Doncaster Homelessness Health Needs Assessment

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1. Background

1.1 Definition of homelessness and rough sleeping

In England, the definition of homelessness is outlined in the Homelessness Reduction Act 2017 and further detailed by the Ministry of Housing, Communities and Local Government (MHCLG) (1,2). According to the legislation and guidance, a person is considered homeless if:

1. **They do not have accommodation that they have a legal right to occupy**. This includes situations where an individual does not have a home in which they can live with their family.
2. **It is unreasonable for them to continue to occupy their current accommodation**. This could be due to factors such as the risk of violence or threats of violence, physical conditions that make the accommodation unsafe, or severe overcrowding.
3. **They have accommodation but cannot gain entry to it**. For example, if they are illegally evicted and are unable to return to their home.
4. **They are at risk of becoming homeless within 56 days**. This includes individuals who have been served a valid notice to leave their accommodation and are likely to become homeless within this period.

The statutory guidance explains that homelessness encompasses not just those who are sleeping rough, but also those who are in temporary accommodation, staying with friends or family in a precarious situation, or living in inadequate or unsafe housing.

However, **'rough sleeping'**, is defined by the UK government as a category of homelessness referring to the act of sleeping in the open air or other places not designed for human habitation; carried out by people who do not have access to permanent, consistent shelter (3). This is the most visible form of homelessness, when somebody is sleeping on the street either permanently, intermittently, or for the first time.

For the purposes of this health needs assessment, our scope is limited to the rough sleeping population due to the heightened health need of this population.

1.2 Introduction

A Health Needs Assessment is a systematic method of identifying the unmet health and healthcare needs of a population and recommending changes to meet these unmet needs. It is used to improve health and other service planning, priority setting, and policy development. It is an important tool in reducing inequalities in health as it targets populations most in need of improved support and services.

The latest data on rough sleeping in England suggests a significant rise in homelessness. As of autumn 2023, there were an estimated 3,898 people sleeping rough on a single night, indicating a 27% increase from the previous year (4). This figure has more than doubled since 2010, highlighting the persistent and escalating nature of this issue. This rise in rough sleeping can be attributed to several factors, including insufficient social housing, high rents, and economic instability (5). This increase in rough sleeping is evident in every region of England compared to the previous year. Specifically, Yorkshire and Humber had the largest percentage increase in the number of people sleeping rough, compared to other regions, up 59% on last year (4). This increase is concerning, particularly given the government's 2019 manifesto pledge to end rough sleeping by 2024, which is now unlikely to be met.

The available national data on the health needs of people experiencing homelessness is limited, with a pronounced gap in data specifically concerning those who sleep rough. Much of the existing research on health needs does not differentiate between rough sleepers and the broader homeless population. Despite these limitations, the data available presents valuable insights into the severity of the health needs present within the rough sleeping population.

People experiencing extended periods of rough sleeping are, on average, at a significantly higher risk of premature mortality compared to the general population. The average age of death for people who experience homelessness is 45 years for men and 43 years for women (6). This contrasts markedly with the average life expectancy, which stands at 78 years for men and 82 years for women (7).

A study by Crisis found that rough sleepers are nearly 17 times more likely to have been victims of violence and more than 9 times more likely to take their own lives than the general population. Health issues are also prevalent, with 41% reporting a long-term physical health problem and 45% experiencing a diagnosed mental health issue (8).

Furthermore, Public Health England highlighted that in 2017 over half of all deaths of homeless people were due to 3 factors: accidents, suicides, and disease of the liver (9). A study investigating the causes of death among homeless individuals found that they are more likely to die from external causes such as drugs, alcohol, and suicide compared to populations from deprived areas. Additionally, long term conditions such as coronary heart disease, respiratory disease and cancer were also prominent causes of death, with one-third of these deaths being preventable through timely healthcare interventions (10).

These findings reveal the severe health inequalities and adverse impacts experienced by rough sleepers, highlighting the urgent need for enhanced prevention and healthcare strategies tailored to homeless individuals.

1.3 Aims and Objectives

The purpose of this Health Needs Assessment is to identify the health needs of people who sleep rough in Doncaster. The Homelessness Health Needs Assessment (HNA) will assess the scale, nature and impact of homelessness in Doncaster. It will provide information which can be used to address the wider determinants of health, as well as influence future strategies and actions to prevent and alleviate homelessness and to reduce health inequalities. This needs assessment is an epidemiological and corporate needs assessment.

The overarching aim

To reduce health inequalities for individuals sleeping rough in Doncaster.

The objectives:

1. Collate the current policy context supporting the agenda.
2. Understand and describe the prevalence of rough sleeping in Doncaster.
3. Review available data and evidence concerning the health inequalities for rough sleepers.
4. Involve stakeholders via meetings and focus groups with relevant partners to understand the current support and needs for the target population.
5. Conduct specific engagement with individuals sleeping rough in Doncaster to identify perceived need.
6. Using the above, to make recommendations to improve health outcomes and reduce health inequalities.

1.4 Methods

This health needs assessment employs a mixed-method approach to comprehensively assess the health needs of the rough sleeper's population in Doncaster. The integration of these methods will aim to provide a holistic understanding of the health challenges faced by rough sleepers and inform recommendations for improving the health outcomes of this population cohort. The methodology involves the following methods:

i. **Analysis of local and national data**
Routinely collected data will be accessed from the complex lives team and other relevant services in Doncaster. Available national data sets such as those collected from The Department for Levelling Up, Housing and Communities will also be used. This Health Needs Assessment attempts to bring together a variety of data sources to establish a more comprehensive understanding of the health issues of rough sleeping in Doncaster. However, it must be acknowledged that there may be a lack of data sources and completeness.

ii. **Stakeholder engagement**
The professional views of stakeholders commissioning and working in provider settings of organisations supporting this cohort will help inform the development of this health needs assessment. Views from local stakeholders were sought informally during meetings via semi-structured interviews or focus groups. The following stakeholders were included:

- Doncaster council
- St Ledger Homes

- Aspire Drugs and Alcohol Services
- Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)
- South Yorkshire Integrated Care Board
- FCMS
- Hallcross Medical Limited
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH)
- Primary Care Doncaster

iii. Engagement with rough sleepers in Doncaster

As part of the Health Needs Assessment process, it is also important we gain an insight into the views and perceptions of those currently homeless and sleeping rough in Doncaster. Input from those who are currently homeless or rough sleeping in Doncaster was sought through informal engagement by outreach workers within the complex lives team. Staff were provided a survey and case study sheet consisting of questions regarding health and access to services. A £5 Greggs voucher was provided as incentive to compensate participants for their time.

2. Policy Context

2.1 National strategy and policy

The NHS long term plan recognises that people affected by homelessness die, on average, around 30 years earlier than the general population (11). As part of its wider priorities for reducing health inequalities, the plan set out specific actions to invest and improve access to specialist homelessness NHS mental health support and outreach services (12).

Homelessness in England has risen sharply since the financial crisis of 2008 which subsequently led to the Homelessness Reduction Act 2017. The Homelessness Reduction Act 2017 has been an instrumental in changes to the rights of homeless people in England by placing new legal duties on English councils. It includes a duty to prevent homelessness and a duty to relieve homelessness. This legislation placed a renewed focus on the prevention of homelessness and local authorities now have to provide a service to a far wider range of people who may be homeless, in particular those who are threatened with homelessness (13).

A Rough Sleeping Initiative (RSI) was launched in March 2018 as part of the governments Rough Sleeping Strategy (2018) which set out the vision of having rough sleeping by 2022 and ending it altogether. The RSI was targeted at local authorities with high numbers of people sleeping rough and included funding allocated to 83 local authorities, as well as a specialist team of advisers made up of rough sleeping and homelessness experts drawn from local authorities and the third sector. The initiative seeks to support people sleeping rough and develop their wellbeing and stability. An impact evaluation of the RSI suggests it has been successful in reducing rough sleeping in areas covered by the initiative (14).

In 2022, the Department for Levelling Up, Housing & Communities published an update to the Rough Sleeping Strategy, titled ‘Ending Rough Sleeping for Good’. It focuses on a “four-pronged approach” of prevention, intervention, recovery and ensuring a joined-up transparent approach supported by over £2 billion up to 2025.

2.2 Local strategy and policy

In April 2019, Doncaster Council commissioned an independent research consultancy to conduct a Homelessness and Rough Sleeping Review to help inform its strategy. This review found that the increasing number of people with complex needs was placing strain on existing models and pathways in which work took place within tradition 'silos'. The Review highlighted the need for a whole systems approach in which partners and organisations work together to better prevent homelessness in Doncaster.

Local Housing Authorities must create and publish a strategy at least every five years that outlines how homelessness and rough sleeping will be prevented and relieved. Doncaster's strategy was published in 2019 and terminates in 2024 (15).

The three key objectives of the strategy, based on the independent review, consultation with stakeholders and available intelligence are:

1. Deliver a "whole system" wide plan for Homeless Prevention
2. Maximise opportunities for independence through a range of housing options
3. Effective and joined up Care and Support Services for those most in need

Doncaster has been successful in a number of time-limited bids for Government grant, which support homelessness and rough sleeping including: MHCLG Cold Weather Fund, Flexible Homeless Support Grant, Private Rented Sector Funding, Rough Sleeper Initiative and Rapid Rehousing Pathway grants. However, there remains a difficult financial environment across public services to meet demand in a sustainable way.

Doncaster Council has a joint commissioning strategy with the NHS South Yorkshire Integrated Care Board (ICB) supporting more integrated commissioning of services. Doncaster also holds regular accommodation flow discussions to determine and streamline the pathways available for homeless households into supported accommodation.

In 2017, a Complex Lives Alliance was set up in Doncaster, representing a concerted effort by Doncaster Council and its partners to provide a multi-agency approach to supporting those with multiple and complex needs. This involves individuals facing multiple challenges such as homelessness, substance abuse, mental health issues, and involvement in the criminal justice system. This multi-agency approach provides a foundation to improving the whole system approach envisioned.

3. Epidemiology

The epidemiology section of this health needs assessment focuses on the trends and patterns of rough sleeping by utilising the available data. The primary data source is the annual rough sleeping snapshot, which provides information about the estimated number of people sleeping rough on a single night between October 1st and November 30th each year. This snapshot offers demographic details such as age, gender, and nationality, and therefore allows us to understand the scope and scale of rough sleeping, as well as monitoring changes over time.

The rough sleeping snapshot will be complemented by any additional local data collected by Doncaster Council and supporting services. This includes data from the Complex Lives

team, local authority reports and relevant national statistics and research studies. Together these sources will provide a more comprehensive understanding of the epidemiology of rough.

While the snapshot statistics provide robust, point-in-time estimates of rough sleeping levels, it is important to acknowledge potential limitations:

- **Underestimation**: Despite best efforts, some individuals sleeping rough may be missed during the count, leading to an underestimation of the true extent of rough sleeping.
- **External Factors**: The accuracy of snapshots can be affected by external factors such as weather conditions, which may influence the visibility and countability of individuals sleeping rough on the night of the snapshot.

3.1 Rough sleeper snapshot

Local authorities collect rough sleeping data through three primary methodologies:

1. **Count-based estimate of visible rough sleeping**: This involves a physical count of individuals visibly sleeping rough on a single night.
2. **Evidence-based estimate meeting with local partners**: This method compiles rough sleeping estimates based on input from local partners such as outreach workers, local charities, and community groups.
3. **Evidence-based estimate meeting including a spotlight count**: This approach includes both partner estimates and targeted counts in specific areas.

This methodology, standardised since 2010, is conducted by outreach workers, local charities, and community groups, with independent verification by Homeless Link to ensure accuracy and reliability.

Trends and Data Analysis

Figure 1 illustrates the trend in the estimated number of people sleeping rough on a single night in autumn in England since 2010. The data reveals an alarming increase in rough sleeping numbers, culminating in a peak in 2017, followed by a notable decline due to intervention measures during the COVID-19 pandemic.

