Homelessness Health Needs Assessment: York

April 2018

This report was produced by the York Joint Strategic Needs Assessment working group, in partnership with the housing options team in City of York Council, on behalf of the York Health and Wellbeing Board in 2018.

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Executive Summary

People who are homeless represent a small proportion of the total population of York, but have a disproportionately high prevalence of physical and mental ill health and have a significant and high need for statutory and voluntary sector health and social care services. This report looks at the views of service users and professionals in York and identified a selection of key challenges for the city.

People who experience homelessness are often the more marginalised members of our society. Therefore, the presence of homelessness and its associated poor health outcomes may be seen as a marker of equality within society. There are both structural and environment factors, and personal or family factors that contribute to homelessness.

The poor health outcomes experienced by people who are homeless may in part be caused by the stress and disruption that comes with being homeless. However, in many instances the poor health outcomes are not directly caused by a person's homelessness, but rather the experiences and vulnerabilities that lead to an individual becoming homeless in the first place.

The views and perceptions of people who are homeless or at risk of homelessness in York, and the professional views of those who work in organisations who support them, were central to this needs assessment.

The final part of this report identifies a series of 'Challenges for the City' in relating to the health and wellbeing of people who are homeless in York. It is acknowledged that for many of these challenges there is already work ongoing, and that these challenges compliment the actions identified in the York homelessness strategy 2018-2023.

People who are homeless represent only a small proportion of the total population of York. This group also has a disproportionately high prevalence of physical and mental ill health and have a significant and high need for statutory and voluntary sector health and social care services. This report looks at the views of service users and professionals in York and identified a selection of key challenges for the city.

What is homelessness?

The link between housing and health is set out in 'Improving Health and Care through the home: national memorandum of understanding' 2018[1].

> "Poor housing, unsuitable housing and precarious housing circumstances affect our physical and mental health. ... . The home is a driver of health inequalities, and those living in poverty are more likely to live in poorer housing, precarious housing circumstances or lack accommodation altogether."

Sometimes homelessness is thought of as living in a doorway. This is just one example of a broader issue of homelessness. In York, homelessness can look like many things:

- Rooflessness: living without a shelter of any kind, sometimes known as sleeping rough
- Houselessness: living in a temporary institution or shelter
- Insecure housing: living with insecure tenancies, the threat of eviction, or with domestic violence
- Inadequate Housing: living on illegal campsites, in unfit housing, or in extreme overcrowding

This needs assessment includes adults who are on their own or as part of a family unit, or young people who are on their own. The assessment does not consider children who are part of family units. This was in part because of the logistical challenges of gaining consent and access to children who are living in temporary accommodation. However there is a body of national evidence that

[1] *ww.cih.org/resources/policy/HealthHousing%20MoU%20Feb18.pdf*

clearly identifies that children who live in temporary or insecure accommodation have poorer health and wellbeing outcomes than other children. There is no reason to expect that the experiences of children in York are any different.

Understanding homelessness

It was once commonly said that homelessness can affect anyone. Whilst this may still be true, some people are at greater risk of homelessness than others.

> Homelessness often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood, and through ill health. Homelessness and ill health are intrinsically linked and professionals in both sectors have a role to play in tackling the issues together.
>
> Local Government Association, 2017 [2]

People who experience homelessness are often the more marginalised members of our society. Therefore, the presence of homelessness and its associated poor health outcomes may be seen as a marker of equality within society. There are both structural and environment factors, and personal or family factors[3] that contribute to homelessness.

Structural factors include the availability and affordability of housing, poverty or unemployment, as well as the changing family structure in our society meaning that families become more fragmented. In York, unemployment is lower than the national average, but wages are relatively low, insecure employment appears high[4]. Additionally, rental costs in York are higher than other parts of the country[5].

Personal and family factors include longstanding family disputes, physical or emotional abuse in the home, poor physical or mental heath, a history of drug or alcohol misuse, low levels of formal education, debt, limited social support

[2] https://www.local.gov.uk/impact-health-homelessness-guide-local-authorities
[3] http://www.homeless.org.uk/facts/our-research/homelessness-and-health-research
[4] https://www.nomisweb.co.uk/reports/lmp/la/1946157112/report.aspx?#tabempunemp
[5] https://data.yorkopendata.org/dataset/kpi-cjge178

networks[6] or being a refugee. Additionally, bereavement or relationship breakdown may be the sudden event that triggers homelessness[7].

