Caritas
Diocese of Salford

Health and Homelessness:
Tackling the complex health challenges of people experiencing homelessness in Greater Manchester



Supporting people experiencing poverty, isolation, homelessness, discrimination and disadvantage.

caritassalford.org.uk

Caritas Salford is a registered charity that runs 12 grassroots, anti-poverty services across Greater Manchester and Lancashire. Our mission is to help people experiencing poverty, homelessness and discrimination to transform their lives with dignity. We rebuild lives for the long-term, enabling people to live in a safe, healthy, and secure environment.

Caritas Salford runs day centres for people who are homeless or at risk of homelessness in Manchester (Caritas Cornerstone) and Bury (Red Door), supported accommodation projects in Manchester for single homeless men, and in Blackburn for young families.

Caritas Homeless Health Hub Project was set up in February 2024 with funding from NHS Charities Together. This funding has enabled us to build on the work that Caritas' Homelessness Services do to help address health inequalities and improve the health and wellbeing of people who are homeless or at risk of homelessness in Manchester, Bury and Salford.

Acknowledgements

Thank you for the ongoing support of all the agencies that we partner with in helping ensure that we are delivering effective health outcomes for this group of people who face challenges in accessing health care:

Achieve (Bury)

Answer Cancer

Change Group Live

Cornbrook Medical Practice

Greater Manchester Mental Health Trust – Manchester Mental Health Homeless Team

Hep. C Trust

Loaves and Fishes

Samaritans (Bury)

Shelter, My Health Matters

Urban Village Medical Practice

Vision Care

Thank you to the Caritas Team who carried out the research;

Bronte Simpson, Karen Davidson, Graham Vaughan, Vic Collins, Sophie Garforth, Mike Holmes, Mandi Rogerson, Amanda Croome

Special thank you to all the people at Cornerstone, Loaves and Fishes, Morning Star and Red Door who took part in the audit and who shared details about their health and their experiences of accessing health services. We aim to ensure that your participation will lead to better services for everyone in the future.

Project Funded by;

NHS CHARITIES TOGETHER

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1. Summary of findings

Caritas Salford carried out a health audit of people who are homeless/at risk of homelessness in four services in Greater Manchester in February/March 2024. This is the summary of the findings:

People who are homeless have significantly poorer health than the general population:

- **78%** of those surveyed identify as has having mental health problems compared to 12.7% of the general population[1]
- **73%** identified as having at least one physical health condition, compared to 50% of the general population reporting having a long-standing health problem[2]
- **22%** identify as drinking more than the recommended amount of alcohol compared to 21% of the general population[3], although this number is skewed by the 54% of people surveyed who said they didn't drink alcohol at all. 12% stated that they felt their drinking was a problem.
- **38%** identified as having used illicit drugs in the last 12 months compared to 9.5% of the general adult population[4]
- **69%** of people interviewed smoke, compared to 14.1% of the general population[5]
- **31%** have complex health problems with a tri-morbidity - physical, mental health and drug misuse problem, indicating the prevalence of complex needs.



1 GPPS_2023_National_report_PUBLIC.pdf (gp-patient.co.uk)
2 UK health indicators - Office for National Statistics (ons.gov.uk)
3 Part 3: Drinking alcohol - NHS England Digital
4 Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk)
5 https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/part-1-smoking

People identified problems accessing health services:

- **42%** of people said they had attended A&E in the past 12 months (compared to 22% of the general population*) This indicates one of the costs to the NHS of people having poorer health and difficulties accessing services.
- Our survey findings show that where health services are not provided at one of our heath hub sites then people are having more problems accessing services and requesting help with this. For example, no one said they needed help accessing opticians where this is provided on-site compared with 15% where there was no on-site provision.

People want help to improve their health:

- **88%** of people said they wanted help with an aspect of their health, either help to access services or to improve their health and wellbeing.



Positive, effective interventions can improve the health of people who are homeless:

- We have some quantitative and qualitative evidence that on-site provision of services, link workers that support people to access services and activities that promote wellbeing have a high take up and are effective at improving health and wellbeing.



* Inequalities in Accident and Emergency department attendance, England - Office for National Statistics (ons.gov.uk)

2. Introduction

Much has been written and researched about the link between homelessness and health and the health inequalities faced by people who are homeless. This is starkly illustrated in government statistics which reported 741 deaths of homeless people registered in England and Wales in 2021 with the mean age of death for men being 45 years and for women being 43 years.[6]

Homeless Link's 2022 report: "Unhealthy State of Homelessness" provides national statistics about the significant health inequalities, and poorer health outcomes experience by people who are homeless.[7]

These issues are further outlined in a Manchester City Council Health Scrutiny Report in December 2023:

"Health and homelessness are inherently linked. Poor physical and mental health, drug and alcohol misuse, and co-morbidities are more likely to be experienced by homeless people than the general population. Accessing health care services is more difficult for homeless people because of practical, social, systemic, administrative, and attitudinal barriers. These factors and increased levels of need lead to significant health inequalities for people experiencing homelessness. As a result, people experiencing homelessness are more likely to require urgent and emergency care because of advanced illnesses or conditions, rather than accessing preventative and primary care services. Physical disability, poor physical and mental health, drug and alcohol misuse can also contribute to an individual or family becoming homeless."[8]

In February 2024, Caritas Salford developed a Homeless Health Project funded by the NHS Charities Together and established four Homeless Health Hubs in Greater Manchester to reduce health inequalitiesand improve the health and wellbeing of people who are homeless or at risk of homelessness. This was to be done by developing pathways for people to access services and employing health link workers to support individuals to address their health needs and run health promotion activities.

