

Homeless Health Needs Audit



**Better planning
to improve the
health** of people
who are homeless
in your area

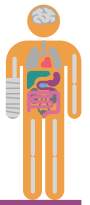


Developed with
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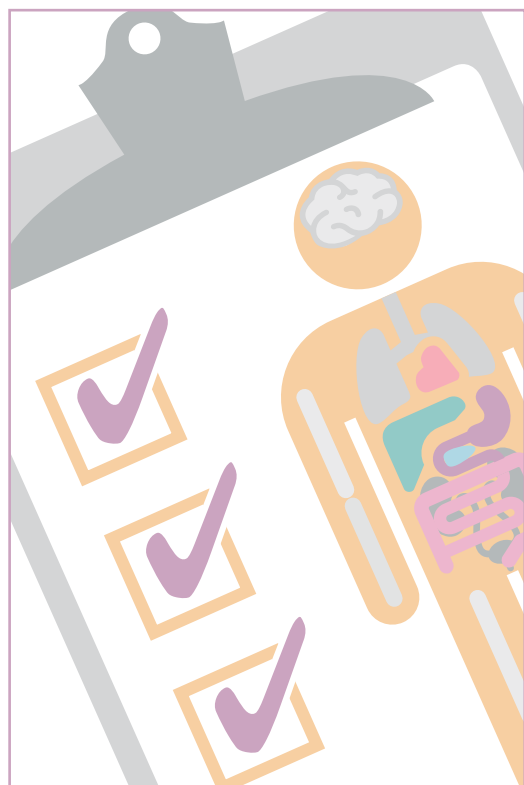
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The Homeless Health Needs Audit offers a practical way to improve the health of people who are homeless in your local area.

The audit was first developed in partnership with the Department of Health and nine pilot areas across England in 2010. In 2015, with funding from Public Health England, we have updated the audit to take into account changes to local commissioning environments and other relevant reforms impacting on homelessness and health.

Why carry out an audit?



People who become homeless have some of the highest and costliest health needs in a local community, but those needs are often overlooked when healthcare and social care services are planned and commissioned.

Addressing health inequalities is a statutory requirement for the NHS, including local bodies such as Health and Wellbeing Boards, public health teams, and Clinical Commissioning Groups. Improving the evidence base around homeless people's health and the services they use is vital to achieving this aim.

The Homeless Health Needs Audit provides a framework for gathering and using this information to assess local need and improve healthcare services, using the direct experiences of people who are homeless.

In gathering local data, the audit aims to do the following:

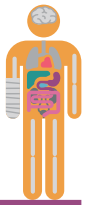
- Increase the evidence available about the health needs of people who are homeless and the wider determinants of their health.
- Bring statutory and voluntary services together to develop responses to local priorities and address gaps in services.
- Give people experiencing homelessness a stronger voice in local commissioning processes.
- Help commissioners understand the effectiveness of their services.

Who should use the audit?

We have designed the audit and the accompanying guidance to be used by anyone with an interest in homeless health, including those with responsibility for improving health and wellbeing, and reducing health inequalities.

Given the scope of the issues concerned, we recommend that the audit

Getting started



and its wider resources be used in partnership by representatives from the local authority, voluntary sector and health services.

The toolkit is free to use. All you need is the time and local commitment from agencies to undertake the audit and come together to use the results.

Important note

The audit is not designed to be used as an individual health assessment tool and should not be used to refer participants to treatment or specific services.



Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs) are groups of general practices, working together to plan and design local care services. They are responsible for commissioning services, including urgent and emergency care; rehabilitation care; community health services; and mental health and learning disability services.

Experts by experience

Individuals or groups of people with direct experience of homelessness.

Health and Wellbeing Boards

Statutory bodies made up of key stakeholders from the statutory and voluntary sectors in each top tier or unitary authority. Board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. They also possess overall responsibility for Joint Strategic Needs Assessments and the Joint Health and Wellbeing Strategy.

Health inequalities

Preventable and unjust differences in the health status of certain population groups, as compared to the general population.

Joint Health and Wellbeing Strategy

Document(s) setting out a strategy for meeting the needs identified by a Joint Strategic Needs Assessment. Typically, these strategies will cover a period of between three and five years. Local commissioning plans must consider this strategy closely.

Joint Strategic Needs Assessments (JSNAs)

Assessments of the current and future health and social care needs of local communities. Joint Strategic Needs Assessments are coordinated by Health and Wellbeing Boards, with input from Clinical Commissioning Groups and local authority public health teams and other partners.

Lead partners

In the context of this guidance, we have used this term to describe the group of people with overall responsibility for planning and conducting a Homeless Health Needs Audit in your local area.

Participants

People with experience of homelessness taking part in the audit.

Partners

Wider organisations recruited by lead partners to help design and administer the audit.

Public health teams

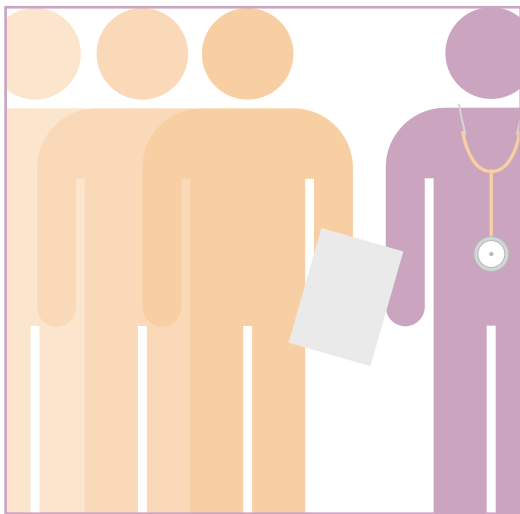
Multidisciplinary teams working within upper tier local authorities to commission services designed to improve the general public's health and wellbeing, and reduce health inequalities, including: alcohol and drug misuse services; public mental health services; dental public health services; immunisation and screening programmes; sexual health services; smoking cessation services and local campaigns to reduce social exclusion.



Is an audit right for you?

Read the guidance and accompanying material thoroughly before making a decision on whether to commit to the audit fully. In addition to deciding whether the audit will help you to meet your aims and objectives, you should also consider whether you have the time and resources necessary to complete the process. On average, it has taken previous users of the audit approximately a month to complete the data collection stage.

Set up a group of lead partners who will be responsible for the audit overall



To ensure that the audit has the greatest possible impact, we recommend that it is conducted in partnership with agencies from across the statutory and voluntary sectors. In setting up this kind of joint approach, it will be important to establish a set of lead partners who are able to provide strategic direction and oversee the process.

Potential lead partners could be contacted through an existing forum or via a separate meeting and might include:

- A member of a local authority's housing options or rough sleeping team.
- A service manager of a local homelessness or health service.
- A representative from a local commissioning team, including public health, a Clinical Commissioning Group, social care and housing-related support.
- As public health teams are multidisciplinary, you should consider approaching partners from different areas, including substance misuse and mental health.
- A representative from an offender management service, Probation, or Office of the Police and Crime Commissioner.
- Someone with direct experience of homelessness, such as a peer mentor.

Analyse existing sources of information

Lead partners will already have access to existing sources of formal and informal data about their local homeless population.

Statutory homelessness

All local authority housing departments will collect information for the area on the number of homelessness applications and acceptances under homelessness legislation. You can find local authority breakdowns of statutory homelessness data on [gov.uk](https://www.gov.uk).

Planning an audit



Prevention and relief

Local authorities also collect information on the number of households they have helped to avoid homelessness or find alternative accommodation where there is no legal obligation to do so. You can find breakdowns of this information by local authority on [gov.uk](https://www.gov.uk). This can include information about individuals' health needs, especially if they have contributed to a person being found to be in priority need of assistance due to a vulnerability, including physical disability and mental illness.

Rough sleeping

Local authorities submit an estimate or count of the number of people who sleep rough in the area on a typical night. You can analyse figures since 2010 and compare trends in your area with other boroughs on our website - www.homeless.org.uk/facts.

People in treatment

Data on the housing circumstances of people in drug and alcohol treatment, people with mental health problems engaged in the Care Programme Approach (CPA) and people in TB treatment is available from local public health teams.

People leaving prison

Data on the housing and health needs of people leaving prison should be available from the local Community Rehabilitation Company and National Probation Service.

Other data sources

As part of their day-to-day roles, lead partners may also have been involved in other relevant evidence gathering processes such as service reviews or local consultations. For example, this might include scoping exercises to establish why certain groups struggle to gain access to rehabilitation programmes. Analysing data of this kind will help you to establish whether there are any discernible trends among your local homeless population in relation to their health. This, in turn, will give you a better idea of what your overall aims should be and the areas you want to focus on in the audit.

