

Supporting people experiencing
homelessness and rough sleeping:
*Emergency Department pathway, checklist
and toolkit*

November 2022

Version 1.1

Summary

This toolkit has been developed for Emergency Departments (EDs) to enable them to best support people who are either at risk of or experiencing homelessness and rough sleeping (HRS) who attend ED.

This has been developed through engagement with a wide range of stakeholders through roundtable sessions and a focused task and finish group, including but not limited to, Charity and Voluntary Sectors, Ambulance Services, Emergency Departments, Office for Health Improvement and Disparities, and GIRFT in order to learn from the best practice which already exists across the NHS and voluntary sector.

This toolkit contains:

Section	Slide No.
Context	3
Guidance on implementation	4
Pathway	5
Checklist	6
Top tips - language	7 – 8
eLearning	9 - 10
Mental Health support for Rough Sleepers	11
Case studies, best practice and evidence	12 – 14
Literature Bibliography	15 – 17

We will continue to iterate and develop this toolkit as evidence and best practice develops and based on clinical advice. To facilitate peer to peer learning we would encourage organisations to use the FutureNHS page to share their work and the results.

If any further information is required relating to this work please contact england.admin-uec@nhs.net

Context

- [The Urgent and Emergency Care 10 Point Recovery Plan](#) committed to reviewing and suggesting improvements to pathways for people who are homeless and rough sleeping (or at risk of).
- The work is linked to [Core20PLUS5](#), an improvement approach to drive specific action to support the reduction of health inequalities at both national and system level. People experiencing homelessness are more likely to be systematically socially excluded, typically experience multiple overlapping risk factors for poor health, experience stigma and discrimination, and are not consistently accounted for in electronic records.
- People experiencing homelessness and rough sleeping (HRS) have **disproportionately poor health outcomes**, and often a poor experience of healthcare, including Emergency Departments (ED). We know that they are often also high users of Urgent and Emergency Care Services (UEC) for a variety of reasons – even where an alternative care setting would have been better suited to their care needs.
- Taking a targeted approach to supporting these individuals is an important part of **improving health outcomes** locally and in turn helping to **reduce avoidable ED attendances** over time.
- ED services, and the people who work within them, are under immense pressure. The pathway and checklist therefore set out the **‘basics’** via a number of simple steps which ED teams could put in place to make a difference to the experience and outcomes of patients experiencing HRS.
- Services can **‘localise’ the documents** to address local population needs, as well as variation for individual care needs which will range from low risk to the very highly complex. Standalone versions of the pathway, checklist and help sheets can be found on FutureNHS.

Homelessness and health inequalities

- People experiencing homelessness and rough sleeping have a greatly reduced life expectancy (44 years for men vs. national average of 79.4 and 42 years for women vs. national average of 83.1).
- This is underpinned by poor health outcomes - 73 per cent of people experiencing homelessness suffer from a physical health problem and 80 per cent from a mental health problem ([Homeless 2014](#)).
- Homeless people are significantly less likely to be registered with a GP meaning preventable healthcare needs are not treated in a timely fashion, making ED attendance more likely ([British Red Cross 2021](#)).
- [Pathway](#) report that homeless people attend EDs six times as often as housed people and are admitted to hospital four times as often and stay twice as long.
- As noted within the [RCEM 2020](#) report, homeless patients are 60 times more likely to attend ED than general population and chronic homelessness is an associated marker for tri-morbidity, complex health needs and premature death. Tri-morbidity is the combination of physical ill health needs with mental health needs and drug and alcohol misuse.

Guidance on implementation

- The pathway is devised to ensure all ED settings can provide a consistent, patient-centered, and high-quality service to people experiencing or at risk of homelessness and rough sleeping.
- The pathway and checklist cover **ED attendance through to admission or discharge**; while it is out of scope it is vital that an approach to supporting people experiencing HRS is taken across providers and systems e.g., considering medication accessibility and primary care access.
- Both items are supported by the toolkit to enable all departments to identify potential training needs for staff, provide a consistent service which allows for improved care for people but also ensures the legal duty to refer is completed; alongside best practice such as enabling GP registration and increasing access to follow-up care and clinics when appropriate.
- Introducing the pathway and checklist cannot occur in isolation but must occur alongside wider efforts to create an environment where **every patient is treated with dignity and respect**, upholding NHS values and duties under the NHS constitution.