At the start of this project, we undertook a health audit to find out about the health needs of people who are homeless or at risk of homelessness, where they are struggling to access services and what they feel they need to improve their health.

Our health link workers are now working to address the issues and gaps that have been identified and we have included case studies and quotes to show how effective this work can be at improving the health, wellbeing and the quality of life of people who experience homelessness.

We are sharing the results of our health audit along with recommendations for health services and commissioners which would improve the health outcomes of people experiencing homelessness in Greater Manchester.



6 Deaths of homeless people in England and Wales - Office for National Statistics (ons.gov.uk)
7 Homeless_Health_Needs_Audit_Report.pdf (kxcdn.com)
8 Health and Homelessness.pdf (manchester.gov.uk)

3. Methodology

Information for this report came from three sources.

The homeless health audit

During February and March 2024, Caritas Salford health link workers undertook a health audit, completing questionnaires and interviews. 233 questionnaires were completed across the four Caritas Health Hubs:

- Cornerstone Day Centre in Manchester
- Red Door Day Centre in Bury
- Loaves and Fishes Day Centre in Salford
- Morning Star Hostel in Manchester

Quantitative and qualitative data from the Caritas Health Hubs

We have included case studies and feedback from people who are homeless or at risk of homelessness and from some of the health professionals that deliver work onsite in our hubs.

We've also included some of the output statistics from the first six months (February to July 2024) of our Homeless Health Hub project.

National statistics

We have taken some statistics from national studies to attempt a comparison between people who are homeless or at risk of homelessness and the general population. These figures aren't always directly comparable; however, they give an indication of the health inequalities that people who are homeless face.



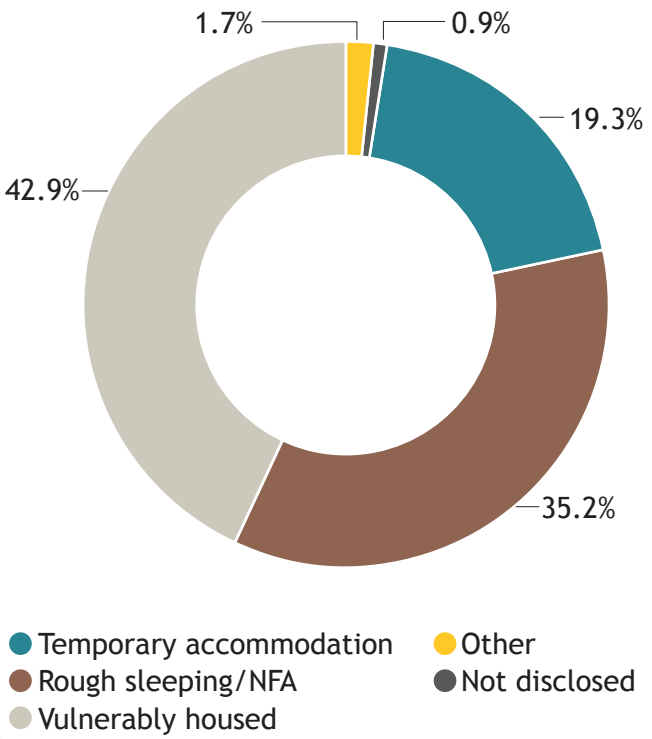


4. Who we interviewed

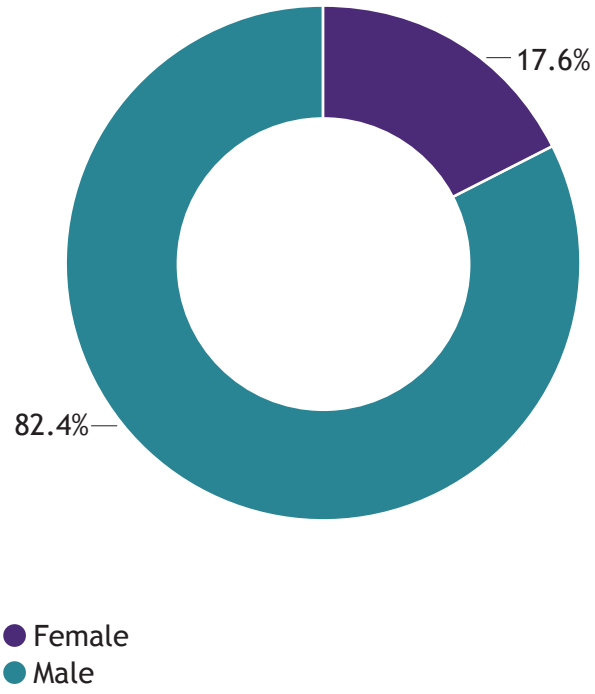
The breakdown of interviews was representative of people who use the four services.

