Health promotion with homeless people: **an overview and examples of practice**

The Queen's *Nursing Institute*

Contents

3 Why do homeless people need health promotion even more than the general population?

4 Access to health care

9 Choosing Health: Relating national health promotion to homeless people's needs

11 Conclusion

11 Useful links on health promotion and homelessness

12 References

Introduction

The whole community needs health promotion to help them make healthier choices – but because homeless people frequently have complex physical and mental health needs, their need for health promotion is even greater. In spite of this, generic methods cannot always be relied upon to meet their needs.

This briefing aims to demonstrate the difficulties homeless people have in accessing health promotion, and outline some useful strategies which can support the development of health promotion for this group. Nurses working with homeless people will frequently wish to address their specific needs for health promotion in order to support them in improving their own health.

Whilst in theory homeless people have the same rights to health services and health promotion as the rest of the population, in practice, health promotion targeted at the general population may not always be suitable or accessible for this group of people, thus disadvantaging them still further.

It gives practical examples of how nurses have adapted their health promotion strategies to meet the needs of this client group. The QNI Homeless Health Initiative (HHI) offers support and practical examples such as these to help nurses develop health promotion strategies and practice for homeless people.

Why do homeless people need health promotion even more than the general population?

Mental health: cause and effect of homelessness

Mental health problems are a leading cause of homelessness – in 1/3 of cases, losing a home is associated with mental health problems.[1] Homelessness can create mental health problems for the first time and exacerbate those which already exist. Mental health problems were 8 times as high among hostel and B&B residents and 11 times as high among people sleeping rough compared to the general population.[2] People who sleep rough are 35 times more likely to commit suicide.[3] Many have multiple needs – for example mental health and substance misuse issues. These complexities require appropriate health care.

Homeless children are up to 4 times more likely to experience mental health problems. They also have six times as many speech and stammering problems compared with non-homeless children.[4] Homeless parents also have a high proportion of mental health issues. For example, one report stated that 'homeless mothers had a 49% prevalence rate of psychopathology and an 11% rate of contact with mental health services in the previous year, compared with the corresponding rates for children of 30% (need) and 3% (contact) with child and adolescent mental health services (CAMHS).'[5]

Physical health issues

The average life expectancy for rough sleepers is 42.[6] Health problems can severely affect homeless people's quality of life and limit their ability to access routes out of homelessness. People sleeping rough have a rate of physical health problems that is two or three times greater than in the general population.[7]

Homeless people experience significantly higher rates of health problems including respiratory disorders, skin and dental problems, musculoskeletal problems, and sexually transmitted diseases. "The rate of tuberculosis among rough sleepers and hostel residents is 200 times that of the known rate among the general population."[8]

In the Bines study,[9] compared to the general population, homeless people suffered chronic chest/breathing problems & frequent headaches 2 times higher among people in hostels and B&Bs and 3 times higher among people sleeping rough. Many had multiple health problems. The more health problems they reported, the more likely they were to need support in accommodation.

In terms of homeless families, their needs are also complex: "The children are more likely to have a history of low birthweight, anaemia, dental decay and delayed immunisations, to be of lower stature and have a greater degree of nutritional stress. They are also more likely to suffer accidents, injuries and burns. A substantial proportion of homeless children have delayed development compared with the general population of children of a similar chronological age."[10]

Substance misuse issues

Substance misuse rates tend to be higher amongst homeless people and dual diagnosis (both mental health and substance misuse together) is also more common.

Guidance on assessing homeless people's health needs

QNI guidance on assessing single homeless people's health needs is available at: http://tiny.cc/6mr5b

Access to health care

In spite of the severity of their health problems, homeless people frequently experience great difficulties in accessing health care. They are 40 times more likely to not be registered with a G.P. – yet 4 times more likely to use Accident and Emergency – than the general population.[11] Difficulties with access include: significant administrative barriers to GP registration, need for flexibility and accessible opening hours such as drop in or same day appointment and need for outreach to ensure that homeless people access services.

In some areas, there are specialist health services to address these issues, but existence of these is patchy and services overall vary greatly from area to area, with some friendly or helpful GPs or other health practitioners in some areas, but lacking in others.

