

# Lost Voices

The invisibility of homeless people with multiple needs



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## Introduction

Multiple health needs are prevalent in the lives of single homeless people who are among the most vulnerable in our society. In addition to ever-present health concerns they are faced with ongoing difficulties related to poverty and discrimination. Services targeting the homeless are not able to sufficiently address the array of issues facing this population, leaving them largely un-served. In this report we examine the lives of single homeless people with multiple health needs, investigate issues related to access to care and services, and look toward the creation of meaningful solutions to the gaps and barriers that currently exist.

## Who the report is for

*Lost Voices: the invisibility of homeless people with multiple needs* explores the characteristics and life experiences of individuals struggling with competing health issues and critical life situations. These accounts include the lives of people impaired by poor health, chaotic lifestyles, and limited opportunities. This report draws upon the experiences of people who are or have been homeless, health service providers, and providers of homelessness services. This work is critical reading for anyone seeking to understand and address the issues of multiple health needs among homeless persons. Program developers, services providers, and policy makers will find this especially helpful as they strive to create meaningful solutions to complex situations of need amongst the most vulnerable people within their communities.

## Homeless people with multiple health needs

Multiple health needs are pervasive in the lives of single individuals who are homeless. Persistent health problems include severe psychiatric conditions, ongoing substance abuse issues, and learning disabilities. These often co-occur along with an array of physical health difficulties that are frequently under-diagnosed and untreated. As a result they experience considerable difficulties in accessing appropriate services.

Multiple health needs are further exacerbated by stigma, poor social and life skills, and limited opportunities. In our study we found that figures are over-represented among those individuals who sleep rough, making them especially vulnerable. Individuals with multiple health needs are plagued with an array of complex problems and few resources. Stigma and discrimination only serve to exacerbate these issues, compounding the nature of their health problems and acting as barriers to effective service use and delivery.

research summary

## Case Study

### Annie's story

Annie had been using local mental health services for some time. She was also described as having a personality disorder; had been self-harming for a number of years and had an eating problem. Sometimes she took drugs, which led to several overdoses. Her liver damaged, Annie had requested a detox. She had received considerable support from the local community mental health team over the years and had been using day services but she also had a reputation of being disruptive.

Annie had lived in a shed sometimes staying in hostels but losing her space because of her behaviour. She moved to a B&B after all services had broken down and was known to sit in her room, despondent, drinking or taking drugs. Her psychiatrist had told her they could no longer work with her because her mental illness was not sufficiently severe. She had been going to other local hospitals because of self-harming but they too said they were exasperated by her behaviour. A local agency worker said, *"sadly she will be no more than a statistic at some point."*

## Accessing healthcare

Homeless people experienced considerable difficulty in obtaining information, accessing services and receiving any coordinated response. Staff also revealed a considerable level of frustration at their impotence to resolve the tension between sometimes-inflexible structures within the system of provision and the very real needs of their clients. Service providers identified a range of obstacles that prevented homeless people with multiple health needs from using health, social care and housing support.

- I **Availability** of services continues to be problematic for homeless people with multiple health needs. Only a few examples emerged where health service providers (including GPs) had successfully addressed problems about the availability of services for homeless people with multiple health needs
- I **Flexibility** or lack of it presented a further hurdle to homeless people with multiple health needs. Inherent within the provision of health services to homeless people with multiple health needs was the tension between the desire to provide flexible services and the practical realities of delivering services within traditional but sometimes rigid structures
- I **The provision of appropriate** care had been addressed by some agencies – particularly where dedicated health services had been able to visit and deliver a service within homelessness agencies – where service users often felt more

comfortable. However, there continued to be gaps in appropriate care including the need for comprehensive check-ups and health screening which could be carried out in any location. A further area of concern was the lack of drug detox services and the inconsistent ways in which some services were offered, for example methadone prescribing in hospitals

- I **Non-prejudicial treatment** was an issue for some homeless people. Some services have identified ways of working in a non-prejudicial way. Others, however, were perceived as holding negative attitudes towards homeless people, thereby discouraging their use of services. Concerns were raised about how this might lead to depriving people of necessary health services
- I **Support and advocacy** were seen as important by both staff and homeless people. For some, this took the form of helping them to access mainstream services. For others, it was to provide a degree of consistency and stability to someone whose life was already chaotic. Some staff from voluntary sector agencies were concerned that the non-medical, non-professional advocate was discounted as an untrained 'amateur'. Conversely, some specialist health service staff found that they were more likely to act as an advocate than in the professional role to which they had been appointed

- I **Information** was clearly important for service users and providers in relation to single and multiple health needs. Basic education about harm reduction, health and illness was needed to help people take responsibility for themselves. In addition, information was needed about how to access services and about what individuals could expect to receive
- I **Structural hurdles, lack of resources, resistance to change**, and at times prejudicial attitudes further isolated this client group, which discouraged services from working with them. What emerged most clearly was the need for dedicated health and homelessness services that have the capacity to go out to people in hostels and other venues. There was concern that individuals often received inappropriate, inadequate, and sometimes no treatment due to prejudicial attitudes and 'buck-passing' between healthcare professionals. Due to the diversity of need and the often transitory and elusive lifestyle of many homeless people with multiple health needs, healthcare services should be creative and opportunistic in their design and delivery.

***“Our clients with multiple health needs find it difficult to access health services as they have the experience of knocking on doors and being turned away.”***

(Day centre worker)

## Recommendations

The broad findings of this research and recommendations for the future include:

- I Develop appropriate tools for assessment that are comprehensive in their definition, including a spectrum of conditions such as undiagnosed learning disabilities, and personality disorders
- I Reduce barriers between agencies and professional domains, towards a framework of 'joint working' and services that are inclusive rather than exclusive
- I Improving elements of care through the recognition of specialised needs (e.g. dual disorders)
- I Improving the infrastructure, and promoting co-ordinated care; providing appropriate and comprehensive training to service providers in order to enable them to implement appropriate evaluation and care.

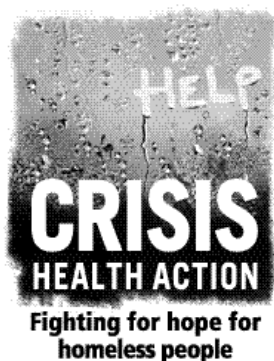
The full research report concludes with 10 recommendations based on the findings. These recommendations are likely to be of general application especially since the research found consistency of experiences and views across the four case study areas. Prioritisation, however, will need to be addressed in the light of local policy, planning and resources.

## Get a copy of the full report

The full report is available free as a PDF download on the Crisis Research website visit [www.crisis.org.uk/researchbank](http://www.crisis.org.uk/researchbank). Log on to the policy downloads area from the link on this page. Alternatively, contact the Crisis Policy team on 020 7426 3880 or email [policy@crisis.org.uk](mailto:policy@crisis.org.uk).

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