Homelessness Lead

As part of implementation of the pathway, trusts should consider the appointment of a member of staff as the **Homelessness Lead** to enable the processes to be completed in an efficient manner. This model is based on the best practice example from Gloucester (see slides 13/14).

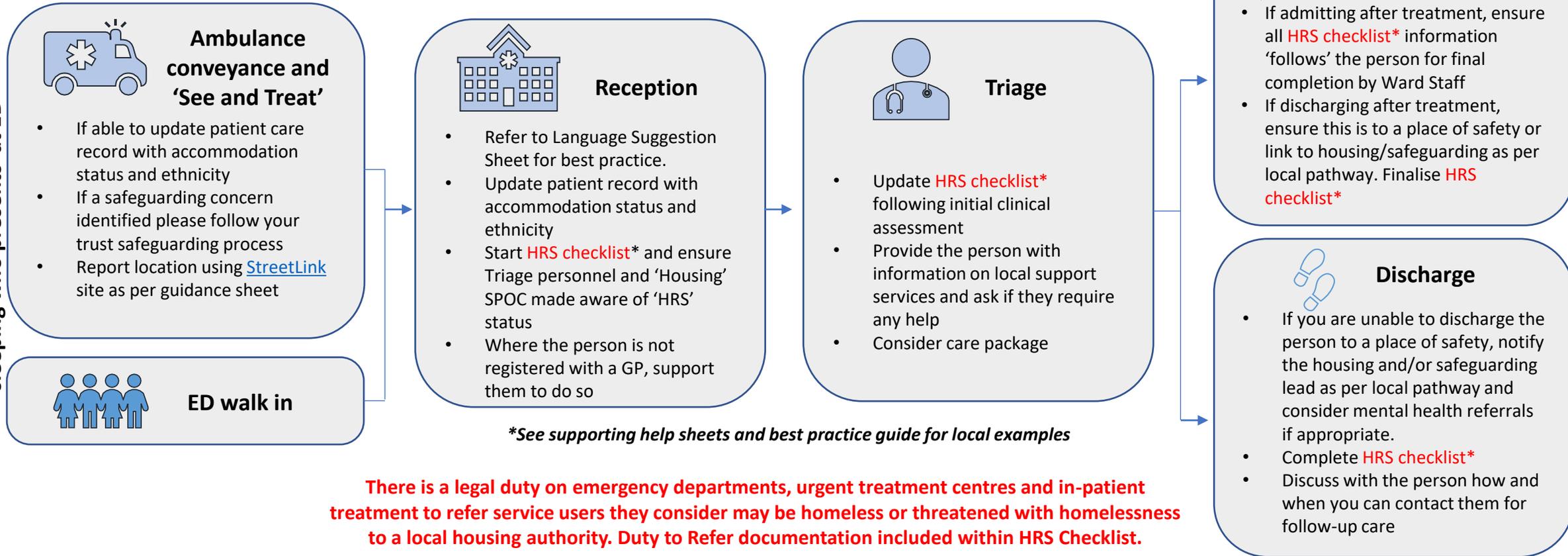
- The Homelessness Lead will **take ownership of the checklist and champion the improvement of every HRS individual's experience of health care provision**. They can be clinical or non-clinical but need to be able to liaise with local housing services, other supporting community services, local primary care networks and the clinical teams in the acute settings in order to ensure the best care is provided for everyone who needs it (including a trauma-informed care approach).

Toolkit

- We would encourage providers to consider the case studies provided in this toolkit for examples of where they could go further to support people experiencing HRS. This includes:
 - Advice for using language to improve experience and outcomes
 - Training opportunities for staff
 - Case studies and research from the NHS and voluntary sector

Supporting people who are at risk of or who are experiencing homelessness or rough sleeping (HRS): high level ED pathway from attendance to discharge

Concern that a Person is or is at risk of experiencing homelessness or rough sleeping who presents at ED



- ✓ Consider appointing a/several **Homelessness Leads** within the ED (either clinical or non-clinical) to engage with local housing contacts and create good working relationships.
- ✓ Remember that many people who are at risk of or are experiencing homelessness may have been exposed to trauma
- ✓ Consider the **language** you use at all stages in the pathway.
- ✓ Consider accessing **further training** to support professionals at each stage of the pathway to improve outcomes for HRS patients

Communicating accurately

Using the right language is an important part of getting the best health outcomes for people experiencing/at risk of homelessness and rough sleeping.