Reasons why generalist health promotion can be unsuitable or inaccessible for homeless people include:

- Lack of access to media used by the general population e.g. television, newspapers, internet
- Literacy and/or language barriers when they do have access to the above media
- Common health promotion messages may not seem appropriate or sensitive to the challenging life issues that homeless people have to deal with e.g. advice to eat five fruit and vegetables a day may not seem viable to a person who has no access to a cooker or fridge, no cupboard to store food, and a low income. (Even homeless people living in hostels often may not have access to a kitchen.)
- Homeless people often have specific health needs which are not addressed by generalised health promotion which includes, for example, higher risks of:
  - mental health problems including higher risk of suicide
  - substance misuse problems including risk of overdose
  - risk of blood borne viruses partly due to the above
  - often being underweight rather than overweight
  - higher rates of smoking which may not be addressed or addressed as the last item on the list
  - TB and other respiratory problems
  - foot problems caused by walking long distances and frequently not removing shoes and socks for extended periods
  - experiences of loss, abuse and trauma (e.g. homeless women may have encountered domestic violence and/or sexual abuse)
- Simply giving health information to this client group may not always be enough, due to the barriers mentioned above – but presenting or encouraging opportunities to implement healthy choices is vital to successful health promotion. For example, offering a healthy cooking session offers useful information and helps develop practical skills in healthy cooking – and also offers a healthy food choice at the session itself.
- Low self esteem and low expectations can cause a barrier to engagement – practitioners may need to give extra encouragement in order to overcome this.

Homeless people often have diverse complex needs – for example the needs of single homeless people (without children) can be very different to those of homeless families. The needs of single homeless women can differ again from women who have children with them, and from those of single homeless men. A strategy aimed at one sub group of homeless people will not necessarily address the needs of others. Thought needs to be given to sub groups of homeless people who may be even more excluded, for example, single homeless women may find it difficult to attend predominantly male sessions. This could include providing specialist sessions to ensure that their needs are met.

Methods of overcoming these barriers

Nurses working with homeless people, and other agencies, have used a number of methods to overcome the barriers and deliver health promotion opportunities to homeless people. Examples are listed below:

Outreach: frequently the first step needed to overcome the barriers

This first step is often needed before health promotion can be carried out at all with this group – outreach to venues which homeless people use such as day centres, hostels, shelters, refuges, needle exchanges, clinics for homeless people and many more venues. This is one of the most important means of ensuring homeless people have access to health promotion.

If nurses and other professionals carrying out health promotion use such venues it may enable homeless people to access health promotion opportunities for the first time.

Health promotion through talks and group work – mainly based on HHI member Roger Nuttall from Hastings' examples:

Examples of topics which could be covered at group work sessions include:

- Women's Health (common women's cancers, women's sexual health,
- Men's Health (common men's cancers, men's sexual health, heart disease, etc)
- Sexual Health
- Healthy Eating & Exercise
- Alcohol
- Hepatitis & HIV
- Q&A session (where people ask whatever they want about anything health-related)
- Dental care
- Swine Flu
- Overdose prevention, and first aid in cases of suspected overdose
- Mental well being
- Harm reduction with drug users

Useful hints and tips for carrying out health promotion in talks and group work with homeless people include:

- Ensuring that the proposed sessions are relevant to your local population means finding out in advance which the preferred topics would be – for example, giving questionnaires to people to ask what topics they'd be interested in, and asking hostel or day centre staff to go through the questionnaire with people, so choices of topics are guided by the residents' answers. As new homeless people arrive, relevant topics may change, so this process needs to be cyclical.
- A key factor in gaining attendees is building rapport / relationship with them at other times. If they know and respect you, they're more likely to be interested in coming and hearing you. They may also gain information about you and your service/colleagues from peers.
- Distributing posters and flyers – try to make these as eye-catching as possible. Humour and a light hearted approach – where sensitively used- can be helpful and help avoid any sense of stigma or perhaps alleviate any concerns about being preached to.
- However, posters on walls may be missed as there are many calls on people's attention. Sometimes small A5 flyers placed on tables where people sit, or given individually by staff to clients and residents, work better at catching attention.
- Providing refreshments such as lunch, snacks, or drinks and specifying this on the posters and flyers can be a very useful incentive especially for a group with low incomes.
- It can frequently happen that despite advertising, people may not realise that the session is taking place. You may also

need to ask people on the day if they are interested in attending – attendance can often be a last-minute decision, and given the complex and sometimes chaotic circumstances which people have, it may be easier to commit to this on the day.

