

The health of single homeless people

Single homeless people were found to experience worse health than the general population in a recent study carried out by Wendy Bines at the Centre for Housing Policy. The research compared data on the self-reported health of representative samples of single homeless people and the general population. The research found that:

f There was a high incidence of physical health problems among single homeless people. Compared to the general population:

Chronic chest or breathing problems and frequent headaches were twice as high among people in hostels and B&Bs and three times as high among people sleeping rough.

Wounds, skin ulcers and other skin complaints were twice as high among day centre users and three times as high among soup run users.

Musculoskeletal problems were twice as high among people sleeping rough.

Difficulty in seeing was experienced by three times as many people sleeping rough as the general population.

f Mental health problems were eight times as high among hostel and B&B residents and eleven times as high among people sleeping rough compared to the general population. One in four single homeless people with mental health problems had been in a psychiatric hospital at some time in the past.

f In comparison with the general population heavy drinking or alcohol-related problems were found to be less of a problem among people in hostels and B&Bs than among people sleeping rough.

f The majority of single homeless people said they would prefer to have their own home than any other type of accommodation and this equally applied to those with health problems. For many, however, accommodation on its own was not enough - seven out of ten homeless people with health problems said they would need at least one type of support in their preferred accommodation. A high proportion of single homeless people had multiple health problems and the more health problems they reported the more likely they were to say that they would need support in accommodation.

Introduction

In recent years there has been growing concern about the health of homeless people but evidence to date has tended to come from small-scale, local studies. The findings presented here are based on the first national survey of a representative sample of single homeless people to be carried out since the late 1970s. This is the first time that it has been possible to specifically compare the health of single homeless people to the general population in England using representative samples of both.

The health of single homeless people

Single homeless people reported more health problems than the general population and people sleeping rough reported the most health problems of all. Four out of every ten people in hostels and B&Bs, and six out of every ten people sleeping rough had more than one health problem compared with just two out of ten people in the general population. Many people felt that homelessness had affected their health:

"It certainly affects your health ... your body gets completely run down ... you're not eating properly, you're not sleeping properly and you're not getting proper heat."

People sleeping rough were particularly affected by health problems that could be attributed to or made worse by lack of shelter and warmth. These included 'chronic chest or breathing problems', 'wounds, skin ulcers and other skin conditions' and 'musculoskeletal problems'. These health problems were all two or three times higher among people sleeping rough than in the general population; they were also the sort of health problems that people sleeping rough who took part in group discussions said they suffered from:

"My asthma's been getting worse since like I was homeless, my asthma's got worse and worse ... when I was on the street it was very bad".

"If you're homeless on the street, you can pick up all sorts of diseases, you get scabies, all sorts, skin diseases that's the common one."

"Well, my experience of sleeping out, you can get very, very sick and very bad arthritis".

'Difficulty in seeing' was experienced by three times as many people sleeping rough as the general population. In addition, single homeless people were

more likely than the general population to suffer from hearing difficulties. Given the poorer health of single homeless people health checks, which could easily detect such problems should, therefore, be readily available to them.

'Fits and loss of consciousness' were also very high among single homeless people compared to the proportion of the general population suffering from epilepsy. A high proportion of single homeless people suffering from fits were also suffering either from mental health problems, heavy drinking or a drug dependency, or a combination of these three problems. Homeless people suffering from 'fits', therefore, represent a particularly vulnerable group. One in ten people sleeping rough who reported 'fits and loss of consciousness' said this health problem caused them difficulties in finding or keeping accommodation.

Mental health problems

Mental health problems - defined as 'depression, anxiety and nerves' - were higher among single homeless people compared to the general population; 28% of hostel and B&B residents reported this problem, as did 36% of day centre users and 40% of soup run users, compared to just 5% of the general population.

Taking into account the affect of age and gender, mental health problems were found to be eight times as high among people in hostels and B&Bs and eleven times as high among people sleeping rough compared to the general population. Many single homeless people who took part in the group discussions described how being homeless had affected their mental health:

"There's a terrible sense of being lost, belonging to nobody and feeling that nobody cares."

"I get depressed and that's why sometimes I can have this mad kind of fit. I can sit there and talk to myself and I will just go in some weird freaky way."

In addition, one in eight people in hostels and B&Bs, one in five people at day centres and one in six people at soup runs had been in a psychiatric hospital at some time in the past. This applied to one in four single homeless people who reported mental health problems. However, few single homeless people said they had been discharged from a psychiatric hospital *directly* into hostel or B&B accommodation, or said they had been sleeping rough immediately following discharge from a psychiatric hospital. Although one in ten single

homeless people with mental health problems said this caused them difficulties in finding or keeping accommodation, seven out of ten said they would need at least one type of support - such as advice and help with housekeeping - in order to get by in accommodation.

Two-thirds of single homeless people with mental health problems were not receiving treatment. Those who had previously been in a psychiatric hospital were more likely to be receiving treatment.

A high proportion of single homeless people who had been in a psychiatric hospital had also been in another institution during some time in their lives. In particular, many of those who had been in a psychiatric hospital had also been in prison or a remand centre. This illustrates that some single homeless people are trapped in a 'revolving door' of homelessness, crime and mental illness, although the sequence of events is not known.

