KENT PUBLIC HEALTH OBSERVATORY

Rough Sleepers Needs Assessment

Kent County Council

February 2022

Produced by

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Note on Terminology and Scope

The aim of this health needs assessment is to assess the level of street homelessness in Kent, identify the health needs of the homeless rough sleeping population, assess whether their identified needs are currently being met and make recommendations as to how their health needs could be better addressed.

The definition of *homeless* as used in this report will encompass those who are rough sleeping, living in hostel style accommodation, or receiving support to assist them to maintain their own tenancy; those at risk of losing their accommodation; those staying with friends or relatives without express permission from the landlord and those living in squats, tents, or vehicles due to lack of any alternative accommodation. The definition of 'rough sleeper' will be used to identify the cohort of homeless who at some point in their homelessness become vulnerable to sleeping on the streets or in 'homeless shelters' or those who otherwise would sleep on the streets. It will also encompass those who have a recent history of 'rough sleeping' and its associated vulnerabilities.

The present health needs assessment is not a needs assessment for the whole population of those who can be identified as homeless or at risk of homelessness. It is focused on those who have had recent (last 2 years) or current issues of rough sleeping. This is because the impact of rough sleeping on a person's mental and physical health are known to radically impact on both life expectancy and quality of life.

This needs assessment will be part of a raft of local data and evidence that will need to come together to create a multiagency programme to tackle the health of this highly vulnerable group of people.

1 Introduction

People who experience homelessness for longer periods are more likely to have their health at risk. While poor health can be a contributory factor for homelessness contrastingly, fear of becoming homeless can result in poor health or exacerbate existing health conditions.

Homeless people have a much higher risk of death from a range of causes than the general population. In 2019 among homeless people, the mean age at death was 45.9 years for males and 43.4 years for females whereas in the general population of England, the mean age at death was 76.1 years for men and 80.9 years for women[1].

Those experiencing the worst health out of the homeless population are those who are (and have recently been) rough sleepers. A greater proportion of people sleeping rough suffer from chronic physical illness, and mental illnesses compared to the general population[2]. Many of them have co-occurring physical and mental health conditions, and drug and alcohol dependence[3] [4].

In light of COVID 19 (since March 2020), it has been imperative to house all rough sleepers. Therefore, the definition of those vulnerable will also be people who have a recent history of rough sleeping. COVID 19 itself is a big issue and priority for this group, both for their own health needs and the containment and spread of COVID 19.

1.1 Aims

The present health need assessment of rough sleepers in Kent was carried out to achieve the following objectives.

- Appraise the level of rough sleepers in the geographic areas served by the Kent County Council.
- Identify the current health and wellbeing needs of rough sleeping population.

[1] ONS Deaths of Homeless People in England and Wales: 2019. Office for National Statistics; 2020. (Statistical bulletin).
[2] The Impact on Health of Homelessness. A Guide for Local Authorities. LGA, 2017
[3] Health Matters Rough Sleeping; Public Health England 2018
[4] Fransham, M. and Dorling, D. (2018) Homelessness and public health, The British Medical Journal, January 30th, BMJ 2018; 360: k214 Doi: 10.1136/BMJ. k214

- Explore the services provided at district level to meet the needs of the local rough sleeping population.
- Identify the service gaps and areas for improvement and make recommendations for optimal service provision for the rough sleepers.

2 Background - Understanding the Scope of Homelessness

2.1 Policy context

English law defines somebody as homeless if they have no accommodation, or when the accommodation they have is not reasonable for them to continue to occupy[5].

This encompasses a range from living on the streets to residing in insecure housing sets out homelessness. Below are some definitions and criteria that people might fall into:

Statutory homelessness

Households which meet specific criteria set out in legislation, and to whom a homelessness duty has been accepted by a local authority are deemed statutorily homeless[6]. Those households apparently not having a legal right to occupy accommodation that is accessible, physically available and which would be reasonable for the household to continue to live in, as well as households who currently have the right to occupy suitable accommodation, but that are threatened with homelessness within 56 days.

Threatened homelessness

Threatened homelessness applies to those who are at risk of losing their access to housing within 28 days. They are entitled to the same services as somebody who is statutorily homeless. Under the Homelessness (Reduction Act) 2017 the at-risk period will be extended to 56 days[6] .

[5] Homelessness; National Audit Office, 2017
6 Housing Act 1996

Hidden homelessness

The hidden homeless are those who do not have access to suitable housing but may be staying with friends or family or living in squats and are not known to services. This group may also include recent migrants, and those without recourse to public funds.

Rough sleeping

Rough sleepers are those who sleep or live on the street. This is the most extreme manifestation of homelessness. A person's journey to rough sleeping may involve several other issues of homelessness but is distinct in its vulnerability.

2.1.1 National Policy

Legislation

Many pieces of legislation will affect the homeless population. The following acts are directly applied to homelessness prevention or reduction.

Housing (Homeless Persons) Act 1977

The first piece of legislation to define homelessness, and to make it a requirement of the housing authority to house homeless households that are vulnerable or have dependent children.

Housing Act 1996

Made it a duty for local authorities (in Kent's case this falls to district councils) to provide accommodation for a broader group of eligible people, in priority need, and who are not deemed to be intentionally homeless.

Homelessness Act 2002

The first piece of legislation requiring local authorities to implement strategies to prevent homelessness.

Homelessness (Reduction) Act 2017

This Bill makes it a requirement that a housing authority should provide help for any homeless individual or household, regardless of whether they would have been deemed to be in priority need under previous legislation. It also requires statutory bodies, including healthcare providers, to notify the housing authority of all cases of homelessness. The new act extends the period of 'threatened homelessness' from 28 to 56 days. It introduces further conditions relating to people who are deemed to be intentionally homeless[7].

2.1.2 Local strategy

The Homelessness Reduction Act 2017 forms a major part of the KCC's (upper tier authority) approach to tackling homelessness. This legislation strengthened the duties on housing authorities (districts) to prevent homelessness.

The main effect of the Homelessness Reduction Act 2017 was to place increased duties on local housing authorities (districts and county). The district duty to assess the applicant's needs and to prevent and relieve homelessness. The upper tier duties sit alongside the districts and are to use their power to safeguard and arrange preventive public health measures including responsibilities for children living in care. Strategies need clear working arrangement and partnerships between the districts and county councils.

The end goal of this legislation was to ensure that no one who is homeless or threatened with homelessness (and eligible) is turned away without advice and assistance and a personal housing plan.

There are many services commissioned by KCC that contribute to prevent homelessness and enable people to keep their tenancies. Most directly relevant are substance misuse services, the accommodation services, domestic abuse services, mental wellbeing services, social prescribing and care navigating services and other key public health services e.g., sexual health services. In addition, social care assessments, social work services and advice services. There are also a range of NHS services that are needed to prevent people becoming rough sleepers e.g., community mental health.

KCC's strategic position for preventing homelessness contain the following:

[7] Homelessness Reduction Act Briefing Nov 2017_0.pdf

- To Erase the artificial boundaries between accommodation-based services and community-based services
- To Eliminate the administrative burden of completing multiple referrals for everyone requiring support
- To Allow for the tracking of individuals across elements of the service
- To enable vulnerable people to get the best public health and social care possible

Other local strategies such as those for mental health and substance misuse strategies have an impact on the homeless population also linked to vulnerable adults. There is also an imperative for the NHS commissioning, both in mental health and in urgent care to ensure the services and pathways are in place for rough sleepers to get the best health care possible.

