

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

Where did it begin?



CHANGING LIVES



North Tyneside Council



Need identified by our partnership

A need to identify:

- Holistic, multi-agency support using trauma-informed approaches to help navigate complex systems.

Goal

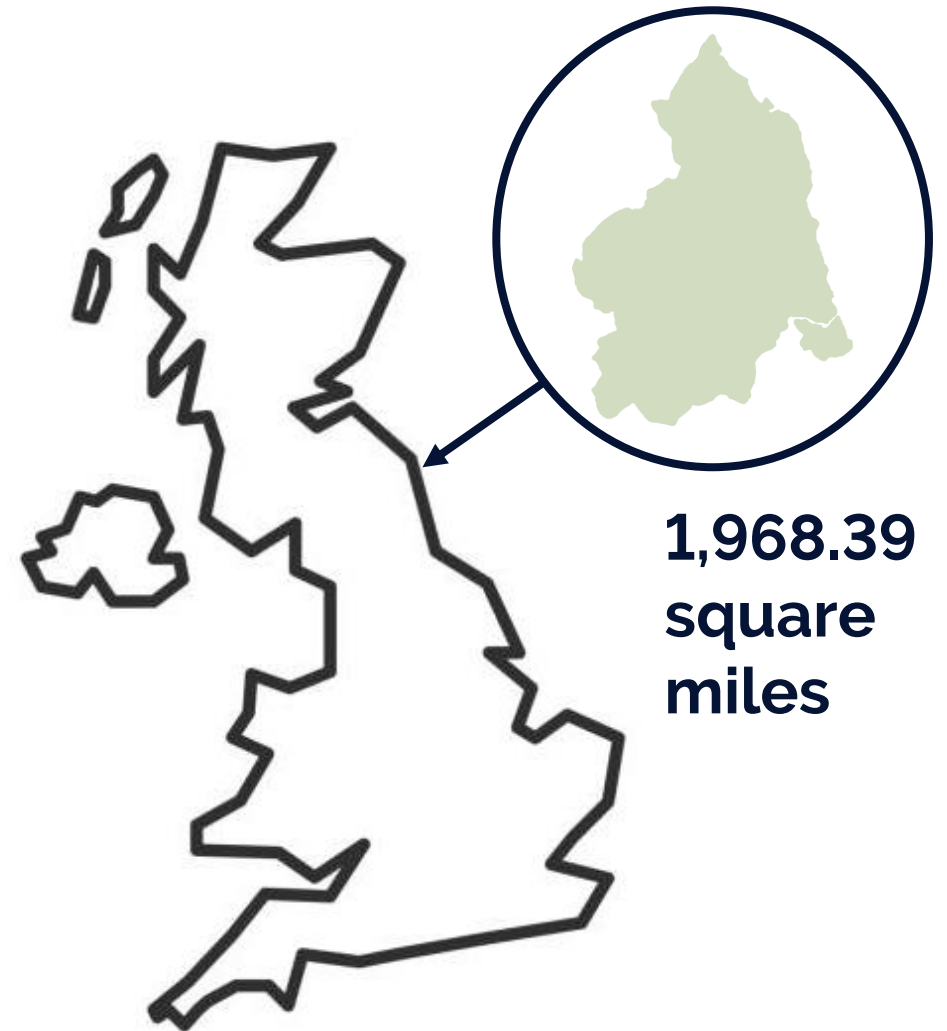
- Improve short and long-term social and health (including mental health) outcomes for homeless people in Northumberland and North Tyneside.

Research goal

- Much less understood and under-researched
- People experiencing homelessness frequently attend emergency care services (Cloke et al., 2000)

Research aim

- To understand and address the unique challenges of homelessness in rural and coastal areas, informing holistic support.