Showing that the audit has the potential to cover a range of priorities and areas of interest can also help to secure buy-in from different partners. If homelessness has been cited in more than one dataset as an issue for

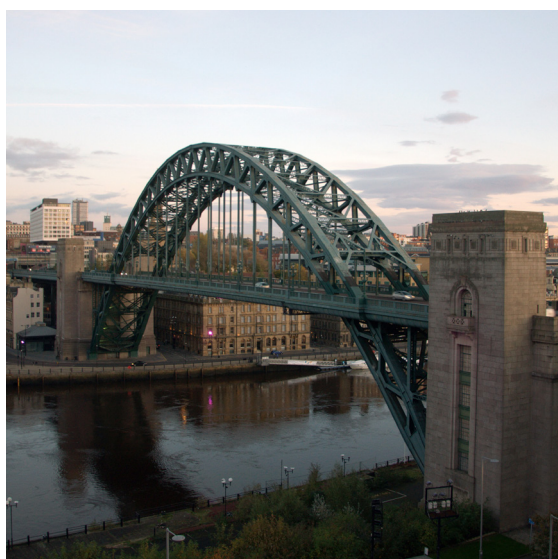


particular departments or services, it will be in their best interests to take part.

Decide on a set of aims

The audit can be used for a range of strategic and operational purposes. For example, it will help to ensure that the voices of people experiencing homelessness are heard in discussions about an area's local priorities and what services are needed to meet these aims and objectives. It can also help to demonstrate some of the good work that is already going on in your area around homelessness and health.

In addition, the audit presents a valuable opportunity to ask participants for their feedback on any health related support they are currently receiving or have received in the past. This will allow you to identify elements of good practice, or common areas for improvement across services and systems.



North East Regional Homeless Group

Filling an evidence gap at a regional level

The North East Regional Homelessness Group is made up of representatives from all 12 local authorities, and regional representatives including Homeless Link, Crisis, Shelter and Youth Homeless North East. The group discovered a lack of comprehensive data on the health needs of its local homeless population when gathering statistics to apply for the Department for Communities and Local Government's Fair Chance Fund in 2014.

In an effort to address this issue, it was suggested that the group should conduct a Homeless Health Needs Audit to fill the relevant gaps in its evidence base and to begin conversations with commissioners of health services. The group carried out a health needs audit in February 2015, with input from 585 people using homelessness services in the 12 North East local authority areas. This led to the publication of one regional report and 12 local reports, each of which included a specific look at the health needs of young people, legal highs and veterans. In addition to



contributing to Joint Strategic Needs Assessments in the North East, the group are using the data collected from the audit to inform any homelessness strategy reviews and develop working partnerships with health services.

Decide on a sample size



The more participants you can include, the stronger your dataset will be. We recommend a minimum sample size of 50-75 participants. Previous users of the audit have been able to recruit over 500 participants, covering a range of local areas.

In order to make the audit as representative as possible, you should consider potential participants':

- Age.
- Gender.
- Ethnicity.
- Sexuality.
- Type of accommodation currently occupied.

Different groups among those experiencing homelessness are likely to have different health needs and varying access to health services and it is important to capture these in the audit.

For example, what proportion of people who are homeless in your local area are between the ages of 16-24? Have you a clear idea of how many women are currently living in unstable or unsuitable accommodation?

Involving partners and people with experience of homelessness

How and where you recruit participants will help you to capture a broad sample (see the Nottingham case study below). Accommodation-based services will often provide a useful starting point. In attempting to contact people who are less visible to services – i.e. those who are currently sleeping rough or sofa surfing – lead partners should also consider recruiting services involved in outreach work, including drop-ins and day centres, as well as healthcare services such as GPs and treatment centres.

Snowball recruitment methods can be extremely effective in helping to contact harder to reach groups. This involves asking existing participants



to pass the information on to friends and other people they know who are homeless.

It is vital to tell people why you are conducting the audit and what process to expect. This will increase participation and improve the level of meaningful data you collect from participants.

A good starting point is to circulate the 'Information for participants' handout, which you will find in Appendix Two. However, you may also benefit from visiting homelessness services in person to give an overview of the audit process and its aims for both staff and participants.



Nottingham

Planning and implementing a recruitment strategy

In Nottingham, a project group was established consisting of lead partners from the local authority's Supporting People Team, public health, the local Hostel's Liaison Group, Framework Housing Association and Probation.

The project group adopted a blanket approach to contacting local homelessness services to help with the audit. They approached every homelessness service with which they had contact. In addition to services funded through the local authority's housing related support grant, the group was also able to engage with independent providers through the Hostel's Liaison Group. This ensured that the project group was able to involve a broad range of services, including Women's Aid.

The project group made initial contact with services by email and then followed up with interested parties via a telephone call. The response rate to the audit was excellent, with 349 participants taking part.

Planning an audit



Decide on the areas you would like to focus on

The questions contained within the audit have been designed to reflect the broadest possible spectrum of needs and experiences. They can, however, be amended to reflect specific areas of interest, as well as needs and services specific to your local area.

Email homelesshealth@homelesslink.org.uk to let us know of any changes and we will make the amendments for you.

Once the audit has begun, we will not be able to make any further changes, so it is vital that all of the relevant partners are consulted and a final draft agreed before you start.

Although we are keen to ensure that the audit is flexible to local needs, it is important to note that any changes may make it more difficult to compare your data to other sources. Where possible, we try to use similar wordings and response categories to national surveys, like the [Health Survey for England](#) and the [Opinions and Lifestyle Survey](#). Any changes to these questions will make it harder to compare the needs and experiences of your local homeless population to those of the general population.

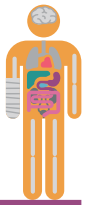


Brighton

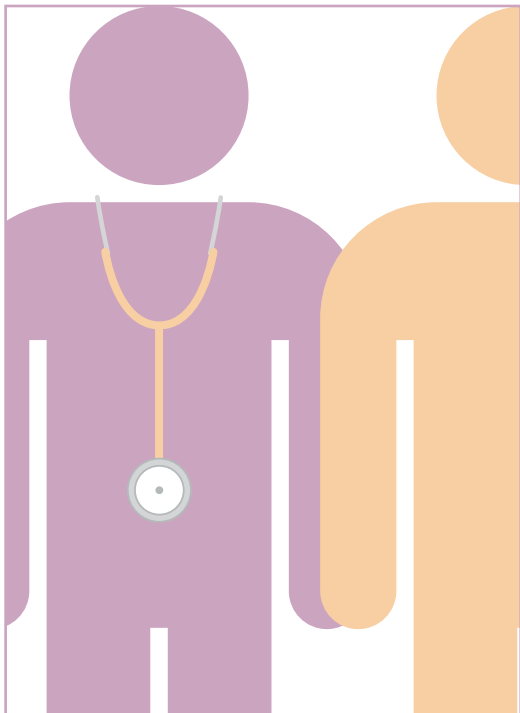
Tailoring your audit to meet local needs

In Brighton, the lead partners decided to include a specific question about participants' use of new psychoactive substances (more commonly known as legal highs) as part of their Homeless Health Needs Audit. The addition of this question reflected a perceived increase in the use and availability of legal highs.

The Audit was edited to distinguish between the Royal Sussex County Hospital and other services including the local mental health in-patient service. This allowed participants to distinguish between these services in their responses to questions about discharge from hospital.



Send out an online version of the audit to partners



We use an online survey tool called LimeSurvey to record all of the data collected by the audit.

Once a final version of the audit has been agreed, we will upload it to LimeSurvey and send you a link so that you can access it online. We will also send you a printable PDF and/or Word version. Lead partners will then be responsible for ensuring that everyone has access to both the online link and a hard copy of the audit.

Where possible, we recommend that staff members complete the audit with participants online. The audit is similar to most online forms and can be completed by selecting relevant options from the lists provided and filling in free text answers, where required. However, we realise it will not always be possible for staff to complete the audit online – for instance, when speaking to people on the streets, outreach workers may not have ready access to the internet. In these cases, you will need to record participants' answers using a hard copy of the audit.

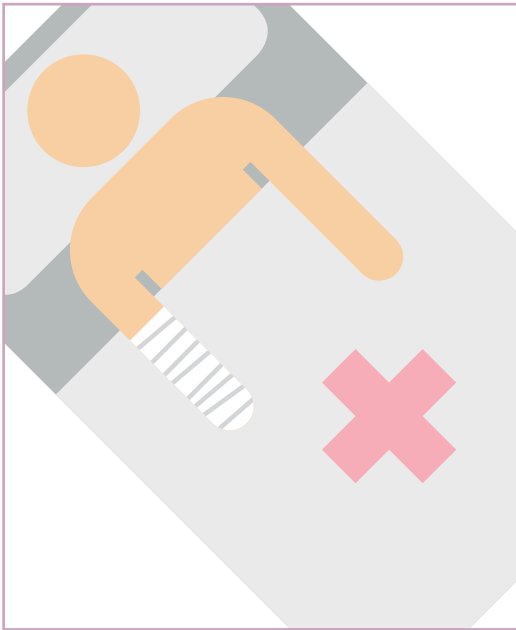
You will need to consider how best to transfer any data recorded via hard copies to LimeSurvey. You might decide that staff who have conducted audits using hard copies should input the data online at a later date. Alternatively, all hard copies could be sent to a designated lead partner who takes responsibility for inputting all data collected manually. Whichever option you adopt, you should introduce safeguards to prevent issues like double counting from compromising the validity of your data.