Roger also adds:

- 'It can help to make sessions informal and discussion-based, encouraging interaction and questions. Usually there are freebies and visual aids. E.g. at the sexual health session, we use a condom demonstrator model, which raises a few laughs and breaks the ice, and give out condoms. At the Healthy Eating session we bring some healthy snacks that people probably haven't tried before. Some sessions involve technology such as PowerPoint, some don't.'

Providing individual health promotion:
Individual health promotion can take place via individual discussions with clients where health promotion needs are identified and can then be followed up.

This can be helpful with certain service users who may be unlikely to engage in group sessions. It can be helpful especially with sensitive subjects such as mental health – sensitive subjects can be addressed (sensitively) in a group setting, but it is also worth being aware of those patients who are particularly vulnerable and may need one to one support in order that they can access health promotion opportunities – these clients may often need health promotion most of all.

Roger Nuttall's example of individual health promotion follows below:
'We offer basic individual health assessments, involving checks of blood pressure, pulse, height, weight, body mass index, blood glucose (random), assessment of diet, exercise, smoking etc. We take a medical history, record of meds, mental health, etc. (This is not an assessment that we offer at each new client consultation, but a specific / separate assessment).

We originally offered a free swim pass with each health assessment as an incentive, donated by the local leisure centre.

Now the day-centre we work with (Seaview Project) has been running an activities programme, and each client has to undergo a health assessment prior to entering the programme, which offers a wide range of activities including swimming, cycling, tai chi, fishing, rock climbing and more. This has led to a much greater uptake of this service.

This successful partnership has seen clients re-engage with exercise and social activities within the wider community, leading to improved physical and social health and self-esteem.

Case study
As an example, one lady in her 40s who attends the day-centre was found during a health assessment to have a raised blood glucose and was consequently referred to her GP for a fasting blood glucose, which led to a diagnosis of Type 2 diabetes. Her learning difficulties made it difficult at first for her to understand the dietary changes that were being advised, but one of our volunteers went shopping with her and guided her through the process. Now, over 2 years later, she understands and follows an appropriate diet better than many diabetics, takes her prescribed (diabetes) medication, attends diabetes reviews with her Practice Nurse, has blood glucose and HbA1C levels within good recommended limits, and is in good health.'

Specialist clinics for health promotion/screening opportunities
This can include such clinics as a cervical screening nurse to visit a given hostel or day centre (or several) for regular outreach sessions, or for a smoking cessation adviser to visit regularly. Given that many homeless people may not be registered with a GP, they may well not have access to other screening opportunities.

Gender and health promotion sessions/screening clinics
Women only sessions can be helpful in encouraging women to attend women's health sessions. The same might also apply to men who might feel more comfortable discussing men's health issues in a male environment. However, homeless women may find this particularly important, as one survey showed that 73% of homeless women would prefer this.[12] Many homeless women

may find it difficult to use services which are predominantly male (as most single homeless services tend to be), especially given the fact that unfortunately many homeless women may have experienced sexual or other violence or abuse which may make them feel unsafe in a service used predominantly by men. Crisis' research on homeless women stated that: 'Women were particularly likely to engage with services which were informal, which felt 'safe', which provided women only spaces, and which were staffed by 'caring' and 'non-judgemental' workers.'[13]

Offering free products and encouraging uptake of these – based on examples from Roger Nuttall

Practical barriers may be a serious problem for homeless people in improving their own health, and free products can make a genuine difference here. As one article stated: 'Educating people about dental health may be pointless if they do not have a toothbrush, and attention to hygiene may not always be possible for those sleeping rough.'[14]

Free products could be offered in conjunction with individual or group work health promotion. Charities or businesses may be approached to support with the provision of these.

