

A struggle every day



What we know about healthcare and homelessness, and why the data isn't helping.

**Patient
Experience
Library**

November 2023

Homeless people do not die as a direct result of being homeless, they die of treatable medical conditions.

Brennan, R. 2018. Delivering Healthcare to Homeless People: Lessons from Scandinavia and the USA. Page 6

1. Introduction

“A struggle every day” is how one respondent to a Healthwatch survey on hygiene poverty described her experience of homelessness.

That short phrase no doubt encompasses a multitude of other experiences. Healthcare policymakers and providers need to hear those experiences if they are to improve services for homeless people, in line with NHS England guidance.

This begs a question: where is the evidence on the healthcare experiences of people who are homeless or insecurely housed?

Is it easily accessible, or scattered across multiple websites and hidden behind journal paywalls? Is it comprehensive, or are there gaps? Is new research being steered towards the accumulation of new knowledge, or is there duplication and waste?

To begin answering these questions, we looked through two and a half years' worth of studies and reports. We found extensive duplication – particularly on the question of homeless people's access to health services. And we found areas such as hygiene poverty where the evidence was, to say the least, thin.

We look at the implications for national NHS bodies and for research funders, and suggest ways to get better value and better learning. And if you want to explore the evidence base for yourself, you can skip straight to our [interactive map](#) to see what it looks like.



Experiences of homelessness are both a cause and a result of poor physical and mental health.

Homeless Link and Homeless Health Needs Audit, 2022. The Unhealthy State of Homelessness 2022. Page 8

2. Desperately seeking data

What we know...

We know that homelessness is bad for people's health. So bad, in fact, that "the mean age of death of homeless people is 32 years lower than the general population at 44 years, and even lower for homeless women, at just 42 years".¹

Homelessness is bad for the NHS as well, in the sense that it is a driver of high intensity use of services – particularly in accident and emergency.

Homeless people attend A&E up to 6 times more often than the general population, are 4 times more likely to be admitted and once admitted stay 3 times longer. Each homeless person costs the NHS an average of £4,298 each year.²

The British Red Cross has noted that "By the time people come through the doors of A&E they have often hit rock bottom, and don't know where else to turn. At the same time, A&E staff can feel frustrated and helpless – unable or unsure how to meet the complex combination of mental, physical and non-clinical needs that lead to attendance".³

... and why the data doesn't help.

NHS England recognises homeless people as an "inclusion health group"⁴, and has issued guidance to help health and care staff to take action on homelessness.⁵

The guidance says that health and care professionals should "know and understand the needs of individuals, communities and populations". But it also says that "The scale and nature of homelessness... is difficult to understand. Official homelessness statistics have historically not presented a complete picture".⁶

The British Red Cross agrees: "there is no consistent way of recording homelessness or rough sleeping within current standard NHS datasets, meaning the scale of this issue cannot be accurately predicted".⁷

So healthcare staff are expected to understand the needs of homeless people but the statistics are incomplete. What are they meant to do?

One answer might be to turn to qualitative data on the lived experience of homelessness. But is the qualitative evidence base any better than the stats? We decided to find out.



I am homeless so
struggle every day.
I struggle mostly
with sanitary
products.

Healthwatch Barnsley, 2023. Hygiene Poverty Report on
Barnsley Residents across the Borough. Page 18.

3. What we found

The numbers

We ran a series of searches in the Patient Experience Library⁸ which acts as the national evidence base for patient experience and involvement. To make the task manageable, we limited the time frame for the search – starting from January 2021 and running through to May 2023.

Within that 29 month period, we found 94 reports touching on the healthcare experiences of homeless and insecurely housed people.

The biggest single source of the literature was the local Healthwatch network, which had produced over a third of the total (37%). The biggest combined source was a mix of health charities, housing charities and policy think tanks, which between them produced nearly half the total (47%).

Saturation

We looked at the main topics covered by the reports. Many reports covered more than one aspect of people's experiences, so we found 164 topics in all.

By far the biggest topic was "Access", accounting for half of all the topics covered (50.6%). This is perhaps unsurprising, given the long history of homeless people's exclusion from services, and their known difficulties in getting registered with a GP.

But since NHS England already recognises homeless people as an inclusion health group, it is worth asking why researchers are spending time and money documenting well-known problems with access. This is an area where we clearly "know what we know", so why add more reports to a part of the evidence base that is already saturated?