One-to-one interviews with participants

The audit is designed for frontline staff and participants to complete together in a one-to-one setting. The audit should not be given to participants to complete independently and should always be conducted in partnership with a member of staff.

This could be done as part of an existing key work session or as a pre-planned appointment. It is not necessary for a healthcare professional, or someone with specialist medical knowledge, to be present when conducting the audit. As a tool for assessing overall levels of need, service usage and people's experiences of local healthcare services, the audit is not designed to be used as part of an individual support plan or as a way to refer individuals for further treatment.

You should allow 30 to 40 minutes to complete an audit with each



participant. Take care to ensure that the purpose of the audit has been fully explained to participants and that they have an opportunity to ask any questions they might have about the process.

Appendix Two provides a handout that can be given to participants, which explains everything in more detail.

When working with participants with concerns about privacy, you should emphasise that the audit does not collect any personal information, so all data is anonymous. Participants are not obliged to answer any questions that they do not want to.

Much of the information collected by the audit is of a sensitive nature. As a result, it is important to consider the relationship between the interviewer and the participant. For example, participants at accommodation-based services could feel uncomfortable disclosing information to staff if their tenancies are contingent on certain behaviours, such as abstinence. Women may not wish to complete the audit with a male interviewer, and vice versa. Appendix Three offers further guidance for staff members conducting the audit.

Appendix Five contains explanatory notes of various specialist health and homelessness terms, which will help to explain certain aspects of the audit to participants in more detail. Appendix Six provides an alcohol prompt card, which will help you to accurately record people's alcohol consumption.

Interpreting your data



Analyse your data with LimeSurvey



We recommend that a one lead partner is given overall responsibility for collating and analysing all of the information collected by uploaded to LimeSurvey over the course of your audit.

Once you have identified the individuals who will be responsible for interpreting your data, please send us their email addresses so we can grant them the necessary permissions within LimeSurvey.

LimeSurvey will automatically generate certain types of statistical analysis, including pie charts and bar graphs. You can also export data into Excel, or and other offline databases, for further analysis such as Statistical Package for the Social Sciences (SPSS). You can find a more detailed LimeSurvey User Guide in Appendix Five.

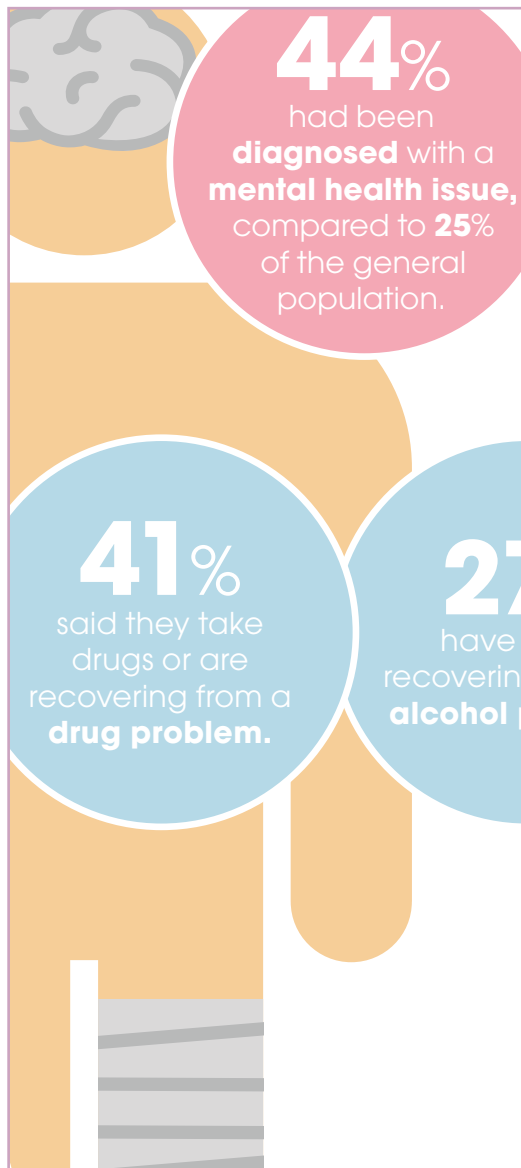
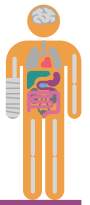
Make your case

Part of making a successful case for change is about understanding how different pieces of data fit together. In the first instance, the audit will provide you with a clear picture of the types of health needs experienced by your local homeless population. For example, it might reveal that a significant proportion of participants possess one or more long term physical health needs. You can take a number of steps to expand on this piece of information.

Compare it to data collected by national health surveys, including Health Survey for England and the Opinions and Lifestyle Survey

Place your findings in a national context - consider how the percentage of people experiencing homelessness who have long term physical health needs in your area compare to that of the general population.

Interpreting your data



Compare it to Homeless Link's national health needs data

This will help you compare the findings from your area to a wider homelessness population and address differences in need and access to services.

Compare it to other local data sources, such as a recent Joint Strategic Needs Assessment

This will help you show how the needs of local homeless people differ from the needs of the local population as a whole.

Combine it with other pieces of relevant information from the audit. For example, how engaged were participants with local services?

How many were registered with a GP or other universal healthcare service at the time of the audit?

Establish relevant health inequalities. If registrations with universal healthcare services were low, can the audit provide you with any further information as to why they were so low?

Were any of the reasons recorded connected directly to people's homelessness – i.e. the inability to register due to the lack of a fixed address?

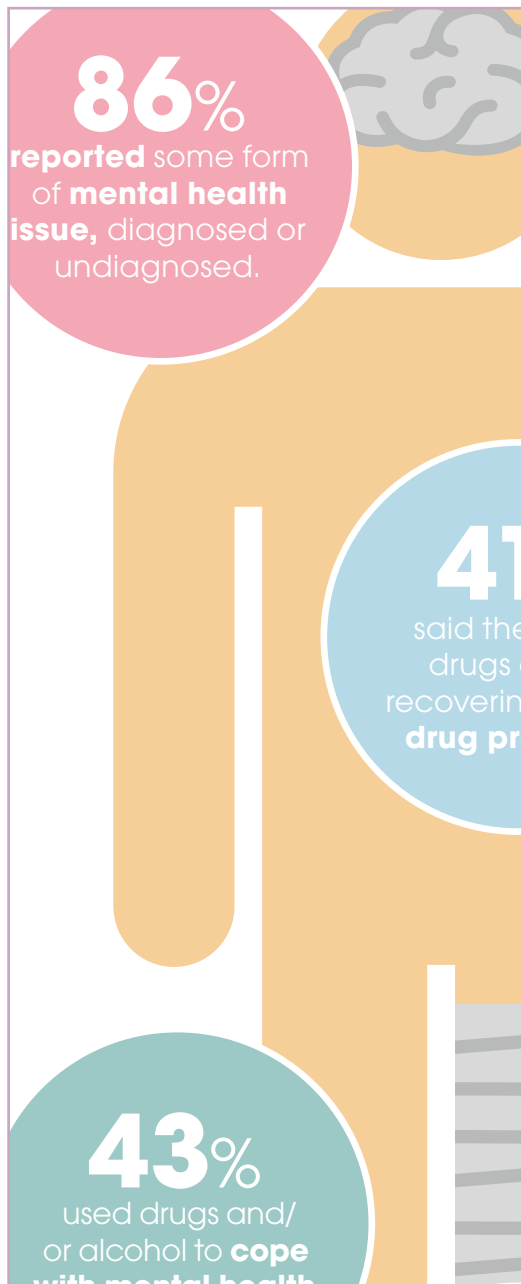
These pieces of information will provide you with a basic platform from which to make your case, although further investigation can sometimes be required.

Collect supplementary evidence

The audit produces mainly quantitative evidence. Using qualitative methods can help to gain feedback from participants that the audit itself is unable to capture. The first step will be to decide which topics you want to cover. You could, for example, explore a specific finding like poor levels of GP registration in more detail. Alternatively, you could ask a broader question, such as whether or not participants see their health as a priority, given the wider difficulties associated with homelessness.

Interviews and focus groups are common methods used to collect qualitative information. Key things to consider when setting up interviews or focus groups include:

Interpreting your data



The number of participants involved

Interviews are usually conducted on a one-to-one basis, while focus groups function best with small numbers. Over recruiting will help with likely drop outs on the day.

The demographics of those involved

Should the groups be gender specific or mixed?

The sensitivity of the information being discussed

Group settings will not always be the best when discussing specific health concerns. They can, however, work well in situations where people do not feel confident enough to contribute in a one-to-one environment.

Whether you adopt an unstructured, semi-structured or structured approach to your interviews or focus groups

Unstructured approaches are most useful when discussing broad themes and rely on participants to dictate the direction of the conversation. By contrast, structured approaches will ask a specific set of questions, which the interviewer/facilitator will set prior to the session and will return to if participants move off track. Semi-structured approaches will adopt elements of both, depending on the environment in which the questions are being asked and the topics under discussion.