Overall, York has fewer people with long term health conditions than other parts of the country, but the prevalence of poor mental health is relatively high. York's population is better educated than the national average[8], but there are still people with few qualifications. Social support is difficult to measure but the most recent public surveys indicate that at least some people would like more social contact or social belonging than they currently have[9].

The causes and risks of homelessness both nationally and in York are robustly discussed in the 2018 York Homelessness Strategy.

This needs assessment

The health inequalities associated with homelessness are often complex and long standing; as a result, they are not quickly mediated. However, during a period of homelessness or housing insecurity, individuals and families typically have a greater degree of contact with services than they might otherwise do.

"For most people who are at risk of, or experiencing, homelessness there isn't a single intervention that can tackle this on its own, at population or at an individual level."

Public Health England (2016) Applying all out health

The poor health outcomes experienced by people who are homeless may in part be caused by the stress and disruption that comes with being homeless. However, in many instances the poor health outcomes are not directly caused by a person's homelessness, but rather the experiences and vulnerabilities that lead to an individual becoming homeless in the first place.

[6] http://www.homeless.org.uk/facts/our-research/homelessness-and-health-research

[7] https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health

[8] https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/4/gid/1938133000/pat/6/par/E12000003/ati/102/are/E06000014/iid/92199/age/175/sex/4

[9] https://data.yorkopendata.org/dataset?groups=crime-and-community-safety&q=belonging

What does the national research say about health and homelessness?

This section briefly describes the national picture of health and wellbeing for people who are homeless in the UK. The data for this section was taken from LGA: 'Impact on health of homelessness, a guide for local authorities'.

Children

When families with children are at risk of homelessness they should receive priority support. Usually, this means that families are offered temporary accommodation. Despite this priority support, Shelter reported in 2006 that children in temporary accommodation are more likely to experience a range of negative health outcomes.

Young People

Young people who are homeless and not part of a family unit are a particularly vulnerable group. The LGA report that it is not uncommon for these young people to have experienced abuse when they were living at home, to have experienced a relationship breakdown with their family members, to have been excluded from school, to have few or no qualifications, to have committed minor crimes, to lack social and relationship skills, to have mental health conditions, or to misuse alcohol or drugs. Nationally, these young people are at risk of further exploitation whilst homeless; trafficking, criminal activity, or being coerced into sexual relationships in exchange for somewhere to stay.

Working Age Adults

Economic hardship; either though unemployment, under employment, insecure employment, or debt, can increase a person's vulnerability to homelessness. However, these factors alone are not usually sufficient to cause homelessness. The disruption of insecure accommodation can also present barriers to maintaining employment.

Older Adults

Older adults are not traditionally thought of as a group at risk of homelessness, however the LGA report that some older adults do become homeless and that

this is a growing concern in the UK. Often for these people there are underlying health and wellbeing issues such as addiction or debt, or social factors such as estrangement from family members, and then a significant event such as relationship breakdown, bereavement or accommodation being sold that results in the person becoming homeless. Poverty is more common among retired people than working age adults, and this further increases the risk of homelessness in this age group.

Rough Sleepers

The LGA report than the majority of rough sleepers will only be on the street for a short period, usually after a particular incident in their lives. However, for a smaller group of people, rough sleeping will become a sustained and enduring characteristic of their lives. These people are likely to experience poor health throughout their lives, and have a drastically shortened life expectancy.

Nationally, people who sleep rough are at significant risk of suicide, of poor mental health, of drug or alcohol addition, of infectious diseases such as TB, HIV or Hepatitis C, of overall poor physical health and in particular poor oral health. They are also more likely to be victims of crime such as assault than the general population.

Criminal Justice

The LGA report that nearly half of all people who have been in prison report living in their accommodation for less than a year before starting their sentence. A proportion of these individuals will have also experienced homelessness.