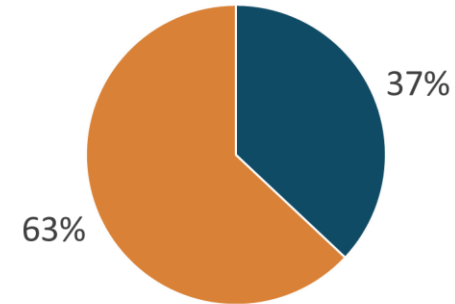


Methods

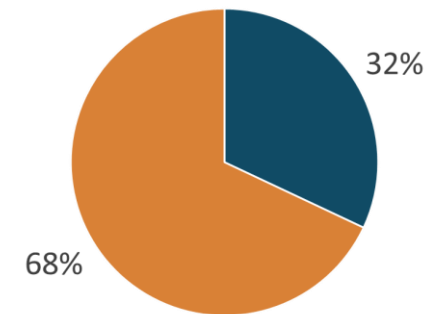
- WP1: Hospital Data Analysis of emergency records (2019-22):
- WP2: Qualitative Study Interviews/focus groups with 20 homeless people & 18 service providers
- WP3: Network Analysis Mixed-methods mapping of 60 services
- WP4: Stakeholder Workshop 60-70 professionals developing service recommendations
- WP5: Pilot of trauma-informed training across sector (qualitative study) with 13 service professionals

Hospital data

- 258 homeless people made 567 visits
white British males, aged 39
- Frequent repeat attendance
- Most common reasons to attend ED were substance use, mental health and social issues
- Multiple (or co-occurring) health and social problems were common
- **Proxy identifier – no fixed abode**



- Poisoning, psychiatric disorders and social problems
- Other diagnoses



- Two or more diagnoses
- One diagnosis

Reasons underlying emergency care use

1. Accessibility challenges in rural and coastal settings
2. Inflexible service criteria

"But I can understand why... people go to emergency services when they're homeless, because they've run out of options. It's a place with a light on, and the doors are always open..."
(Lived Experience)

"If you're not a drug addict... we can't help you, go away" (Lived Experience)