The practicalities of setting up interviews and focus groups

Do you want to provide refreshments or hold a focus group over lunch or after a group activity to increase participation levels? Is there budget to provide a small incentive as a thank you?

There isn't a standard time for interviews or focus groups as they depend on the participants, topics and how many questions you intend to ask. Generally, between 30 and 45 minutes is advised for an interview and you will usually need one to two hours for a focus group. Before you start, ensure that participants know why they are there, what the information will be used for and that they have signed a consent form. One of the ways in which you could do this would be to provide participants with a handout, which explains all of this information in a clear and concise format.

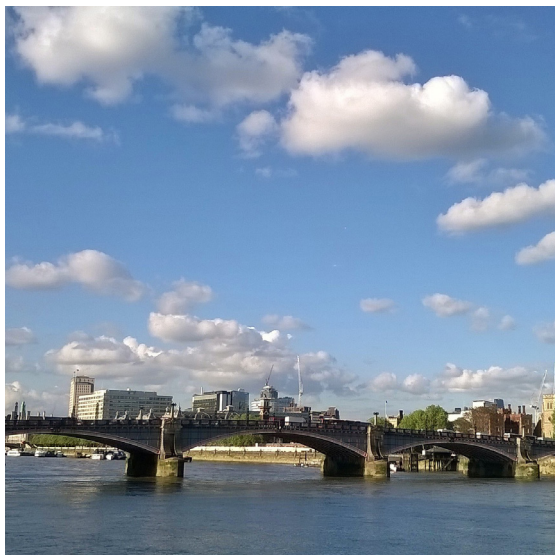
When running the session, the interviewer/facilitator should always try and



remain neutral. For this reason, some participants sometimes prefer to be interviewed by people they do not know well. No matter how tempting it is to offer advice and guidance, this is not the role of the interviewer/facilitator and it can skew the results of the session if you do so. If you encounter a safeguarding issue whilst conducting an interview or a focus group, you should refer this directly to the participant's key worker or the manager of the service involved.

Appendix Four includes some recommended focus group questions.

[Download our guide](#) on the use of qualitative techniques.



Lambeth

Collecting and using qualitative information

The London Borough of Lambeth conducted an audit with 250 people from their Vulnerable Adults Pathway. While the audit was being completed online, Lambeth held a focus group to discuss some wider themes.

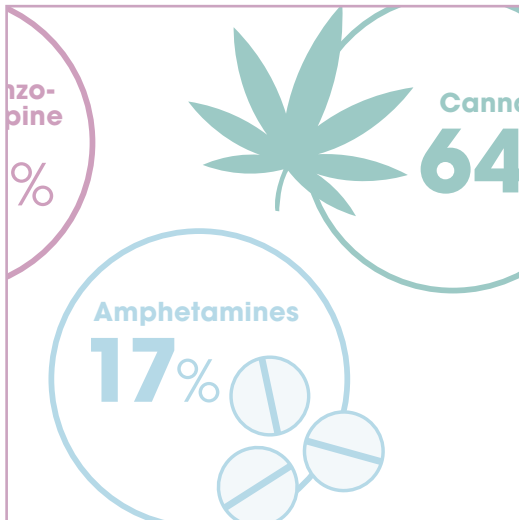
Participants were recruited by local hostel managers. An information sheet was produced for participants and verbal consent was obtained at the start of the focus group. All were aware that their comments, if quoted, would be anonymised and that they were free to leave at any time. The focus group was conducted using a semi-structured approach by a facilitator with experience of qualitative methods. The participants were asked for their thoughts on a range of questions. These included:

- Thinking about your life, what would improve it most? Where would your health rank in your list of priorities?
- How has being homeless affected your health?
- What is your experience of accessing health care services?
- What are the barriers to accessing health services?

The key points raised were:

- Health is a priority for people experiencing homelessness.

Interpreting your data



- Homelessness was felt to exacerbate existing health conditions and those who become homeless are likely to develop new health problems.
- People's experiences of healthcare in hostels are mixed.
- Many participants experienced judgement and stigma when accessing healthcare services. Many also felt a lack of power and control.

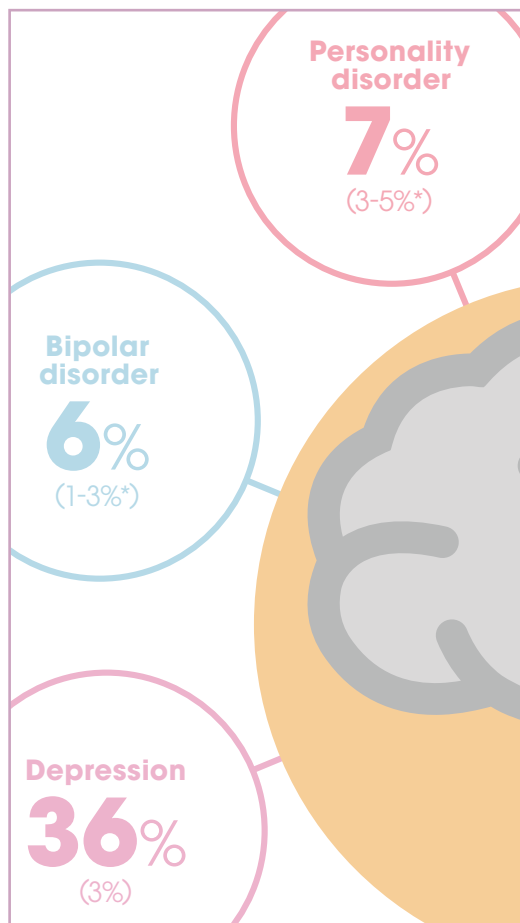
Further to discussing their experiences, participants also proposed solutions to some of the difficulties they had faced. For example, it was suggested that participants could benefit from the help of an advocate or case manager who could help them to navigate the hospital system.

Feedback from participants led to three overall recommendations for Lambeth:

1. Share findings with commissioners and hostel pathway staff to inform discussions about how to tackle issues identified.
2. Consider sharing results with the Clinical Commissioning Group in order to inform staff training about how to better serve this population and address the judgement and stigma experienced by participants.
3. Consider having a service user panel to be involved in future developments.



Decide how best to use your findings



You can use findings from the audit to inform change both at a strategic and service level. Common aims include:

Ensuring that the voices of people experiencing homelessness are heard, recorded and taken into account by the relevant evidence gathering procedures

The audit offers an excellent opportunity to begin building a comprehensive dataset around the needs and experiences of homeless people, which can be used to fill in any gaps left by Joint Strategic Needs Assessments and other evidence gathering processes.

Demonstrating the value of homelessness services in contributing to health agendas, and vice versa

Homelessness is not simply a housing issue and the work of both sets of services will often overlap considerably.

Making a case for further investment

Despite the potential for homelessness services to contribute to health agendas, only a small proportion receive any health funding.

Identifying service level improvements

Some of the issues identified by the audit could be addressed by changes to existing processes or additional training. These changes could be coordinated centrally by lead partners and then rolled out area wide. Alternatively, if an individual service is in a position to make a proactive adjustment to its service offer in order to address a specific issue highlighted by the audit, it should be encouraged to do so.

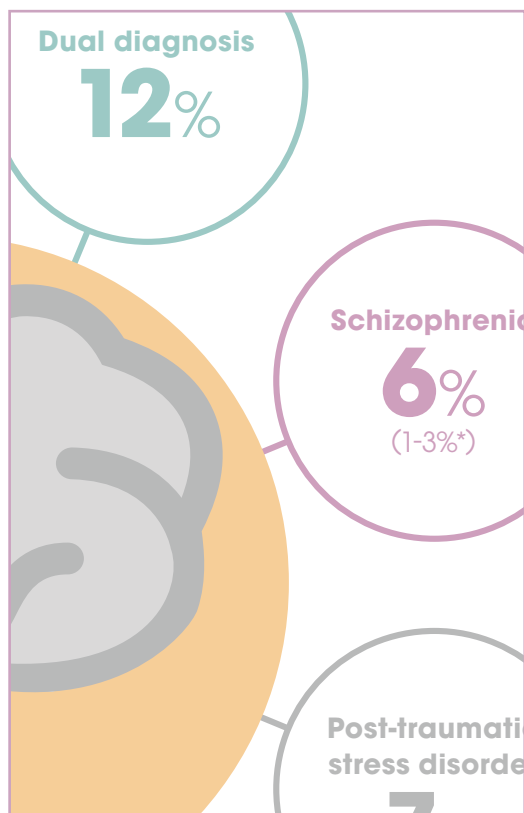
Decide how best to communicate your findings

It is important that you understand how best to communicate your findings to the relevant stakeholders. This includes feeding back to services and participants who have contributed their time to the audit. Having a clear plan as to who you need to contact and when will ensure that your findings have the maximum possible impact. Common local channels of communication include:

Contacting relevant stakeholders directly

For example, Health and Wellbeing Boards are encouraged to provide an explanation in their publications of how best to make contact with individual members.

Using your data



Using partners' existing contacts

One of the benefits of conducting the audit in partnership is that partners should possess a wide range of existing contacts from their day-to-day roles, which will prove useful in identifying and making contact with key stakeholders.