Gaps

Our analysis also reveals gaps in the evidence base.

We found just two reports covering experience of food insecurity, and one on hygiene poverty. These are fundamental determinants of health in the homeless population. So it is puzzling to see so little exploration of how people experience them.

Similarly, we found only three reports on experiences of hospital discharge. This is surprising, given recent audit data showing one quarter of respondents discharged onto the street and a further 21% discharged into accommodation which was not suitable for their needs.⁹ Should we be hearing more from people who have experienced the revolving door of hospital and street?

A more extensive mapping exercise would certainly generate more insight into the state of the evidence base. But even from our relatively limited study, it is clear that the evidence is patchy. Official statistics are incomplete, and so is the qualitative evidence.

4. Implications

For this evidence mapping exercise, our searches were exclusively within the Patient Experience Library¹⁰. The Library only collects open access literature, so it is possible that further evidence lies behind paywalls put up by journals and other research databases. Even so, there are useful learning points:

1. A unique archive on the healthcare experiences of homeless people is now freely available.

Researchers, policymakers and campaigners: Use our open access [evidence map](#) to see to see how we have visualised the evidence base.

2. The guidance is inadequate.

NHS England's position is contradictory. It says that that health and care professionals should "know and understand the needs of individuals, communities and populations",¹¹ but then admits that "The scale and nature of homelessness... is difficult to understand."¹²

NHS England: Work with us to continue the task of cataloguing evidence on the healthcare experiences of homeless people so that healthcare professionals have a better chance of being able to follow the guidance.

3. We now have the basis for a more strategic and systematic approach to developing the evidence base.

It is clear that we have a patchy evidence base on the healthcare experiences of people who are homeless and insecurely housed. With our evidence mapping approach, we can show where the areas of saturation and the gaps are.

National Institute for Health and Care Research and NHS England Health Inequalities Team: Use our findings as a basis for steering further research away from duplication and towards gap-filling.

Finally...

This report is part of a wider evidence mapping project for patient experience and engagement.

While medical research has rigorous prioritisation processes, evidence gathering on patient experience is, essentially, a free-for-all. One consequence is extensive duplication and waste. Another is big gaps in the evidence base. These are very often in relation to so-called “hard to reach” communities – the very people whose voices really need to be heard.

With funding from the Health Foundation’s Q Community, we have undertaken the first ever exercise in mapping key areas of the evidence base on patient experience. Our results are being disseminated via a series of reports like this one, and through a set of interactive online evidence maps.

We are laying the foundations for better research prioritisation in patient experience – to steer time and money more effectively, and to help the NHS ensure that its promises of patient-centred care are soundly evidence-based.

Our evidence maps can help research funders to see how to get better value for money, help researchers to see how to avoid time-wasting and duplication, and help patient advocates to see who is – and is not – getting heard in patient experience evidence-gathering.

For more on the project, visit the [evidence maps page](#) on our website. And if you want to partner with us to produce more maps, please get in touch: info@patientlibrary.net

Acknowledgements

We would like to thank:

Dr Sebastian Stevens and [Apollo Health Innovations](#) for research assistance.

The Health Foundation's [Q Community](#) for funding via the Q Exchange programme.

Q Community members for backing this project, and supporting our vision.

Endnotes

- 1 <https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health>
- 2 Brennan, R. 2018. Delivering Healthcare to Homeless People: Lessons from Scandinavia and the USA. Page 6
- 3 British Red Cross, 2021. Nowhere else to turn. Exploring high intensity use of Accident and Emergency services. Page 2.
- 4 <https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health>
- 5 <https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health>
- 6 <https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health>
- 7 British Red Cross, 2021. Nowhere else to turn. Exploring high intensity use of Accident and Emergency services. Page 17.
- 8 www.patientlibrary.net
- 9 Homeless Link and Homeless Health Needs Audit, 2022. The Unhealthy State of Homelessness 2022. Page 54
- 10 www.patientlibrary.net
- 11 <https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health>
- 12 <https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health>

www.patientlibrary.net

The title and content of this publication © Glenstall IT, November 2023

The Patient Experience Library is provided by Glenstall IT, 28 Glenstall Road, Ballymoney BT53 7QN

IMAGES cover: Downtowngal/wikimedia. p2: blodeuwedd/flickr.p4: Edward Bullitis. p6: Periodpoverty.uk. p8: sedition8/reddit