Free products could include:

- condoms (and lubricant)
- sunscreen
- new socks
- bottles of water (or jugs of water and cups)
- fruit
- other healthy snacks
- leisure pass to use local gym or swimming pool
- toothbrushes and toothpaste
- hats (sunhats for summer, warm hats for winter)

Peer based health promotion and health advocacy

Many HHI members engage in health advocacy. A study conducted with Big Issue vendors in 2001 suggested a need to explore further the possibilities of peer education and health advocacy in health promotion activities, and that Big Issue vendors could well be a key in this type of work (especially as they could often be the first point of contact for homeless newcomers).[15]

Working with hostel and day centre staff

Health practitioners can find it very useful to work with hostel and/or day centre staff and develop information or training for them on health promotion issues. They may choose to work together to design information or welcome packs for service users, deliver free products to clients, or to organise group work sessions. Through joint working, and through attending key worker or other meetings, health practitioners can find ways to improve service users' health further. This can help improve homelessness workers' confidence in health promotion activities.

Two further examples of activity and strategy on health promotion with homeless people from HHI members

Jane Gray's example of health promotion with single homeless people in Leicester:

'Our team does a lot around health education and health promotion. Both GPs and nurses undertake opportunistic screening such as taking part in national campaigns like chlamydia, cervical smears and follow up of long term conditions such as asthma, CHD, diabetes, epilepsy.

Our practice nurses lead on weight management (both weight loss or weight gain!)and healthy eating / cooking on a budget, smoking cessation (which is really popular!) exercise and access to schemes, immunisations such as ensuring childhood programme completed, participation in the Cervarix campaign to prevent cervical cancer in young women, hepatitis A/B and Tetanus vaccines (as recommended by DH for injecting drug users) and flu and pneumococcal vaccines.

There is also a lot of work around sexual health, such as screening, relationships, contraception, staying safe. Our drug worker Wayne advises on harm minimisation for drug users regarding the dangers of injecting, overdose, methods for safe injecting if they feel they must continue. He also offers blood borne virus screening (for example for HIV or hepatitis) with robust follow up with myself/GP.

Phil Johnson (the Homeless Mental Health Service) and his team support patients with mental health issues across the spectrum

from low mood to severe mental illness. They run well being groups looking at sleep, depression, anger management and lots of other areas as well as working with clients 1:1.

Myself and our GPs tend to lead on alcohol related issues and offer advice such as safe drinking, healthy eating/drinking and advice/treatment re vitamin supplements, management of problem drinking and support with referral to specialist services. We also support people with community detoxification (if appropriate to undertake).

This gives a taste of what we do and is not a complete reflection of our work but in summary our service honours the rights of our patients by ensuring equitable access to all services enjoyed by the rest of the population and of course this includes health promotion and education.'

Sheri Yusuf's example of health promotion with homeless families in West London:

'I run a group health promotion session in a hostel on a monthly basis. Topics are selected by the clients based on their needs such as weaning, immunisations, and sexual health (condoms are given). Healthy snacks (fruits and juice) are provided by the hostel management.

The sessions promote the health of the families and give them opportunities to discuss any health concerns regarding themselves or their children. They promote partnership working with the hostel staff and help with going back to education, and give the clients opportunities to discuss their concerns with regards to their housing environment. It also increases access to local services such as the baby clinic.

At the end of each session we ask for feedback from the clients and the feedback has been that all of them find the session useful.

Challenges include the fact that the clients have to be reminded – otherwise, attendance will be low. Even with that sometimes the number is low but this varies - other times it could be high. Sometime a planned session can be cancelled with minimal notice due to staff hostel shortage. Also, getting the clients to access services used by other people such as childrens' centres can be difficult.

Suggestions:

- Think it through and have a good plan (involve the clients and the staff in all stages of planning, ask their views on how it should work)
- Don't be discouraged if the figure is low at the beginning as it will pick up. Give incentives if you can get funding to do this or perhaps the hostel can help with snacks and so on.
- Work in partnership with other agencies such as housing and education.
- Have resources for the clients to take away.'

Choosing Health: Relating national health promotion to homeless people's needs

The Government's 'Choosing health: making healthy choices easier' (Executive Summary) recommends some key areas for work to promote healthy lives. Each of these applies to homeless people, yet often they are unable to access the services aimed at tackling these problems as the services may not meet their specific needs. Key areas include health inequalities which is obviously of crucial importance to working with homeless people.