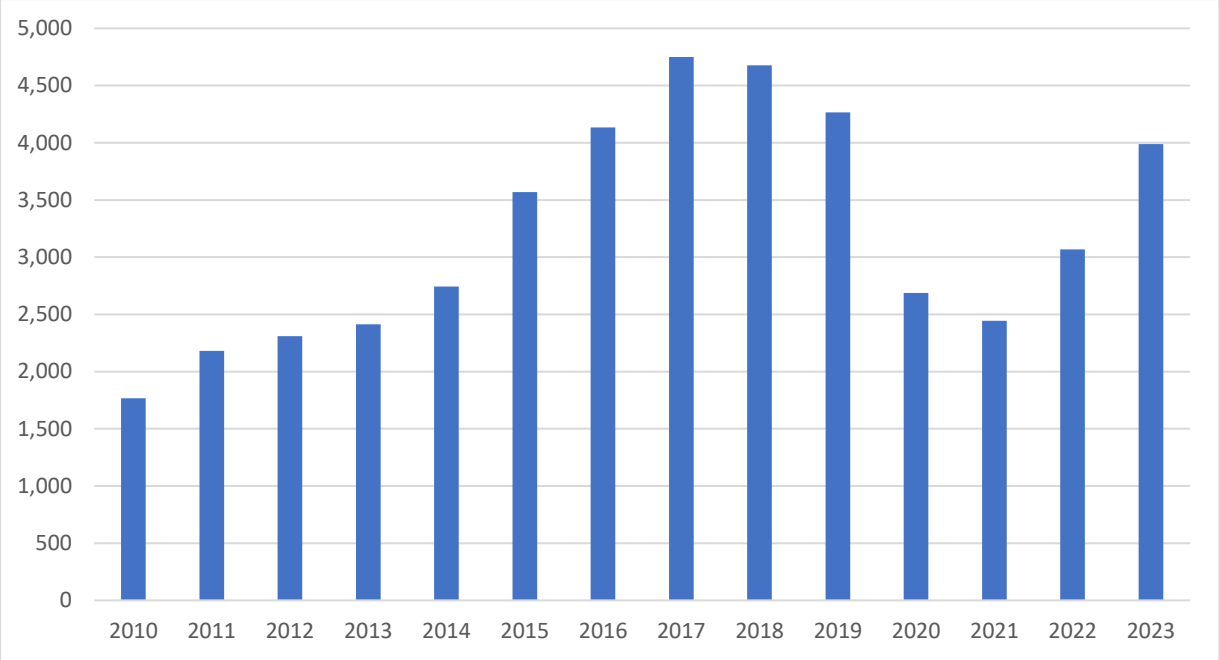


Figure 1 Estimated number of people sleeping rough on a single night in autumn in England since 2010. Source: Ministry of Housing, Communities and Local Government (MHCLG) – Rough sleeping snapshot in England

The estimated number of individuals sleeping rough on a single night in autumn has increased for the second consecutive year but remains below the peak observed in 2017 (16). This figure is also lower than in 2019, prior to the COVID-19 pandemic, yet it remains higher compared to 2010 when the snapshot methodology was first introduced.

In autumn 2023, an estimated 3,898 people were sleeping rough on a single night in England. This represents an increase of 829 individuals, or 27%, compared to 2022, and a significant rise of 2,130 individuals, or 120%, since 2010 (16). However, this number is a decrease of 853 individuals, or 18%, from the peak recorded in 2017 (16).

3.2 Regional distribution

Figure 2 illustrates the proportion of people sleeping rough on a single night in autumn 2023 by region. London and the South East accounted for nearly half (46%) of the total estimated rough sleeping population on a single night this autumn, a pattern that has remained consistent with previous years.

Conversely, the North East of England continues to report the lowest number of people sleeping rough on a single night in autumn, a trend that has persisted across all previous years.

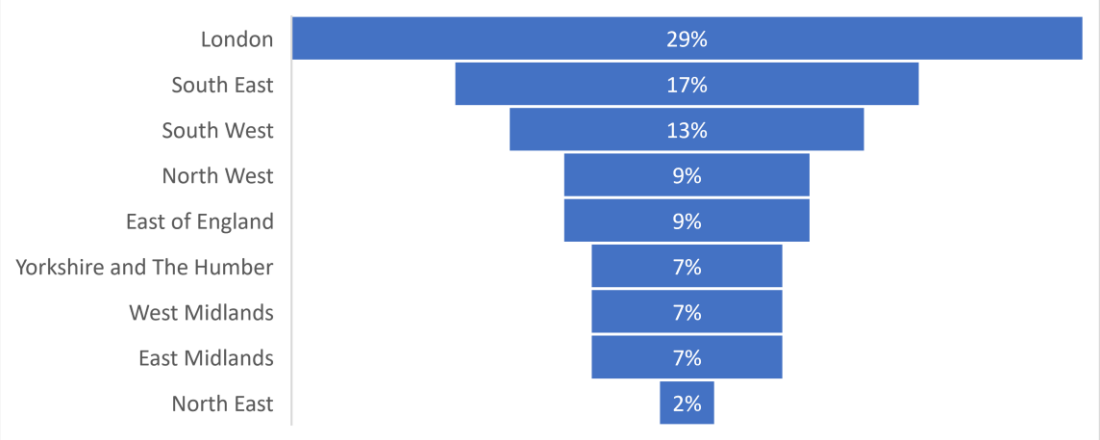


Figure 2 Proportion of people sleeping rough on single night in autumn 2023 by region. Source: Ministry of Housing, Communities and Local Government (MHCLG) – Rough sleeping snapshot in England

The largest increase in the number of people estimated to be sleeping rough on a single night in autumn 2023 was in London, where there were 1,132 people this year compared to 858 people last year.

The largest percentage increase in the number of people estimated to be sleeping rough on a single night in autumn 2023 was in Yorkshire and Humber, up 59% from 170 people last year to 270 people this year.

Table 1: Estimated number of people sleeping rough on a single night in autumn by region compared to previous year.

Area	2022	2023	Difference	% Change
West Midlands	250	256	6	2
North East	61	89	28	46
East of England	285	337	52	18
East Midlands	213	287	74	35
South West	413	488	75	18
South East	572	670	98	17
Yorkshire and the Humber	**170**	**270**	**100**	**59**
North West	247	369	122	49
London	858	1,132	274	32
Rest of England	2,211	2,766	555	25
England	3,069	3,898	829	27

3.3 Doncaster Demographics

Overview

In the last census held in 2021, the population of Doncaster was around 308,100, representing a 1.9% increase from the previous 2011 census (302,400) (17). The population in Doncaster increased by a smaller percentage than the overall population of Yorkshire and the Humber (3.7%), and a smaller percentage than the overall population of England (6.6%) (17). Data from the office for health improvement and disparities shows that across 2020 and 2022, the average life expectancy for men in Doncaster stood at 76.8 years and 80.6 for women, both are lower than the regional and national averages (18). Healthy life expectancy for men and women is 57.4 and 56.1 years respectively (18). There is a concerning trend of decreasing healthy life expectancy, which reflects the number of years individuals are expected to live in good health. This trend is more pronounced among women.

Age

Approximately 19% of Doncaster's population are under 16 years old. The working age population (16-64) constitutes approximately 62% of the total population. The number of people aged 65 to 74 years increased from 2011 to 2021 by 21.2% (17).

Ethnicity

In 2021, 93.1% of residents in Doncaster identified within the "White" ethnic category, a slight decrease from 95.3% in 2011. The proportion of individuals identifying as "Asian, Asian British, or Asian Welsh" increased to 2.9%, up from 2.5% in 2011. Similarly, those identifying within the "Mixed or Multiple" ethnic category rose from 1.1% in 2011 to 1.5% in 2021 (17).

Several factors may contribute to the evolving ethnic composition in Doncaster, mirroring broader trends across England and Wales. These factors include varying patterns of ageing, fertility, mortality, and migration. Additionally, changes may arise from differences in how individuals choose to self-identify between censuses.

Deprivation

Over 60% of Lower Layer Super Output Areas (LSOAs) in Doncaster are in the top 20% most deprived in England in terms of Crime (19). Furthermore, of the 194 neighbourhoods (LSOAs) within Doncaster, 68 were among the top 20% most income-deprived areas in England (20). These figures highlight the significant economic challenges faced by a considerable portion of the local population.

3.4 Rough Sleepers in Doncaster

The trend of people sleeping rough in Doncaster, as identified through the annual autumn snapshot data, has shown significant fluctuations over the years. The annual snapshot indicates a peak in 2018 with 27 individuals estimated to be sleeping rough in Doncaster. This peak is followed by a notable decline particularly in 2020 during the coronavirus (COVID-19) pandemic. This is possibly related to policy responses and increased provision of emergency accommodation during the pandemic for people who sleep rough. Unfortunately, the most recent data from autumn 2023 indicates a notable increase in the number of individuals sleeping rough compared to previous years. This local picture reflects a broader national trend of rising rough sleeping numbers post-pandemic.

Table 2 shows the estimated number of people sleeping rough in Doncaster on a single night from 2010. The line chart in Figure 4 illustrates the trend of this data.

Street counts and estimates of rough sleeping in Doncaster, Autumn 2010-2023	
2010	5
2011	2
2012	1
2013	9
2014	9
2015	9
2016	13
2017	8
2018	27
2019	24
2020	13
2021	20
2022	13
2023	23

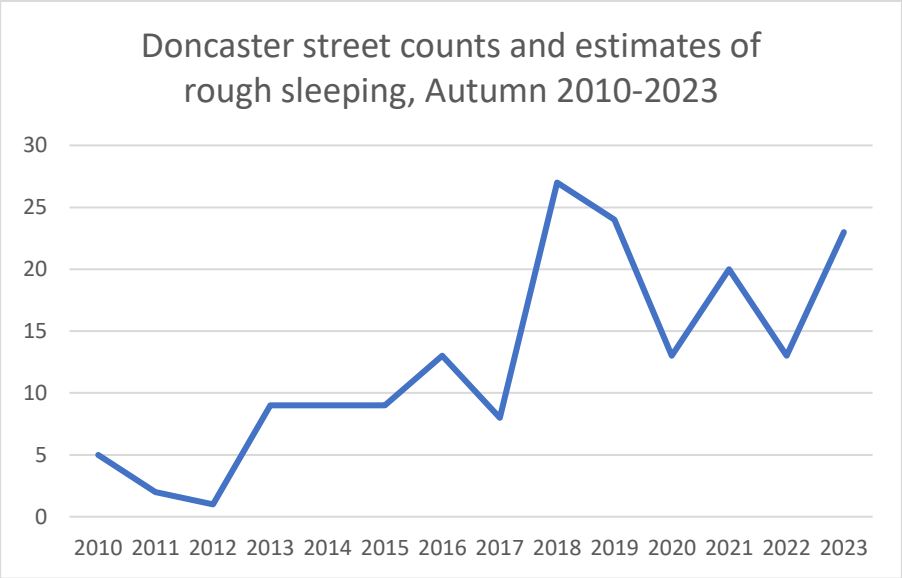


Figure 3 Number of people sleeping rough, Doncaster (Autumn 2010-2023) Source: DLUHC Annual Rough Sleeping Snapshot

3.5 Characteristics of people who sleep rough

Understanding the characteristics of people who sleep rough is essential for developing targeted interventions and support services. We can examine the demographic profiles of individuals identified during the annual autumn snapshot in England. Analysing data on age, gender, nationality, and other relevant factors, can help gain insights into the diverse needs and challenges faced by this population.

Gender

The demographic analysis of rough sleepers in Doncaster reveals that the majority are male, mirroring national trends where males constitute the predominant gender among the rough sleeping population. In 2023, however, a notable increase in the proportion of female rough sleepers in Doncaster can be observed, with women accounting for 35% of the rough sleeping population. This represents the highest percentage of female rough sleepers recorded in Doncaster since the introduction of the snapshot's wider demographic statistics in 2017.

This shift in gender distribution warrants further investigation to understand the underlying causes and to ensure that support services are adequately tailored to address the specific needs of female rough sleepers. The increase in female rough sleepers may also highlight the evolving dynamics of homelessness and the importance of gender-responsive approaches in homelessness interventions and policy development.