A prison sentence can offer increased access to services and support, meaning that people will receive treatment for physical and mental health conditions whilst they are in prison. However, continuing this treatment after release from prison can be challenging, particularly if the person is not registered with a GP or is moving between temporary addresses.

Substance misuse

The LGA report that people who misuse drugs or alcohol are at a greater risk of experiencing homelessness. Unemployment, debt, and alienation from family members and friends, are factors which can increase the risk of experiencing homelessness. A drug or alcohol addiction may also present a barrier to accessing some support services because the services are not equipped to support people with addiction or because addiction can make people less open to accessing help and services.

There is also some evidence that people who experienced living in insecure accommodation as young children are more likely to use drugs in later life.

Domestic Abuse

Domestic abuse can happen to anyone, but some groups of people are more at risk; this includes young adults and people with illnesses and disabilities, women when they are pregnant, women who are recently separated, gay or bisexual men, or people who are transgender.

Domestic violence does not automatically increase the risk of homelessness. However, fleeing domestic violence can be a trigger for homelessness. This can be exacerbated where there has been financial abuse or when a person has been isolated from their family or friends as part of the abuse.

York Needs Assessment Methodology

The views and perceptions of people who are homeless or at risk of homelessness in York, and the professional views of those who work in organisations who support them, were central to this needs assessment.

A paper survey was used to gather the views of people in York who are homeless or at risk of homelessness. Professionals were asked to distribute the questionnaire among the people they support, and to support the survey completion when this was appropriate. A prize draw was used as an incentive.

The content of the questionnaire was taken from a resource which was jointly devised by Public Health England and Homeless Link for the purpose of needs assessments. Minor adjustments were made to better suit the local context.

This approach was intended to remove some of the barriers to engagement; for example to include people with limited written English or limited access to the internet. However the limitation of this approach is that the survey can only reach people who are known to professionals working in York.

Over 30 organisations and teams were contacted; this included both organisations and teams who work exclusively with people who are homeless, as well as organisations who only support this population group as a part of their role.

The data in this needs assessment was collected through November 2017, and was a snapshot of service users and stakeholders views at this time.

Stakeholders views of health and homelessness in York

This section reports on the views of professionals and stakeholder organisations that work alongside people who are homeless in York. A total of 30 organisations or teams were contacted, and 23 full responses were received. Additionally, two organisations or teams responded to say that they did not have any regular contact with people who are homeless in York.

The biggest issues affecting health:

The scope of the health and wellbeing topics that can be discussed in relation to homelessness is vast. York professionals were asked to describe the biggest health and wellbeing issues that affect homeless people in York. This question was deliberately worded to identify gaps and issues.

The following topics were commonly discussed:

- Lack of stable accommodation, preventing support for other health and wellbeing needs.
- Timely access to appropriate services
- Mental ill health and self-esteem
- Substance misuse
- Poverty and debt
- Exploitation and violence
- Social isolation and stigma
- Unemployment and access to financial benefits
- Malnutrition and diet
- Disengagement and lack of trust
- Climate and its affect on rough sleepers

On mental health ... Mental health was the most commonly mentioned topic, and was discussed by most professionals. Clinical mental ill health, in particular anxiety conditions, personality disorders, and self-harm, was widely discussed. Generally, this was discussed in relation to mental health conditions that existed before the person became homeless. Alongside this, poor mental wellbeing, for example stress and isolation, were viewed as common issues for the individuals and families who were homeless or at risk of homelessness. The lack of social support from family or friends was also mentioned by teams who support isolated individuals such as young adults who are care leavers.

On addiction ... Addiction or substance misuse was discussed as a prevalent issue for the homeless population. Some professionals focused on the immediate physical health complications that are associated with substance misuse, such as non-healing wounds, infections at injection sites, or conditions such as liver cirrhosis. Others identified the impact addiction can have on a persons' mental wellbeing and engagement with health or homelessness services. The issue of overdose was also mentioned by stakeholders.

On dual diagnosis ... The lack of support for people with a mental health and substance misuse 'dual diagnosis' was discussed as an issue by several teams.

