People experiencing homelessness are among the most vulnerable and marginalised groups in our society. There is no such thing as an average or normal homeless person — they are all unique with their own strengths, hopes, backgrounds, feelings and motivations and all have a unique story to tell about their route into homelessness. Most also have a vision of a life out of homelessness. Just as these personal stories differ, so too do the health conditions experienced by homeless people.

Nevertheless, we can determine common trends that show that, when compared to the rest of the population, homeless people experience:

- Greater risk of poor mental health
- Greater risk of poor nutrition
- Higher levels of smoking
- Higher levels of drug and alcohol addiction
- Living in poorer sanitary and hygiene conditions
- Greater risk of violence
- Poorer access to healthcare services.

All these factors combine to create a ‘toxic cocktail’ of health conditions including liver disease, chronic obstructive pulmonary disease (COPD), dental disease and pressure ulcers, as well as blood clots, viruses and infections resulting from intravenous drug use, such as human immunodeficiency virus (HIV). Also, homeless patients are increasingly presenting with long-term chronic conditions such as diabetes and hypertension.

Comparing data on causes of death across the UK highlights the disparity between the general population and that of homeless people, and starkly emphasises the lost potential of many of these individuals.

THE DATA

Data from Crisis, the homeless charity (Thomas, 2012), compared the health of the general population with that of homeless people and found:

- Homeless people are 3.5 times more likely to commit suicide
- The average age of death for a homeless person from drug-related causes is 33
- Homeless people are seven times more likely to die from HIV, hepatitis, alcohol-related causes and falls
- Homeless people have a 20 times greater chance of dying from drug-related causes.

THE PROJECT

During 2013, the QNI received funding from The Monument Trust to undertake a three-year project supporting community nurses working with the homeless. It built upon the QNI’s previous work in the field of homeless health to develop training, e-learning, workshops and a conference, alongside resources that nurses can use to improve the quality of community-based care for the homeless. The project has now launched and there is a discussion forum setup on Twitter under the hashtag #homelesshealthUK.

Project manager David Parker-Radford says, ‘This opportunity gives voice to a network of over 700 committed health professionals working in NHS and voluntary organisations across the country. Whether it be sharing best practice, improving the quality of bids to commissioners or benchmarking quality, this network can provide support. There remain areas where health services for the homeless are isolated and under threat or poorly resourced. This network aims to help all areas reach the best, and for the better services to continue to improve.’

I would recommend that anyone interested in homeless health should contact david.parker-radford@qni.org.uk to sign up for the free network, e-newsletters and resources.


Find out more...

The QNI works extensively to:

- Disseminate knowledge of the community nursing sector, via its website and publications
- Act as a trusted authority on the challenges of an ageing population and the increasing need for health care at home
- Provide practical support for nurses seeking to improve patient care

Visit the QNI website at: www.qni.org.uk to read more...