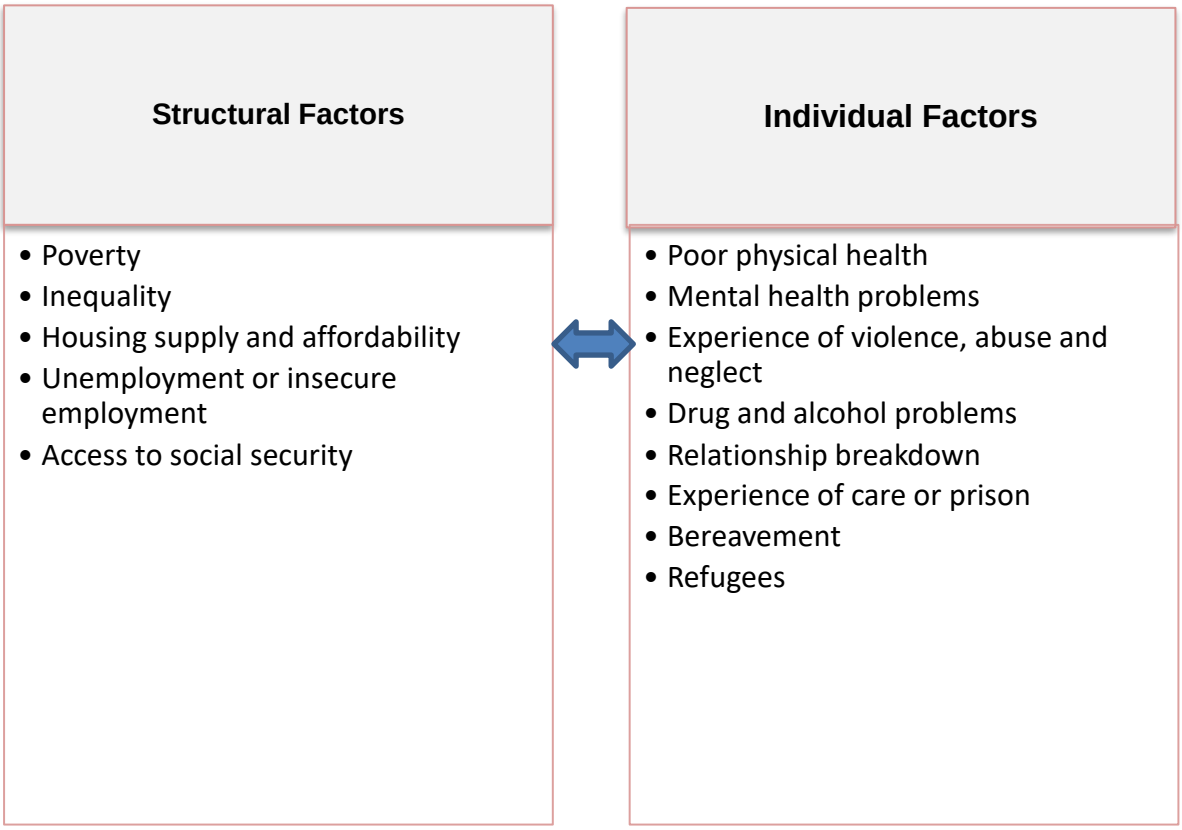
2.1.3 COVID 19 & the impact of the 'Everyone In' initiative from March 2020

At the beginning of the pandemic, the Government charged local authorities with getting 'Everyone In' and supporting everyone sleeping rough to move into self-contained accommodation[8]. It has been a year since the government asked councils to bring the people sleeping rough in their communities into emergency accommodation to protect them from Covid-19. The efforts, which saw councils work with homelessness charities and public health agencies, were very successful. Together, nearly 400 people were supported, majority of them already moving into longer-term housing - and saved hundreds of lives.

[8] Rough sleeping in England: Looking beyond 'Everyone In' St Mungo's Ending Homelessness Rebuilding Lives

2.2 Factors leading to Homelessness

A combination of individual and structural factors increases the likelihood of becoming homeless[9].



People of low socio-economic status are more susceptible to becoming homeless. Drivers for being rough sleeping are difficulties with accommodation including eviction or being asked to leave a property, problems including employment and relationship difficulties.

Homelessness is also more likely among population groups such as care leavers and people with experience of the criminal justice system. Adverse childhood experience and childhood trauma can be associated with homelessness[10].

A recent study carried out to understand the multiple vulnerabilities, support needs and experiences of people who sleep rough in England found that two thirds of respondents had

[9] Health Matters Rough Sleeping; Public Health England 2018
[10] Leng, G (2017). The Impact on Health of Homelessness. A Guide for Local Authorities. LGA, September 2017

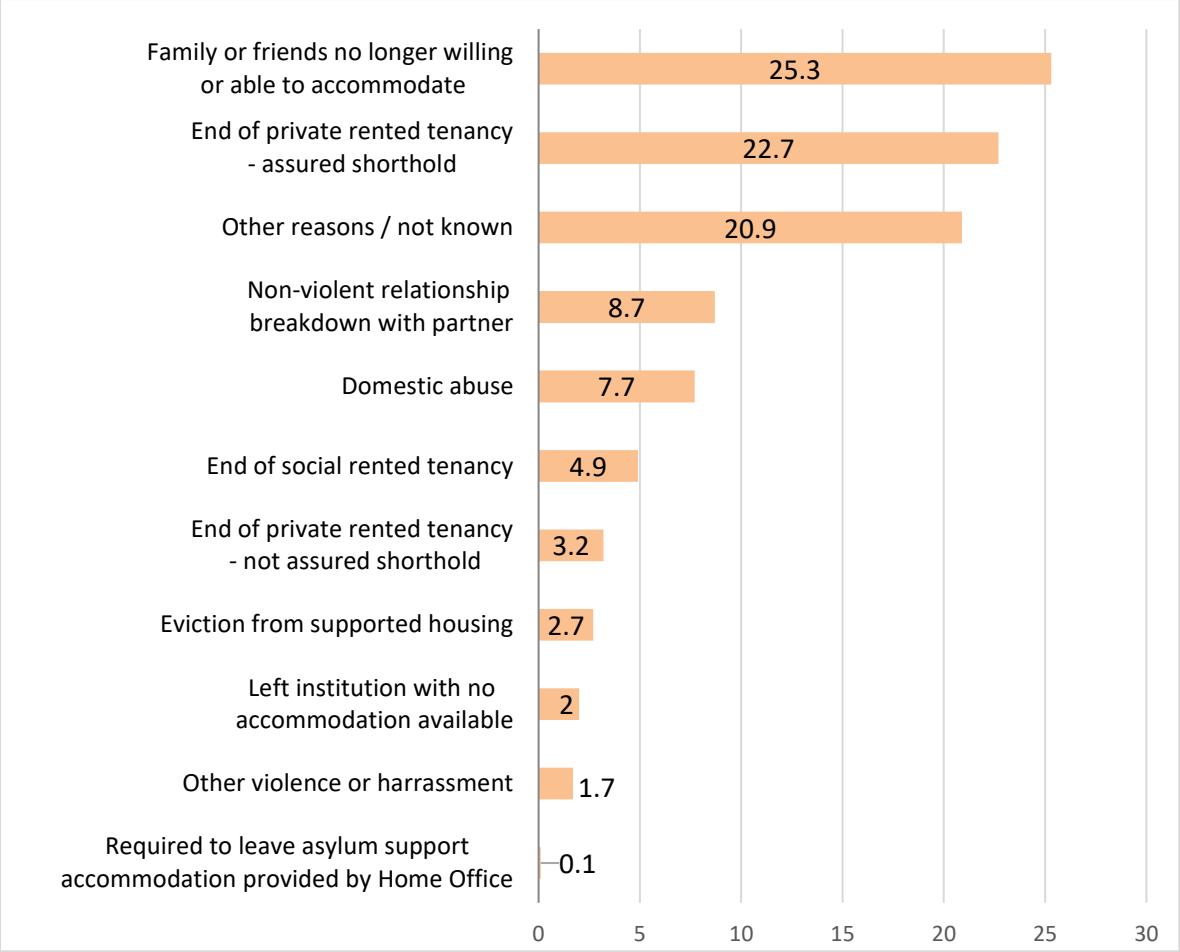
been a recent victim of crime within the last six months, half of respondents had spent time in prison and a third of respondents had been a victim of domestic abuse at some point in their lives. In relation to the childhood adverse events, almost three quarters of respondents had experienced one or more of the following events like spent time in care as a child, been permanently excluded from school, regularly truanted from school, or left school before the age of 16. Further, it reports that most respondents were not currently in employment[11].