Housing status

Current housing situation



Gender

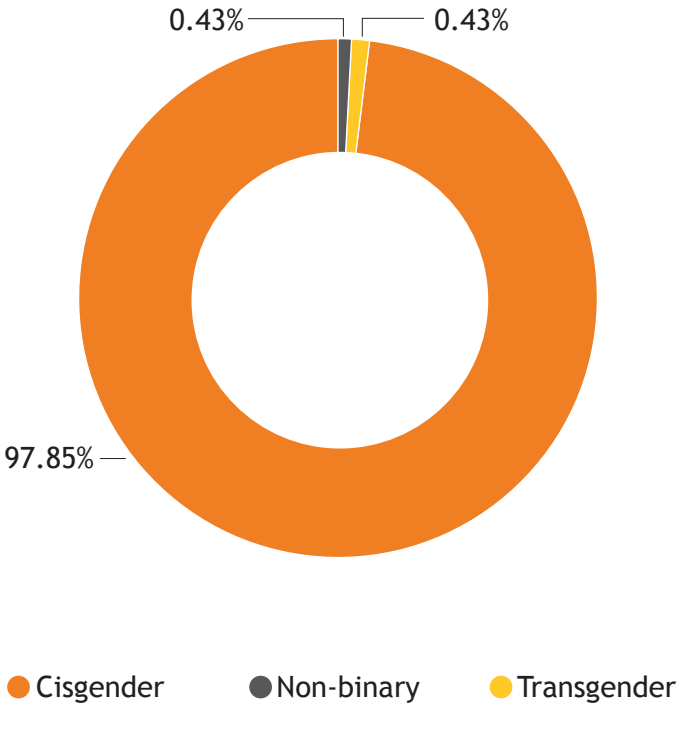




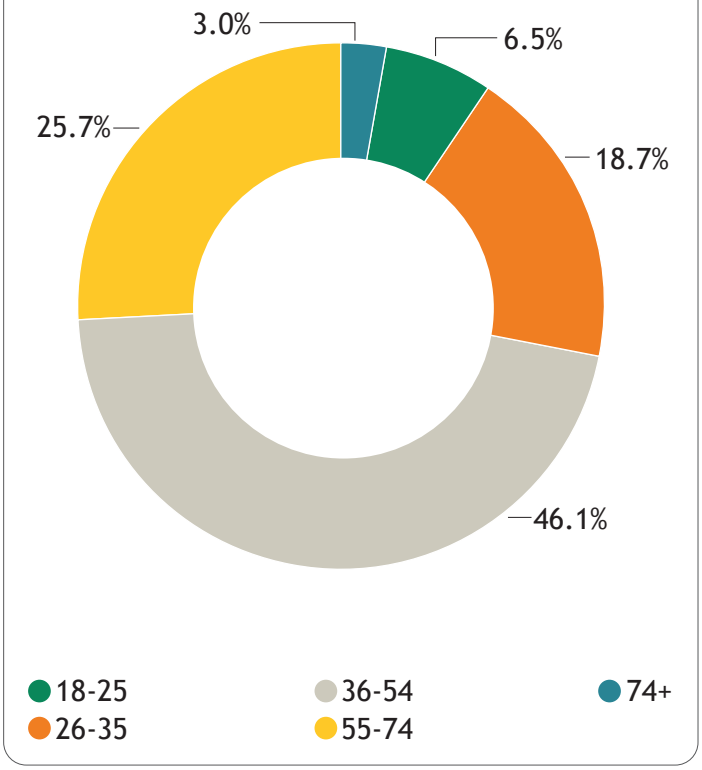




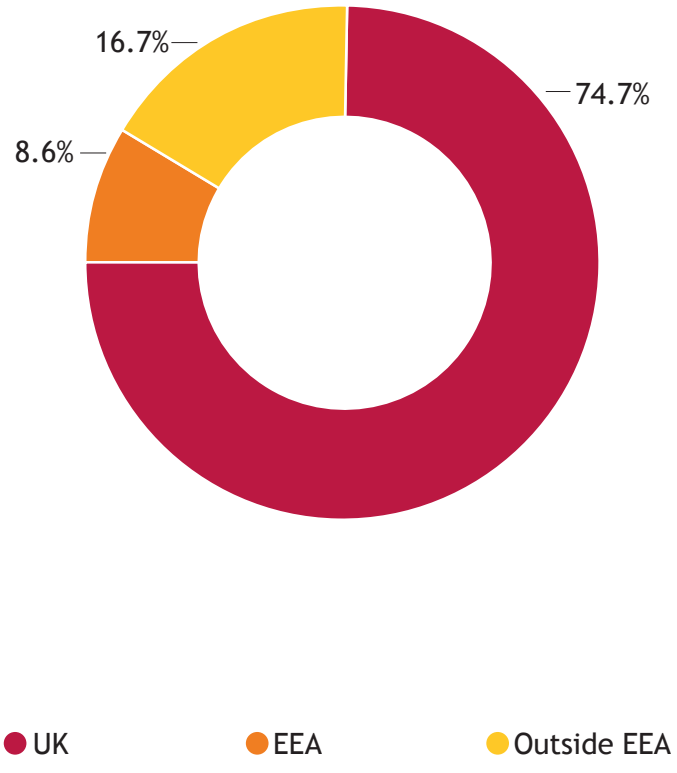
Gender identity



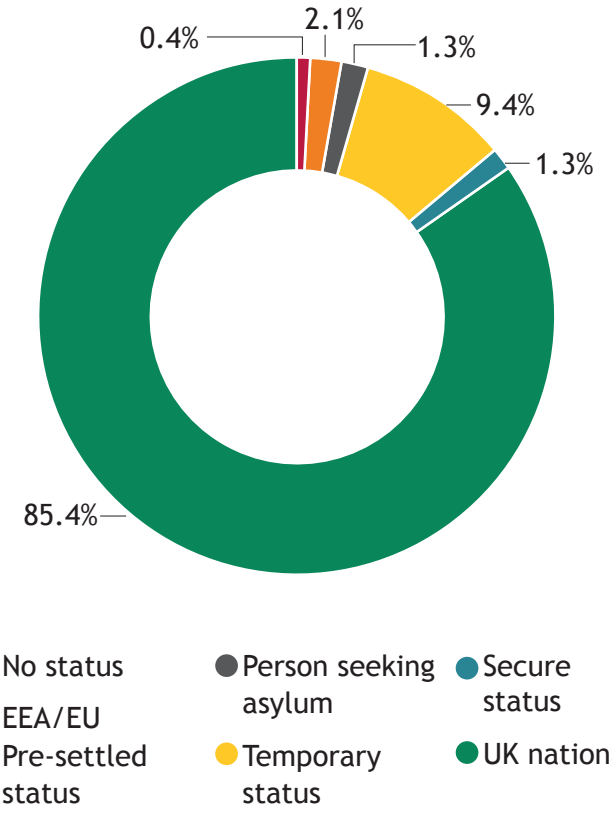
Age group



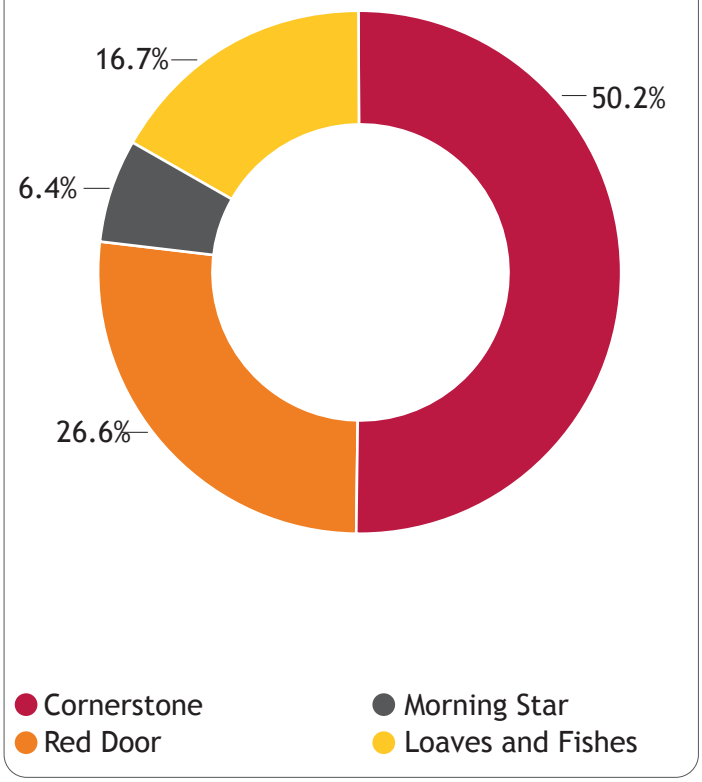
Nationality



Refugee status



Percentage of respondents from each Caritas Health Hub





5. Health audit findings

Mental health

- **78%** identified as having a mental health problem (compared to 12.7% of the national population[9])
- **69%** said they had a mental health diagnosis, but only 19.2% said they had a mental health worker
- **34%** said they had felt suicidal or had self-harmed in the last 12 months
- **34%** said they wanted more help with their mental health than they are getting

"I haven't known where to start to be honest. Since being homeless my depression has definitely got worse. It's good to know there is a drop-in here as I will come next week for some support."

Wellbeing

- **70%** said they have problems sleeping
- **70%** said they suffer from stress and anxiety
- **40%** said they feel that they didn't eat healthily (self-identified)
- **51%** said they wanted to help to improve their wellbeing

"I enjoy the physical activity of gardening. It gives you something positive to do and I sleep well at night"

We have set up wellbeing gardens at our Cornerstone/Mornings Star and Red Door health hubs to help promote physical and mental wellbeing.