- Ensure you approach the conversation with empathy and consideration, as you normally would. Many people experiencing HRS have a lower-than-average reading age (on average circa 6-8 years old) –adjust your language accordingly where appropriate.
- Questions about a person’s information/data—if asked in the wrong way—can cause the individual to not ask for help and to leave without care.
- Remember that **people who have slept rough are nearly twice as likely as UK adult general population to have a speech, language and communication issue** (there is a high likelihood if someone has low reading and writing ability that spoken language is also not fully understood) so you will need to adjust your language and be open-minded about the possible issues. Visual support aids can assist with this as just asking questions more slowly may not fully address the problem.
- It should be noted that studies do show that clinicians in UEC settings don’t allow legal status to stop a person obtaining emergency care; but have expressed legal, ethical and personal conflicts relating to informing authorities regarding a patient’s status.

Example language for core questions

Questions Asked	Possible Language
Ask name and address details	Ask as two separate questions: What is your name? What is your address?
Have they been referred/transferred to UEC from e.g. 111, GP	Did a doctor tell you to come here? Did someone else tell you to come here?
Arrival method – Ambulance, Walk-in	No change
Reason for Visit	You've said XXX (refer back to the question already asked 'What help do you need') Are there any other problems?
Is it due to an injury	Are you injured or do you feel unwell?
Incident date and time	Today is X... did this happen today?
Accommodation Status	Where did you sleep last night? Is it safe? Can you stay there?
GP details	Do you have a GP/doctor? We can help you get one.
Next of kin/contact	Who do we contact in an emergency? What is their number?

Training to support UEC Staff

Training provided as an example, and actual content of training is determined by individual providers

All Our Health - Homelessness

A resource provided by elfH (Quick Link 530-0107, registration required to access) which helps healthcare professionals prevent ill health.

Front-line health professional

Front-line health and care professionals can have an impact on an individual level by:

Building trust with patients.

Checking homeless patients are registered with a GP and receive primary health care, vaccinations and screening programmes, and helping them to register when they are not.

Contributing:

- To and providing holistic health assessments for people at high risk of, or experiencing homelessness
- To the assessment of children in need and their families

Enquiring about the household's housing



What Can I Do To Help?

There are a number of key things you can do as a front-line health and care professional, team leader/manager or a senior/strategic leader. To find out more, select your role below.

Select the icons to find our more.

- Front-line health professional
- Team leader/manager
- Senior strategic leader

What is The Legal Definition of Homelessness?

The legal definition of homelessness is that a household has no home in the UK or anywhere else in the world available and reasonable to occupy (Housing Act 1996).

Homelessness does not just refer to people who are sleeping rough, and is not just a problem found in high-value housing markets such as London and the South East.



Duty to Refer

Other public authorities to whom the duty to refer applies includes prisons, probation and Jobcentre Plus. The aim of the new duty is to help people who come into contact with a range of public services get access to homelessness services as soon as possible so their homelessness can be prevented from reaching crisis.



eLearning to support UEC staff

Training provided as an example, and actual content of training is determined by individual providers

[Open Learn – Homelessness and Need](#)

- Module provided by Open Learn part of the Open University to provide understanding as to how some of the needs of homeless people can be met.

[Duty to Refer for Frontline NHS staff](#) (Quick Link 755-01_02)

- Module provided by elfH (registration required to access) setting out the duty to refer for frontline NHS staff in the emergency department, urgent treatment centres and hospital in-patient treatment wards. It provides information on the legal duty to identify people who are homeless or threatened with homelessness and work towards finding opportunities for a referral to a local housing authority.

[Pathway modules](#)

- 3 modules developed by Pathway on homeless health for emergency medicine staff and ward teams.