Investigating the drivers that lead to a person rough sleeping can provide an insight into the issues that often affect the rough sleeping community.

2.2.1 Households owed a duty by reason for loss of settled home in Kent

Figure 1 Households owed a duty by reason for loss of settled home for the year 2018-2019 in Kent

[11] Leng, G (2017). The Impact on Health of Homelessness. A Guide for Local Authorities. LGA, September 2017
[11] Initial findings from the Rough Sleeping Questionnaire. Ministry of Housing, Communities and Local Government, December 2020



Source: English Indices of Deprivation 2019, MHCLG, Table presented by Strategic Commissioning - Analytics, Kent County Council

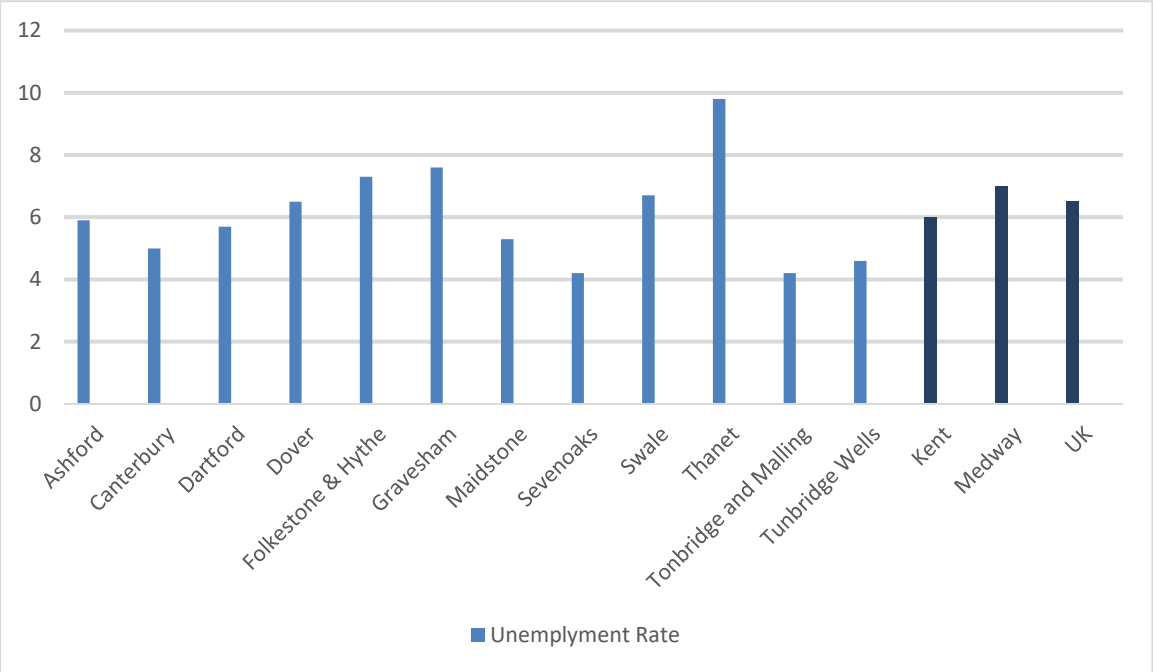
In Kent during the financial year 2018/2019, over a quarter of the households which were assessed as 'being owed either a prevention of relief duty lost their last settled home' because family or friends were no longer willing or able to accommodate them. Nearly another quarter of applicants lost their settled accommodation due to the end of private rented tenancy. More than 15% of the applicants reported an abusive relationship or nonviolent relationship breakdown [12].

2.2.2 Unemployment rate in Kent

[12] Strategic Commissioning - Analytics, Kent County Council 2020

The unemployment rate in Kent is 6% and it is below the rate for United Kingdom (6.5%). Thanet has the highest unemployment rate at 9.8% and the highest 18–24-year-old unemployment rate in the Southeast at 15.7% too. The 18–24-year-old unemployment rate in Kent is 9.5%. Sevenoaks has the lowest unemployment rate at 4.2%[13].

Figure 2 District Unemployment March 2021



Source: English Indices of Deprivation 2019, MHCLG, Table presented by Strategic Commissioning - Analytics, Kent County Council

[13] Kent Analytics, Kent County Council Unemployment in Kent 21 April 2021

2.2.3 The Indices of Deprivation in Kent

Kent Local Authorities ranked on 2019 rank of average rank, A rank of 1 is the most deprived national rank is out of 317 local authorities

Table 1 IMD2019 summary measures for Kent local authorities

Local Authorities	IMD - Rank of average rank (National)	IMD - Rank of average score (National)
Thanet	34	30
Swale	69	56
Folkestone and Hythe	84	90
Dover	107	113
Gravesham	119	123
Dartford	145	154
Ashford	152	158
Canterbury	185	179
Maidstone	188	185
Tonbridge and Malling	236	234
Sevenoaks	253	251
Tunbridge Wells	273	274
Medway	98	93

Source: English Indices of Deprivation 2019, MHCLG, Table presented by Strategic Commissioning - Analytics, Kent County Council

3 Population health needs assessment of rough sleepers in Kent

It is difficult to obtain an accurate picture of the homeless population. During the financial year 2018/19, local authorities in Kent assessed a total of 8,818 households under the statutory homelessness duty. This rate of 13.5 households per 1,000 households is lower than that of London (16.4), but higher than the Southeast and the rest of England[14].

However, the scale of homelessness is much larger than that which is reported as hidden homelessness is not captured in the statistics. Hidden homeless and households at risk of homelessness are relative gaps for which there is no reliable local data available. The most visible form of homelessness is rough sleeping.

3.1 Scope the number of people sleeping rough in Kent

Rough sleepers are recognized to be an extremely difficult population to collect consistent data from. This is due to the transient nature and the unwillingness to engage with support services of the said population group. Hence, the estimates of the extent of rough sleepers vary greatly between the data sources.

However, to scope the rough sleepers for the present health need assessment, information was gathered from three sources:

1. Annual estimates from district returns to the Ministry of Housing
2. Returns to 'Everyone In' initiative
3. Direct reports from the district housing teams.

The data from these three sources are described below:

1. Annual Estimate of Rough Sleepers in Autumn 2020 published by Ministry of Housing, Local Government & Communities (MHCLG) [15]

Department for communities and local government publishes an annual count and estimates of rough sleeping in England every autumn. The rough sleeping counts and estimates are single night snapshots of the number of people sleeping rough in local authority areas. National summary statistics on rough sleeping using information collected

[14] Strategic Commissioning Statistical Bulletin Kent County Council 2020
[15] Official statistics rough sleeping snapshot in England autumn; 2020 on 25 February 2021

by local authorities in England between 1st October and 30th November 2020 was used for the present health need assessment.

2. ***Covid19 emergency accommodation survey: January 2021 Homelessness Advice and Support Team Ministry of Housing, Local Government & Communities (MHCLG)***16

The ongoing 'Everyone In' initiative has helped to protect those sleeping rough or at risk of sleeping rough in providing emergency accommodation or into longer-term accommodation in England. The ministry of housing, communities and local government and London councils have been collecting management information about the support for people sleeping rough and those at risk of sleeping rough, as part of the 'get everyone in' campaign during the COVID-19 pandemic. Covid 19 emergency accommodation survey was conducted as part of the 'get everyone in' campaign during the COVID-19 pandemic for people sleeping rough and for those at risk of sleeping rough by the ministry of housing, communities, and local government in January 2021.

3. ***Information from the district housing teams***

The views and perceptions of the officials of the district housing teams who provide the support services currently to the rough sleepers at local authorities were included into the present need assessment. A total of 12 teams were contacted, and eight full responses were received. The data in the present need assessment was collected in the months of May and June 2021 and was a snapshot of service users and stakeholders' views at this time.