On specialist accommodation ... The more specialised teams in adult social care discussed the availability of appropriate housing for people with specialist needs; such as those with brain injury, alcohol addiction, and Asperger's syndrome. They highlight that these people tend to have multiple and complex needs, and as a result have less opportunity to access community and voluntary sector support systems.

On daily pressures ... Some teams and professionals work specifically with people who are not yet homeless, but who for a range of reasons are at significant risk of experiencing homelessness. These teams talk about the wider health and wellbeing challenges. For example; relationship breakdown within the family, financial pressures including debt and challenges with benefit payments, and substance misuse. They highlight that this may be greater still for single adults as families with children will typically receive priority support.

On finance ... Individuals financial pressures were discussed. This included debt and delays in receiving the universal credit and other benefit payments. Some supported housing schemes have seen that people who were 'previously stable' are pushed towards relying on food banks or similar because of delays in universal credit payments. Conversely, these errors can result in some people receiving large back payments which can put vulnerable people at risk of exploitation.

On self care ... Poor diet and poor self care was also mentioned as a general theme. In particular this was discussed in relation to people who were sleeping rough. Additionally young people were also discussed, as they may not yet have developed the life skills needed to meet their physical needs, such as shopping and cooking to maintain a healthy diet or registering with dental or GP services. Additionally, people who are 'sofa surfing' may find this challenging due to the limited autonomy of their circumstances. This may extend to offending, drug taking, or sexual activity to please or appease their host.

The services and support available:

It was widely reported among stakeholders in York that the specialist homeless support and prevention work was substantial and good quality. In particular the 'bed ahead' system, the 'making every adult matter' teams, and the hospital discharge services were regarded as securing better access to health and social care for individuals.

On demand and capacity ... Limited capacity and the pressures on all teams were widely recognised and discussed. Several stakeholders commented that the services which try to respond to the needs of homeless people in York are often full, and that the pressures on these services are rising. Another felt that York would benefit from strengthening the specialist support available for homeless people with complex needs or additional vulnerabilities. There were also some concerns in relation to the requirement to prove homeless status before being able to access support. This was seen as a particularly challenging process for people leaving secure institutions such as prisons.

On disengagement ... The concept of service user disengagement with support services was discussed by multiple organisations, in particular statutory services. This included both people who did not access any support and people who had limited or ad-hoc involvement with services, for example by missing multiple appointments. The stakeholders noted that significant mental ill health or addiction is often linked to disengagement with services. In some instances this can unfortunately lead to a person being excluded from a service when a person is causing disruption to others. It was also highlighted that some people who sleep rough do so because they do not want to associate with other people who are homeless, and in particular because they do not want to associate with people who inject drugs.

It was also noted that some homeless people are reluctant to spend extended periods in hospitals or other health settings, often because of an unmanaged mental health condition or a drug or alcohol addiction. To counter this, there were several examples of staff extending services and working flexibly to try and support people who have disengaged. For example, medical staff visiting people on the street when they were deeply unwilling to attend a health centre.

On access to primary care services ... Lack of access to specific services, notably primary care services and specialist mental health services, was discussed frequently by stakeholders. For primary care the main barrier was perceived to be difficulties in registering with a practice, although concerns were also raised about the level of flexibility for those who miss appointment slots. Both of these barriers were perceived to be amplified substantially when a person doesn't have a fixed address or phone number. GPs themselves recognise these limitations within their service to meet the needs of some homeless people. In particular they highlight that the 10-minute appointment system is not suited to people who find it challenging to book or attend appointments and so often present only when in crisis. GPs recognise that occasionally this means some homeless people in York get a reduced or rushed service in primary care. GP practices also highlight that they can feel they are working in isolation from social care, benefits teams, mental health workers, and the probation services in York.

On access of mental health services ... Access to specialist mental health services was widely discussed as an issue. It was generally held that these services are under strain, and there was a perception that homeless people have reduced access to an already stretched service. The support for people with complex needs was identified as a particular gap; this included support for people with personality disorders, with autism spectrum conditions, and with substance misuse or addiction (dual diagnosis).

Other specific issues mentioned by multiple stakeholders included; long waiting times for the support that is available, a lack of support for young people and a lack of mental health training for the staff and volunteers who work in hostels. In contrast one stakeholder felt that some forms of mental health treatment were too readily accessible, in particular the prescription of anti-depressant medication by GPs.