A&E

- **42%** of people said they had attended A&E in the past 12 months (compared to 22% of the general population[10])
- Of those that have attended A&E, **51%** had attended more than once and 10% have attended four times for more.
- This increased use of A&E is also reported in Homeless Link's national research[11] which gives the reasons for high A&E presentations as more acute illnesses, violent incidents and assaults and alcohol and mental health related crises.
- This represents a significant cost of the NHS, with the average cost of a person being taken to A&E by ambulance being **£417** and the A&E visit costing between £137 to £445 compared to the cost of a GP appointment which is £56[12]
- Of those that been admitted to hospital, 19% reported being discharged without any accommodation

GP

- **88%** were registered with a GP (100% of people living at Caritas Morning Star supported accommodation project were registered with a GP, as this is part of the support package we provide, but the percentage was lower for people visiting the day centre hubs)
- **70%** had been seen by a GP in last 12 months
- **40%** had been seen by a primary care nurse in last 12 months
- **12%** wanted help to register with a GP
- **42%** of people at Cornerstone had seen the on-site GP, 38% had seen a practice nurse and only 9% said they needed help to register with a GP compared with 19% of people wanting help to register with a GP at Red Door where there is no on-site provision.



9 GPPS_2023_National_report_PUBLIC.pdf (gp-patient.co.uk)
10 Inequalities in Accident and Emergency department attendance, England - Office for National Statistics (ons.gov.uk)
11 The_unhealthy_state_of_homelessness_FINAL_1.pdf (kxcdn.com)
12 NHS: Key Facts And Figures | The King's Fund (kingsfund.org.uk)

Dentist

- **24%** are registered with an NHS dentist
- This compares to **58%** in Homeless Link's nation health audit[13] suggesting that the situation for people who are homeless in Greater Manchester may be worse than in other parts of the country.
- **72%** have unmet dental needs (in Homeless Link's national health audit 36% of people reported having dental health problems)
- **66%** said they would like help to see a dentist

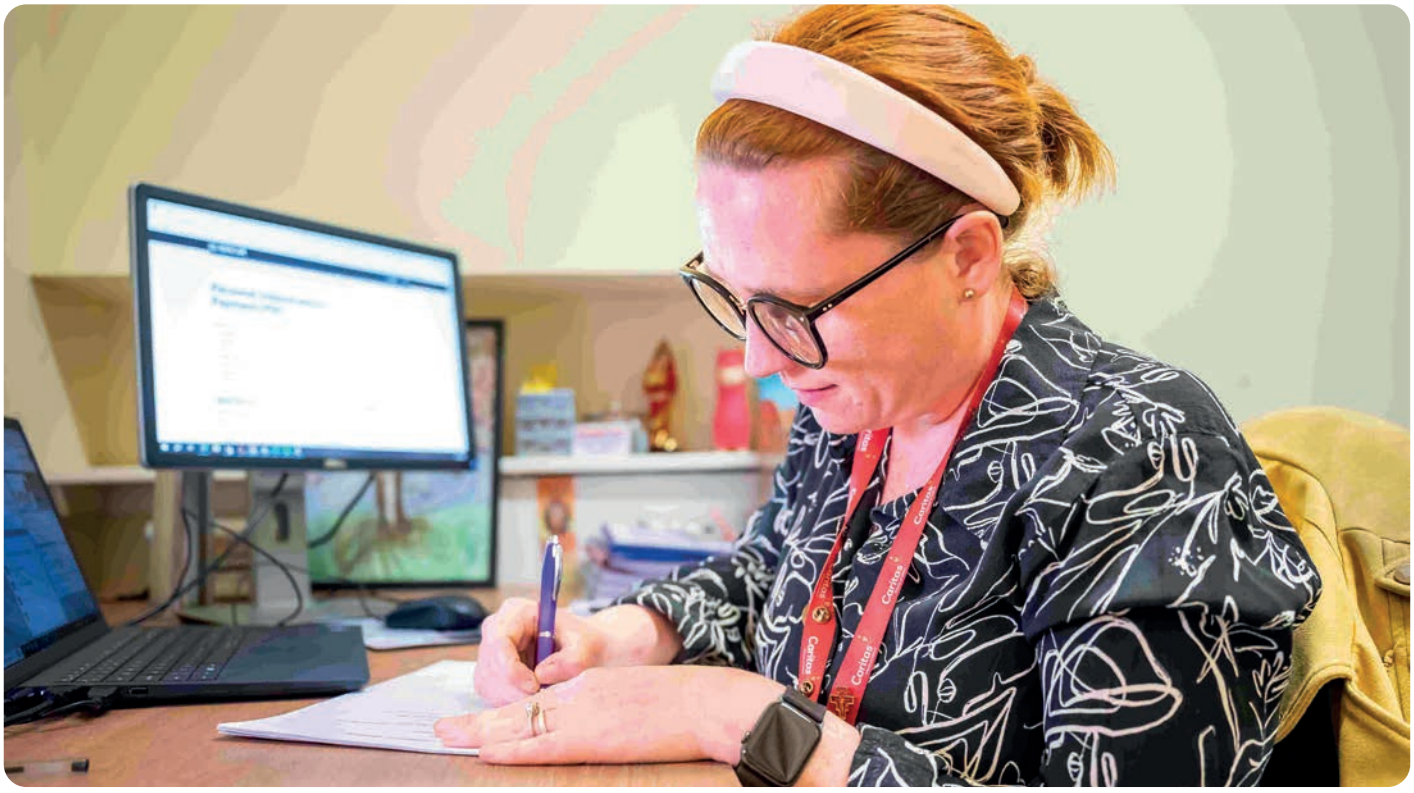
"I have struggled to find a dentist easily. I rang a few then gave up. Also, you need to keep paying for check-ups to stay registered, meaning I was kicked out from the one I had a few years back."