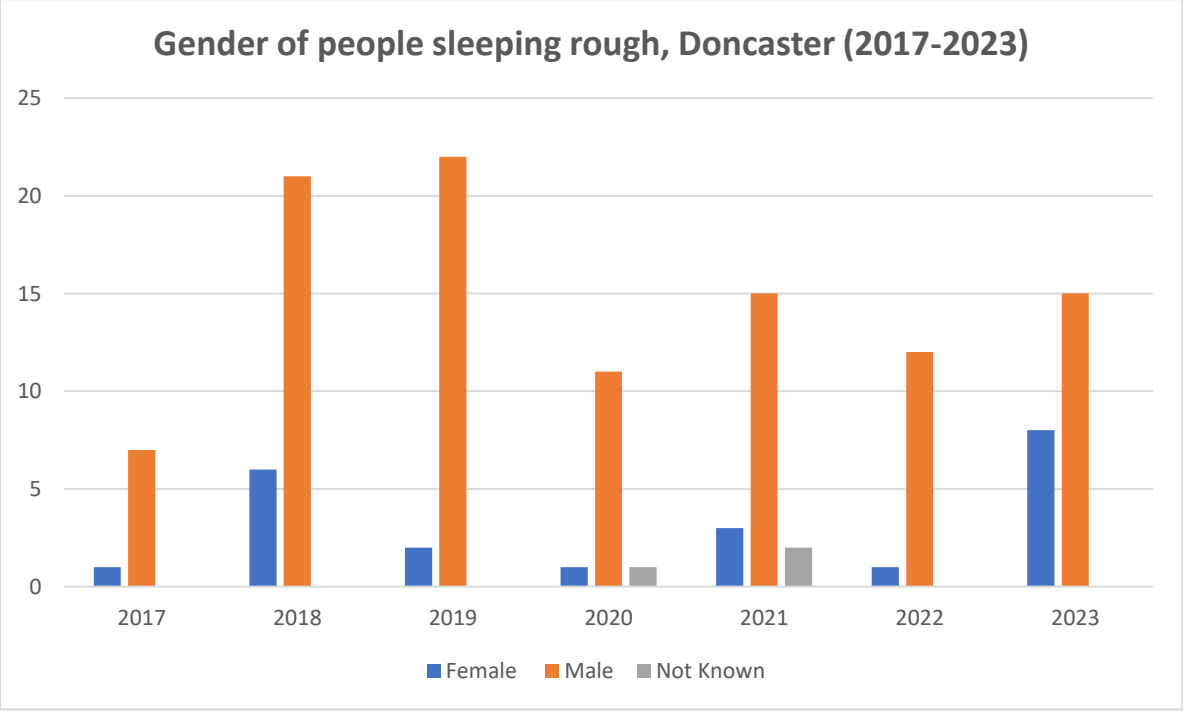


Figure 4 Gender of people sleeping rough, Doncaster (Autumn 2017-2023) Source: Data using DLUHC Annual Rough Sleeping Snapshots

Nationality

In terms of nationality, the rough sleepers identified in Doncaster are predominantly UK nationals.

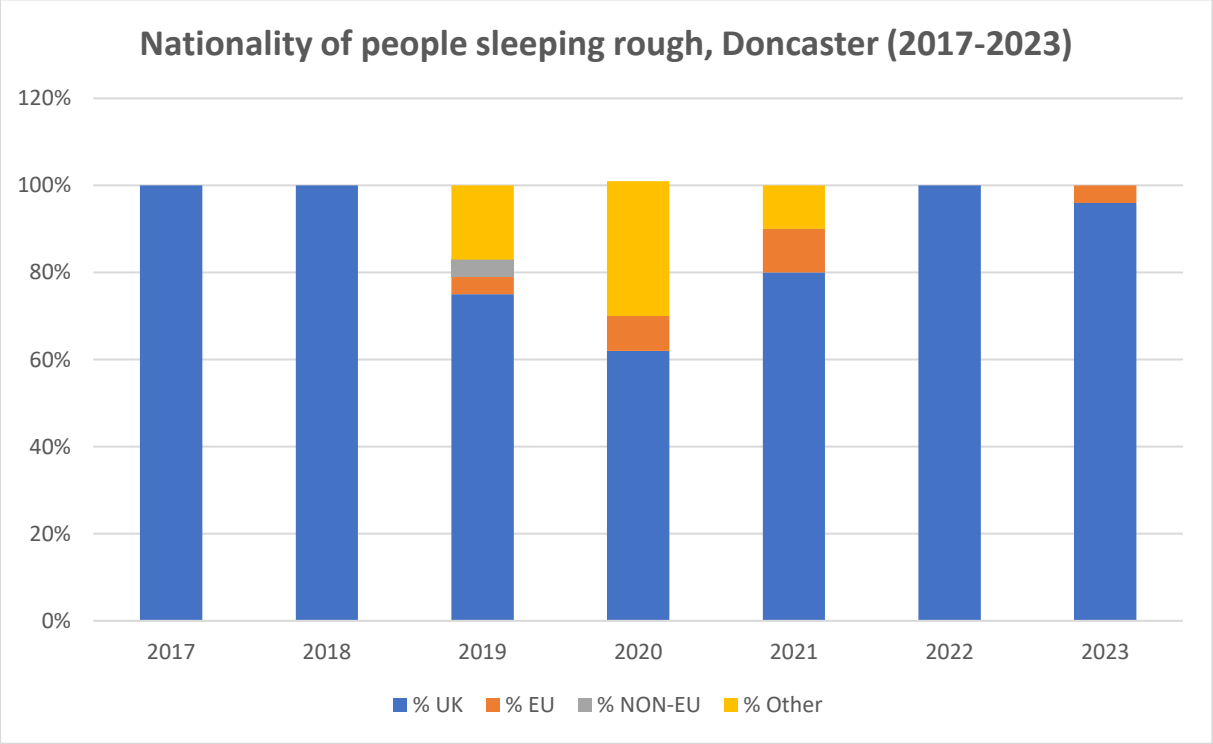


Figure 5 Nationality of people sleeping rough, Doncaster (Autumn 2017-2023) Source: Data using DLUHC Annual Rough Sleeping Snapshots

Age

Figure 7 provides a breakdown of the age of people sleeping rough in Doncaster from 2017 to 2023. Most of the individuals sleeping rough in Doncaster are over the age of 26, with a small minority aged between 18 and 25. In 2023, there was only 1 personal sleeping rough who was aged between 18 and 25.

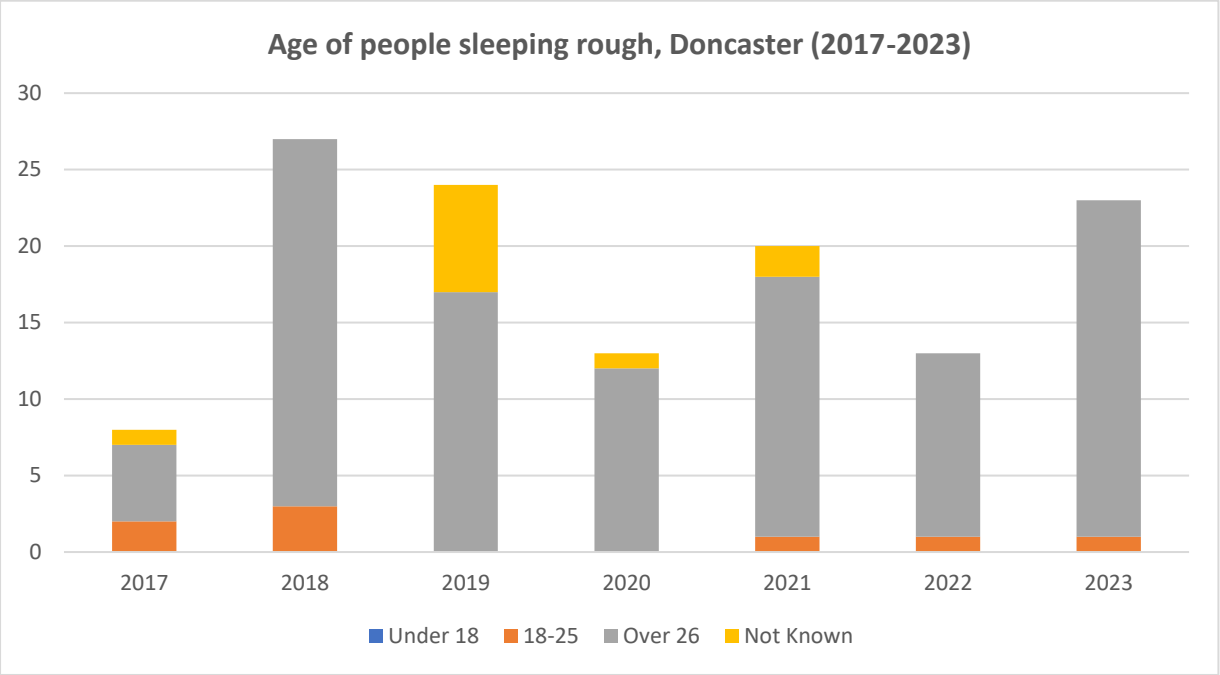


Figure 6 Age of people sleeping rough, Doncaster (Autumn 2017-2023) Source: Data using DLUHC Annual Rough Sleeping Snapshots

1.1 Local Trends

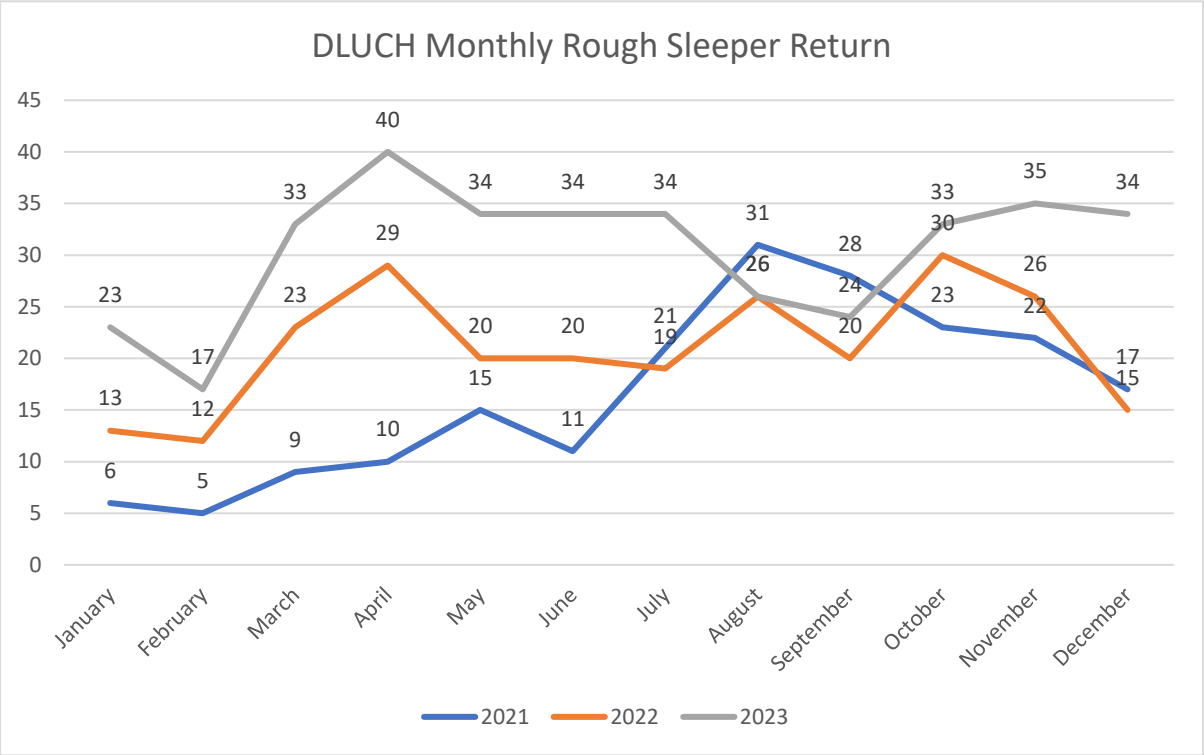


Figure 7 people identified to be rough sleeping in the Doncaster borough per month (2021-2023) Source: Doncaster Complex Lives team.

Figure 8 depicts the number of people identified to be rough sleeping in Doncaster over three years; 2021, 2022, and 2023. Each line represents the data for one year. A seasonal fluctuation in rough sleeping numbers can be observed, with peaks typically occurring in colder months. A year-on-year increase can also be observed, particularly in 2023 which can indicate increases in rough sleepers or better identification and reporting methods. Similarly, the peaks during colder months may be due to higher visibility of rough sleepers in adverse weather conditions.

4. Local Insights

4.1 Stakeholders

To gather insights and suggestions, local stakeholders were engaged with through informal meetings and a focus group with healthcare staff. This involved colleagues from the following organisations and services:

- Doncaster council
- St Ledger Homes
- Aspire Drugs and Alcohol Services
- Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)
- South Yorkshire Integrated Care Board
- FCMS
- Hallcross Medical Limited
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH)
- Primary Care Doncaster
- Doncaster faith based forum

The main themes, views and suggestions from these meetings are outlined below:

What Is already in place in Doncaster to improve the health of rough sleepers?

- **Specialist services and integrated care**
  - Stakeholders noted several effective initiatives in Doncaster aimed at addressing the health needs of rough sleepers. The Aspire alcohol and drugs service, for example, features a specialist team that includes a physical health nurse, allowing for the management of both substance misuse and physical health concerns. Weekly clinics provide rough sleepers an opportunity to seek medical care in a dedicated setting.

- **Vaccination and Preventative Care**
  - The availability of vaccinations, such as Hepatitis B and Hepatitis C, has been a significant benefit. Outreach efforts to provide these vaccines have been particularly valuable.

- **Targeted Clinics and Early Intervention**
  - The wound clinic, operating two days a week, has been praised for its effectiveness in treating physical health issues specific to rough sleepers. Similarly, the alcohol early intervention team has been recognised for its positive impact. Although activities offered are often more beneficial to non-rough sleepers, stakeholders highlighted that wound care services remain critically important, though limited by restricted operating hours. The dental pilot implemented in the town centre was also noted for targeting oral health care to homeless residents.