On the importance of an address ... Multiple stakeholders discussed the challenges that come with not having a fixed address. Stakeholders mentioned perceived barriers to accessing primary care services, dental services, benefit and pension payments. It was not apparent in the stakeholders' responses whether they were aware that several GP practices will allow people with 'no fixed abode' to register using alternative addresses. Additionally, none of the stakeholders other than the Salvation Army mentioned that the Salvation Army will allow people to use their office address provided the person is engaging with their services.

On development opportunities ... Stakeholders suggested that mental health services for homeless people in York could be enhanced through making available accommodation for homeless people with on-sight mental health support, and also through making available more informal 'drop-in' type mental health support. Accommodation with on-site mental health support had recently been present in one hostel and was considered a valuable resource by the stakeholders who mentioned it. Despite the numerous gaps, stakeholders were keen to identify the range of quality support that is available, including the preventative support, and quality of partnership working.

Service user survey responses

This section describes the views of people who use homeless services in York. The survey was offered to as many people as possible who were in contact with housing services towards the end of 2017. This totals around 300 people, and includes people who are staying in hostels, emergency accommodation or other supported housing, as well as the approximately 20 people who were street homeless. Of these approximately 300 people, 82 people responded.

Who responded ...

- 64% of the respondents were male,
- The average age was 32 years old, (range 17 to 63)
- 11% said they were gay, lesbian, or bisexual
- 90% were White British and 95% were UK nationals.
- In the previous night, 66 slept in a hostel or supported accommodation, 6 slept on the street/tent/other unofficial accommodation, and 4 slept in accommodation they rented.
- 55% reported having a disability or long term health condition
- 30% had experienced domestic violence
- 5 were in education, and 7 were in paid employment or self employment

At some point in their lives...

- More than half (47 people) had slept rough,
- The majority (60 people) had been homeless
- The majority of individuals (59 people) had 'sofa surfed'

The first period of homelessness was typically in their early 20's, however this varied from young childhood to nearing retirement.

Prison and youth offending:

- Among the people who responded to the survey, 33% (27 people) had been in prison. Of these, 22 reported being homeless at some point in their lives, and almost all were in hostels or other sheltered accommodation the previous night (the remaining few were rough sleeping).

- Additionally, 17 people had spent time in a secure unit or youth offending institution, there was an overlap between the two, with 13 people having spent time in both prison and a youth offending centre.
- Of the 27 people who had been in prison, many reported poor mental or physical health. 21 reported having depression and 20 reported having had anxiety in the previous year. Additionally, 8 reported having had Hepatitis C at some point in their lives.

Local authority care:

Crisis estimate that 1 in 4 people sleeping on the street will have been in care at some point in their younger lives.

- Of the people who responded to the survey, 23 said they had spent time in care as children or young people
- Of these 21 reported spending the previous night in a hostel or supported accommodation
- The majority of the individuals reported at least one physical health condition within the last year, these were very wide ranging, but most common were dental and liver problems.
- Mental health conditions were also commonly reported by this group, most commonly was depression (14 people), anxiety (14 people) and psychosis (11 people).

Overall self-reported health

The EQ5D measures a person's overall level of physical and mental health. People rate their health across five areas (mobility, self-care, usual activities, pain and discomfort, and anxiety and depression) and are asked to judge if they have no limitations, some/moderate limitations, or extreme ill health/unable to complete activity unaided.

The minimum score of '5' indicates overall good health, however the maximum score '15' indicates the person is not able to meet their needs unaided or has very poor overall health.

- 26 people scored 5 or 6; mainly good health
- 26 people scored 7 or 8; moderately poor health in some areas
- 13 people scored 9 or 10; moderately poor health in most areas
- 5 people scored 11 or 12; moderate/significant poor health in most areas

When rating their overall health between 0 (worst imaginable health) and 100 (best imaginable health), most people rated their health between 50-80.