Opticians

- **66%** of people said they have problems with their eyesight
- **48%** have seen an optician in the last 12 months
- **5%** said they have had problems accessing opticians

However, this masks large differences between health hubs which have on-site opticians and those that don't, as outlined below.

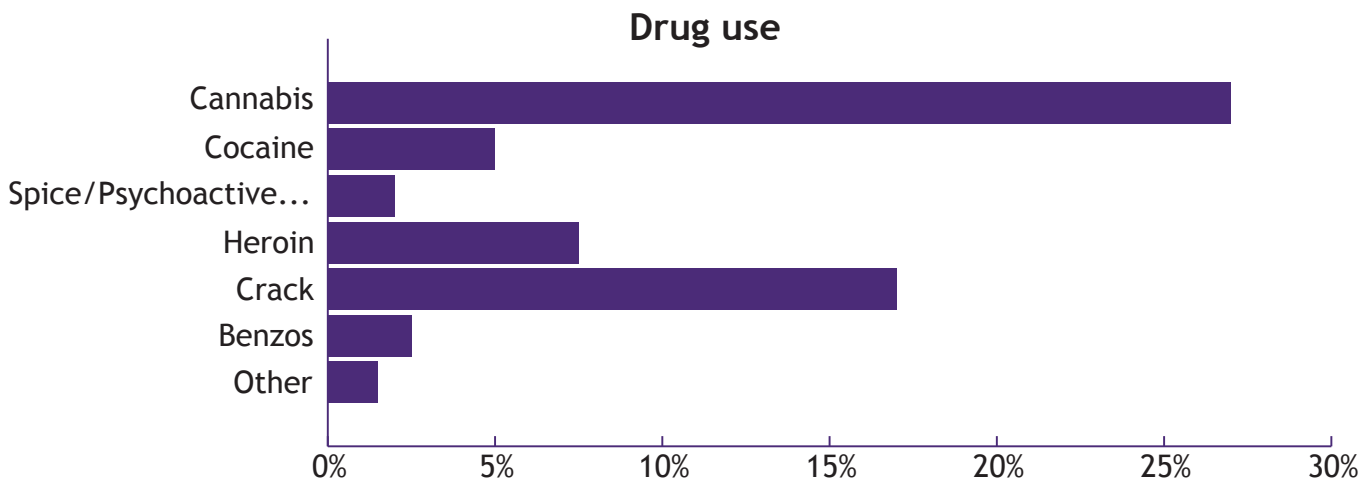


13 Homeless_Health_Needs_Audit_Report.pdf (kxcdn.com)



Drugs

- Overall, **38%** of people identified as using illicit drugs in the last 12 months. However, this varied widely between the different health hubs – the highest being 60% at Morning Star
- **36%** of those that use drugs said that they have seen a drugs worker at some point in the past.
- **16%** said they would like to get help from a drugs worker now.



Alcohol

- **46%** said they drank alcohol, 22% said they drink more than the recommended amounts and 12% said they felt alcohol was a problem
- **12%** said they would like help to cut down or stop drinking.
- However, the numbers varied between the hubs. For example, at Morning Star it was 87% who drink alcohol and 27% of people who identify this as a problem, with 47% who would like help to cut down or stop drinking.

"I have been successful in being abstinent from cannabis and alcohol for about five months now. I am worried that I will fall into the wrong crowd again, so I am trying to stay alone and keep myself busy."

Smoking

- **69%** of people interviewed smoke, compared to 14.1% of the general population[14]
- This matters because smoking can reduce life expectancy by 10 years[15]
- **32%** of people in our survey who smoke said that they would like help to stop smoking.
- Our health link workers have started providing information about support available to help people stop smoking, giving people vapes and running smoking cessation groups.

People want to improve their health

- **88%** of people said they wanted help with an aspect of their health, either help to access services or to improve their health and wellbeing.
- **34%** said they wanted more help with their mental health than they are getting
- **51%** said they wanted to help to improve their wellbeing
- **12%** wanted help to register with a GP
- **66%** said they would like help to see a dentist
- **16%** said they would like to get help from a drugs worker now.
- **12%** said they would like help to cut down or stop drinking
- **32%** of people in our survey who smoke said that they would like help to stop smoking.

