Identifying Multi-Agency, Trauma-Informed, and Integrated Solutions for the Unmet Needs of People Experiencing Homelessness in Northumberland and North Tyneside

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On behalf of the research team:

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and other co-investigators

Three objectives of the research

1) Understanding health and social care needs of people presenting at emergency services (**quantitative study)**

2) Understanding factors leading to people frequently needing emergency care (**qualitative study)**

3) Understanding support available for people experiencing homelessness and relationships between support: mapping support (**social network analysis)**

1) Health and care needs of people presenting at emergency services

- Routine hospital data from emergency department, urgent treatment centre, minor injury unit in Northumberland, North Tyneside

- Attendances with 'no fixed abode' – February 2019 to March 2022

- 567 attendances (260 people) to emergency services during this period

Population Characteristics

- Average age 39 years (range 18 to 84)

- 17% female; 83% male

GP Registration

- 11% not registered with GP services

1) Health and care needs of people presenting at emergency services

Health Needs

- 37% of conditions related to social issues (social problem and homelessness) and mental health (depressive disorders and anxiety disorders)

- 26% of conditions were substance-use related (intoxication, dependence, overdose)

Co-morbidities

- 32% had two or more conditions

- Commonly co-occurring conditions were substance-use related and social issues (179 attendances, 21%)

2) Understanding factors leading to people frequently needing emergency care

- Reasons for needing emergency health care

    - Why people presented

    - If people got what they needed

- Underlying health needs

- Social needs

- Trauma/difficult past experiences

2) Interviews and Focus Groups

- Staff from a range of organisations from the emergency department, police, ambulance, housing, mental health, and recovery services

  - **18 people (56% female, 39% male and 5% non-binary – average age 41 years)**

- People experiencing homelessness from a range of organisations from housing, mental health, and recovery services

  - **20 people (70% male, 25% female and 5% non-binary – average age 38 years)**

Four Themes from Interviews/Focus Groups

1. Laborious access to health and social care services
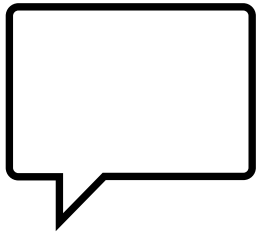
*"But a lot of the time it's like a battle to do it so you've got to try and try again. It's not simple… It's not just one phone call you make. **You're going to have to make several phone calls** just to possibly actually get through to somebody. It's ludicrous."*

Staff member, housing

Themes from Interviews/Focus Groups

2. Inflexible service criteria and thresholds

"We've got some people who could have done with a residential detox before they've been able to get one and they've **had to get worse before they've been able to get that and get better**. *We've got someone waiting at the moment who is extremely unwell. I'm frightened to come in on a Monday in case she's died over the weekend."*

Staff member, recovery
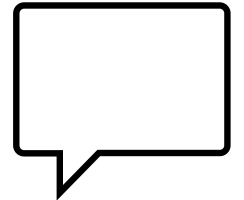
Themes from Interviews/Focus Groups

3. Prioritisation of needs
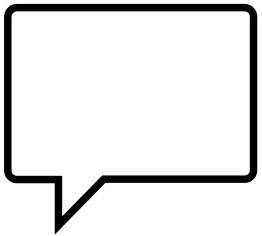
*"I like to live day-by-day, I'm in recovery as well, so it is all about day-by-day. I don't know what that day holds. That day could hold horrible arguments with my family, that's a massive trigger for me, I could become suicidal. **If I'm in those states, you bet you whatever money, I'm going to spend it on making myself happy because I need to bring myself out of that, so I can function again and carry on."**
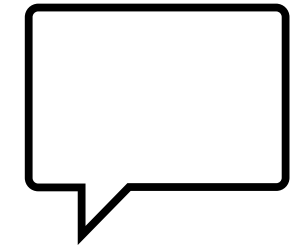
Service user

4. Support not coordinated or personalised

*"**The staff are being red taped by everything that they can't do and they just lose hope** and just stop giving a crap, at that point, nobody moves any further, they realise these people aren't going to get housed and if they do get housed, they're just going to lose their home again, so why bother and it just stagnates."*

Service user

3) Mapping Support and Networks

- Map a range of support within Northumberland and North Tyneside

- Understand how well support is currently interlinked/ integrated

- Trauma-informed approaches in support for people experiencing or at risk of homelessness

Goal

- Identify any gaps and opportunities in providing support

3) Mapping Support and Networks

- Interviews to gather information

- Range of services – police, ambulance, housing, mental health, recovery services, local authority, third sector organisations and emergency care