Compact agreements

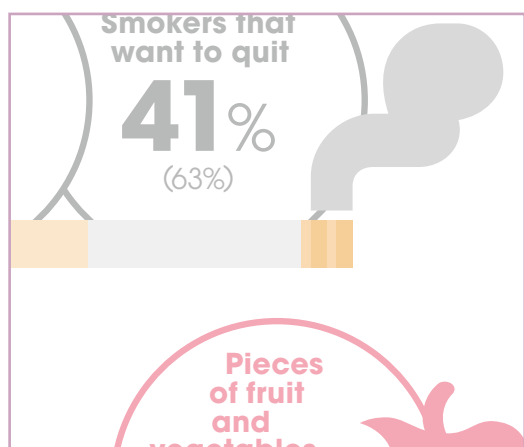
Most local areas will possess a compact agreement, which sets out how local authorities should work with the voluntary sector for mutual benefit.

Healthwatch forums

As a local consumer champion, Healthwatch represents an avenue through which community groups and service users can express their views. Find your local Healthwatch at www.healthwatch.co.uk.

The timing of your audit will also have an impact. Will it be possible to time your audit so that it coincides with another review or evidence gathering procedure?

Display your findings



Presenting data in new and interesting ways is a great way to grab people's attention. Translating the data you have collected from your audit into a visual format can simplify the information and make it more impactful.

Visual data can work particularly well on social media. An infographic of statistics in a graphical format is more likely to be commented on and shared than a table or list of bullet points containing the same information. The example overleaf is based on combined data from previous audits. In a single image, it presents headline findings from the research relating to the physical and mental health of people experiencing homelessness, levels of substance misuse and hospital use.

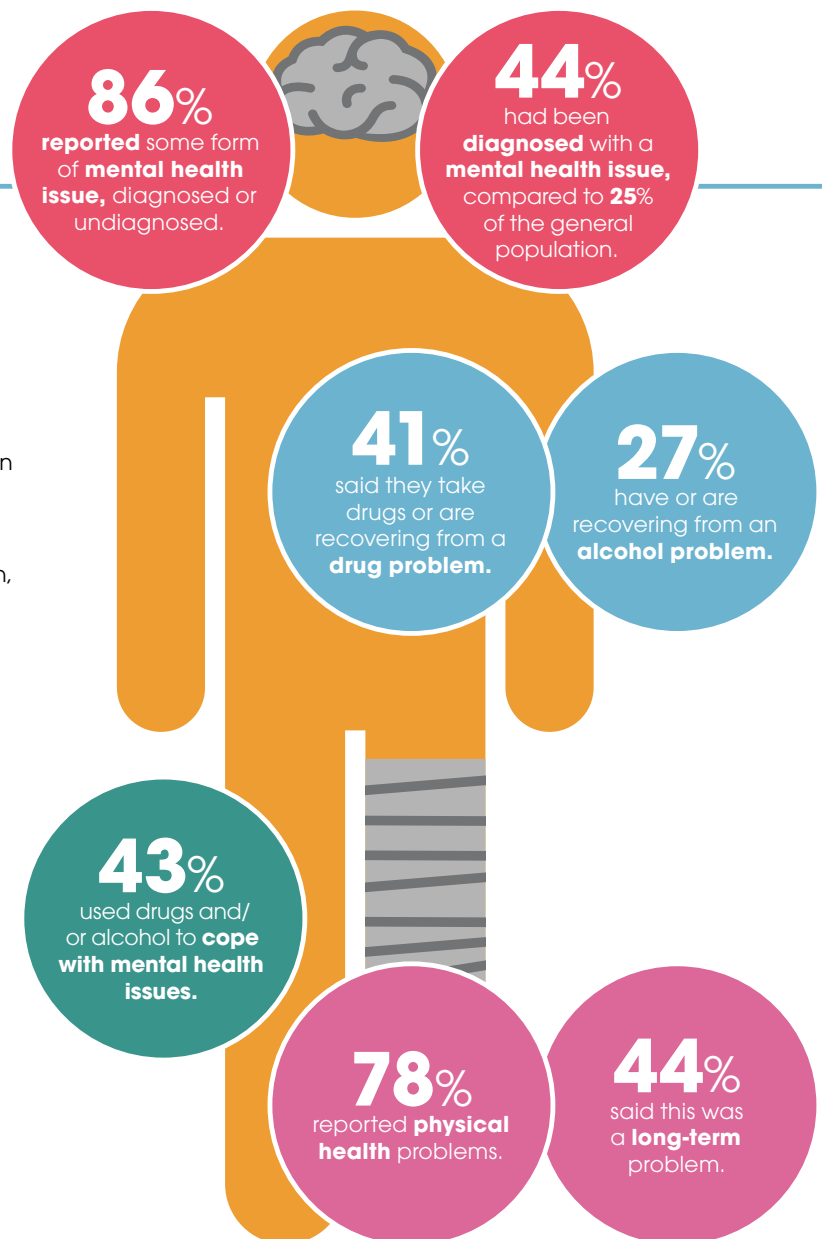
Download our guide on presenting data visually from www.homeless.org.uk.



Health: Key findings

Over the past two years, 3,355 people have taken part in local homelessness health audits across the country to share their experiences of using health services, and the health problems they have. The rich data and information captured in these audits has been used by local commissioners to identify gaps in provision and develop more responsive services for homeless people locally.

When we asked people about their health, few reported only one problem. Many reported a combination of mental and physical health needs, which they had often experienced over a number of years.



Data visualisation of health needs data.

www.homeless.org.uk/homelesshhealth



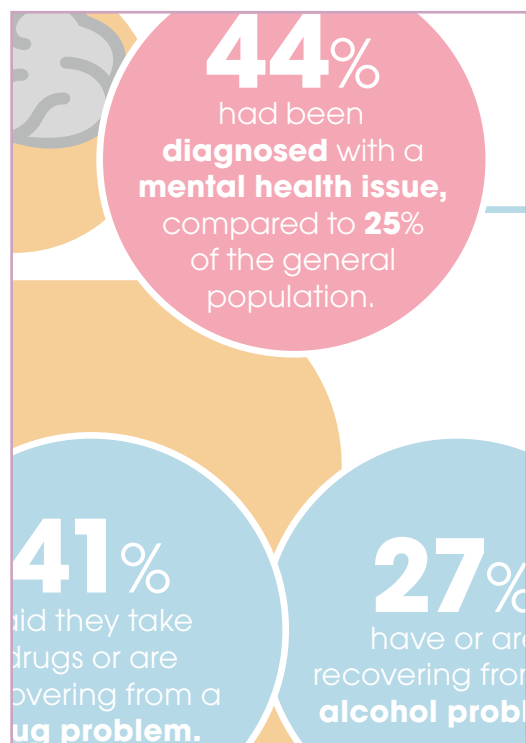
Review the process

Once you have completed your audit in full, assess how the process went and where things could be improved with a range of local partners and participants. This could be done as part of an existing meeting, a specific event or a series of separate consultations.

An essential component of the review is to establish a specific set of actions to take forward. A review will also prompt you to think about different ways of using the audit and its potential expansion to other areas of your work. While the findings from your audit provide a snapshot of the health needs and experiences of your local homeless population at a given time, there is potential for it to become part of a continuous process of review. This will help to ensure that issues of homeless health remain at the forefront of local commissioning and service improvement decisions, and that 'what works' is more easily understood by partners.

Mapping trends

The audit can be conducted as part of a rolling process to judge the success of your services in improving the health of your local homeless population over time. In order to map trends, you will need to be consistent in the questions you ask in the audit.



If you would like to conduct an audit on a more regular basis, but do not possess the resources to complete the full version every time, you could shorten it to focus on a set of key indicators or a particular theme. Alternatively, you could adapt the original version to monitor whether any specific changes to health provision in the local area are benefitting people experiencing homelessness.

By comparing different datasets provided by the audit, you will be able to start pinpointing developments over time. If there have been improvements around key indicators, this could be used as evidence to show the effectiveness of your services in improving the health related outcomes of participants.

By contrast, if things have worsened, this may prompt a review of the provision currently in place. If things do appear to change over time, investigate whether these changes might also apply to the general population.



Working with experts by experience



The involvement of people with direct experience of homelessness throughout the audit will help to ensure the process is as relevant and reflective of their experiences as possible. This could involve:

Having someone with experience of homelessness as a lead partner

This will ensure that any major strategic decisions benefit from the perspective of someone who has experienced the issues you are trying to identify.

Consulting directly with people who are homeless

This can help to establish which questions people with direct experience of the issues would like to see included in the audit and the indicators they feel are most important to establish a clear picture of their needs and experiences.

Conducting one-to-one interviews with participants

As the audit asks some sensitive questions around things like drug and alcohol consumption, participants may feel that they are able to be more open and honest with someone they know has shared similar experiences.

It is important to allocate sufficient resources and time into involving experts by experience meaningfully in the process. Lead partners should allow for any extra resources needed to equip experts by experience with the relevant skills to take part in the interview process, including training, expenses and ongoing support.