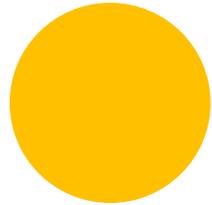
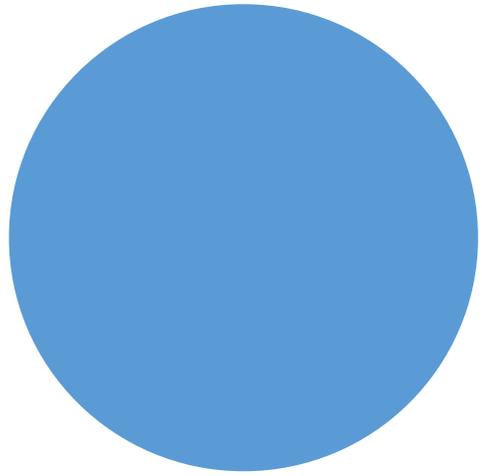
Mental Health Support for Rough Sleepers

The NHS Long Term Plan committed to investing up to £30 million over 5 years to meet the health needs of rough sleepers to ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.

The ambition was for new specialist mental health provision for rough sleepers to be established in 20 high-need areas by 2023/24. We have met and exceeded this ambition in 2021/22 having established 23 sites, as detailed below.

When completing the checklist and at the point of discharge if a mental health referral or need has been identified please ensure this is considered and completed via local pathways (which will include referral mechanisms to the sites detailed below).

Phase 1 (2019/20)	Phase 2 (2020/21)	Phase 3 (2021/22)
Birmingham	Newham	Dorset
Brighton	Liverpool	Reading
Haringey	Southampton	Oxford
Luton	Portsmouth	Leeds
Hull	Bristol	Blackpool
Lincoln		Nottingham
Lambeth		Stoke-on-Trent
		NW London
		Redbridge
		Milton Keynes
		Southend



Case Studies, Best Practice and Evidence Guide





Introducing a Homelessness Lead/single point of contact at Gloucestershire Hospitals

Context and background

- Hospital admissions relating to homeless people are increasing.
 - Many homeless people sleeping rough have complex needs and struggle to access health and social care services until they are acutely unwell.
 - The average age of death in the UK in 2018 for homeless people was 45 for males and 43 for females. Around a third of homeless deaths are the results of treatable medical conditions.
 - Homeless people are likely to attend ED 6 times more frequently than the housed population and stayed in hospital 3 times as long.
- Housing is a social determinant of health and homeless people face extreme health inequalities.
- As set out in the Long-Term Plan, Gloucestershire identified the need for a trauma informed care approach: “People who are homeless are more likely to have experienced trauma than the general population, and homeless people with the highest support needs are also the most likely to have experienced multiple Adverse Childhood Experiences (ACE’s). ACEs are associated with higher risks of a range of poor health outcomes. It is important to consider how services across the health system respond to people who have experience trauma”
- **In Gloucester increasing numbers of homeless people were attending the Emergency Department and procedures for duty to refer and links to local housing officers were identified as an area for improvement.**

What did they do? Actions taken

1. Implemented a Homelessness Lead/Single Point of Contact for Homeless Patients who attend ED
2. Brought together the right multi-agency input to ensure proactive and holistic support including a housing officer for inpatients and a P3 hospital navigator for those who can be discharged from ED.
3. Implemented a Homeless Checklist, including Duty to Refer (see information link for example)
4. Homelessness Lead works alongside the Safeguarding lead, High Intensity User Specialist Nurse and Housing Officer on every homeless patient.
5. Specialist Homelessness Nurse completes an 'induction' training session with ED staff on homeless patient presentation
6. Every attendance at hospital is seen as an opportunity to engage and support

What were the results

1. 24/7 access into emergency accommodation has been enabled via an emergency duty team
2. LOS has increased but re-attendances and re-admissions have reduced by working to ensure support safe discharge
3. All patients admitted or discharged have both holistic assessments completed and a safeguarding review.

“Emergency department attendances are a vital opportunity to identify homelessness and implement support. But, the process and procedure must be simple and appropriate to fit the demands of an often time and resource limited emergency department. I’m always happy to be contacted for advice and support.”