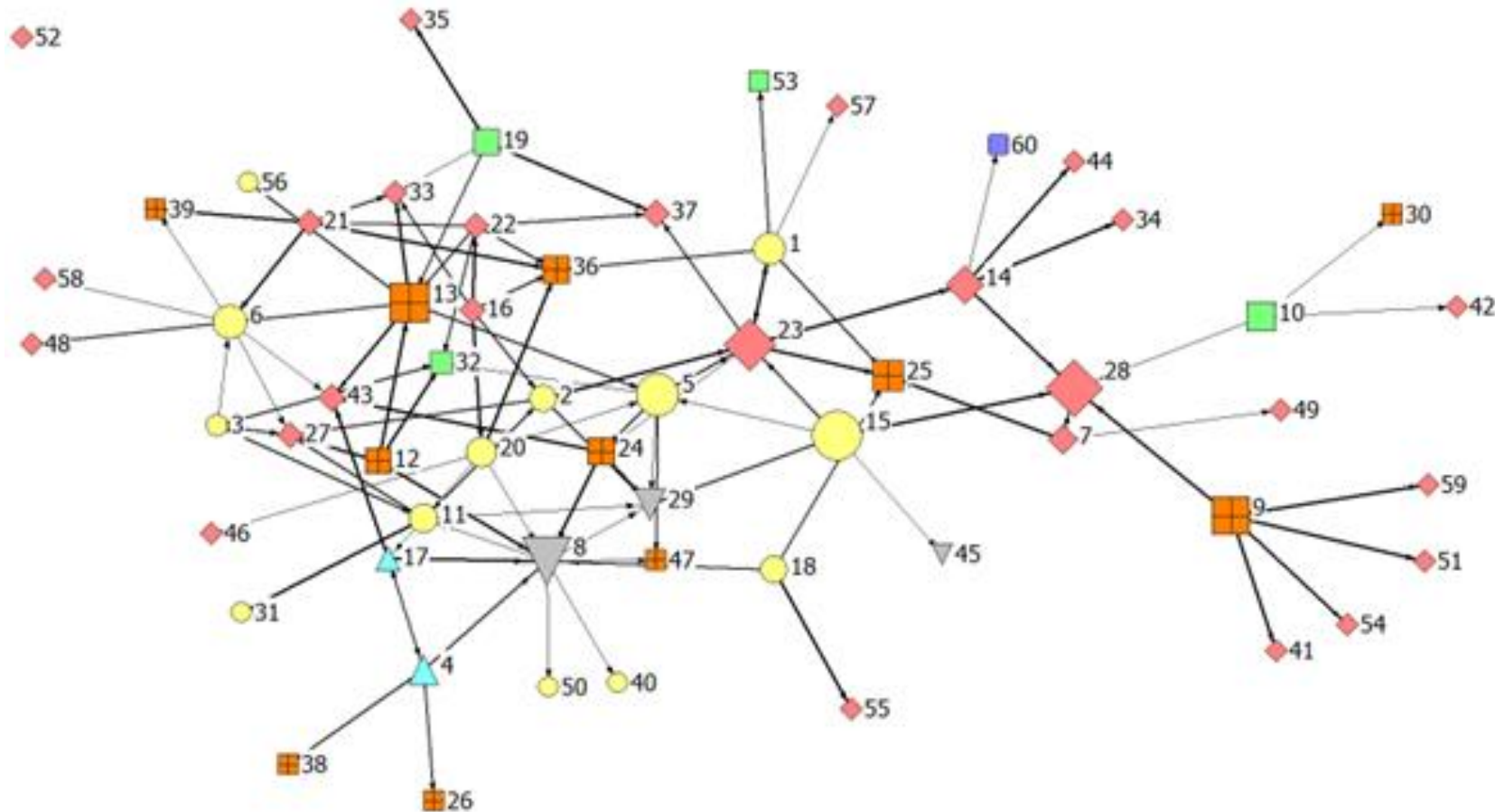
Reasons underlying emergency care use

3. Prioritisation of needs
4. Fragmented support in rural and coastal settings

"...my housing is unstable because of who I am... I need to make sure that I'm safe. I can't function in situations and end up either turning to have a little drink to take the edge off..."
(Lived Experience)

"When we refer to another agency... no one else sees it as urgent" (Staff)

Mapping connectedness of services



Key topics

1. Large network of services
2. Low connectivity
3. Services are isolated
4. Network is likely fragmented

Co-developed recommendations

1. Long term funding
2. Coordination, connectivity, and communication
3. Accessibility
4. Building trust and co-developing services
5. Trauma-informed practice
6. Improved data sharing
7. Staff retention and staff wellbeing



Trauma-Informed Care Training

Objective:

To explore the integration of trauma-informed care within services across sectors that support people experiencing homelessness in rural and coastal areas of North East England.



Learnings from Trauma-Informed Care Training

1. Compassionate communication

1. *"Not thinking 'What's wrong with you?' but 'What's happened to you?'"*
2. *"Transparency... letting them know what you're doing, why, and what's next."*

2. Accessible staff resources

3. Ongoing learning and well-being

1. *"Creating strategies team members can quickly use... in their day-to-day tools."*
2. *"A brief shadow... to actually understand what that looks like in principle."*

1. *"How can you help others if you're burnt out?"*

2. *"Building resilience in staffing... tools and techniques, understanding triggers in ourselves."*

Gaps and opportunities

- Gaps:
 - Poor service coordination and limited access in rural/coastal areas
 - Geographic isolation and transport barriers
 - Insufficient mental health and trauma-informed support
 - Hidden nature of rural homelessness
- Opportunities:
 - Develop mobile/outreach services and multi-agency networks
 - Implement integrated trauma-informed approaches
 - Create local service hubs with co-located support

Thank you from the research team