Investigate:

- Size of the network

- Relationships between services, e.g. communication pathways, information flow

- Trauma-informed approaches in services

3) Mapping Support Services and Networks
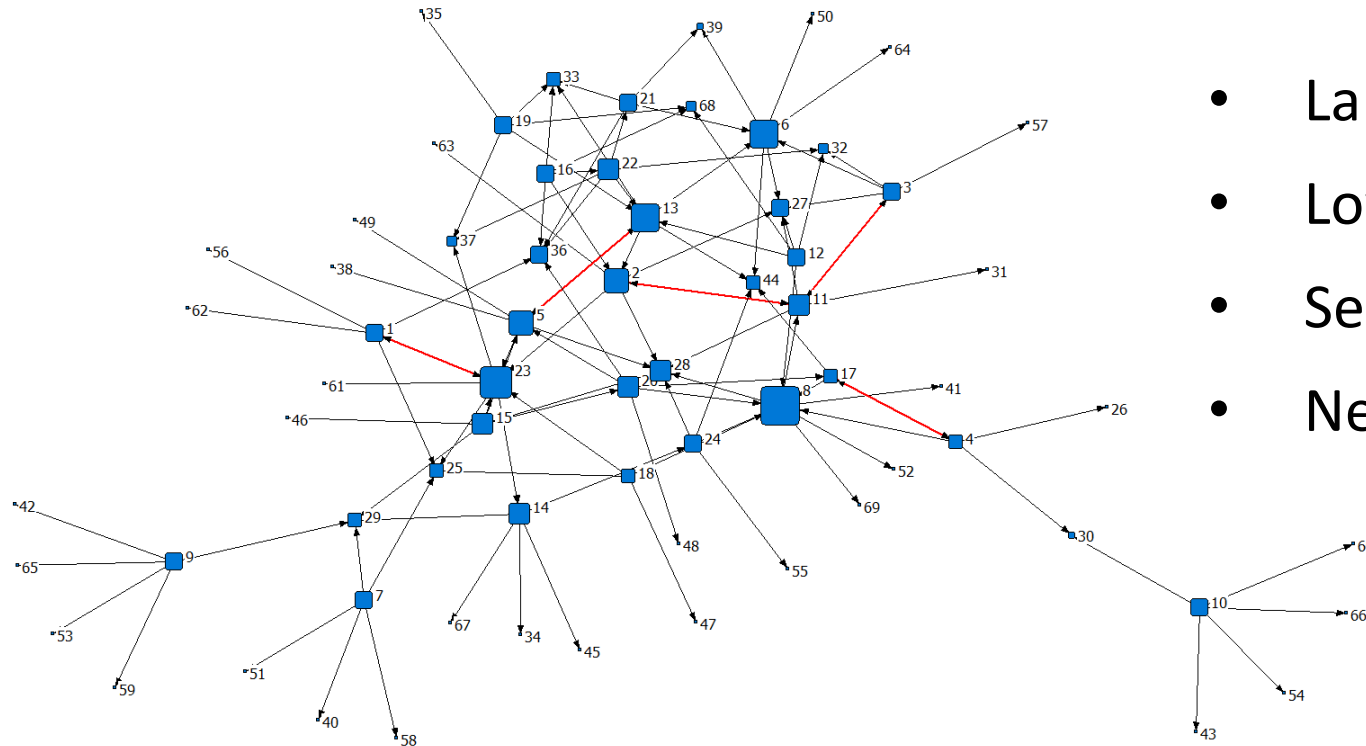
- Large network

- Low connectivity

- Services are isolated

- Network is fragmented

Summary of Findings from the Research

1) Health and care needs of people presenting at emergency services

- High levels of social and mental health needs, and substance use underlying use of emergency services

- High numbers of people presenting with co-occurring conditions

  - Conditions mostly related to social issues and substance use

- Indicate multiple unaddressed needs

Summary of Findings from the Research

2) Understanding factors leading to people frequently needing emergency care

- Several steps involved in asking for help

- Thresholds and restrictions make navigating services difficult for both staff and service users

- Needs are prioritised and people find it difficult to manage support and to live independently

- Support is not always coordinated or personalised which adds to difficulty but can also be harmful

Summary of Findings from the Research

3) Support available and relationships between support

- Large network of service but is concentrated around a few services

- Some services have higher connections than others

- Services likely isolated and network likely fragmented

- Lots of opportunity for connections to take place

Research Team

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