3.2 Estimate of rough sleepers in Kent

The number of rough sleepers in each local authority in Kent are estimated by using the three sources described above. Depending on the source of data the number of rough sleepers in each district of Kent varied.

3.2.1 Annual Estimate of Rough Sleepers in Autumn 2020 published by Ministry of Housing, Local Government & Communities (MHCLG)

There were **101** people sleeping rough in Kent on a single night in autumn 2020. In comparison to the previous year, the figure was reduced by 41% on when the estimate was

[16] MHCLG Update Marie Gerald Homelessness Advice and Support Team Ministry of Housing Communities and Local Government

172 people sleeping rough during the pre-Covid period. This may be since, this year's rough sleeping snapshot coincided with a national lockdown throughout November and the tier restrictions in October which is likely to have impacted people's risk of rough sleeping[17].

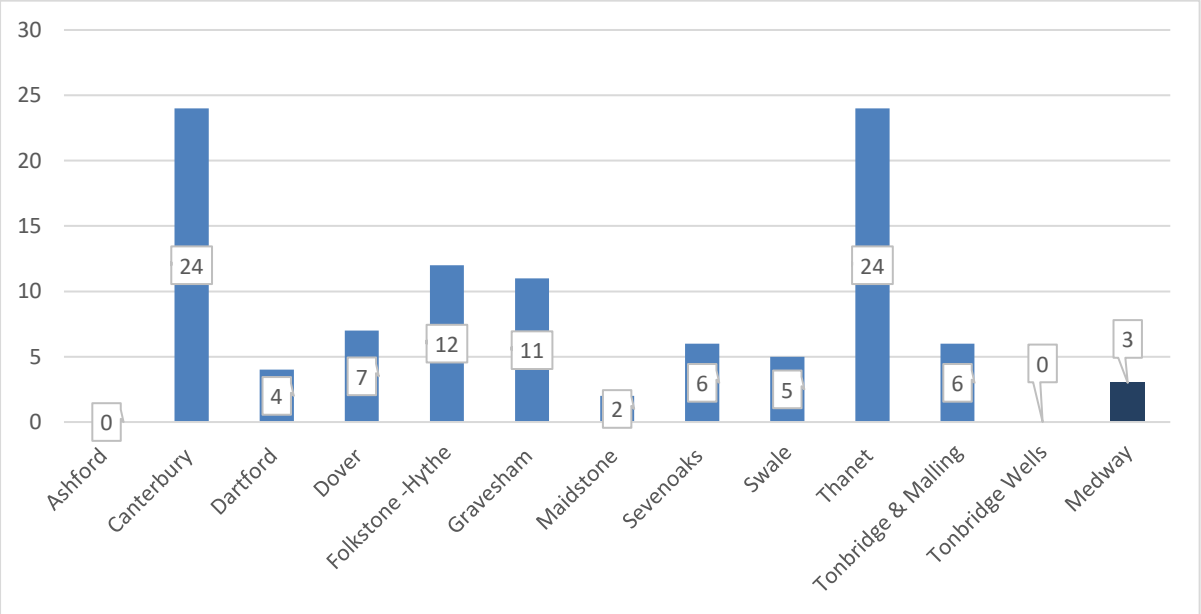
Table 2 Estimate of rough sleepers: Autumn 2020: England & the regions

Area	Number of rough sleepers	Rough sleeping rate (per 10,000 households)
England	2,688	1.1
London	714	2.0
Southeast	474	1.2
Kent	**101**	**1.5**

Source: MHCLG - Ministry of Housing, Communities and Local Government: Households from 2018-based Sub National Household Projections - ONS Data presented by Kent Analytics, Kent County Council

Kent accounted for 4% of the total number of people sleeping rough in England. Rough sleeping rate (1.5) for Kent is higher than that of the national rate (1.1).

Figure 3 Estimate of Rough sleepers in Kent Local authorities and Medway Unitary Authority in Autumn 2020



[17] Estimated rough sleepers in Kent: Autumn 2020 Statistical Bulletin March 2021

Source: MHCLG - Ministry of Housing, Communities and Local Government: Households from 2018-based Sub National Household Projections - ONS Data presented by Kent Analytics, Kent County Council

Canterbury and Thanet both had 24 people who were sleeping rough on a single night in autumn 2020. This is the largest number of any of Kent's local authorities and each one accounts for 23.8% of the Kent total. The 2nd largest number and proportion of rough sleepers were seen in Folkestone & Hythe where 12 people were counted on a single night in autumn 2020. This accounts for 11.9% of the Kent total. The lowest number of people sleeping rough was found in Maidstone where there were 2 people sleeping rough in autumn 2020. There were no people sleeping rough within Ashford and Tunbridge Wells.

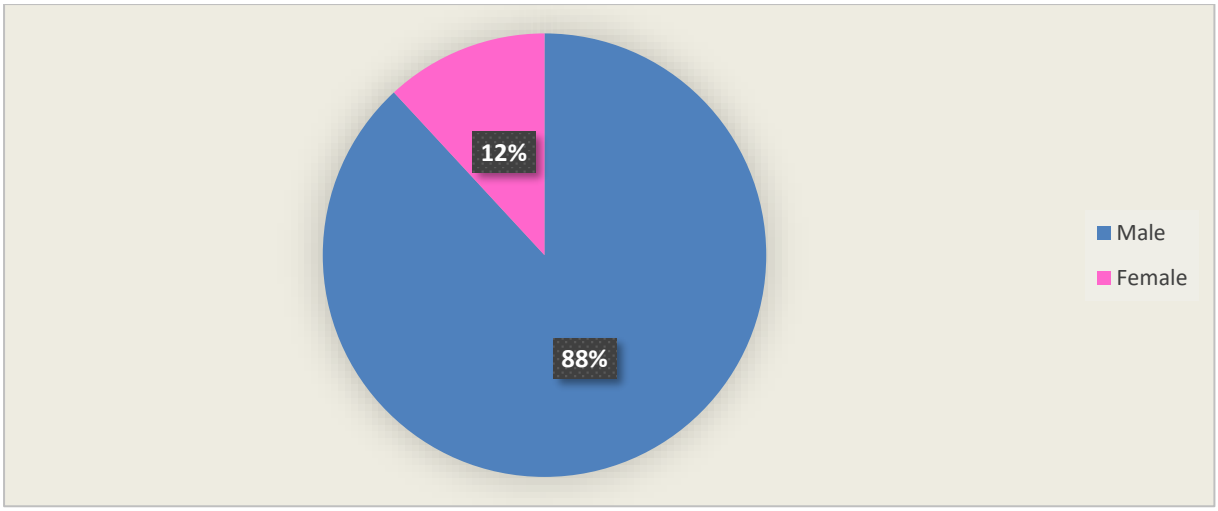
We must urge caution in interpreting this data for the reasons made clear above. This is a snapshot data gathered in the midst of a national lockdown. The previous year's count was far higher. Also, the method of 'counting' may be somewhat flawed as it was well known that many rough sleepers hide and miss the snapshot count, therefore it is entirely possible that this figure is an underestimate.

3.2.2 Demographics of rough sleepers

The annual estimate of rough sleepers in autumn 2020 has included some basic demographic information about those people found sleeping rough, including gender, age, and nationality.

3.2.2.1 Rough sleepers by gender

Figure 4. Annual Estimate of Rough Sleepers by Gender Distribution in Kent



Source: Annual Estimate of Rough sleeper Autumn 2020; Ministry of Housing, Communities and Local Government

The majority (88%) of people found sleeping rough in Kent during annual estimate in 2020 were males. Gender distribution of population sleeping rough is similar in Kent as those reported across England[18].