- **Mobile Health Services**
  - The health bus, which operates bi-weekly with a GP and advanced nurse practitioner on board, provides valuable services, although it is accessed by individuals with more stability.

- **Specialised Clinics and Outreach**
    - The sexual health clinic was stated as working closely with rough sleepers particularly females. Additionally, outreach efforts for Hepatitis C have been well-received.

- **Support and Preventative Measures**
    - The Complex Lives Alliance has successfully integrated an activity coordinator to support individuals with complex needs. St Ledgers the local social housing company provide communications regarding the prevention of homelessness and prison assessments before discharge have also helped ensure individuals are aware of and can access support before becoming homeless.

- **Emergency Response and Extreme Weather Support**
    - During extreme heat events in the past two summers, hot weather packs were distributed to offer relief and support by social housing providers in Doncaster. The Severe Weather Emergency Protocol (SWEP) and winter provision toolkit has also been essential in helping local authorities respond effectively to prevent deaths among those sleeping rough.

What do partners and services believe their role is in preventing or improving the health issues related to rough sleepers?

- **Advocacy and Signposting**
    - Stakeholders viewed their role as advocated and connectors, to help rough sleepers navigate and access health related services. This includes signposting and referring as well as working with staff from other agencies.

What has worked well in Doncaster?

- **Wound care service**

- The Doncaster Wound Care Alliance which is a collaborative network providing wound care services including for those experiencing homelessness. Rough sleepers are referred to a complex lives clinic which provides access to wound care services and a complex lives key worker. This clinic is a drop in every Tuesday and Friday 12pm – 16.00pm. Stakeholders emphasised this service has addressed crucial need, with many rough sleepers attending regularly.

- **Pop-up Hubs and Outreach Services**

- Stakeholders highlighted the effectiveness of pop-up hubs which provide essential health services. These hubs, which include doctors and nurses, have offered medical support in the town centre and were noted for their successful collaborative approach.

- **Training initiatives**

- Training initiatives in the past such as the training for Naloxone administration for staff and wider community members was described as a notable successful. It empowers and equips the workforce as well as extending to other members of the community.

- **Collaboration with community groups**

- Local community organisations have helped make contributions by providing hot meals and other forms of support. This includes places of worship in central Doncaster such as the Churches and a Gurdwara. The Christmas day meal initiative was offered to homeless individuals by the Church and has been well received. The Doncaster Steet Hub also supports The Complex Lives team by providing hot meals and essentials to the town's rough sleepers.

- **Complex Lives Team**

- The complex Lives team in Doncaster was recognised for its management of complex cases and coordinating care.

What are the main challenges in improving the health of rough sleepers in Doncaster?

- **Access to healthcare**

  Rough sleepers have difficulties accessing mainstream health services such as GP services and Pharmacies.

- **Responsibility and Coordination**

- There is an unclear division of responsibility among partner organisations regarding the health of rough sleepers. This ambiguity creates challenges in ensuring coordinated and comprehensive care. The overlapping and sometimes fragmented roles of various agencies, including the local councils, healthcare providers, and non-profit organisations, can lead to gaps in service provision and accountability. This can result in inconsistent care pathways, delayed interventions, and a sense of disjointed support for rough sleepers.

- **Addressing health holistically**

- Rough sleeping is characterised by tri-morbidity, meaning they are more likely to suffer mental ill health, physical ill health, and substance misuse. However, stakeholders highlighted that a lot of the health provision aimed at rough sleepers is reactionary, focussing primarily on immediate crises rather than long-term wellbeing. There needs to be increased focus on preventative and upstream interventions, such as regular health screenings, vaccinations, and health education, which are essential for early detection and prevention of chronic conditions. Stakeholders emphasised the need for a more holistic outlook on the health of rough sleepers, one that addresses the full spectrum of their health needs.

- **Engagement and Trust**

- The lack of engagement and trust between rough sleepers and mainstream health services, such as general practice, was a concern raised by stakeholders. Rough sleepers often feel alienated and mistrustful of healthcare providers, stemming from past negative experiences and a perceived lack of empathy and understanding from staff. This mistrust is compounded by the transient nature of their lives, making it difficult to access appointments and navigate the healthcare system without a permanent address. Additionally, rough sleepers may feel anxious about seeking medical help due to concerns about their hygiene, such as the smell of untreated wounds, which can deter them from visiting a general practice. As a result, they often delay seeking medical attention until their health issues become severe, exacerbating their vulnerability and continuing a cycle of poor health outcomes.

What actions need to be taken to improve the health of those homeless or at risk of homelessness?

- **Removing barriers to care**

- Stakeholders emphasised the importance of improving access to essential services and addressing the barriers that prevent this. This includes facilitating easier access to General Practice services and addressing other basic needs such as showers and washing facilities, which are fundamental for maintaining personal hygiene. The absence of these basic services may undermine self-esteem and contribute to reluctance in seeking medical care.

- **Centralised engagement points**

- Establishing a central point or hub could significantly improve engagement with rough sleepers. This hub should serve as a focal point for accessing a range of services, including health related services, and staffed by professionals trained in both outreach and health care. This approach can also bridge gaps between outreach workers and health service staff, facilitating more integrated care.

- **Improving health outreach**

- Stakeholders also highlighted the need for dedicated health outreach staff who are trained to initiate treatment and address health issues. Current outreach workers often lack health-specific training, which limits their ability to address medical needs effectively. Increasing the presence of health-trained outreach workers could improve early intervention and management of health conditions.

- **Strengthening partnerships and communication**

- Improving health outcomes for the homeless population requires strong collaboration and communication among all involved services. Partners should openly share their capabilities and limitations to ensure a cohesive approach. More regular and transparent communication will help align efforts and resources more effectively.

- **Focus on physical health and preventative care**

- Stakeholders mentioned the need for more focus on the physical health of rough sleepers, including preventative measures. Opportunities for physical health engagement should be actively sought, and efforts should be made to provide essential access to health services for rough sleepers.

- **Resource allocation and system improvements**

- Sufficient resources must be allocated to support initiatives that promote the health of rough sleepers. There is a need for improving records and data uptake from this cohort from all partners. Stakeholders also mentioned how addressing social norms and perceptions can improve access and treatment for rough sleepers.

4.2 Perspectives form rough sleepers

To ensure a comprehensive health needs assessment, we prioritised direct engagement with this population to capture their perceptions of health and wellbeing. This engagement was facilitated through the invaluable work of outreach officers from the Complex Lives Team. These outreach workers, who have already established trust and rapport with rough sleepers, utilised their existing connections to facilitate this engagement.

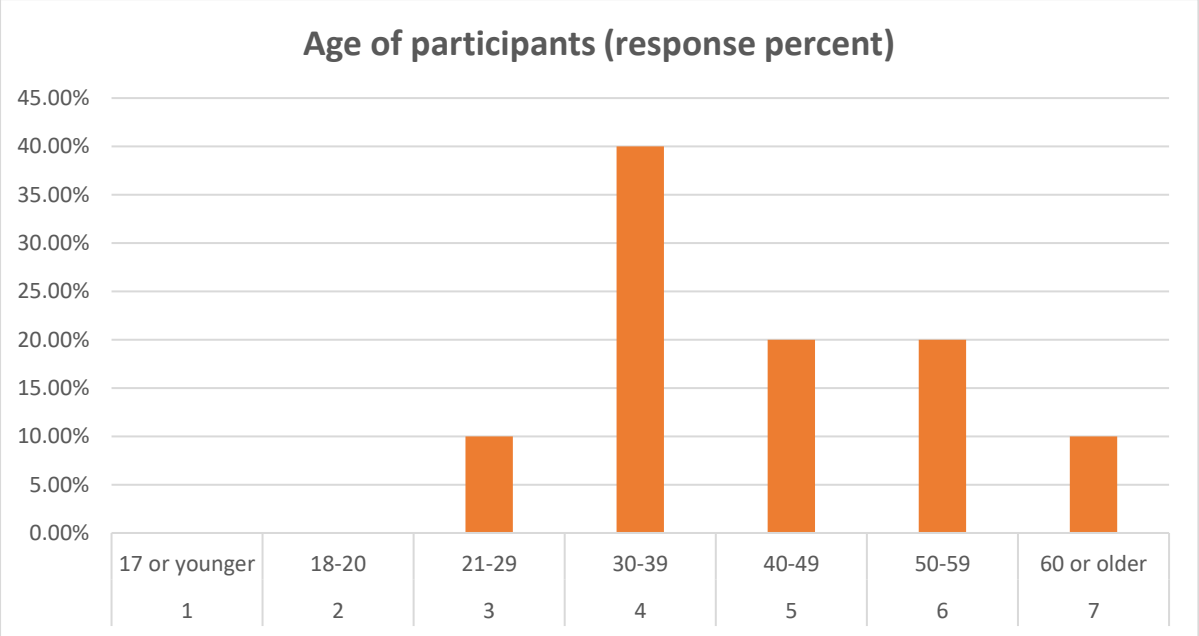
Outreach staff were all provided with a briefing and supplied with a structured interview guide. This guide included questions regarding participants experiences with rough sleeping, their health and wellbeing, and access to essential services. This methodology enabled us to gather nuanced insights directly from individuals, ensuring their voices are central to our assessment.

Here is summary of the data collected using the interview guide:

1. Age distribution

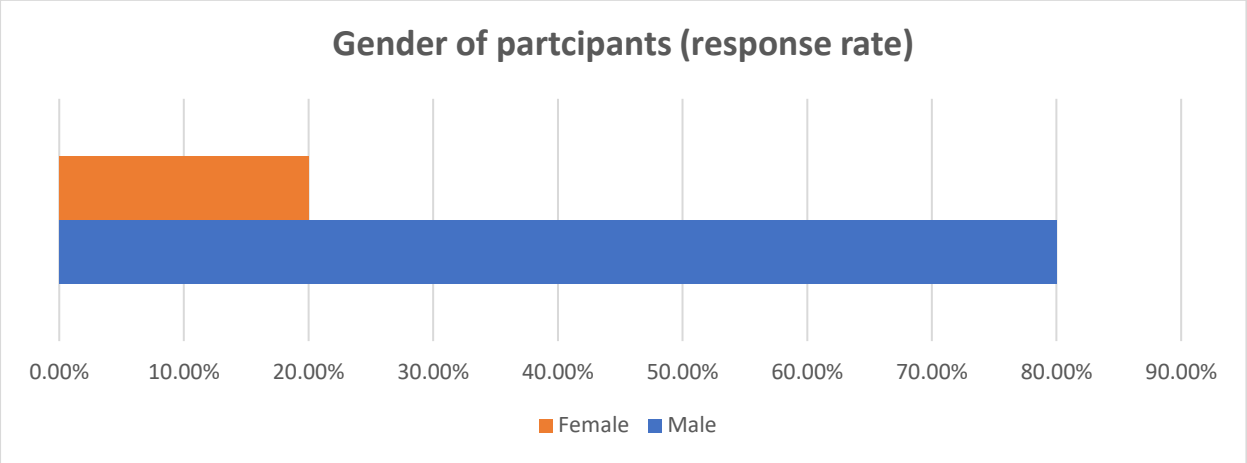
Outreach workers engaged with a total of 10 participants. The age distribution of these participants is as follows:

- 4 participants were aged between 30 and 39 years.
- 2 participants were aged between 40 and 49 years.
- 2 participants were aged between 50 and 59 years.
- 1 participant was aged over 60 years.
- 1 participant was aged between 21 and 29 years.
- No participants were younger than 21 years.



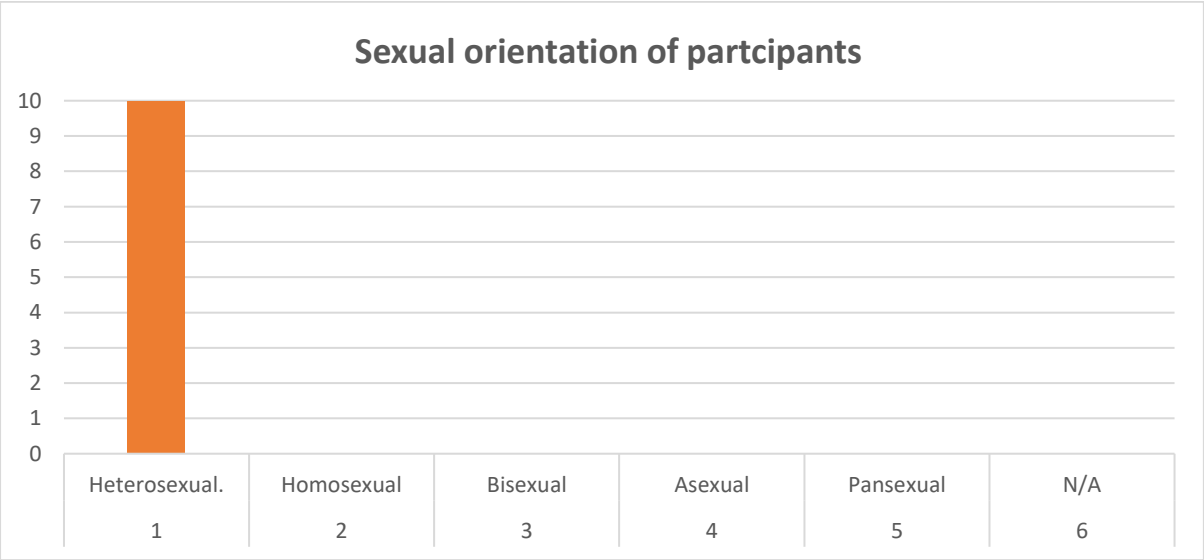
2. Gender distribution

- 8 participants were male.
- 2 participants were female.