Physical health

People were asked to look through a list of common physical health conditions and record if they have ever had this condition, and whether they have this condition 'now or recently' i.e. at the moment or within the last year, or 'in the past' i.e. more than a year ago. The most commonly reported conditions within the last year were as follows

Joint aches or problems with bones and muscles	29
Dental or teeth problems	23
Difficulty seeing or other eye problems	17
Other skin or wound infection	16
Problems with feet	13
High blood pressure	12

Within the last year...

- 25 people reported no physical health conditions
- 17 people reported only having on health condition

- 12 people reported having five or more health conditions

People who reported having no health conditions within the last year were more likely to be currently living in rented accommodation and not to have been homeless at any point in their lives.

Treatment for physical health conditions

Of those who had received treatment for a physical condition, the majority were happy with the treatment (20 of 25), but another 9 had not received any treatment for a physical health condition but felt in need. Barriers to treatment included not knowing how/who to ask for the treatment, difficulty travelling, missed appointments, and fear of the appointment.

Mental health

It is commonly quoted that among the general population, 1 in 4 people will experience a mental illness at some point in their lives and that 1 in 10 adults are experiencing a mental illness at any given time.

Of the York cohort who responded to the survey, 33 of the 83 reported having been diagnosed with at least one mental health condition now or within the last 12 months. A small number reported having multiple conditions.

The most commonly reported conditions within the last year were as follows

Condition	**Number of people**
Depression	46
Anxiety disorder or phobia	39
Suicidal Thoughts	27
Psychosis (schizophrenia or bipolar disorder)	19
Dual Diagnosis	16
Post traumatic stress disorder	13

Of those who had received treatment for a mental health condition the majority were happy with the treatment (30 of 47), and another 8 had not received any treatment but felt it was needed. Typically this included community mental health support and a mixture of talking therapy, prescribed

medications and practical support. Barriers to treatment included long waiting lists or limited appointment slots.

Drug, alcohol, and smoking

Self medication

- 30 respondents reported that they use some form or alcohol or drugs to 'self-medicate' or otherwise cope with their mental health.

Dual Diagnosis

- 10 people reported a 'dual diagnosis' of a mental health condition and an addiction

Drug misuse

- 14 people said they had a drug addiction, a further 16 said they were in recovery
- most commonly people received specialist community support, although talking therapies and support from primary care were also mentioned
- 17 of the 24 people who reported receiving some support for a drug addiction said the service(s) they were receiving met their need

Alcohol misuse

- 7 people said they had an alcohol addiction, a further 9 said they were in recovery
- There were also people who indicated they drank substantially beyond the recommended upper limit for alcohol consumption, or who drank most days, and who did not indicate they had a problem with alcohol
- the most common support was advice from primary care
- 8 of the 12 people who were receiving some support for an alcohol addiction said the service(s) they were receiving met their need

Smoking

- 53 of the 83 respondents currently smoke, and another 10 smoke e-cigarettes exclusively
- Of all smokers, 20 said they would like to stop smoking completely
- Of these, 15 did not remember being offered support by a health professional.

Health service use

Primary care

- All but one person was registered with a GP practice
- None of the respondents had been refused registration with a GP in the last 12 months
- On average, people visited their GP three times in the last 12 months, although a small number of people had visited their GP well over 20 times.

Dentistry

- 38 people were registered with a dentist in York
- 8 had been refused to register with a dentist in the last 12 months, and the comments indicate this was largely due to availability

Prescription medicating

- 55 people reported they were currently prescribed at least one prescription medication

Emergency ambulance use

- 30 people had used an ambulance in the last 12 months; most had only used the ambulance once.
- Two people reported using ambulances very frequently.

A+E admission

- Nearly half of people (35) had not been to A+E at any point in the last 12 months, a further 14 had only attended once.
- A small number report using A+E frequently; more than six times in the last year.

Hospital admission

- 31 people had been admitted to hospital within the last 12 months
- 14 of these people had been admitted just the once,
- A small minority report frequent admissions.
- Most commonly, people said they were admitted for ongoing physical or mental health conditions.