Table 3. Gender distribution of Rough Sleepers in Autumn 2020

Local Authority	No of Rough Sleepers	Gender	
		Male (%)	Female (%)
Kent	**101**	**89 (88.1)**	**12 (11.9)**
Ashford	0	0	0
Canterbury	24	22 (91.6)	2 (8.4)
Dartford	4	3 (75)	1 (25)
Dover	7	6 (85.7)	1 (14.3)

[18] Annual Estimate of Rough sleeper Autumn 2020; Ministry of Housing, Communities and Local Government

Folkestone & Hythe	12	10 (83.3)	2 (16.7)
Gravesham	11	11 (100)	0
Maidstone	2	2 (100)	0
Sevenoaks	6	6 (100)	0
Swale	5	5 (100)	0
Thanet	24	20 (83.3)	4 (16.7)
Tonbridge & Malling	6	4 (66.7)	2 (33.3)
Tunbridge Wells	0	0	0
Medway	*3*		

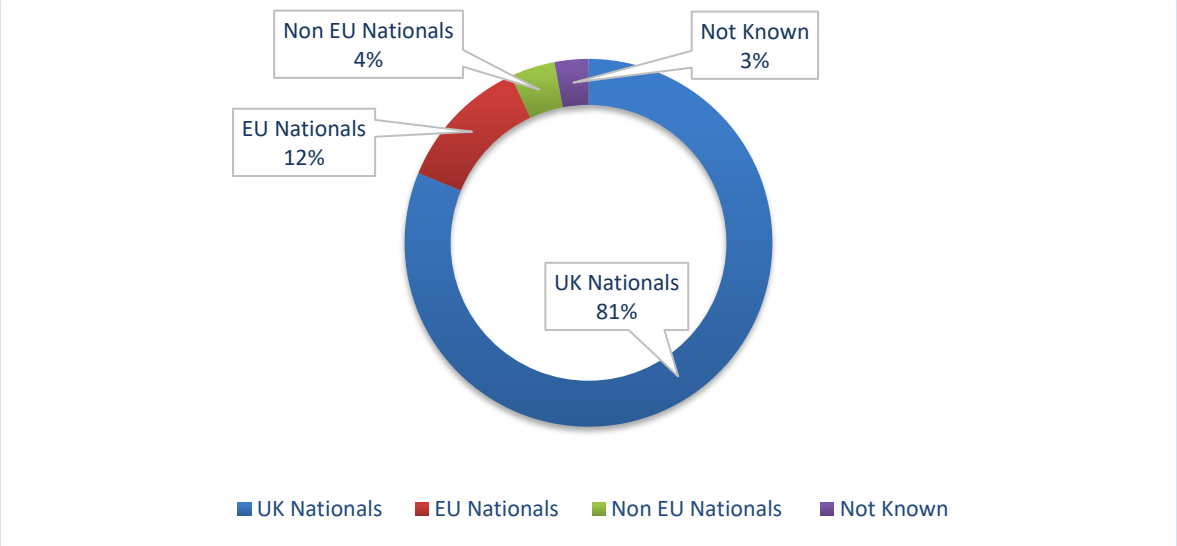
Source: Annual Estimate of Rough sleeper Autumn 2020; Ministry of Housing, Communities and Local Government

The gender variation differs across the local authorities from 100% of rough sleepers were males in Gravesham, Maidstone, Sevenoaks, and Swale to 66.7% of rough sleepers were males in Tonbridge & Malling.

Thanet reported the highest number of female rough sleepers. Half of the districts reported to have female rough sleepers. Female rough sleepers face additional health risks such as fertility and menstrual problems, sexual coercion, violence, and poor access to screening programmes.

3.2.2.2 Rough sleepers by ethnicity

Figure 5. Annual Estimate of rough sleepers in Kent by ethnicity



Source: Annual Estimate of Rough sleeper Autumn 2020; Ministry of Housing, Communities and Local Government

Most people sleeping rough found in the estimate of Autumn 2020 across Kent were UK nationals. This has been the case each year between 2010 and 2020. This finding is common with the findings in autumn 2020 for England[19].

Table 4. Ethnicity distribution of rough sleepers in Kent in autumn 2020

District	No of Rough Sleepers	Ethnicity			
		UK (%)	EU (%)	Non-EU (%)	Not known (%)
Kent	**101**	**82**	**12**	**4**	**3**
Ashford	0	0	0	0	0

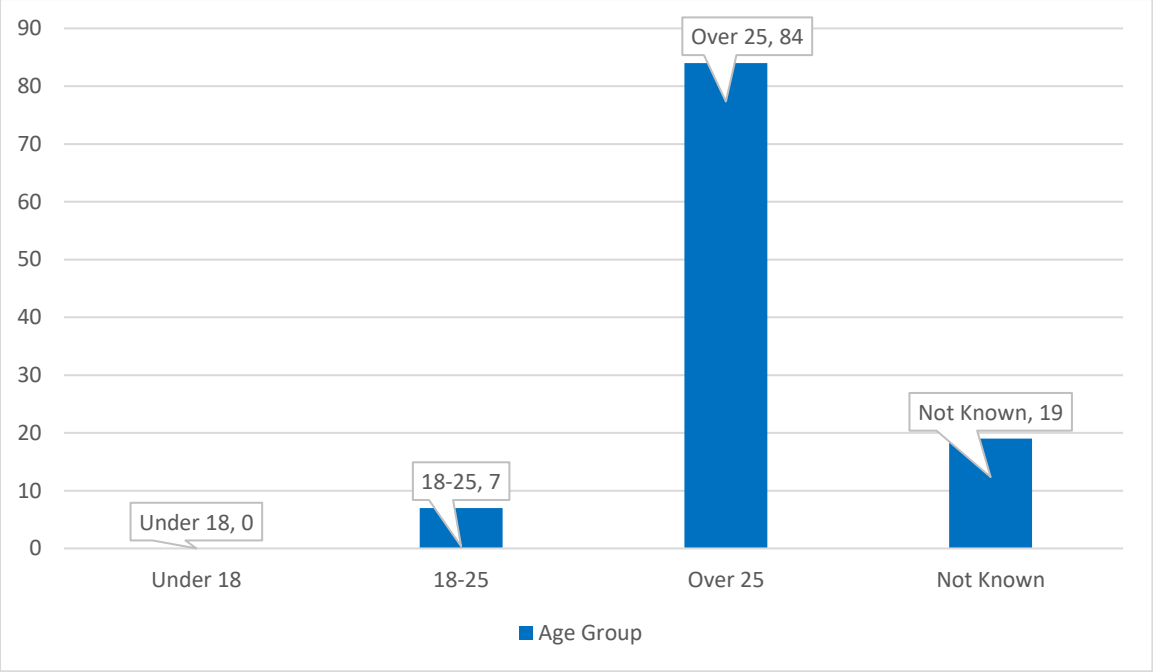
[19] Annual Estimate of Rough sleeper Autumn 2020; Ministry of Housing, Communities and Local Government

Canterbury	24	19 (79.2)	2 (8.3)	1 (4.2)	2 (8.3)
Dartford	4	4 (100)	0	0	0
Dover	7	4 (57.1)	3 (42.9)	0	0
Folkestone & Hythe	12	11 (91.7)	0	1 (8.3)	
Gravesham	11	4 (36.4)	5 (45.4)	1 (9.1)	1 (9.1)
Maidstone	2	2 (100)	0	0	0
Sevenoaks	6	6 (100)	0	0	0
Swale	5	4 (80)	0	1 (20)	0
Thanet	24	22 (91.7)	0	2 (8.3)	0
Tonbridge & Malling	6	6 (100)	0	0	0
Tunbridge Wells	0	0	0	0	0
Medway	*3*				

Source: Annual Estimate of Rough sleeper Autumn 2020; Ministry of Housing, Communities and Local Government
Majority (45.4%) of rough sleepers in Gravesham were EU, and non-UK nationals.