"I really would welcome some support from mental health services, I can feel my mental health getting worse since being on the streets and I am trying to stay abstinent so want to keep this up as I have made a business plan to get me back in work."



14 https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/part-1-smoking
15 NHS England » Why it is always the right time to quit

6. Benefits of onsite health provision in homelessness day centres/hostels

The health audit showed that uptake of health services can be increased through providing specialist services onsite:

- **42%** of people at Cornerstone had seen the onsite GP, 38% had seen a practice nurse and only 9% said they needed help to register with a GP compared with 19% of people wanting help to register with a GP at Red Door, for example, where there is no on-site provision.
- **74%** of people at Cornerstone said they had problems with their eyesight, 50% had seen an optician in the last 12 months and 42% had seen the on-site optician. Crucially, no one said they had problems accessing optician services. In contrast at Caritas Red Door, where there is currently no on-site provision, 15% of people said they had problems accessing optician services.

People who are homeless or at risk of homelessness lead complex lives and often don't have the luxury of prioritising their health.

They face barriers to accessing health care including:

- Not having smart phones/internet access or IT skills to use the NHS app or other online services
- Difficulty making and keeping appointments
- Changing addresses and areas so that being on waiting lists and receiving letters is difficult

Providing health care that is accessible, including drop-ins in places where people who are homeless live or visit, can be very effective in ensuring that people don't fall through the net, particularly where this is part of a pathway to ensure that they are supported to access the full range of mainstream health provision.



The Uban Village Medical Practice van, visits Caritas Cornerstone/ Morning Star weekly

"I wouldn't have seen a nurse if the van wasn't here today. It's simply availability, I can never get through to my own GP, meaning I just give up and wouldn't get the problem solved. I even got my covid jab, she was so nice."



CGL - case study

Change Grow Live (CGL) run a weekly drug/alcohol drop-in at the Cornerstone Health Hub. A recent positive outcome illustrates the benefit of multi-agency working- a person who was sleeping rough arrived at Cornerstone wet through and needing support from CGL, housing, and their GP.

The health link worker organised a change of clothes and introduced them to the CGL Recovery Coordinator who delivered harm reduction advice and provided them with Naloxone and a Nitazene Test Kit. They requested to be prescribed Methadone- and it was arranged for them to see a prescriber the following day.

Their rough sleeping site was updated, so that the outreach team could go out and find them and they were supported to book an overdue GP appointment. The person is now indoors and continues being prescribed methadone.

"Offering a drop-in at Cornerstones aims to eliminate barriers for those wishing to access our service, such as transportation issues or being unaware of what our service can offer. It offers immediate access to support through education and awareness, and harm reduction intervention. The consistency of running weekly drop-ins helps build trust with individuals and can encourage them to engage with treatment."

CGL Outreach Recovery Coordinator







Vision Care - case study

Vision Care for Homeless People (VCHP) is a charity set up to provide eyecare services to people affected by homelessness in an environment in which they feel welcome and comfortable. They operate a weekly clinic at Cornerstone/Morning Star health hubs.

As well as free eye tests by fully qualified opticians, they also carry out screening of ocular health and provide free glasses. To be eligible for free NHS eye examinations and glasses you need to be in receipt of certain benefits. At high street opticians, patients may discover that they are ineligible at the point that they are being served and there is very limited provision to replace glasses when they are lost or broken. Having opticians on-site removes many of the barriers to accessing services. There is no need to make or keep an appointment, no need to visit an optician and no need to feel embarrassed about how you look or present yourself. There is no uncertainty about whether there will be money to pay, because the service is completely free of charge.

John saw Vision Care for the first time today. Jane gave him some reading glasses until his prescription ones arrive. John said:

"It's great that they are here and easy to access, these glasses have already made a massive difference!"





7. Role of health advocates and specialist pathways

The data from the audit shows that a large proportion (88%) of people want help to improve their health and wellbeing in a whole range of areas. The qualitative feedback evidenced the struggles that people have had trying to access services on their own, the increased motivation they have gained from the support of a key worker and the important role that health link workers can play in helping people to navigate complex health systems.

"Not many people understand how it is, most people think it's as easy as saying no or just don't take drugs - but talking to you (the health link worker), it's like you really get it, you really understand just how difficult it is having an addiction to drugs. You understand and talking to you about it really helps."



"I feel so much better after speaking to (the mental health worker), I'm glad you encouraged me to go, and I will see him again. I needed that safe space to talk."

