voluntary sector organisations and health commissioners to equip them with the knowledge, skills and motivation to engage with one another.

For Health and Wellbeing Boards

We welcome the commitment of the Ministerial Working Group on Homelessness to improving the inclusion of homeless people in Joint Strategic Needs Assessments (JSNAs) by the Health and Wellbeing Boards. To ensure this, we recommend that:

- A framework is put in place and monitored to ensure that voluntary and community groups are actively consulted during the JSNA process in order to provide non-clinical data and research. Direct recognition in health and wellbeing strategies of the complex needs of young homeless people, including strategies to ensure the provision of joined-up services and specialist commissioning for this group.
- Cooperation with neighbouring Health and Wellbeing Boards, including pooling budgets where appropriate to ensure the needs of this marginalised population are met.

For commissioners

- Integration is key: services for young homeless people should be easily accessible in places such as drop-in centres; specific services for mental health or for substance misuse should not exclude those with multiple needs; and more consideration needs to be given to creating an effective pathway between child and adult services.
- Each Clinical Commissioning Group should have an accountable officer for homeless healthcare.

For AstraZeneca and Depaul UK

- Increase training and resources for staff in supporting young people with mental health issues, including on-going support.
- Improve the links between Depaul UK services and clinical health services from both sides, through education and local relationships.
- Build upon Depaul UK's activity and skills programmes, to ensure that young homeless people have access to appropriate resources that will impact upon physical and mental health and wellbeing, including the opportunity to participate in a wide range of positive activities, and to access peer to peer support.

Depaul UK is committed to ensuring the participation of young people in developing our responses to existing and emerging health needs.

About the organisations behind the research



Depaul UK

Depaul UK is the largest charity for young homeless people in the UK. Depaul UK has helped over 50,000 people since it was founded in 1989 and continues to work with over 3,000 young people a year, as well as over 1,000 more young people through the network of independent Nightstop emergency housing schemes that it accredits and supports. In the context of increasing youth homelessness, Depaul UK's current strategic objectives are to prevent, protect and provide. It has six key areas of work to meet these objectives: accommodation and resettlement; training and employment; family mediation; prison and resettlement; volunteering and mentoring; and work in the community.

AstraZeneca

AstraZeneca is a global, innovation-driven biopharmaceutical business with a primary focus on the discovery, development and commercialisation of prescription medicines. As a leader in gastrointestinal, cardiovascular, neuroscience, respiratory and inflammation, oncology and infectious disease medicines, we invest around £3.1 billion in research and development each year.

AstraZeneca Young Health Programme

AstraZeneca is committed globally to a long term community investment programme to improve the health of young disadvantaged people. It aims to reach one million young people aged 10 to 24 by 2015. In the UK, AstraZeneca is partnering with Depaul UK to improve the health of young homeless people.

Independent Steering Group

The problems faced by young homeless people in accessing health services are widely recognised and we are grateful for the thoughtful and passionate expert contributions of many organisations to this project. In particular we would like to thank the members of the independent steering group which led this work:

Chair: Una Barry MBE, Deputy Chief Executive - Depaul UK
Michelle McPake - Centrepont
Rebekah Pope - Camden PCT
Helen Keats - Department for Communities & Local Government
Vida Paittoo - Department for Communities & Local Government
Martin Gibbs - Department of Health
Annie Crowley - Depaul UK
Jane Freeman - Depaul UK
Val Keen - Depaul UK
Howard Pemble - HMP Young Offenders Institute, Rochester
Helen Mathie - Homeless Link
Kathleen Kelly - Joseph Rowntree Foundation
Ellie Lewis - National Children's Bureau
Dr Hannah Maiden - Health Inequalities Standing Group, Royal College of GPs
Charles Fraser - St Mungo's
Natasha Gregory - Think Positive Youth Ltd
Nick Maguire - University of Southampton
Lucie Russell - YoungMinds
Chris Walker - YoungMinds
Alison Williams - AstraZeneca
Nicole Lamble - AstraZeneca
James Munday - AstraZeneca
Paul Tomlinson - AstraZeneca
Jeremy Fazal - AstraZeneca

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For further information please visit:
www.younghealthprogrammeyhp.com
www.depauluk.org

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