3. Sexual orientation

- All 10 participants identified as heterosexual.

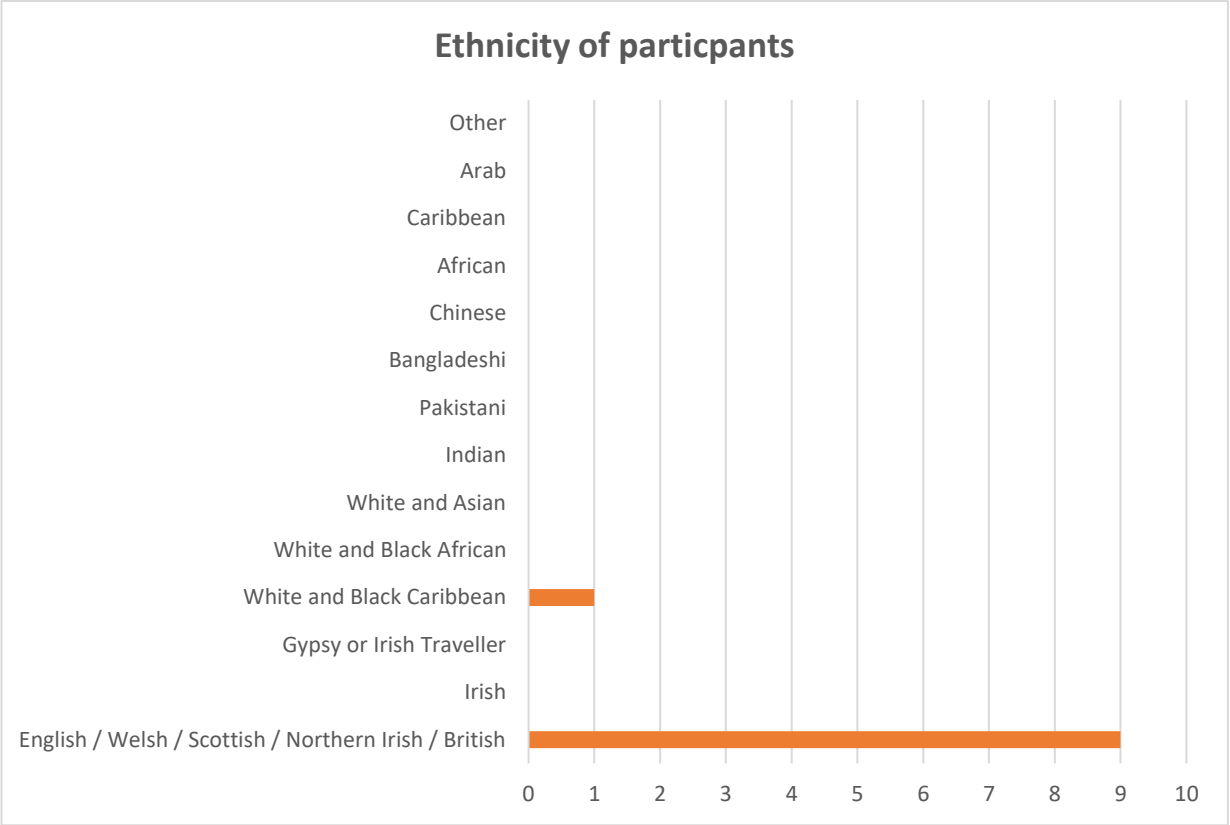


4. Ethnicity

The ethnicity of the participants was reported as follows:

- English / Welsh / Scottish / Northern Irish / British: 9 participants
- White and Black Caribbean: 1 participant

This distribution highlights the predominantly British background of the rough sleepers in this sample.

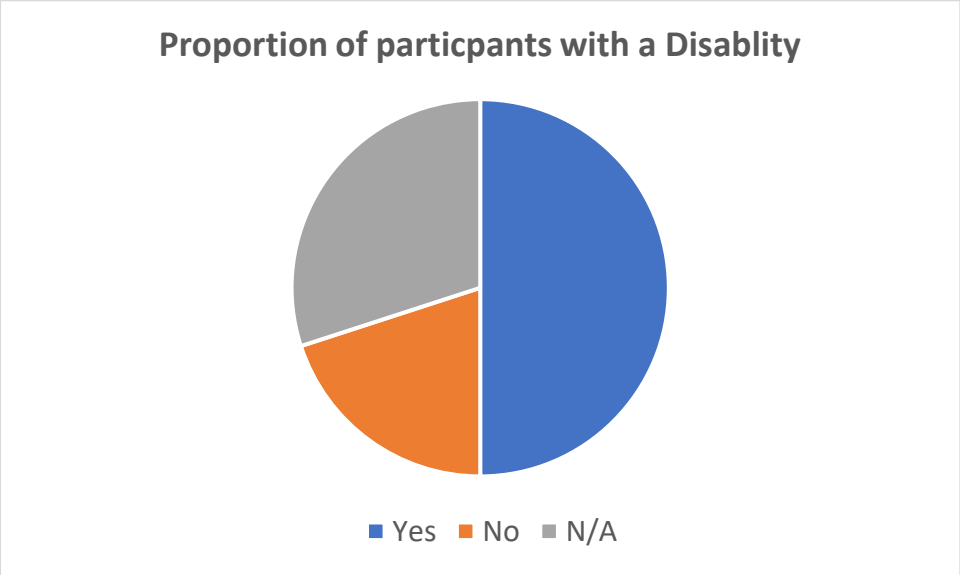


5. Disability

The disability status of the participants was reported as follows:

- **Have a disability:** 5 participants.
- **Do not have a disability:** 2 participants.
- **Not applicable / Prefer not to say:** 3 participants.

This distribution provides insight into the prevalence of disabilities within the rough sleeper population, which is a critical factor in assessing their health needs. Understanding the extent and types of disabilities present can help tailor health services and support to better meet the needs of this group.

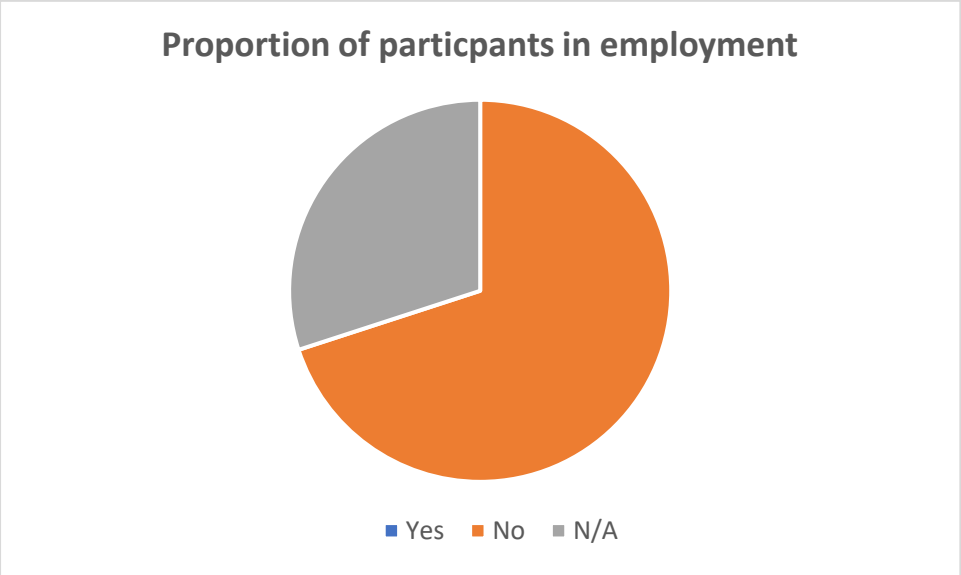


6. Employment status

The employment status of the participants was reported as follows:

- **Not employed**: 7 participants.
- **Not applicable / Prefer not to say**: 3 participants.
- **Employed**: 0 participants.

This data highlights that none of the participants are currently employed, with the majority not engaged in any form of work. The three participants who indicated "not applicable" may have had reasons such as being unable to work or not perceiving employment as relevant to their current situation.

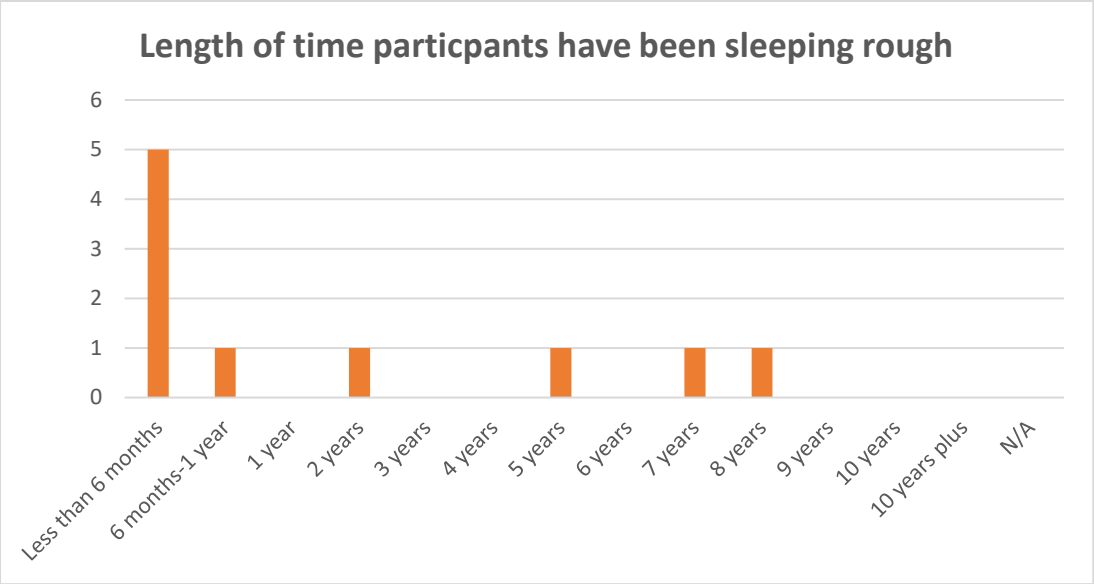


7. Length of time rough sleeping

The length of time that participants have been rough sleeping is as follows:

- **Less than 6 months**: 5 participants
- **Between 6 months and 1 year**: 1 participant
- **1 year**: 1 participant
- **2 years**: 1 participant
- **5 years**: 1 participant
- **7 years**: 1 participant
- **8 years or more**: 1 participant

This distribution provides an overview of the duration of rough sleeping experienced by the participants. A significant portion of the participants (5 out of 10) have been rough sleeping for less than 6 months, suggesting a relatively recent experience for these individuals. Conversely, several participants have been rough sleeping for extended periods, with one individual reporting up to 8 years. Understanding the duration of rough sleeping can help tailoring interventions and support services, as long-term rough sleepers may face different challenges compared to those with shorter durations.