John(name changed) had dental pain and had been trying to register with an NHS dentist for several years before speaking to the health link worker at Loaves and Fishes. The health link worker phoned around all the local dentists until he found one who would give him an appointment. He followed this up each week to encourage John to follow through with the treatment. Since getting dentures John's diet and his self-esteem have improved. " I want to thank you for getting me the dentist. Look, new teeth!"*

"I am still benefitting now from you linking me in with my CGL worker, if I didn't come to Cornerstone I would probably never have gone on a script. I had actually never met him until you arranged the meeting. I was rough sleeping so it was very difficult to keep hold of my phone and keep to appointments. I really am in a better place now and also in accommodation"

"I have avoided or forgotten about hospital appointments in the recent past because I have been sleeping outside in a tent. Your support today has meant I have actually attended and have had you to explain what it is in a way I can understand, I feel much better about this now"

8. Health promotion, screening and vaccinations

Day centres for people experiencing homelessness are a well-established part of the voluntary sector homelessness support system. People are often attracted by the opportunity to access practical services such as showers and free food. However, when these services are funded and organised as health hubs, they can be very effective at rolling out health promotion messages and supporting health professionals to carry out screening and vaccination programmes, as they attract people who tend not to access other mainstream services and workers have already built trusting relationships with people.

In the first six months of the Caritas Health Hub project a variety of health promotion sessions were organised. These promoted wellbeing and addressed healthy eating, improving sleep patterns, the benefits of regular exercise, smoking cessation, Hep C testing and cancer screening etc.

59 health promotion sessions were run, **175** different people attended, **96%** of people reported that the sessions had improved their wellbeing, **99%** reported that the sessions improved their knowledge on the given subject.

Our health link worker at Loaves and Fishes Day Centre in Salford arranged for the Hep C Trust to visit. In a single morning the team tested **34** people.

"Carrying out testing and raising awareness at day centres allows us to engage with individuals that may not be under services at that present time, and offer testing for Hep C. Due to the amazing facilities that are offered, it gives us a link to people who are experiencing homelessness, and it gives us the opportunity to meet up with people on a regular basis if treatment is required."

Lisa Warburton,
Manchester peer support lead,
Hep C Trust



Hep C Trust team visiting Loaves and Fishes

9. Importance of having a purpose in improving health and wellbeing

Many people talked about the important role that having a purpose and being able to give back has had in helping to improve their health and wellbeing.

" Coming here (Red Door) and getting involved in stuff (activities) stops me from using (drugs) and gives me a positive mental focus."

"The wellbeing walking groups keep your mind occupied and give you exercise better than sitting at home using (Drugs) "



"It makes you feel better when you do something constructive with your peer group"

"Volunteering here has really helped my confidence and made me a better person. Without it, I'd just be sat at home and would probably go back to drink and drugs. I've never been able to ask for help, but the staff make me feel so welcome and I'm starting to feel confident enough to reach out when I need it."



"I've enjoyed building new wooden benches for the Red Door Garden. Working with your hand makes you feel you have done something"

"Using the gym is the best thing I've done since being homeless in Manchester, it's really improved my mental health"



"It's great having the garden here (at Red Door). I've really enjoyed the sessions and it's amazing how it's changed. I love just plodding along on my own and doing some wedding and stuff, I find it dead relaxing, definitely helps quiet my head noise that I get"

"I am really enjoying taking part in the garden, it helps me with my mental health and gets me chatting with others. If I didn't come out to the garden I would have probably not spoken to anyone today"

10. Conclusion

The health audit has highlighted the health inequalities that people in Greater Manchester who are homeless or at risk of homelessness face. These are broadly in line with national research. It has also highlighted that people want help to improve their health and wellbeing but there are often barriers that prevent them from getting the right support. This support can be provided more effectively through the provision of link workers and through health services providing regular outreach sessions in places like day centres and supported accommodation where homeless people can be easily reached.

Caritas Salford will continue to work in partnership with other services to deliver our Homeless Health Hubs as an effective way of addressing the health inequalities of people who are homeless.

In addition, we have made some wider recommendations.

11. Recommendations

- ## More research is needed

  This health audit provides a snapshot of the health of people who are homeless or at risk of homeless accessing the four Caritas health hubs in Greater Manchester and adds evidence to other local and national studies about homeless people's health, but more work is needed to identify both the health inequalities that homeless people face, and the effectiveness of health initiatives aimed at addressing these inequalities.

- ## Service commissioners need to do more to address the specific health needs of people who are homeless given the stark health inequalities and poor health outcomes that they experience.

  Local and national commissioners of health care need to ensure that the specific needs of people who are homeless are considered when designing and commissioning services and ensure that training of health care professionals supports staff to meet the specific, often complex needs of people who are homeless.

- ## Improved access to health services for people who are homeless is needed by providing drop-ins at day centres and supported accommodation projects

  Where this type of provision is well established it is increasing people's access to health services and thereby reducing health inequalities. In places and in specialisms where this isn't already happening, significant improvements could be achieved if services were established.

- ## Specialist workers are required to support people to access services

  Our findings show that people want help to improve their health but often struggle to access services and that specialist workers who can motivate, support and encourage people to attend appointments can make a significant difference. More of this provision is needed.

- ## Targeted health promotion

  Health promotion messages and activities should be targeted to people experiencing homelessness in places where they visit and live to increase uptake of vaccinations, health screening and health messages.

- ## Improve health through funding wellbeing and volunteering activities

  People want to improve their health and wellbeing and the feedback we've received shows the wellbeing improvements that people experience when there are easily accessible programmes targeted at them and based around their needs, interests and experiences. These programmes need long term funding to increase participation and impact.

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