3.2.2.3 Rough Sleepers by age distribution

Figure 6. Annual Estimate of rough sleepers by age



Source: Annual Estimate of Rough sleeper Autumn 2020; Ministry of Housing, Communities and Local Government

Majority of people sleeping rough are aged over 25. This has been the case each year between 2010 and 2019 in Kent and consistent with case across England [20].

Table 5. Age distribution Rough Sleepers in Autumn 2020

Local Authority	Number of Rough Sleepers	Under 18 N (%)	18-25 N (%)	Over 26 N (%)	Unknown N (%)
Kent	**101**	**0**	**7**	**84**	**10**
Ashford	0	0	0	0	0
Canterbury	24	0	1 (4.2)	16 (66.7)	7 (29.2)
Dartford	4	0	0	3 (75.0)	1 (25.0)
Dover	7	0	0	7 (100.0)	0

[20] Annual Estimate of Rough sleeper Autumn 2020; Ministry of Housing, Communities and Local Government

Folkestone & Hythe	12	0	0	12 (100.0)	0
Gravesham	11	0	0	11 (100.0)	0
Maidstone	2	0	0	2 (100.0)	0
Sevenoaks	6	0	1 (16.7)	4 (66.7)	1 (16.7)
Swale	5	0	1 (20.0)	4 (80.0)	0
Thanet	24	0	1 (4.2)	22 (91.7)	1 (4.2)
Tonbridge & Malling	6	0	3 (50.0)	3 (50.0)	0
Tunbridge Wells	0	0	0	0	0
Medway	3	0	0	0	0

Source: MHCLG - Ministry of Housing, Communities and Local Government 2020

The proportion varies across the local authorities from 100% in Dover, Folkestone & Hythe, Gravesham, and Maidstone to 50% in Tonbridge & Malling.

3.2.3 Covid 19 emergency accommodation survey: January 2021 (MHCLG)

The Covid-19 Emergency Accommodation Survey conducted as part of the 'get everyone in' campaign during the COVID-19 pandemic provides a snapshot of people in emergency accommodation in each local authority in Kent for the months of September, November, and December in 2020 and January in 2021.

Table 6. Number of people in emergency accommodation in each local authority in Kent for 2020/2021

Local Authority	September	November	December	January

	2020	2020	2020	2021
Ashford	8	10	13	19
Canterbury	1	1	1	29
Dartford	25	29	29	29
Dover	7	5	4	3
Folkstone -Hythe	19	13	11	12
Gravesham	13	6	4	24
Maidstone	1	1	2	32
Sevenoaks	23	20	21	26
Swale	1	58	60	54
Thanet	0	9	28	44
Tonbridge & Malling	26	18	18	18
Tonbridge Wells	16	16	16	23
Medway	*15*	*22*	*27*	*30*
Total	**155**	**208**	**234**	**343**

Source: Covid19 Emergency Accommodation Survey: January 2021 Ministry of Housing, Communities and Local Government

More detailed data collected from covid 19 survey indicates that the number of people who experience rough sleeping is much higher. There were 343 people in emergency accommodations in local authorities of Kent in the month of January 2021. In comparison to the estimate of 155 people in September 2020, the figure in January has increased by more than two times.

Table 7. Total number of people who have moved on into settled accommodation or supported housing since the Covid-19 response began in each local authority in Kent

Local Authority	September	November	December	January
Ashford	12	31	33	33
Canterbury	42	42	42	45
Dartford	14	18	18	18
Dover	9	9	10	10
Folkstone -Hythe	21	25	25	25
Gravesham	14	14	16	16
Maidstone	89	89	90	92
Sevenoaks	17	22	23	25
Swale	31	38	39	43
Thanet	68	68	68	81
Tonbridge & Malling	8	9	9	14
Tonbridge Wells	37	46	46	49
Medway	51	56	59	63
Total	**413**	**467**	**478**	**514**

Source: Covid19 Emergency Accommodation Survey: January 2021 Ministry of Housing, Communities and Local Government

Data highlights that more than 500 people have moved on into the settled accommodation or supported housing in January 2021 in local authorities in Kent.

Recommendation

Though numbers of rough sleepers will have moved category from 'rough sleeper' to 'housed in settled accommodation'; this cohort will still have critical health needs and therefore should still be counted in any health needs assessments for vulnerable people

who have recent history of rough sleeping as well as ease of access to necessary treatment and care. Therefore, the numbers of 'snapshot' rough sleepers needs careful interpretation when planning for services.

3.2.4 Information from the district housing teams

Service providers of district housing teams in some local authorities provided the number of rough sleepers who were under the services in the months of May and June in 2021.

Table 8. Number of people sleeping rough who were under the services in local authorities in Kent in May/June 2021

Local Authority	Number of People Currently in Emergency Accommodation
Ashford	19
Canterbury	29
Dartford	41
Dover	12
Folkstone -Hythe	22
Gravesham	-
Maidstone	32
Sevenoaks	-
Swale	22
Thanet	32
Tonbridge & Malling	15
Tonbridge Wells	13
Medway	
Total	**208+**

Source: District housing teams

District	Total	Male	Male %	Female	Female %
Ashford	19	15	79.0	4	21.0
Dover	12	11	91.7	1	8.3
Folkstone & Hythe	22	16	72.7	6	27.3
Maidstone	32	26	81.2	6	18.8
Swale	22	17	77.3	5	22.7
Thanet	34	26	11.8	8	20.6
Tonbridge and Malling	15	12	80	3	20
Tonbridge Wells	13	11	84.6	2	15.4

District	Total	18-24 %	25-34 %	25-49 %	35-44 %	45-54 %	55-64 %	50+ %	65+ %
Ashford	19	21.1	26.3	_	26.3	26.3	_	_	_
Dover	12	_	16.7	_	41.6	16.7	25	_	_
Folkstone & Hythe	22	_	22.7	_	36.4	27.3	13.6	_	_
Maidstone		_	_	_	_	_	_	_	_
Swale	22	18.2	36.4	_	45.4	_	_	_	_
Thanet	34	11.8	20.6	_	29.4	26.5	8.8	_	2.9
Tonbridge and Malling	15	26.7	_	66.7	_	_	_	6.6	_
Tonbridge Wells	13	23.1	_	53.8	_	_	_	23.1	_

Table 9 Rough sleepers under services at Local Authorities in May/June 2021

Source: District housing teams

At least one female rough sleeper was reported in all the local authorities described above. In Ashford, Swale, Tonbridge and Malling and Tonbridge Wells 20% of rough sleepers were

belonging to the 18-24 age group and in Thanet it was 11%. In Dover (25%), Folkstone-Hythe (14%), and Thanet (12%), reported to have rough sleepers of more than 55 years. Tonbridge and Malling (7%) and Tonbridge Wells (23%) had rough sleepers of more than 50 years.

3.2.5 Implications of varying estimates of rough sleepers in Kent

Table 10 Rough sleeper's count in Kent

Autumn 2020	Covid 19 Survey			
	September	**November**	**December**	**January**
101	155	203	234	343

Source: MHCLG - Ministry of Housing, Communities and Local Government

Source: Covid19 Emergency Accommodation Survey: January 2021 Ministry of Housing, Communities and Local Government

It is always difficult to work out an accurate figure of rough sleepers. The estimate depends on the source of information derived. The Autumn 2020 estimate reports that there were 101 rough sleepers in Kent. However, during the Covid 19 lockdown, rates were fluctuating but remained within a broad range of 101 to 343. The real number should lie somewhere around this range thus underreporting of rough sleepers should be carefully evaluated. The sensible assessment is important in planning services for the rough sleepers in need.

Recommendation

There will be a range in the numbers of rough sleepers in Kent and this assessment should provide an estimate (likely under-estimate) for health care needs. It is important to note that these health care needs must provide continuity for this vulnerable cohort of people, from prevention, crisis and on to recovery.

4 Health and wellbeing of rough sleepers in Kent

The people sleeping rough encounter most severe health and social inequalities. Evidence has shown that, compared with the general population, co-occurring conditions including

mental ill-health, drug and alcohol dependence and physical ill- health are significantly higher among people who are sleeping rough[21].