Guidance published by [Groundswell](#) on supporting peer activity is available from our website www.homeless.org.uk.

Cost benefit and unit cost analysis

Engaging in cost benefit analysis will help you to attribute a monetary value to your findings.

In order to use cost benefit analysis effectively, in addition to your findings from the audit, you will also need to have solid data about the relevant service costs, as well as the right public sector unit costs.

Once you have collected this data, you will be in a strong position to discuss potential cost savings.

Beyond the audit



We have published What's It Worth? - a guide to calculating and estimating financial savings in the homelessness sector. The guide provides useful information on a range of topics, including:

- Gathering the right data.
- Choosing the right model.
- Some of the challenges associated with the approach.

Download What's It Worth? from www.homeless.org.uk.

Need help with your audit?

The audit and resources are free to use. Should you wish to obtain additional support to conduct an audit or analyse your data please contact us at homelesshealth@homelesslink.org.uk to discuss your requirements.

Appendix One

Further information



Commissioners and service providers

- *Standards for commissioners and service providers* - the Faculty for Homeless and Inclusion Health.
www.pathway.org.uk

Cost benefit and unit cost analysis

- *Supporting public service transformation: cost benefit analysis guidance for local partnerships* - New Economics, the Treasury and the Public Service Transformation Network.
www.gov.uk
- In April 2014, New Economy produced a unit cost database, which provides cost estimates covering a range of public service areas, including health. The database can be downloaded from New Economy's website.
www.neweconomymanchester.com

Homeless hospital discharge

- *Resources on Hospital Discharge: An Evaluation of the Department of Health Hospital Discharge Fund and Why Invest? Briefing for Commissioners*, both available from the Homeless Link website.
www.homeless.org.uk

Infographics

- **Piktochart** is a free online infographic service, with which you can design and publish data graphics in a wide range of formats.
www.piktochart.com
- **Google Fusion Tables** is an online data and mapping tool, with which you can visualise data with pie charts, bar charts, line plots, scatter plots, timelines and geographical maps.
support.google.com/fusiontables
- **Tableau Public** is a sophisticated free tool for creating interactive online representations of your data. We use Tableau to display our Health Needs Audit data.
public.tableau.com

Joint Strategic Needs Assessments

- *Improving the health of the poorest, fastest: Including single homeless people in your JSNA* - Homeless Link and St Mungo's Broadway.
www.homeless.org.uk

Prevention

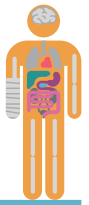
- *Effective Prevention: Evidence review into interventions that are effective in responding to health and wellbeing needs in households at risk of homelessness* - Homeless Link
www.homeless.org.uk

Working with experts by experience

- *Pathway: Healthcare for homeless people*.
www.pathway.org.uk

Appendix Two

Information for participants



How good are the health services in your local area? Do you get the help you need?

The main aim of this audit is to find about the health needs of people with experience of homelessness in your local area. This data can then be used to help improve services and ensure that any barriers to access are removed.

During the audit, a member of staff will ask you some questions about any health needs you have, what health services you use and how your experiences can be improved in the future. This should take approximately 30-40 minutes.

The audit is not a health assessment and it will not be used to tell you what health treatment you might need. However, a member of staff should be able to give you information about where you can get this advice if you would like it once the audit has been completed.

Why should I take part?

Health is important to everybody, but people who are homeless can have poorer health as a result of barriers to accessing services, as well as specific support needs relating to their homelessness.

Without a reliable source of information about what health needs homeless people have, it is difficult to know if existing services are offering effective support, or whether new ways of working or new services are required. By taking part, you will be helping us to get the evidence we need to help improve health services for homeless people in your local area.

Participants across the country have already taken part in an audit for their area. As a result, the services they work with have been able to make a range of improvements, including:

- Better links between hospitals and homelessness services.
- Greater access to universal services like GPs and dentists.
- Improved screening for vaccinations against things like TB.

Will the info I provide be anonymous?

Yes. Any information you share with us will be anonymised:

- We will not record your name or other personal details during the audit.
- Local services will have access to the data, but they will not be able to identify the individuals involved.

Appendix Two

Information for participants

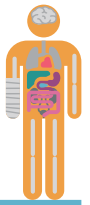


- You should always be asked for your consent to check you are happy to go ahead with the audit.
- Any information you provide will not affect any of the services you are already receiving. Please answer the questions as fully as you can. If you'd rather pass on a question, just let the interviewer know.
- The data will be stored electronically and Homeless Link will use the information for our national database. Individuals who complete the audit will not be identifiable from this data.

Thank you for taking part. If you have any further questions, please ask a member of staff.

Appendix Three

Information for interviewers



The Health Needs Audit

Your organisation is taking part in an audit to gather information about the health needs of people experiencing homelessness in your local area, as well as their experiences of current homelessness and healthcare services. The information collected will be used to inform commissioning and service improvement decisions. It will also be used by Homeless Link for our national health needs database.

An interviews should take about 30-40 minutes to complete. No personal details are recorded, so all of the information collected will be anonymous.

Completing the survey

It is important that you conduct the audit in a safe and secure environment. We suggest completing interviews on a one-to-one basis with participants, in a private space where they feel comfortable.

If you have access to an internet connection, you can use the online survey for which your project should have the relevant internet link. However, you can also record responses on a paper copy of the audit and input them onto the online survey at a later date. If you collect information on paper, you can split the session to give participants a break, if necessary.

Please ask participants each of the questions in sequence, recording all of their responses. To improve data quality questions scored with an asterisk (*) are mandatory, but there is a 'client did not comment' option for those people who do not wish to respond. The more questions that are answered, the better the quality of the data will be, so do try and encourage participants to answer as many questions as possible.

Some of the questions are conditional – i.e. they will only be relevant if the participant selects a certain response to an earlier question. These are clearly marked on the paper version. The online version will take you to the relevant questions automatically.

You do not need specialist knowledge of health to complete the survey. If you are unsure of the meaning of certain terms used in the audit, Appendix Five should provide some useful explanations of certain health conditions and other terms. Appendix Six contains an alcohol prompt card, which offers some useful information on unit measurements if you are not familiar with these already.

Some participants may be reluctant to disclose information if they

Appendix Three

Information for interviewers



feel it will impact on their support or treatment plans, so be clear with participants that the audit will not affect the support they are receiving. Arranging for the interview to be carried out by a different member of staff with no personal connection to the participant, or by a volunteer or peer researcher, can help to overcome this.

Remember to emphasise to participants that all of the information collected is anonymous.

Incentivising the audit

The majority of participants will be happy to talk about their health needs. However, there are a few ways you can incentivise the process to encourage people to take part:

- Reemphasise the value of the audit to participants and how invaluable their views are in achieving positive change.
- Incorporate the audit into an existing key/support working session or wider activity.
- Arrange a drop-in for participants to come and complete the audit, which also offers tea, coffee and lunch.
- Make it part of a wider project – anything that involves peer mentors, researchers or advocates.

Frequently asked questions

What if participants find it difficult to discuss health issues?

Remind participants that all of the information collected in the audit is anonymous and cannot be traced back to them.

If a participant discloses information which is of concern, encourage them to speak to an appropriate member of staff once the audit has been completed.

How should I go about recruiting potential participants?

To ensure that your sample is as large as possible, you can:

- Promote the audit to potential participants through existing channels, such as residents' meetings.
- Be flexible – hold interview slots at different times of day.
- Try and emphasise to people why the audit is not just another paper

Appendix Three

Information for interviewers



exercise. It can help to achieve real change and ensure that health services are more open to people experiencing homelessness in the future.

What will happen to the information?

Once the information from across your area is uploaded, it will be collated in an online survey tool called LimeSurvey, a secure portal where the information is stored and will only be accessed by authorised administrators.

All information is anonymised so anyone accessing the database cannot identify the individuals involved.

The information will be analysed by lead partners in order to assess levels of need, identify gaps in service provision and inform future service development. Lead partners should share their findings with everyone who took part in the audit and take suggestions on how best to use the information effectively.

Appendix Four

Focus group topic guide



Understanding health

What do you think it means to be 'healthy'?

- How do you know when you're in good health?
- What kinds of behaviours help to improve health? E.g. exercising, healthy eating? How easy is it to do these, and how could you be helped to do more?
- What kinds of behaviours can make health worse? What support is needed to avoid these behaviours?

Thinking about your life in general, how important is health to you?

- Where would you rank it in your list of priorities?

Experience of services

Tell us about a recent time (in the last year) when you had a problem with your health. What did you do?

- Did you know where to go?
- Who did you go to for help?

How easy or difficult was it to get the help you needed?

- How long did you have to wait?
- Did the problem get worse while you were waiting for help?
- How accessible was the service (e.g. transport links, disabled access if needed, help with language etc.)
- Were there any barriers to accessing the service?

How do you feel you were treated by staff?

- Were you treated with dignity and respect? In what way?
- Were things explained clearly to you?
- Did you feel involved in any decisions that were made?

What did you think about the help you received?

- Did it help resolve your problem?
- Did you have to explain things to lots of different people or just do this once?