The paper rightly states that: 'To be effective in tackling health inequalities, support must be tailored to the realities of individual lives, with services and support personalised sensitively and provided flexibly and conveniently.'[16]

Specific key areas are listed below, each of which could easily be a subject for more detailed future briefings. At this stage, we have included some broad comments on how to relate this area to homeless people's health needs:

1. Sexual health

- Reducing under-18 conception rate (this may be worth bearing in mind in homeless accommodation for young people, as young women may become pregnant in such accommodation so sexual health advice can be helpful).
- Increasing knowledge of safer sex practice and increasing condom use – free condoms in homeless services can be helpful here.
- Increasing access to sexual health services through information and possibly through outreach of sexual health services to homelessness venues.

Homeless people will tend to be less likely to access the sexual health promotion services available to the general population, especially if timing and appointment systems do not meet their needs, if they are unaware of the service or if they are unaware of the need to use the service.

2. Tackling obesity/Improving diet and nutrition

- Reducing obesity – homeless people may sometimes be underweight rather than overweight – but either problem could pose dangers to health and many people will need support with improving their dietary intake.
- The effects of poor nutrition are increased when people have substance misuse problems.
- Food labelling, which is one strategy aimed at the general population, may not always be that helpful to homeless people given their low income and lack of access to resources means that they may well have fewer choices when it comes to choosing food.

Some suggestions from Homeless Link on how homelessness services can help improve diet and nutrition for homeless people are at: http://tiny.cc/PxtuE

3. Stop smoking

- The Health Development Agency states: 'Smoking rates among people who are homeless are much higher than among the rest of the population, and smoking is a major cause of premature death and ill health among this group.'
- They also add that: 'Many of those working with homeless people do not regard smoking as a priority,' and that: 'Many homeless people who smoke want to quit.'
- The Health Development Agency gives many useful tips on supporting homeless people to stop smoking. Access the full resource at: http://tiny.cc/XDG4d

4. Increasing physical exercise
Homeless people can benefit greatly from opportunities to take up physical exercise in terms of improving mood and also physical health. It can even be the key for some people in terms of building their self esteem and motivation, and helping them turn their lives around. Some examples are given in Homeless Link's Handbook:
http://tiny.cc/zwXiu

5. Mental health and wellbeing
As shown earlier in this briefing, homeless people tend to have much poorer mental health than the general population and yet are less likely to access health services which could help them address this problem. Some methods of health promotion on this subject could include:

- Outreach of mental health services to homeless services
- Group work on mental well being
- One to one assessments of need which include mental health (using sensitive, open-ended questioning)

6. Encouraging and supporting sensible drinking:
- Given the fact that homeless people tend to have more problems with alcohol and drug misuse than the general population, and given the effects on their health, this is particularly important.

'Finding the Key' is good practice guidance developed by Providence Row for working in hostels with people who drink heavily:
http://tiny.cc/HlFSR

Turning Point's Dual Diagnosis Toolkit is available at: http://tiny.cc/zjK0V

The Executive Summary of Choosing Health is available at: http://tiny.cc/B5aGw

You can also find a presentation by Harm Reduction Nurse Laura Garner on 'Harm reduction with homeless people', and a range of other relevant presentations, at: http://www.qni.org.uk/homeless-health-initiative/network-meeting-reports.html

Conclusion

Homeless people have even greater need for health promotion than the general population, but need greater support, development and even imagination from service providers to ensure that this takes place. Health practitioners and commissioners organising services for homeless people need to work with and involve homeless service users in order to design health promotion opportunities which engage and empower homeless people to improve their health.

Useful links on health promotion and homelessness

Homeless Link's information on health promotion in hostels
http://handbooks.homeless.org.uk/hostels/environment/healthhostelwide

The British Medical Journal article:
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1115032/

NHS Health Development Agency's summary bulletin on peer education with homeless people:

http://www.nice.org.uk/nicemedia/documents/peereducation.pdf

Health Scotland (large) document on 'Young, Single Homeless People: their Perceptions of Health and Use of Health Promotion Activities'
http://www.healthscotland.com/documents/481.aspx

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