These findings suggest that the important issue is less to do with the outcome of immediate discharge from psychiatric hospital but of adequate long-term care and support in the community.

Alcohol or drug-related problems

A high proportion of single homeless people reported heavy drinking or alcohol-related problems; this applied to a third of people sleeping rough and one in ten people in hostels and B&Bs. Comparison with the general population supports the finding that heavy drinking is less of a problem among people in hostels and B&Bs than among people sleeping rough.

Many single homeless people who were suffering from mental health problems also had alcohol-related problems; this applied to almost a third of people in hostels and B&Bs and almost half of those sleeping rough.

Only a third of people in hostels and B&Bs and even fewer people sleeping rough were receiving treatment for their alcohol-related problems. Overall, 7% of people in hostels and B&Bs had been in an alcohol unit and at least twice as many people sleeping rough had done so. The proportion who had been in an alcohol unit was much higher among those who reported heavy drinking - almost two out of five had been in an alcohol unit. This suggests that heavy drinking was a recurring problem for two-fifths of those who reported alcohol problems at the time of the survey.

A quarter of people in hostels and B&Bs and two-fifths of day centre users with alcohol-related problems said this caused them difficulty in finding or keeping somewhere to live and a fifth gave this as

a reason for sleeping rough.

Less than one in ten single homeless people said they were suffering from a dependency on drugs other than those prescribed by a doctor. This was a health problem predominately reported by young people. Three out of four people with a dependency on drugs were not receiving treatment for this. Some felt this health problem had caused them difficulties in finding or keeping a place to live.

Access to health care

The survey of single homeless people showed that though the majority (80%) of hostel and B&B residents were registered with a doctor, fewer people sleeping rough were registered (60%). However, the survey also found that the majority of single homeless people knew of a doctor to whom they could go if feeling unwell. This suggests that registration may be less meaningful as a measure of access to primary health care than whether homeless people actually know where to go for medical help when unwell. Furthermore, being registered with a doctor does not necessarily mean that the service is being used. Although most homeless people had access to health care many more single homeless people were not receiving treatment for their health problems than were receiving treatment.

The length of time that people had been homeless had little effect on whether they had access to health care except for people aged under 24 years. The longer that they had been homeless the more likely they were to know of a doctor to whom they could go if unwell. This suggests that young people recently homeless may be less aware of the services and networks available to them than young people who had been homeless for longer.

Similarly, the longer that young people had been in hostels or B&Bs, the more likely they were to be registered with a doctor or to know of one to whom they could go if unwell. This may reflect the stability provided in longer stay hostels and the efforts of hostel and resettlement staff in providing information about, and encouraging the use of, health facilities.

Supported accommodation

The majority of single homeless people said they would prefer to have their own home than any other type of accommodation and this equally applied to those with physical or mental health problems. For many single homeless people, including those with health problems, accommodation in itself was not adequate. Seven out of ten people with health problems said they would need at least one type of

support in their preferred accommodation in order to get by. Many single homeless people had multiple health problems; the more health problems that people had the greater the number of different types of support they said they would need. Advice was the type of support needed by most people with health problems, followed by housekeeping and social work help. Medical help was not necessarily the type of support that people felt they would need most in order to cope with accommodation.

About the study

The project involved secondary analysis of health data included in a national survey of a representative sample of single homeless people. This included 1,280 people living in hostels and B&Bs and 507 people sleeping rough using day centres and soup runs. The survey was carried out in 1991 by the Centre for Housing Policy on behalf of the Department of the Environment. The self-reported health of single homeless people was compared to the self-reported health of the general population using data from the first wave of the British Household Panel Survey. This included a sample of over 10,000 individuals. The study also drew upon 20 group discussions held with single homeless people as part of the Department of the Environment study. In these discussions people were encouraged to talk about their physical and mental health as well as many other aspects of their lives.

Further information

A discussion of these findings has been published as *The Health of Single Homeless People* by Wendy Bines, Centre for Housing Policy Discussion Paper 9 (price £4.50 including p&p). Copies are available from the Centre for Housing Policy, University of York, York, YO1 5DD. Tel (0904) 433691. Further information about the survey of single homeless people can be found in *Single Homeless People* by Isobel Anderson, Peter Kemp and Deborah Quilgars (published by HMSO in 1993).

Further details of the project can be obtained from Wendy Bines at the Centre for Housing Policy, Tel (0904) 433693.

Related Findings

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- 45 Increases in homelessness (Sept 91)
- 48 Homelessness among under-25s (Oct 91)
- 50 Temporary housing for homeless people (Oct 91)
- 54 Support for young women homeless because of sexual abuse (Jan 92)
- 66 Day centres for single homeless people (Sept 92)
- 85 Local authority responses to women and children escaping from domestic violence (Apr 93)
- 89 Young people at risk of homelessness (May 93)
- 98 The effect of closing resettlement units (Nov 93)
- 108 Young people in and out of the housing market (Mar 94)
- 116 Self-build schemes for homeless young people (Jun 94)
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For further information on these and other *Findings*, contact Sally Corrie on 0904 654328 (direct line for publications only).



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