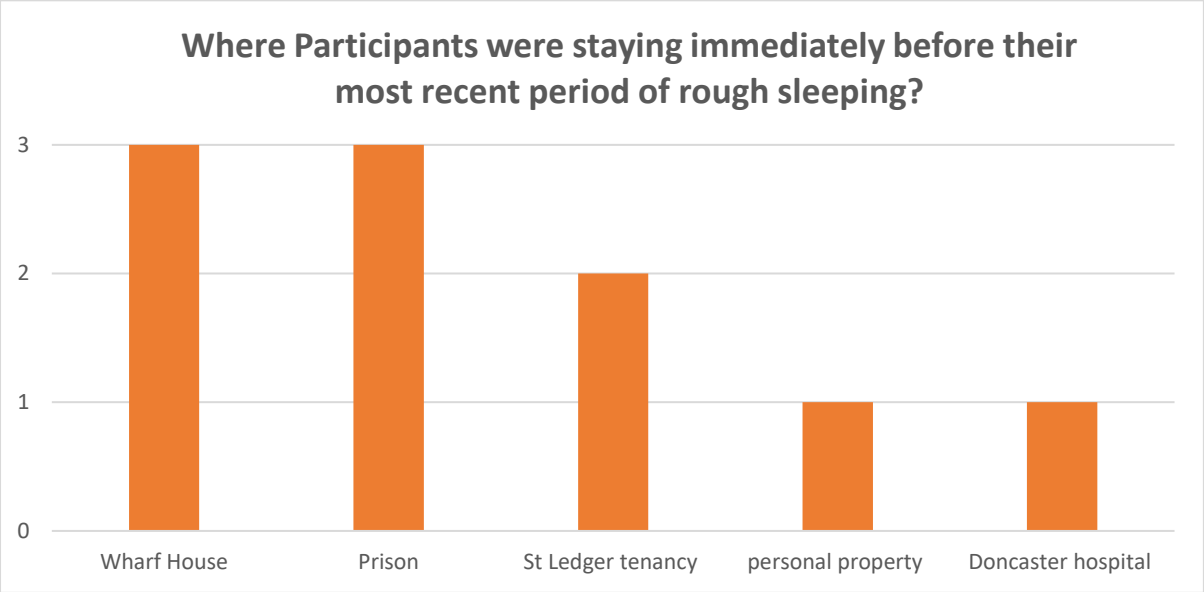


8. Participant accommodation before most recent period of rough sleeping

Participants were asked about their living arrangements immediately before their most recent period of rough sleeping. The responses are as follows:

- **Wharf House (accommodation for homeless)**: 3 participants.
- **Prison**: 3 participants.
- **Tenancy with St. Ledger's Doncaster**: 2 participants.
- **Personal property**: 1 participant.
- **Hospital**: 1 participant.

This data provides insight into the various circumstances that led to the participants' current rough sleeping situation. Notably, a significant proportion of participants had been staying in institutional or supported environments such as Wharf House or prison. Additionally, a few had been in tenancy agreements or personal property, while one participant was in hospital. Understanding these previous living arrangements can help identify the factors contributing to the transition to rough sleeping and assist in developing more targeted support and prevention strategies.



9. Factors preventing participants from finding accommodation.

Participants were asked about the factors that prevented them from finding accommodation. The responses reveal a range of barriers:

Lack of Council Duty and Assessment: One participant reported having no duty with the council and not having undergone a recent assessment, which may have hindered access to support services.

Access Issues with Supported Providers and Private Rentals: Another participant faced difficulties accessing supported housing providers due to previous issues and struggled to find private rental options without references.

Unavailability of Accommodation: Some participants experienced a straightforward lack of available accommodation, indicating a shortage of options.

Hospitalisation: One participant was in hospital, which may have prevented them from securing or maintaining accommodation during their stay.

Loss of Placements and Family Breakdown: A participant lost previous placements and experienced a breakdown in family relationships due to drug use, making it difficult to stay with family or find alternative housing.

Financial Problems and Substance Use: Financial difficulties and substance use were cited as barriers by another participant, which can significantly impact the ability to secure and maintain accommodation.

Eviction Due to Behaviour: One participant was evicted due to behaviour issues and, despite completing a homeless assessment and being offered temporary accommodation, failed to attend and lost their rough sleeper duty.

Covid-19 Impact: A participant did not receive a housing assessment prior to their prison release due to Covid-19, which delayed their ability to secure accommodation.

Self-Discharge from Hospital: Another participant self-discharged from the hospital before suitable accommodation was ready, which may have led to immediate rough sleeping.

Failure to Attend Offered Accommodation: A participant was offered temporary accommodation but failed to attend, which prevented them from moving into stable housing.

These barriers highlight a range of systemic, personal, and situational factors contributing to the difficulty in securing accommodation. Addressing these issues requires a multifaceted approach, including improving access to assessments, providing adequate support for those with previous issues, ensuring timely accommodation solutions, and addressing personal and financial challenges.

10. Participant reasons for refusing offered or available accommodation.

Participants were asked about the reasons for refusing offered or available accommodation. The analysis of their responses is as follows:

Preference for Local Area: One participant declined an accommodation offer because it required relocation outside their familiar area, leading to non-attendance and the subsequent loss of their support services. Similarly, another participant rejected offers for out-of-area hotels, which were deemed impractical or unsuitable for their needs. Additionally, a participant turned down accommodation situated outside Doncaster due to concerns about the distance impacting their ability to attend crucial medical appointments.

No Offers: A few participants indicated that no accommodation offers were made to them, which implies a lack of opportunity rather than refusal.

Previous Issues with Accommodation: One participant refused accommodation due to the location being associated with past issues, including anti-social behaviour (ASB) and being a victim of crime.

Failure to Attend: Several participants who did not explicitly refuse accommodation mentioned failing to attend offered placements, resulting in the loss of their duty status. This suggests that the reasons for non-attendance could be varied and not necessarily a direct refusal of the offer.

N/A (Not Applicable): A few participants marked this response, indicating either that the question did not apply to their situation or that they did not have specific reasons for refusal.

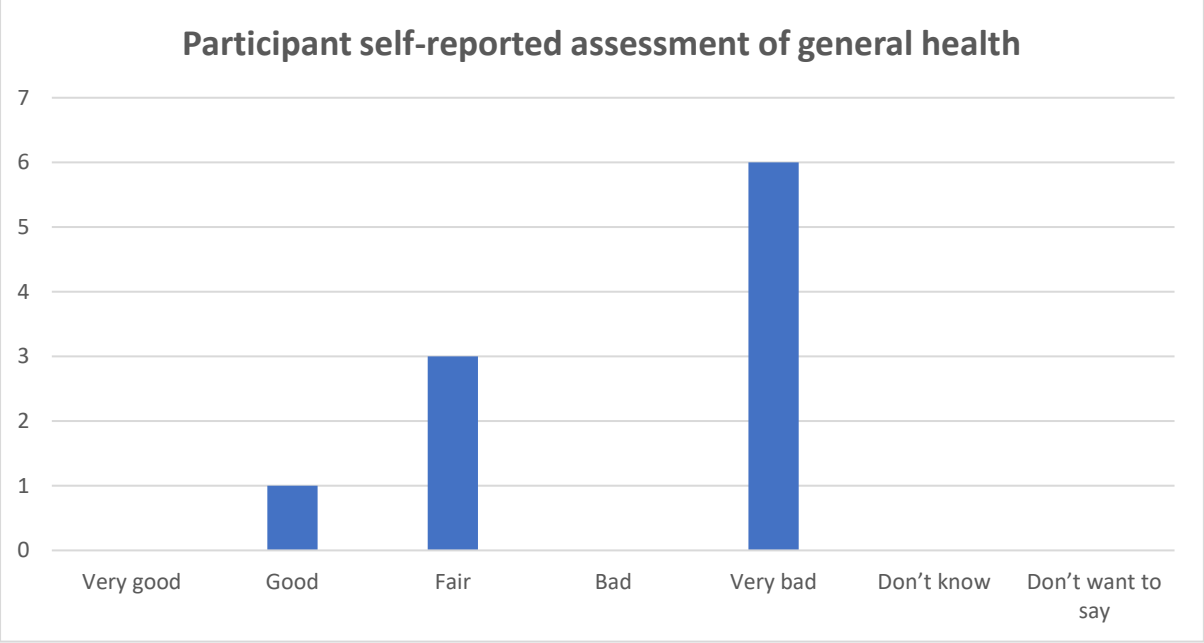
The reasons for refusing accommodation highlight several key issues, including a preference for local housing, the impracticality of locations far from necessary services, and concerns about safety and past issues in certain areas. Addressing these concerns involves ensuring that accommodation options are accessible, relevant, and sensitive to individual needs and circumstances.

11. Participant general health

Participants were asked to self-assess their general health. The responses were as follows:

- **Very Good**: 0 participants
- **Good**: 1 participant
- **Fair**: 3 participants
- **Bad**: 0 participants
- **Very Bad**: 6 participants
- **Don’t Know / Prefer Not to Say**: 0 participants

The self-assessment data indicates that no participants rated their health as "very good" or "bad." Most participants (6 out of 10) reported their health as "very bad," suggesting significant health challenges within this group. Only one participant considered their health to be "good," and three participants rated it as "fair." This response highlights the poor health faced by rough sleepers.



12. Further information on participants health

Participants were asked to provide more information about their health. The detailed responses highlight a significant burden of both physical and mental health issues among the participants. The key health issues identified include:

Mental Health: Anxiety, depression, PTSD, personality disorders, and severe mental health conditions like paranoid schizophrenia.

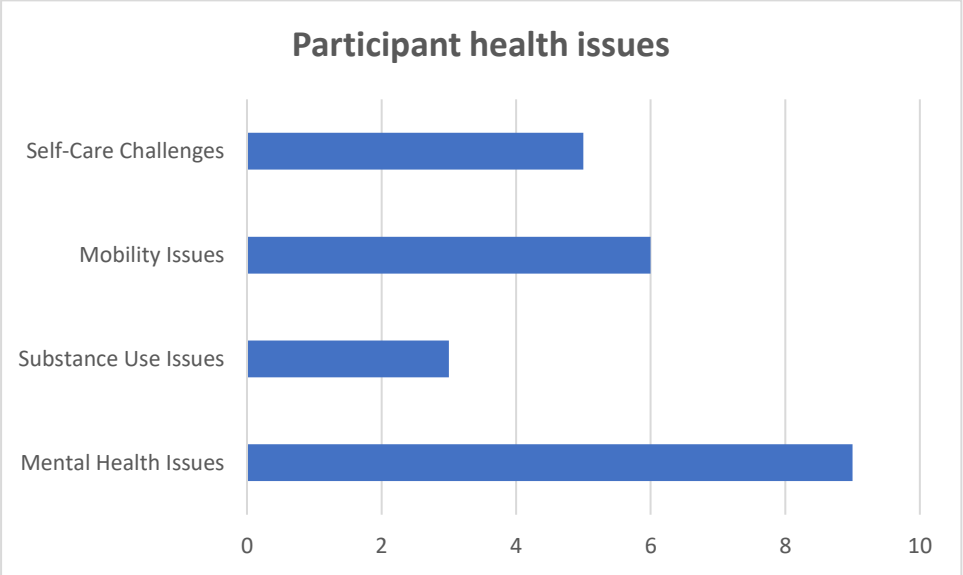
Substance Use: Substance use leading to physical health problems such as sores and complications in obtaining medical treatment.

Mobility Issues: Problems with mobility due to chronic pain, operations, or injuries, often compounded by a lack of access to adequate pain relief.

Chronic Conditions: COPD, high blood pressure, arthritis, potential glaucoma, severe kidney disorders requiring regular dialysis, and complications from substance use.

Self-Care and Daily Activities: Difficulty with self-care and performing usual activities due to physical and mental health issues.

This shows the complex and multifaceted health needs of rough sleepers, highlighting the need for integrated healthcare services that address both physical and mental health issues, substance use treatment, and support for daily living activities.



13. Long-Standing Physical Impairments, Illnesses, or Disabilities

Participants were asked if they have a long-standing physical impairment, illness, or disability. The responses reveal that many participants are dealing with complex and interrelated physical and mental health issues. Key findings include:

Substance Use-Related Issues: Several participants suffer from infections and sores related to injecting drugs.

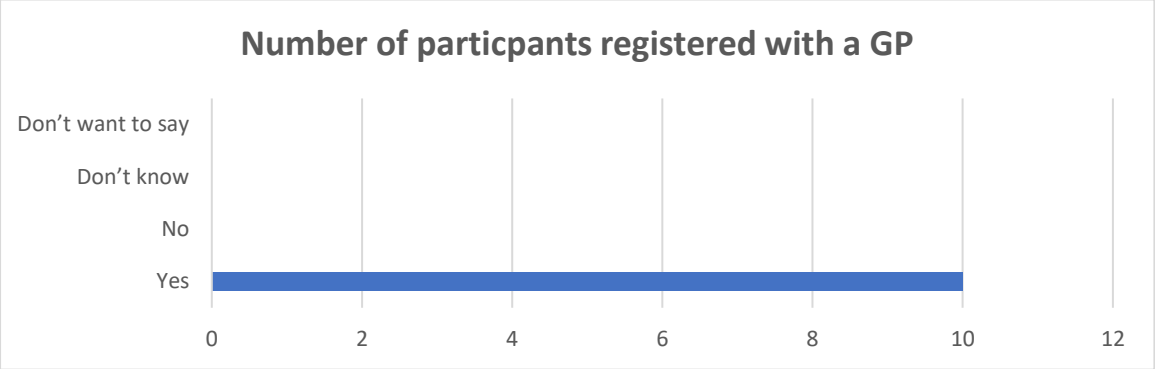
Chronic Pain and Mobility Issues: Many participants experience chronic pain and mobility limitations, often compounded by other health conditions.