Would you recommend the service to someone else, like a family member or friend?

Why?

What was good about the experience?

- What makes a service good?

Appendix Four

Focus group topic guide



Could anything have made the experience better?

- What would you change to make things better next time?

If you developed a new problem with your health, where do you think you would go?

- Where would you go and where would you like to go?

How could health services for people experiencing homelessness be improved?

- Do you want to access mainstream services? Or do you think that there should be specific services for people experiencing homelessness?
- Where would they be located?
- What would they cover?
- Do you think there should be different services for men and women?

Impact of health problems

Think about a health problem you have (physical or mental). How does it affect you in your daily life?

- Think about activities such as sport, socialising, work and leisure.
- Are there things that you would like to be able to do but can't because of your health?

What kind of support do you need with your health on a daily basis?

- Think about attending appointments, accessing and taking medication, help accessing information, transport, as well as support with living.

How has being homeless affected your health?

- What was your health like before you experienced homelessness and how did that change when you became homeless?
- Do you think your health contributed to you becoming homeless?
- If you have a long term condition, how do you manage this?

Is there any support that you would like to receive but that you are not getting?

- What support do you need and what is it for?
- What are the barriers to getting this help?
- How could you be helped to access this support?

Appendix Five

Explanatory notes & prompts



Further definitions and prompts for questions related to health conditions, housing status and migration status.

Physical health

Breathing problems

Prompts:

- Do you have a painful cough?
- Is it painful to breathe or are you short of breath?

Problems with bones, joints and muscles

Prompts:

- Do you have aches and pains in limbs?
- Is it difficult to walk?
- Do you have joint swelling or any stiffness?
- Do you have difficulty walking or going up stairs?

Eye problems

This can include:

- Difficulty seeing well.
- Blurred vision.
- Eye pain.

Skin/wound infection or problems

This can include:

- Skin infections.
- Rashes.
- Wounds or cuts.
- Sores or itchy skin.

Poor foot health

Prompts:

- Do you currently have any wounds or cuts on your feet?
- Do you currently have any sores or callouses, which can make walking painful?
- Do you experience any numbness?

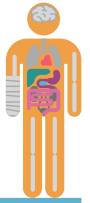
Fainting/blackouts

Prompts:

- Do you have a diagnosis of epilepsy?
- Do you experience fainting or blackouts, including withdrawal fits?

Appendix Five

Explanatory notes & prompts



Urinary problems/infections

This can include:

- Pain passing urine.
- Incontinence.
- Passing blood when urinating.
- Kidney infections or problems.

Problems with circulation/ blood clots

This can include:

- Known DVT (Deep Vein Thrombosis).
- Numbness or tingling in limbs.

Liver problems

This can include:

- Known diagnosis of liver cirrhosis.
- Other liver problems like liver infections.

Stomach problems

This can include:

- Stomach pain or discomfort.
- Stomach ulcers or chronic pain.

Dental/teeth problems

Prompts:

- Do you have dental pain?
- Do you have bleeding gums or abscesses?

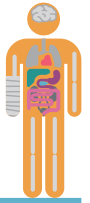
Hep C

Hepatitis C is a viral infection, which primarily affects the liver.

There is currently no vaccine to protect against infection, although effective treatment is available. Symptoms of hepatitis C are not always easy to detect, making it difficult to diagnose. This can lead to scarring of the liver and ultimately to cirrhosis, which is generally apparent after many years.

Appendix Five

Explanatory notes & prompts



Mental health

Specialist mental health service

This can include:

- Community Mental Health Teams
- Counselling.
- Psychiatrists.
- Psychologists.

'Talking' therapies

This can include:

- Psychological therapies, including CBT (Cognitive Behavioral Therapy).
- Counselling.

Services with dual diagnosis

This refers to services that are specifically designed to help people with co-existing mental health and substance misuse problems.

Access to services

A homeless health care service

This is a specialist nurse or GP lead team, which works specifically with people experiencing homelessness.

Admitted into hospital

Please only select this option if the participant was actually admitted to hospital. This could be via a planned admission or as a result of an A&E visit if further treatment was required.

Appendix Five

Explanatory notes & prompts



Vaccination and testing

Sexual health screening

Screening generally covers sexually transmitted infections (STIs). Common examples include chlamydia and gonorrhea. Treatments can vary.

Flu (Influenza)

A common disease that is caused by the influenza virus and causes fever, weakness, body aches and breathing problems.

Hep B

Hepatitis B is a viral infection of the liver.

The virus is usually transmitted through contact with infected blood or bodily fluids. This can occur through unprotected sex or sharing contaminated needles. There's an effective vaccination, available from GPs, to protect people from hepatitis B.

Migration status

UK resident

Full UK resident rights. This means the client has full entitlement to live and work in the UK.

EEA (European Economic Area) Nationals

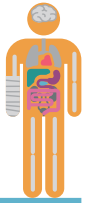
The EEA includes all EU countries, as well as nationals from Iceland, Lichtenstein and Norway. Different countries within the EEA will have different reciprocal health agreements with the NHS. However, at present, EEA nationals should only be charged for certain types of secondary healthcare. Primary healthcare and emergency treatment are free at the point of access, although this may be subject to change.

Permanent residence/Indefinite leave to remain

People with permanent residence/Indefinite leave to remain are allowed to reside indefinitely within a country of which they are not a citizen. People with permanent residence will usually have the same rights as British Citizens in relation to access to public services, including social security.

Appendix Five

Explanatory notes & prompts



Asylum seeker

A foreign national who has made an appeal for asylum on entering the UK, generally on humanitarian grounds.

Although asylum seekers will be allowed to remain in the UK until a decision has been made on their application, they will still be subject to strict immigration controls. They should, however, be granted access to medical treatment, if needed.

Refugee status

If an applicant is granted asylum, they will assume refugee status. As a result, they will be granted full access to all public services.

Accommodation status

Hostel

Short stay emergency services aimed at those in need of immediate accommodation. Please include both short term hostels or longer term hostels.

Supported accommodation

Supported accommodation is often used by those moving on from 'first stage' direct access hostels. These projects vary in length of stay and levels of support provided.

Nightshelter

Nightshelter accommodation is usually provided on a direct access basis (though carry restrictions). Sleeping accommodation is provided during the nighttime only, with some providers offering other support services during the day.

Appendix Six

Alcohol prompt card



A simple tool to help calculate units of alcohol consumption

On the next page you will find an alcohol prompt card, which should give you a use tool to work out unit measurements if you are not familiar with these already. It is designed to be used in a one to one session with your client.

Some participants may be reluctant to disclose information if they feel it will impact on their support or treatment plans, so be clear with participants that the audit will not affect the support they are receiving. Arranging for the interview to be carried out by a different member of staff with no personal connection to the participant, or by a volunteer or peer researcher, can help to overcome this.



Alcohol prompt card



To work out which option fits your alcohol consumption best, how many units do you drink on a typical day when you are drinking?

To help you work out how many units you have:

This is **1 unit...**



Half pint of regular beer,
lager or cider



1 very small glass
of wine



1 single measure
of spirits

This is **more than 1 unit...**



Bottle
of wine



250ml glass
of wine



440ml can of
'regular' lager
or cider



440ml can
of 'super
strength' lager
or cider



Alcopop or a
275ml bottle of
'regular' lager
or cider

Appendix Seven

LimeSurvey: user guide



After the health needs audit has been completed, lead contacts from your area can access the data on the Limesurvey system.

You will need a username and login to be able to access this information. You will only be allowed to access data from your local authority area.

If you have not yet received a login, contact homelesshealth@homelesslink.org.uk. You will be sent a link and password. Please keep these safe.

Access the system

To access the data from your completed audit lead contacts should do the following:

Log in to LimeSurvey at <http://survey.homelesslink.org.uk/admin/admin.php> using the username and password emailed to you. Choose your survey from the dropdown box as below:

The screenshot shows a login bar with the label "Surveys:" followed by a dropdown menu currently displaying "Please choose...". To the right of the dropdown are three icons: a green plus sign on a document, a red power button, and a green circle with a white question mark.

View the responses

LimeSurvey can be accessed using Internet Explorer 7 and newer comparable browsers such as Firefox, Safari, Google Chrome, Opera etc. For administration purposes, Internet Explorer 9 or a newer comparable browser is required.

Make sure you have selected your area's version from the drop-down menu.

To view the data you have collected, click 'Responses & statistics'.

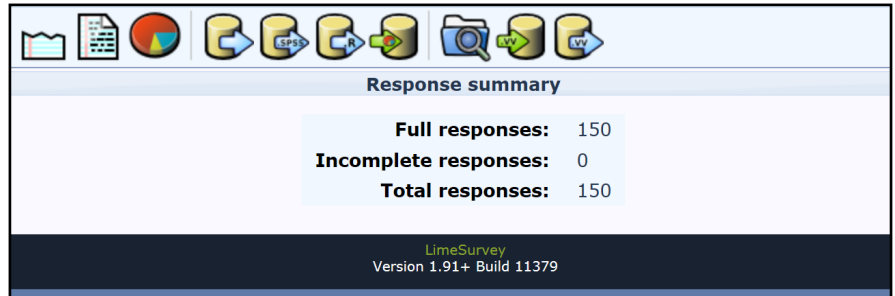
The screenshot shows the LimeSurvey interface for a survey titled "Survey Pilot Health Audit - Leeds (ID:92449)". The top navigation bar includes icons for home, user management, survey management, and data. A dropdown menu is open, showing three options: "Responses & statistics" (highlighted), "Data entry screen", and "Partial (saved) responses". Below the menu, the survey title and URL are visible.