However, information surrounding specific co-occurring conditions of the rough sleeping population has not been recorded consistently in Kent. But during the Covid 19 pandemic the information relating to the health conditions of the rough sleepers who were under the services were collected by the housing teams in local authorities. That information is used in the present need assessment to understand the health needs of rough sleepers in Kent.

4.1 Co-occurring conditions of rough sleepers in Kent

Data related to co-occurring conditions including mental ill-health, substance misuse, physical ill-health, and violence and offending history of rough sleepers who were in the services at the time of the need assessment are illustrated below by local authority.

The utility of the data for the purpose of this need's assessment is increased as many rough sleepers contained within the Everyone In initiative. However, it is the best data source that is presently available regarding the health needs of the rough sleeping population in Kent. Accordingly, this data can be utilised to draw conclusions for the health needs of the rough sleeping population that may currently be unmet.

4.2 Mental ill-health reported by rough sleepers in Kent

High levels of mental ill-health have been consistently identified among people experiencing homelessness compared to the general population. Local Government Association estimated that, 45% of rough sleepers have been diagnosed with mental health issues, compared to 25% in the general population[22]. The psychiatric conditions are exacerbated by the difficult social circumstances faced by homeless people. In addition to the challenges, they face in meeting necessities, they also lack the resources, social networks, and community support that the general population may have to cope with psychiatric health conditions.

[21] JRF Joseph Rowntree Foundation (2011) Tackling homelessness and exclusion: Understanding complex lives
[22] Supporting the health needs of those who are experiencing rough sleeping, Local Government Association

The following tables describe the reported mental health problems of the rough sleepers who were under the services in each local authority at the time of the assessment.

Table 11 Mental ill-health reported by rough sleepers in services in Ashford

	Male (n=15)		Female (n=4)		Total (n=19)	
Mental ill-health	n	%	n	%	n	%
Yes	13	86.6	4	100.0	17	89.5
No	2	13.4	0		2	10.5

There were 19 rough sleepers receiving services at the time of the assessment. About 90% (n=17) of rough sleepers have mental health problems. Mental health conditions reported among them were depression, anxiety, and PTSD.

Table 12 Mental ill-health reported by rough sleepers in services in Dover

	Male (n=11)		Female (n=1)		Total (n=12)	
Mental ill-health	n	%	n	%	n	%
Yes	6	54.5	1	100.0	7	58.3
No	5	45.5			5	41.7

There were 12 rough sleepers receiving services at the time of the assessment. 58% (n=7) of rough sleepers have mental health problems.

Table 13 Mental ill-health reported by rough sleepers in services in Folkstone -Hythe

	Male (n=16)		Female (n=6)		Total	(n=22)
Mental ill-health	n	%	n	%	n	%
Yes	10	62.5	6	100.0	16	72.7
No	6	37.5	0	0	6	27.3

There were 22 rough sleepers receiving services at the time of the assessment. Nearly 75% of rough sleepers have mental health problems. Mental health conditions reported among

them were depression, anxiety, PTSD, and schizophrenia. Anger management problems were also reported among them.

Table 14 Mental ill-health reported by rough sleepers in services in Maidstone

Mental ill-health	N = 32	**%**
Yes	27	84.4
No	5	15.6

Nearly 85% of rough sleepers have mental health problems.

Table 15 Mental ill-health reported by rough sleepers in services in Swale

	Male (n=17)		Female (n=5)		Total (n= 22)	
Mental ill-health	n	%	n	%	n	%
Yes	6	35.3	1	20.0	7	31.8
No	11	64.7	4	80.0	15	68.2

There were 22 rough sleepers receiving services at the time of the assessment. One third of rough sleepers have mental health problems.

Table 16 Mental ill-health reported by rough sleepers in services in Tonbridge & Malling

	Male (n=12)		Female (n=3)		Total (n=15)	
Mental health	n	%	n	%	n	%
Yes	6	50.0	0	0.0	6	40.0
No	6	50.0	3	100.0	9	60.0

There were 15 rough sleepers receiving services at the time of the assessment. 40% (n=6) of rough sleepers reported to have mental ill-health. Five of them had depression and one had both depression and anxiety.

Table 17 Mental ill-health reported by rough sleepers in services in Tonbridge Wells

	Male (n=11)	Female (n=2)	Total (n=13)

Mental health	n	%	n	%	n	%
Yes	6	54.5	1	50.0	7	53.8
No	5	45.5	1	50.0	6	46.2

Source: District Level

There were 13 rough sleepers receiving services at the time of the assessment. More than half of the rough sleepers have mental health problems and four of them had depression and three had both depression and anxiety.

Implications

The tables illustrated above clearly show that mental health conditions are extremely prevalent among the rough sleeping population in Kent. Proportions of rough sleepers having mental ill-health varied from 32% to 90% in local authorities in Kent. Of the people seen sleeping rough in London in 2020/21, 44% reported mental health needs[23]. Similar picture is seen in Kent as six out of seven districts reported more than 40% of rough sleepers have mental health needs. Rough sleeping questionnaire study also reports that a vast majority of respondents (82%) having a current mental health vulnerability.

Thus, the findings of the present health needs assessment are broadly in line with the findings from national research, which indicates a disproportionate level of mental health problems among the rough sleeping population. It is important to point out that there is an overlap between rough sleeping and mental health, as a significant proportion of people who are sleeping rough also have mental health problems.

Depression and anxiety were the most reported mental ill-health among the above-described rough sleepers in Kent. Available research also supports the same finding that depression and acute or chronic psychological stress are common in homeless people. The most reported mental health conditions were depression and anxiety among the rough sleepers in Kent and it is consistent with the findings of the rough sleeping questionnaire study as well[24].

[23] CHAIN Annual Bulletin Greater London in 2020/21

[24] Initial findings from the Rough Sleeping Questionnaire Ministry of Housing, Communities and Local Government December 2020

Recommendations

Almost 100% of rough sleepers have a treatable mental health condition. These will be complex because mental health conditions are not uniform. People will have a range of mental health problems – from depression and anxiety, complex PTSD, emotional attachment disorders through to psychosis and complex mood disorders. These will not only be varied; these will also present differently dependent on what stage of crisis the person is in. Therefore, a process of assessment is important as well as crisis care. Ongoing mental health support and the ability of a specialist team or provider to manage changes in mental health and new presentations will be vital for monitoring medications and adherence to medications alongside housing and tenancy support and recovery. For this cohort it is unacceptable for mental health services to disengage at the earliest opportunity and hand over to housing support staff. Ongoing recovery plans must be in place.

4.3 Substance misuse among rough sleepers in Kent

Addiction to substance can arise before homelessness, or during homelessness. Higher rates of excess drinking have been observed in the homeless population[25]. Drug and alcohol misuse are particularly common causes of death amongst the homeless population, accounting for over a third of all deaths[26].[27].

The following tables describe the substance misuse patterns reported by the rough sleepers who were in the services in local authorities in Kent at the time of the assessment.

Table 18. Substance misuse pattern of rough sleepers in services in Ashford

The following tables describe the substance misuse patterns reported by the rough sleepers who were in the services in local authorities in Kent at the time of the assessment.

	Male (n=15)		Female (n=4)		Total (n=19)	
Substance abuse	n	%	n	%	n	%

[25] Jayawardhana. S & Mossalias E. European Heart Journal (2020) 41, 4021–4023 doi:10.1093/eurheartj/ehaa796
[26] Lange RA. Cardiovascular complications of cocaine use. N Engl J Med 2001;345: 351–358.
[27] Pleace, N. (2008) Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an international review Edinburgh: Scottish Government.