Hospital discharge

- After the last admission, 21 people reported they were discharged to suitable accommodation, 5 to unsuitable accommodation, and 5 people reported being discharged to the street
- 5 people reported re-admission within 30 days

Mental health ward admission

- Six people had been admitted to hospital for mental health treatment within the last 12 months

Vaccination and screening programs

- 25 people reported being vaccinated for hepatitis B at least once
- 29 had ever received a flu vaccination
- 70 people knew where to assess sexual health advice,
- 66 knew where to access free contraception
- 7 people thought they had received a health check
- 10 of 29 women had received cervical cancer screening

High levels of health service use:

Of the survey cohort, 24 have reported one of the following:

- Use of GP 10+ times in the year, or
- Use of emergency ambulance 5+ times in the year, or
- Use of A+E 5+ times in the year, or
- Hospital admission 5+ times in the year

Within the last 12 months, this group of 24 people self-reported:

- 387 GP appointments
- 121 A+E attendances
- 57 Emergency ambulance call outs
- 36 hospital admissions
- 5 mental health inpatient stays

Within this group, many reported mental ill health, including having multiple health diagnosis. Half reported using alcohol to self-medicate. Additionally, more than half reported a period of physical ill health within the last year; several people reported multiple physical health conditions

Self-care

- The majority of people reported only eating one or two meals a day (25 people and 35 people respectively). Five people reported not eating a single meal the previous day.
- 33 people reported not eating a single portion of fruit or vegetables in the previous day. Only five people reported eating the recommended 5 portions of fruit and vegetables in the previous day.
- The data on exercise is split; 23 people reported never doing 30 minutes of exercise, whereas another 23 people reported doing 30 minutes of exercise on five or more days in the week.

Views of Health

Finally, people were asked to describe the things that make them feel happy and healthy, and allow them to look after their own health.

Only a small number of people responded, but the responses indicate that the following things were important;

- Social support and contact with friends and family
- Exercise and 'getting out and about'
- A sense of routine and purpose
- Feeling stable and knowing that will happen next
- Being able to manage long term physical and mental health conditions

Challenges for the City

Many of York's homeless population are in contact with multiple services, departments and organisations. There is some evidence that professionals find it difficult to **access accurate and up to date information** about the support available.	**The challenge for the city is to** ensure that all organisations take practical steps to ensure that there is a high level of awareness of the support and services offered by that organisation and available in York.
There were high levels of **mental ill health** reported by the homeless cohort, and this was supported by the statements from health professions.	**... The challenge for the city is to** ensure adequate mental health treatment and support is available for those with a diagnosable mental illness**.**
Support for people with a **'dual diagnosis**' of mental ill health and a drug or alcohol addiction was perceived as complex to access. The need for dual diagnosis support was frequently discussed by both professionals and the homeless population in this report.	**... The challenge for the city is to** ensure that information on the referral criteria and service pathway is available to professionals working in health and social care organisations across the city.
The homeless cohort reports that they are generally able to access universal health care services in York. However, there is evidence of **frequent health service use** among a small group. This places demand on services, and may indicate unmet need.	**... The challenge for the city is to** engage in evidence based activities to meet the needs of these individuals, including supporting and contributing to the evaluation of pilot projects.
There remains an overlap between the current homeless population in York and	**... The challenge for the city is to** develop a more preventative

people who have been in a range of **institutions**.	approach to identify and address health and housing needs.
Health professionals from across the sector discuss '**disengagement**' as a barrier to accessing services for a small group of people. In particular, this was associated with long term rough sleeping and poor health.	**... The challenge for the city is to** work in a flexible manner to ensure this customer group can access services
Of all the behavioural factors, **smoking** has the biggest impact on health. The majority of the homeless cohort report smoking; and few recall being offered support to stop. Smoking was not widely discussed by professionals.	**... The challenge for the city is to** remain ambitious in offering timely support for people to stop smoking, in particular as people move back into stable accommodation.
A large proportion of respondents reported consuming **alcohol** substantially beyond the recommended upper limit.	**The challenge for the city is to** support people to reduce alcohol intake to reduce the risk of alcohol related health harms.
People reported feeling most well when they had meaningful social contact, engaged in physical exercise, or had a sense of purpose.	**The challenge for the city is to** identify meaningful opportunities for people who are homeless to build their social capital and improve their sense of wellbeing.