Appendix Seven

LimeSurvey: user guide



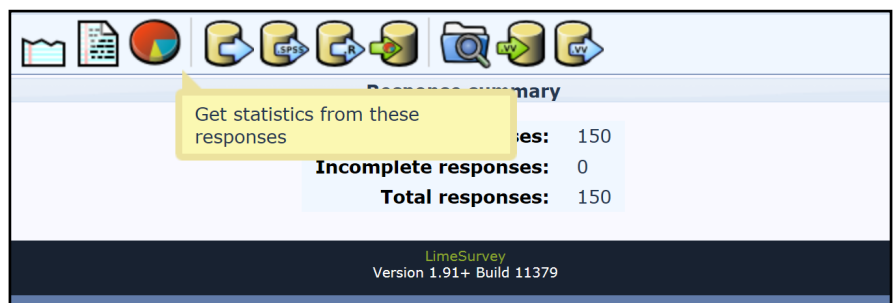
A screen will appear to tell you how many responses have been entered.



Understand the data

First steps for all questions

a) To view the data, select the pie chart icon 'Get statistics from these responses'.



You can then choose which questions you want to view. Questions are grouped as follows:

- A few questions about you.
- Questions about your physical health.
- Questions about mental health and development.
- Questions about drug and alcohol use.
- Questions about your access to services.
- Questions about staying healthy.

b) If you want to see results for the whole set of questions, tick 'View summary of all available fields'. To see graphs as well as tables, tick 'Show graphs'. This is recommended as this will also provide the data as bar graphs and pie charts.

Appendix Seven

LimeSurvey: user guide



General filters

Data selection

Include:

View summary of all available fields ☒

Subtotals based on displayed questions ☐

Statistics report language

Response ID

Greater than:

Less than:

Output options

Show graphs ☒

Select output format: ☒ HTML ☐ PDF ☐ Excel

If you just want to look at one section at a time, tick the question or group of questions you would like to see (e.g. 'A few questions about you', below). Tick 'Show graphs' if you would also like to see graphs of the results.

c) Scroll to the bottom of the page and click 'View stats' button. This may take a few minutes to process, and a new screen will appear with your results.

View different types of question

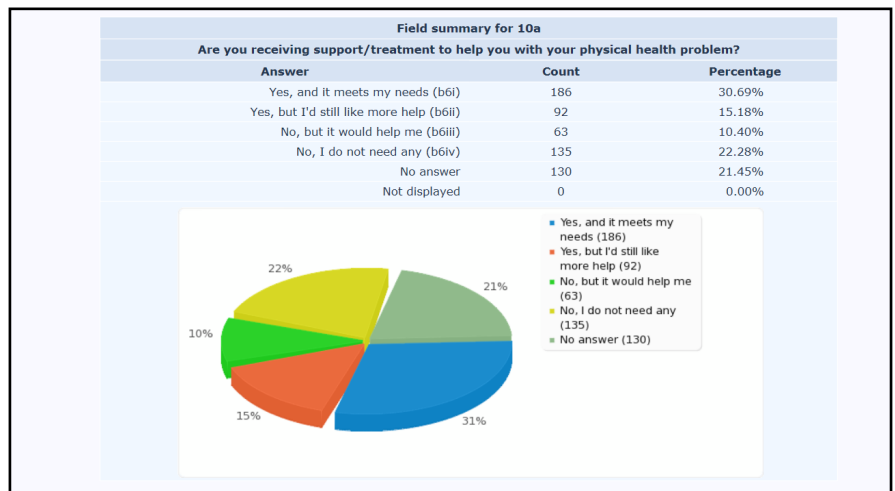
The health needs audit uses multiple choice and free text questions.

Multiple-choice questions

For each multiple-choice question you will see a table and graph such as the following. You can then copy these into any document/report/presentation of your choice.

Appendix Seven

LimeSurvey: user guide



A note on percentages: LimeSurvey automatically generates percentage based analysis, like the chart above. In some questions, you may have non-responses from clients who chose not to respond. If using percentages, you may wish to exclude these to make your data more representative. This will mean re-calculating the percentages based on a revised baseline — i.e. in the case above, 130 clients did not respond. You can use the original percentages as long as you make clear it includes 21.45% who did not respond. Otherwise the results may be misleading.

Free text questions

There are only a few free text questions — e.g. where there is an 'Other' option. Wherever you see a browse button, as below, there is free text information. Click on this button to view the data.

What kind of support helps you?		
Answer		Count
Talking therapies (eg counselling) (a)		78
A specialist mental health service (eg CMHT) (b)		51
Services to help my dual diagnosis (c)		14
Activities to do like arts, sport or volunteering (d)		31
Practical support to help me with day to day life (e)		49
Other	Browse	32

Appendix Seven

LimeSurvey: user guide



A new screen will display the free text responses, as shown on the next page.

Homeless Link LimeSurvey	
22	Women's refuge
23	Women's Refuge
24	Woman's Refuge
25	Woman's refuge
27	Woman's refuge
29	Private rent house
52	Got own home
54	Council Bedsit

Filter the data

Once you have viewed your data, you may wish to filter the information to look at particular client groups — e.g. women, over 50s, rough sleepers. You can filter on any available category in the survey; however, be mindful that filtering your data will reduce the number of responses and this means it may not be as representative.

To filter, select the category or question you want to analyse. For example, if you want to look at responses for women only, select the female variable under the 'What is your gender' question. You will need to check both the relevant question box and highlight the specific variable, as below.

☒ **"What is your gender?"**

male

female

prefer not to say

Other combinations can be selected as required. You can then continue to view statistics as normal — scroll to the bottom of the page and click 'View stats' button. If you want to see graphs, remember to select the 'Show graphs' box at the top of the screen.

Appendix Seven

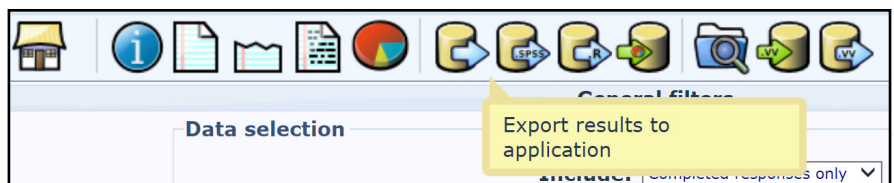
LimeSurvey: user guide



Export the data

The above steps will only let you view the data as automatically generated by LimeSurvey. It is also possible to export the data into Excel and perform more sophisticated analysis.

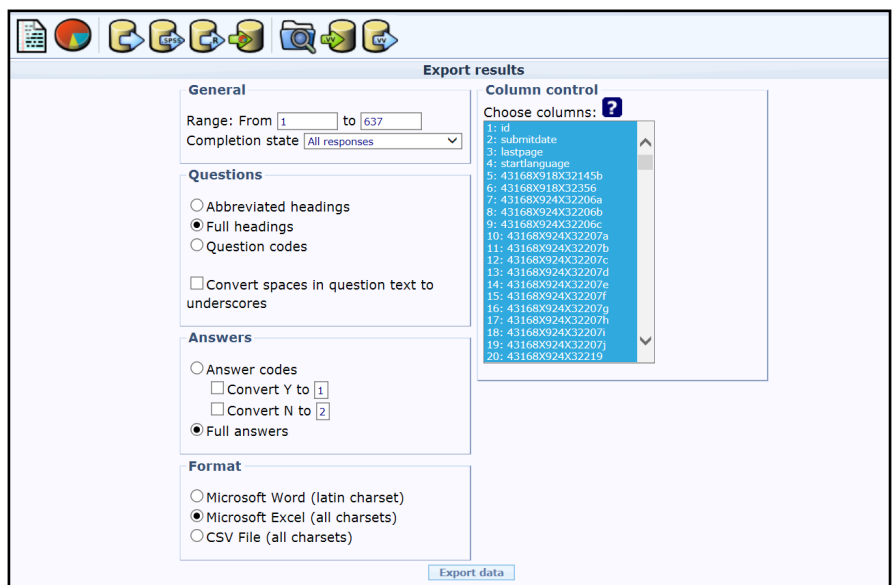
To export the data, click on the 'Export results to application' icon at the top of the page.



A new page will be displayed. Select from the following options:

- Full headings.
- Full answers.
- Microsoft Excel.

Then click 'Export data'.





What we do

Homeless Link is the national membership charity for organisations working directly with people who become homeless in England. We work to make services better and campaign for policy change that will help end homelessness.

Let's **end**
homelessness
together

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