Shona Duffy, Homeless Specialist Nurse, Safeguarding Team, Gloucestershire Hospitals NHS Foundation Trust
Contact Details: Shona.duffy@nhs.net

Information Links:

-  Homeless Patient Guideline - V5 (003).pdf
-  Homeless patient checklist - June 2020.pdf
-  F1F2 ED training presentation.pdf

Literature Bibliography

Title	Source
Out of hospital care models (2021)	Clinical Improvement: FutureNHS
Supporting those without recourse to public funds (8-July-2020)	Clinical Improvement: FutureNHS
Shilpa's story – High Flow – a One Northern Devon support programme [YouTube video] (2-November 2020)	Clinical Improvement: FutureNHS
Making vaccines accessible to the homelessness community (27-July-2021)	Clinical Improvement: FutureNHS Case Studies
Bespoke vaccination van (23-August-2021)	Clinical Improvement: FutureNHS Case Studies
NHS Fife & Shelter Scotland approach to supporting homeless patients attending hospital (May-2021)	Clinical Improvement: Healthcare Improvement Scotland
Manchester: how a vaccine tracker and outreach work is helping follow-up with those who decline the vaccine first time round (7-April-2021)	Clinical Improvement: Local Government Association (LGA)
Wiltshire Council: promoting vaccination among traveller and houseboat communities (7-April-2021)	Clinical Improvement: Local Government Association (LGA)
Somerset County Council: running outreach clinics for the homeless (1-April-2021)	Clinical Improvement: Local Government Association (LGA)
Portsmouth City Council: taking vaccines out to the homeless (12-March-2021)	Clinical Improvement: Local Government Association (LGA)
GPs in Haringey join forces with health and care services to support local homeless population (8-June-2021)	Clinical Improvement: NHS England – Publications
Project CARE: supporting people with a positive diagnosis of COVID-19 and reaching out to those in vulnerable groups (1-March-2021)	Clinical Improvement: NICE Shared Learning

Literature Bibliography

North West London homeless health partnership and groundswell rolling out of COVID-19 vaccine (17-May-2021)	Clinical Improvement: Queen's Nursing Institute
Our COVID-19 vaccination campaign: St Werburgh's Medical Practice for the Homeless, Chester (5-May-2021)	Clinical Improvement: Queen's Nursing Institute
Vaccinating people experiencing homelessness – Salford primary care together (14-April-2021)	Clinical Improvement: Queen's Nursing Institute
Identification and vaccination of people experiencing homelessness in Winchester (17-March-2021)	Clinical Improvement: Queen's Nursing Institute
COVID-19 vaccination in Liverpool (1-February-2021)	Clinical Improvement: Queen's Nursing Institute
Vaccination for people experiencing homelessness in Brighton (5-March-2021) Update (7-June-2021)	Clinical Improvement: Queen's Nursing Institute / The Strategy Unit
Find and Treat: taking health care on to the streets of London (4-June-2021)	Clinical Improvement: The King's Fund
A two-day campaign to vaccinate the homeless in Liverpool (7-June-2021)	Clinical Improvement: The Strategy Unit
Gloucestershire Hospitals: Homeless Patients – ED induction, F1 & F2 Training	Gloucestershire Hospitals
Gloucestershire Hospitals: Homeless Person Checklist	Gloucestershire Hospitals
Gloucestershire Hospitals: Homeless Patient Guidelines [V5]	Gloucestershire Hospitals
Groundswell: Out of Homelessness – What is HHPA?	Groundswell
Groundswell: Out of Homelessness – HHPA: Saving Lives, Saving Money	Groundswell

Literature Bibliography

Groundswell: Out of Homelessness – Saving Lives, Saving Money: How Homeless Health Peer Advocacy Reduced Health Inequalities [2016]	Groundswell
Hackney Needs Assessment: Needs assessment for patients who are homeless	Hackney Pathway Healthcare for Homeless People
Faculty Homelessness for Commissioners and Service Providers	Pathway Charity
Joint Statement – The impact of COVID-19 on people experiencing homelessness	St Mungo’s
RCEM: Inclusion Health Audit	The Royal College of Emergency Medicine
RCEM: Audit Information Sheet	The Royal College of Emergency Medicine
RCEM: Homelessness and Emergency Departments Briefing	The Royal College of Emergency Medicine
UCLH: Support for Patients who are Homeless	University College London Hospitals (UCLH)
Caring for People Experiencing Homelessness: A WMAS Guide	West Midlands Ambulance Service