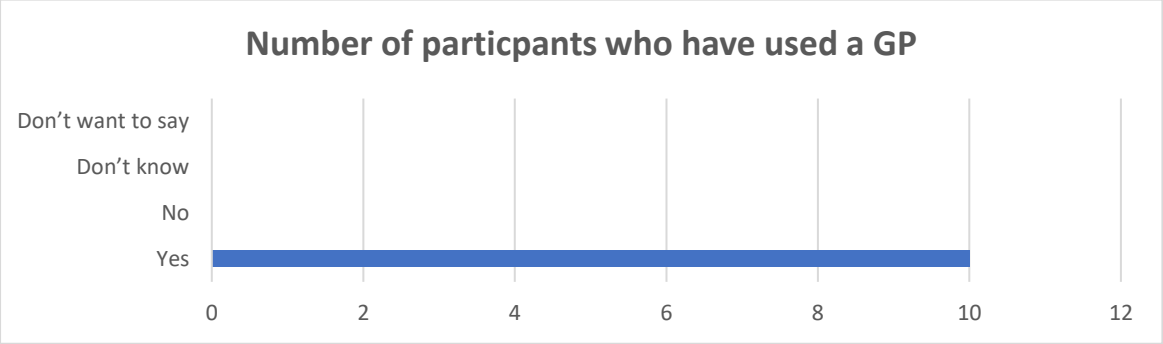
Severe Mental Health Conditions: PTSD, emotional personality disorders, ADHD, and paranoid schizophrenia are prevalent, significantly impacting participants' daily lives.

Chronic Physical Conditions: COPD, muscle wastage, and severe kidney problems are among the chronic physical ailments reported.

14. Use of GP services

Participants were asked if they are registered with a General Practitioner (GP). They were also asked if they had ever used a GP service.



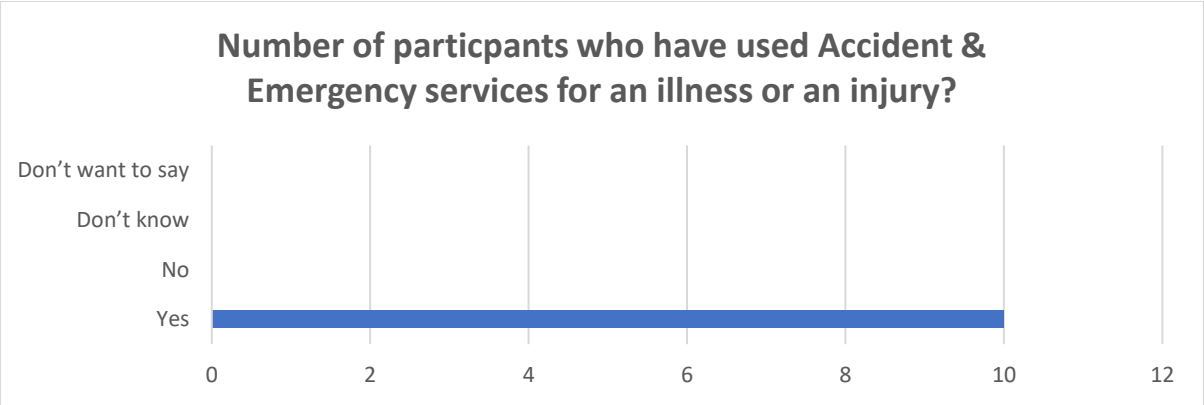


All participants reported being registered with a GP and all had used GP services at some point. This is a positive finding, indicating that despite their challenging circumstances, all the rough sleepers engaged in this assessment have access to primary healthcare services. GP registration is a crucial step in ensuring individuals can receive necessary medical care, regular check-ups, and referrals to specialised services when needed.

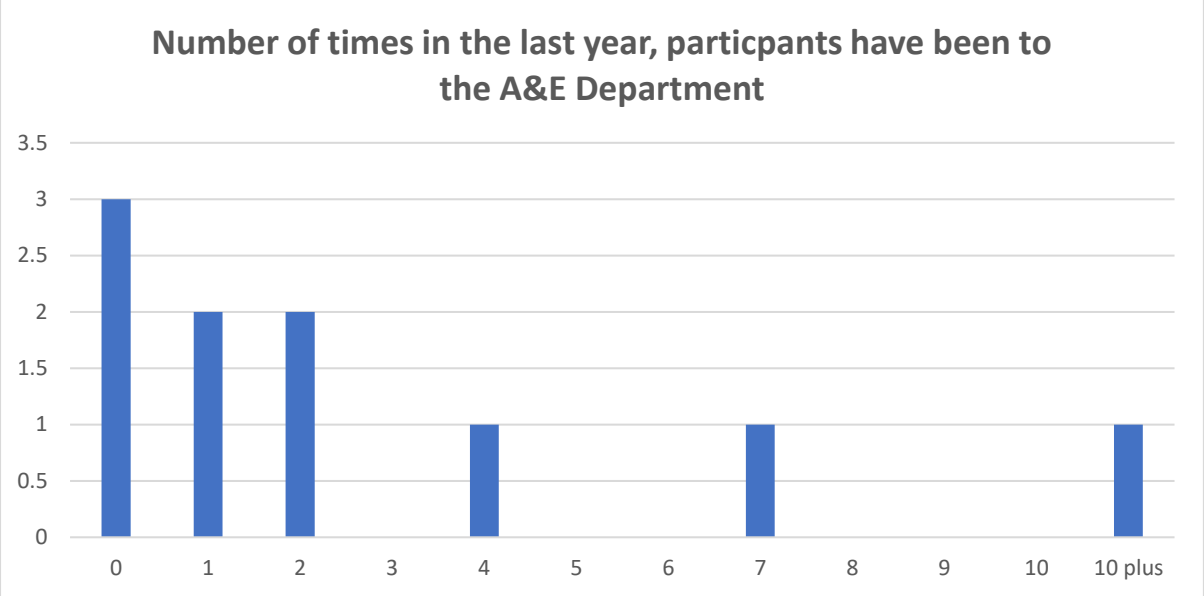
The fact that all participants are registered and have used a GP suggests that there are existing mechanisms in place to connect rough sleepers with primary healthcare services. However, the significant health issues reported by the participants indicate the need for continuous and comprehensive care to ensure their interaction with GP services is effective.

15. Use of emergency services

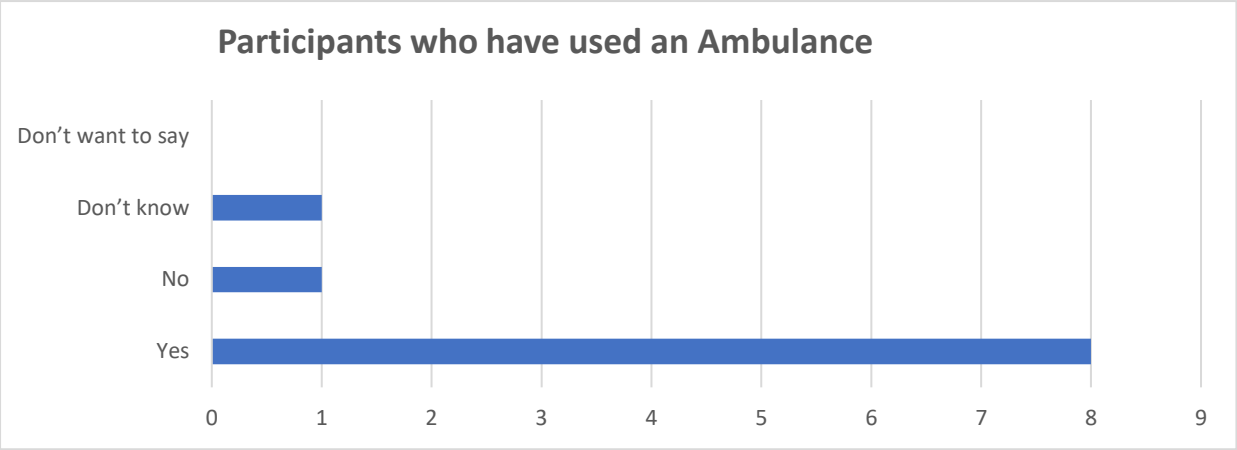
Participants were asked about their use of emergency services, including Accident & Emergency (A&E) services and ambulance usage. The responses are summarised below:



Use of A&E Services: All participants have used A&E services at some point, reflecting significant health crises or needs that required urgent medical attention.



Frequent A&E Visits: While 3 participants reported not using A&E in the past year, the majority have had multiple visits, with 1 participant visiting more than 10 times.

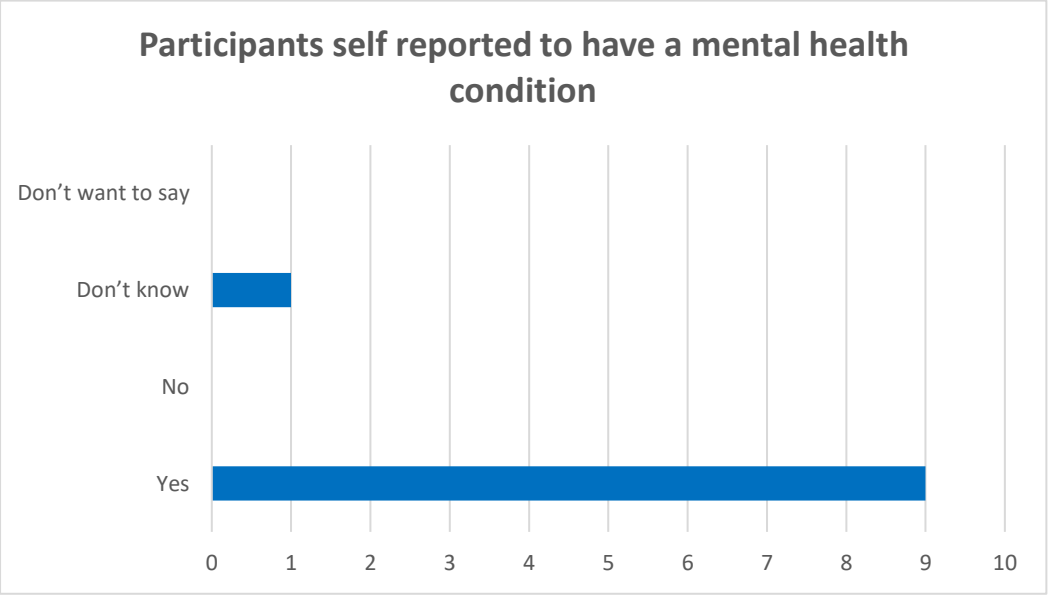


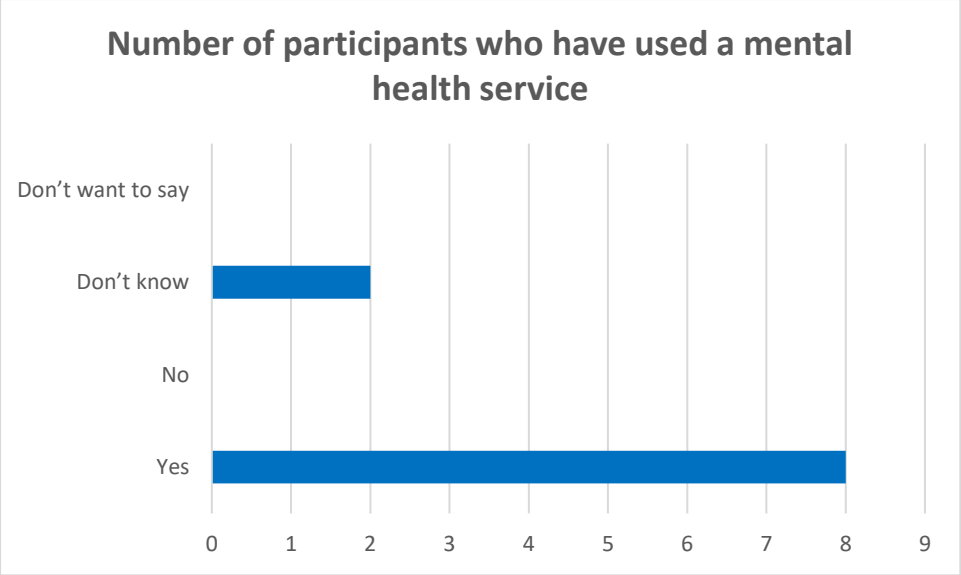
High Use of Ambulance Services: A majority (80%) of participants have used ambulance services, further indicating serious health emergencies among this group.

The frequent use of emergency services among rough sleepers highlights the acute and chronic health issues they face. This pattern also suggests potential gaps in preventative and routine healthcare that, if addressed, could reduce the need for emergency interventions.

