

Meeting the Requirements of Equality Legislation

A Fairer NHS Greater Glasgow & Clyde 2013 – 2016

Briefing Paper:
Homelessness

June 2013

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Demographics / Health needs

A person doesn't need to be sleeping rough to be considered homeless – the legal definition of homelessness is much broader, stating that anyone who does not have a safe or permanent home may be homeless. For example, a person may be homeless if they are forced to leave their home due to domestic abuse or harassment from their neighbours, if they have no rights to stay in their current accommodation, or if their home is seriously overcrowded.

Between July and September 2012 there were 10,269 applications for homelessness assistance across Scotland, down from 11,604 on the same period the previous year, a 13% decline in numbers. These were the lowest levels for more than a decade.

Statistics for Glasgow city suggest that approximately 4,000 people are likely to be at some stage of homelessness at any given time. Again, there are indications that this number has been falling slightly in the past few years. A third of homeless people are under 25 and two thirds under 35 years old. Two thirds of homeless council presentations are male and a third female.

The commonest reasons given for homelessness are that parents or friends were no longer going to accommodate the person, separation from a partner, leaving a hostel, leaving prison or lodging house with no other accommodation¹.

The health needs of homeless people are recognised by the Scottish Government, local authorities and by a wide range of support organisations as a vital part of health policy and a target for reducing health inequalities. The White Paper, *Our National Health: a plan for action, a plan for change* (Scottish Executive, 2000), highlighted the need to improve the health of homeless people.

The current legislative framework for homelessness is set out in the Housing (Scotland) Act 2001 and the Homelessness (Scotland) Act 2003. All local authorities have a duty to make sure that advice on homelessness and other support services to ensure prevention of homelessness are provided to anyone that needs it. Across Scotland, councils, the NHS and various voluntary sector organisations work in partnership to provide a range of support services that meet the health and social care needs of homeless people.

“The social exclusion of homeless people contributes to their poor health” (quote from Crisis, Media brief: Critical condition: Homeless people's access to GPs, 2002). Poor health is not only a consequence of homelessness but can also be a major contributing factor to someone becoming homeless.

More generally there is a greater risk of ill health and of premature death amongst the homeless population than amongst the population at large. Premature mortality is higher among homeless populations than housed people. Many homeless people present to health services with multiple illnesses including drug or alcohol dependence, mental health and physical problems. Homelessness is not considered as a protected characteristic under the Equality Act 2010. However, homeless people will still be protected within other protected characteristics. Discrimination, prejudice and the unequal structure in society may also cause homelessness, for example gender-based violence.

Patient experience

Research carried out by NHS Greater Glasgow in 1997 together with further research carried out by Glasgow Homelessness Network highlights that there are continuing key factors in homeless people's experiences of general healthcare services.

Although many homeless people may have access to a GP, not all will go to a GP when they have a health problem. One of the main reasons for this is the perception of social stigma. Many homeless people report that they find staff to be judgmental and often make assumptions about their background or lifestyles. The chaotic lifestyles of some clients, particularly those sleeping rough, can make it difficult for homeless people to keep appointment times. The relative inflexibility of health services such as specified appointment times or requiring an address to register with a GP practice, or the lack of awareness about the specific needs those homeless clients may also contribute to homeless people feeling that they do not receive a satisfactory service from health professionals.

Feedback from service users strongly indicates that flexibility in health services for homeless people and improved awareness amongst staff regarding the health needs of homeless people result in higher levels of satisfaction.

Experience of discrimination

Homeless people can feel that there is a stigma attached to being homeless. Glasgow Homeless Network has reported that staff attitudes are the single largest deterrent to homeless people taking up services, with 54% quoting this as the reason they did not go to a GP or hospital.

Resources to help

Resources on homelessness are available on the Equalities in Health website –

http://www.equalitiesinhealth.org/public_html/homelesspeople.html

Training available in house

NHS staff can access an E-learning module on homelessness on StaffNet –

<http://www.staffnet.ggc.scot.nhs.uk/Human%20Resources/Learning%20and%20Education/E-Learning/Pages/E-Learning%20Homepage.aspx>

Involvement

NHS Greater Glasgow and Clyde is developing a Health Equalities Network - a network of voluntary and support organisations working with the different protected characteristics and other population groups. Services that work with homeless people will be included as part of this network.

Activity to address discrimination

- All health staff should have an awareness of the range of issues that can affect homelessness and of their potential health needs, including how health services can be more accommodating in terms of making services more accessible and user-friendly.
- When speaking to or dealing with a person who is homeless, staff should be as open and receptive as they would be with any other service user.
- Staff should not make assumptions about a homeless person's health needs or their lifestyle. Remember that there are wide ranges of contributing factors that can lead to a person becoming homeless; many of these factors are outwith the control of the individual or are related to underlying issues such as gender-based violence.
- Because of the diversity of the homeless population, responses to the health and the related requirements of homeless people need to be tailored to individual needs. Some people may benefit from specialist services, whilst most will simply require equitable access to mainstream services.
- It is important to remember the reasons for homelessness will vary across different geographical areas. Health services, together with social work, housing services and relevant support organisations will need to understand the profile of the local homeless population in order to appropriately address their health needs.
- Welfare reform is likely to increase homelessness as people find it harder to meet their housing costs. More information on welfare reform can be found on the Equalities in Health website –

http://www.equalitiesinhealth.org/public_html/WelfareReform.html

References

1. Strategy for the Prevention and Alleviation of Homelessness in Glasgow, 2006, Glasgow City Council

Briefing Papers – A Fairer NHS Greater Glasgow and Clyde

1. Age
2. Asylum Seekers and Refugees
3. Bowel Screening
4. Gender Reassignment and Transgender
5. Homelessness
6. Inequalities Sensitive Practice
7. Learning Disability
8. Prisoners
9. Roma and Gypsy Travellers
10. Sensory Impairment
11. Sexual Orientation