16. Participant mental health

Participants were asked about their mental health conditions and their interaction with mental health services. The responses are detailed below:

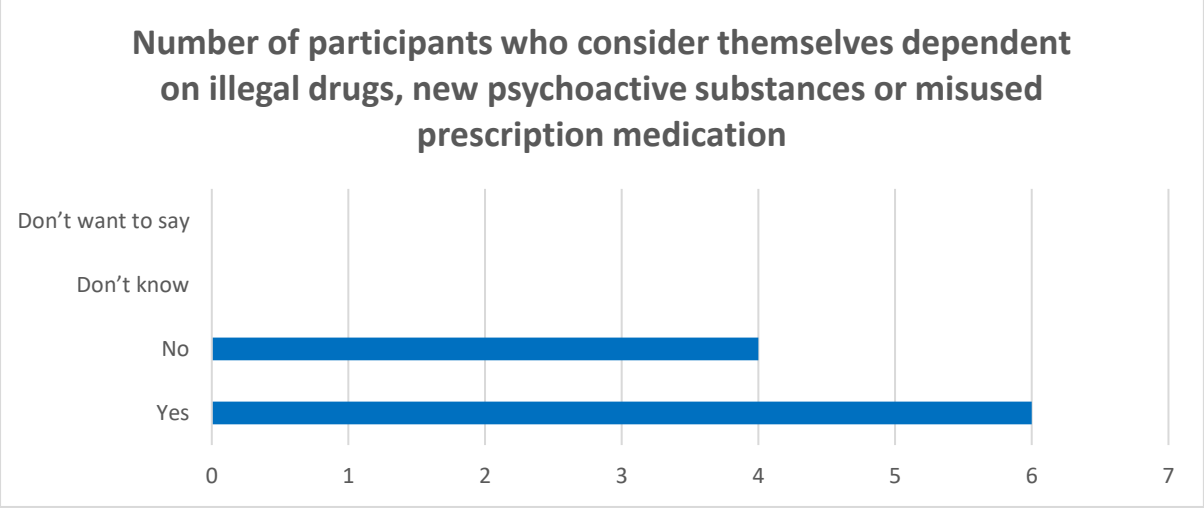


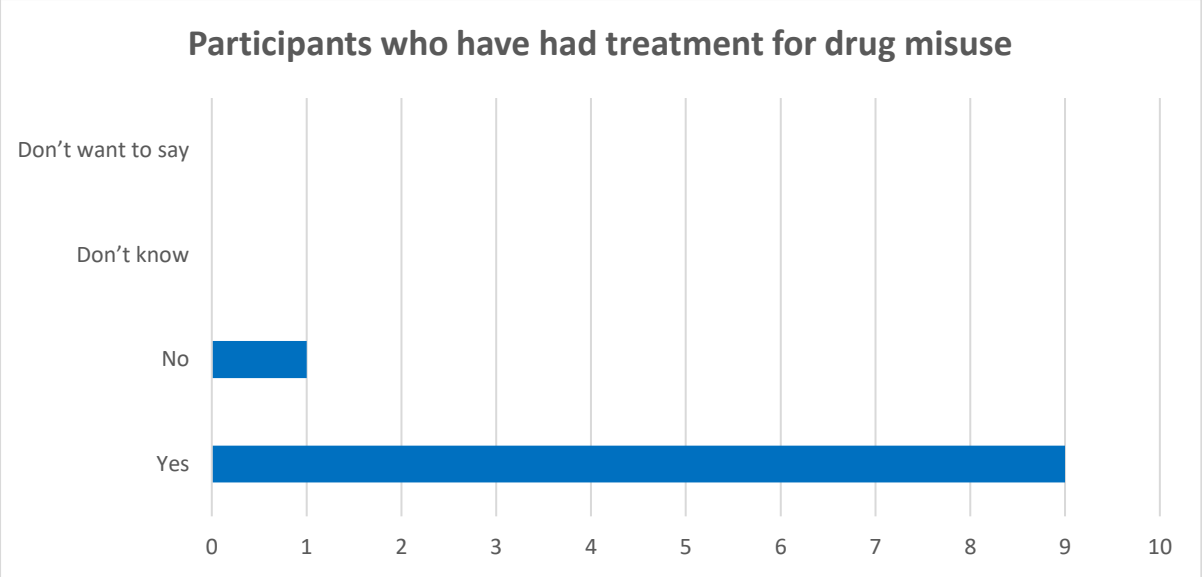


A significant majority of participants, 90%, reported having mental health conditions. Additionally, 80% of participants have had contact with mental health services, indicating some level of engagement with mental health care systems. The high prevalence of self-reported mental health conditions among the participants suggests a substantial need for mental health support within this group.

17. Substance use

Participants were asked about their dependency on substances, including illegal drugs, new psychoactive substances, or misused prescription medication, as well as their history of treatment for drug misuse. The responses are summarized below:





The data indicates a significant prevalence of substance dependency among the participants, with 60% acknowledging dependency on substances. Additionally, a high percentage (90%) have sought treatment for drug misuse, suggesting awareness and some level of engagement with support services. However, the continued presence of substance dependency among participants who have received treatment highlights challenges in achieving long-term recovery and the potential need for ongoing support and intervention.

18. Perceived health risks

Participants were asked to identify what they considered the biggest risks to their health and wellbeing. The responses highlighted several key concerns, which have been summarised and analysed below:

Substance Use and Rough Sleeping:

- Many participants identified substance use, including drug misuse, as a significant risk to their health. This concern extends to potential relapse, overdose, and the compounding effects of substance use on physical and mental health.
- Rough sleeping itself is seen as a risk factor that exacerbates other health issues, including the dangers associated with substance use and the lack of a stable environment.

Lack of Access to Healthcare and Support:

- Concerns about not accessing necessary medical treatment were prevalent, particularly regarding untreated conditions that could lead to long-term damage.
- Participants emphasised the importance of having the right support networks, noting that a lack of support could lead to neglect of health needs and deterioration of their condition.

Mental Health Decline:

- Mental health issues, including anxiety, depression, PTSD, and the impact of stress, were frequently mentioned. There is a concern about the potential worsening of mental health conditions, especially in the absence of adequate support and treatment.

Fear of Relapse and Social Isolation:

- Fear of relapsing into substance use or returning to rough sleeping was a common theme, linked to concerns about losing current housing or support.
- Social isolation and the fear of interacting with others were highlighted, with some participants noting the importance of support networks to avoid self-neglect.

Physical Health Concerns:

- Chronic conditions and the potential worsening of physical health were significant concerns, particularly among those with existing health issues like mobility problems, pain, and severe illnesses requiring regular medical attention.

Impact of Environment and Social Factors:

- Environmental and social factors, such as living in high-risk areas or associating with negative influences, were noted as risks. The impact of these factors on health, both directly and indirectly, through stress and mental health deterioration, was a concern.

The responses indicate that the biggest risks to health and wellbeing among rough sleepers in Doncaster are multifaceted, involving a complex interplay of substance use, mental health issues, physical health conditions, and social factors. The interconnected nature of these risks highlights the need for holistic and integrated approaches to healthcare and support services.

19. Barriers to accessing health services

Participants were also asked about the barriers they face in accessing health services. The responses highlight a range of issues that are summarised below:

Appointment Accessibility:

- Several participants mentioned difficulties in securing appointments, particularly due to scheduling practices such as allocating appointments early in the morning. This can be a significant barrier for individuals who may not have stable living conditions or access to reliable transportation.

Access to Medication:

- Access to necessary medication, especially pain relief, was highlighted as a challenge. Some participants noted that healthcare professionals' concerns about addiction led to refusals or restrictions, affecting their pain management.

Communication and Logistics:

- A lack of access to a phone or financial resources to make calls was a common issue, making it difficult for participants to book appointments or communicate with healthcare providers. This barrier is particularly acute for those experiencing rough sleeping.

Perceived Inadequacies of Healthcare Services:

- Some participants expressed dissatisfaction with the help they received from healthcare providers, feeling that they were often referred to hospitals without adequate follow-up or support.

Lack of Mental Health Support:

- Participants reported that mental health services were not sufficiently flexible to accommodate their needs, with issues around strict appointment schedules and transportation difficulties.

Transportation Issues:

- Transportation was a barrier, especially for those needing regular medical treatments such as dialysis. Participants noted reliance on family members for transport, which could be unreliable or inconsistent.

Service Changes and Adaptations:

- One participant mentioned a positive change with the use of a prescription delivery service, which eased the burden of accessing medication.

The barriers to accessing health services among rough sleepers in Doncaster are diverse, encompassing logistical, communicative, and systemic issues. The responses suggest that these barriers are often interconnected, with one issue compounding another (e.g., lack of transportation exacerbating the difficulty of attending appointments).

20. Participants suggestions for improving health and wellbeing

Participants were asked what could help improve their health and wellbeing. The responses varied widely, reflecting personal circumstances and experiences. Below is a summary and analysis of their suggestions:

Access to Suitable Accommodation:

- Multiple participants emphasised the importance of having suitable accommodation as a critical factor in improving their health. This need often intersected with other issues like substance use and mental health.

Substance Use Reduction and Support:

- Reducing substance use was frequently mentioned as a goal. Participants expressed a need for more support in achieving this, including therapy and structured activities to occupy their time and reduce reliance on drugs.

Healthcare Access and Pain Management:

- Several respondents highlighted the need for better access to healthcare, particularly in terms of being listened to by GPs and receiving appropriate pain management. There was a notable concern about the refusal of pain medication due to past addiction issues.

Mental Health Support:

- Enhanced support for mental health was a recurrent theme, including the need for therapy and appropriate medication. Participants noted that improved mental health services would contribute significantly to their overall wellbeing.

Personal Goals and Activities:

- One participant mentioned the importance of being able to engage in activities like swimming, indicating that such pursuits could positively impact their mental and physical health.

Social and Family Relationships:

- Better relationships with family were mentioned as a factor that could improve wellbeing, underscoring the role of social support in health.

Basic Living Conditions and Environment:

- Issues like damp and mould in living conditions, and the difficulty of maintaining basic utilities like gas, were highlighted as exacerbating health problems.

Other Personal Motivators:

- One participant humorously noted that the success of their favourite football team, Doncaster Rovers, contributed to their wellbeing, showing the importance of personal interests and hobbies in mental health.

5. Recommendations

The following recommendations have been formed based on the analysis of data and insights gathered from discussions with local stakeholders and rough sleepers themselves.

These recommendations aim to address and reduce the health inequalities faced by rough sleepers in Doncaster.

1. To increase collaborative working between homeless and health services

- Improve the communication channels between homeless services and healthcare providers.
- Explore opportunities on how sectors can support each other and better deliver initiatives which aim to improve the health of rough sleepers.

2. Improve access to services for rough sleepers

- Increase the frequency and coverage of mobile health units and pop-up clinics, ensuring they reach more rough sleepers. This includes the wound service which is particularly important for rough sleepers.
- Consider establishing a centralised coordination hub to create a central point of contact for rough sleepers to access a range of services, including health, housing and social support.
- Incorporate health professionals in outreach teams, such as nurses.
- Implement innovative service provision to meet the needs of rough sleepers.

3. Primary care and health system coordination

- Facilitate easier access to GP and pharmacy services for rough sleepers by removing any registration barriers and accommodating flexible appointment systems and approaches.
- Improve understanding and promote positive attitudes amongst staff in mainstream health services. Potentially through training to better understand the multiple and complex needs of rough sleepers to improve interactions.
- Improve systems for collecting and sharing health data among providers to ensure continuity of care and better health outcomes. Rough sleepers are not currently recorded or categorised on primary or secondary care registers.
- Consider specialised discharge protocols in hospitals, particularly emergency departments, to ensure rough sleepers receive follow-up care.

4. Improving insight and intelligence

- This health needs assessment utilised the existing data on rough sleepers, which primarily comprises routinely collected national datasets. To enhance this foundation, commissioners and providers should routinely collate and share information locally on the health, housing and social care needs of those accessing services. This collation and sharing of information will help facilitate continuity of care.

5. Promote preventative and holistic healthcare

- Focus on preventative health measures by increasing access for rough sleepers to regular health screenings, vaccinations, and health promotion materials to prevent chronic conditions and manage existing health issues early.
- Prioritise access to primary care services for rough sleepers, focussing on early intervention and prevention to prevent the progression of chronic conditions. This includes, musculoskeletal services and dental care.

6. Community engagement

- Encourage community groups and volunteers to continue in providing support, such as basic hot meals and necessities. This contact can serve as initial engagement points for further health and social services.
- Identify innovative opportunities to enable community groups to offer support to rough sleepers via signposting to resources, peer support, housing help and financial assistance.

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