Alcohol	4	26.7	2	50.0	6	31.6
Drugs	3	20.0	2	50.0	5	26.3
Alcohol & Drugs	8	53.3	0		8	42.1
None	-		-		-	-

All the rough sleepers were substance abused. Their substance misuse pattern shows that, 32% of rough sleepers reported to have alcohol misuse and another 42% of rough sleepers had both alcohol and illicit drug misuse.

Table 19 Substance misuse pattern of rough sleepers in services in Dover

The following tables describe the substance misuse patterns reported by the rough sleepers who were in the services in local authorities in Kent at the time of the assessment.

	Male (n=11)		Female (n=1)		Total (n=12)	
Substance abuse	n	%	n	%	n	%
Alcohol	2	18.1	1	100.0	3	25.0
Drugs	2	18.1			2	16.7
Alcohol & Drugs	3	27.4			3	25.0
None	4	36.4			4	33.3

Two thirds of the rough sleepers reported to have substance misuse. Quarter of rough sleepers reported to have alcohol misuse and another quarter had a dual diagnosis of alcohol and illicit drug misuse.

Table 20 Substance misuse pattern of rough sleepers in services in Folkstone-Hythe

The following tables describe the substance misuse patterns reported by the rough sleepers who were in the services in local authorities in Kent at the time of the assessment.

	Male (n=16)		Female (n=6)		Total	(n=22)
Substance abuse	n	%	n	%	n	%
Alcohol	6	37.5	0	0	6	27.3
Drugs	7	43.7	1	16.7	8	36.4
Alcohol & Drugs	1	6.3	4	66.6	5	22.7
None	2	12.5	1	16.7	3	13.6

85% of rough sleepers are substance abused.

Table 21 Substance misuse pattern of rough sleepers in services in Maidstone

The following tables describe the substance misuse patterns reported by the rough sleepers who were in the services in local authorities in Kent at the time of the assessment.

Substance abuse	N = 32	%
Yes	16	50.0
No	16	50.0

Half of the rough sleepers are substance abused.

Table 22 Substance misuse pattern of rough sleepers in services in Swale

The following tables describe the substance misuse patterns reported by the rough sleepers who were in the services in local authorities in Kent at the time of the assessment.

	Male (n=17)		Female (n=5)		Total (n= 22)	
Substance abuse	n	%	n	%	n	%
Alcohol	3	17.7	0		3	13.6
Drugs	8	47.1	2	40.0	10	45.5
Alcohol & Drugs	1	5.8	0		1	4.5
None	5	29.4	3	60.0	8	36.4

Two third of them are substance abused and 50% are drug misuse people.

Table 23 Substance misuse pattern of rough sleepers in services in Tonbridge & Malling

The following tables describe the substance misuse patterns reported by the rough sleepers who were in the services in local authorities in Kent at the time of the assessment

	Male (n=12)		Female (n=3)		Total (n=15)	
Substance abuse	n	%	n	%	n	%
Alcohol	0	0.0	0	0.0	0	0.0
Drugs	1	8.3	0	0.0	1	6.7
Alcohol & Drugs	0	0.0	0	0.0	0	0.0
None	11	91.7	3	100.0	14	93.3

Only 7% of rough sleepers reported to be substance misusing.

Table 24 Substance misuse pattern of rough sleepers in services in Tonbridge Wells

The following tables describe the substance misuse patterns reported by the rough sleepers who were in the services in local authorities in Kent at the time of the assessment.

	Male (n=11)		Female (n=2)		Total (n=13)	
Substance abuse	n	%	n	%	n	%
Alcohol	2	18.2	0	0.0	2	15.4
Drugs	1	9.1	1	50.0	2	15.4
Alcohol & Drugs	2	18.2	0	0.0	2	15.4
None	6	54.5	1	50.0	7	53.8

More than half of the rough sleepers are substance abused.

Implications

Vast majority of rough sleepers in the services of local authorities in Kent reported to have substance misuse. Six local authorities reported that, more than 40% of rough sleepers have substance misuse.

Five local authorities reported that, 20% of rough sleepers had alcohol misuse, while 30% were found to be drug users. Some of rough sleepers had a dual diagnosis (co-occurring conditions) of alcohol misuse and drug misuse.

Recommendation

To access structured substance misuse treatment services in Kent a period of stability is currently needed and support for a vulnerable person to access the services needs to be in place i.e., a support worker/ outreach worker model. Kent substance misuse services need to operate in a flexible way to be able to respond and create a viable treatment plan. Often substance misuse services are unable to do this without support from mental health services (see above recommendations for parallel care and support). Shared care is vital due to the risks and complications of physical health needs alongside substance misuse. The joint working protocol for mental health services and substance misuse must reflect joined up and parallel care planning and treatment.

4.4 Physical ill-health among rough sleepers in Kent

Due to the exposure to poor living conditions, difficulty in maintaining personal hygiene, poor diet, high levels of stress and drug and alcohol dependence, people sleeping rough experience poorer health outcomes[28]. About 41% of people sleeping rough have long-term physical health problems, compared to 28% of the general population[29]. They are also more likely to develop complications earlier than the general population.

Higher rates of non-communicable diseases including diabetes, ischaemic heart disease and hypertension are reported among the homeless population. They also report higher rates of communicable diseases including HIV and Tuberculosis [30] [31]. Hepatitis B and C are commonly found among people sleeping rough and often associated with high morbidity and mortality[32].

[28] Guidance health Matters; Rough Sleeping February 2020
[29] Supporting the health needs of those who are experiencing rough sleeping, Local Government Association
[30] Jayawardhana. S & Mossalias E. European Heart Journal (2020) 41, 4021–4023 doi:10.1093/eurheartj/ehaa796
[31] The Impact on Health of Homelessness. A Guide for Local Authorities. LGA, 2017
[32] Westminster JSNA – Homelessness EXECUTIVE SUMMARY October 2010

The following tables describe the reported disabilities and long-term physical health conditions of the rough sleepers who were under the services in local authorities in Kent at the time of the assessment.

Table 25 Disabilities and long-term physical health conditions reported by rough sleepers under services in Ashford

	Male (n=15)		Female (n=4)		Total (n=19)	
Physical Health	n	%	n	%	n	%
Yes	6	40.0	3	75.0	9	47.4
No	9	60.0	1	25.0	10	52.6

Nearly half of the rough sleepers reported to be suffering from a long-term health problem. The conditions reported by the rough sleepers under the services in Ashford were cancer, liver problems, seizures and black outs, low blood pressure, urine incontinence, and mobility issues due to tendonitis and pins in foot.

Table 26 Disabilities and long-term physical health conditions reported by rough sleepers under services Folkstone -Hythe

	Male (n=16)		Female (n=6)		Total	(n=22)
Physical Health	n	%	n	%	n	%
Yes	8	50.0	5	83.3	13	59.1
No	8	50.0	1	16.7	9	40.9

60% of the rough sleepers reported suffering from a physical health problem. The conditions reported by the rough sleepers under the services in Folkstone -Hythe were diabetes, heart disease, cancer, hernia, epilepsy, and leg abscess. Three rough sleepers reported to have Hepatitis C.

Table 27 Long-term physical health conditions reported among the rough sleepers in the services in Swale

	Male (n=17)		Female (n=5)		Total (n= 22)	
Physical Health	n	%	n	%	n	%

Yes	1	5.8	0		1	4.5
No	16	94.2	5	100.0	21	95.5

Only one male reported to have a physical ill-health.

Table 28 Long-term physical health conditions reported among the rough sleepers in the services in Tonbridge & Malling

	Male (n=12)		Female (n=3)		Total (n=15)	
Physical Health	n	%	n	%	n	%
Yes	0	0.0	1	33.3	1	6.7
No	12	100.00	2	66.7	14	93.3

Only one female reported to have a physical ill-health.

Table 29 Long-term physical health conditions reported among the rough sleepers in the services in Tonbridge Wells

	Male (n=11)		Female (n=2)		Total (n=13)	
Physical Health	n	%	n	%	n	%
Yes	4	36.4	0	0.0	4	30.8
No	7	63.6	2	100.0	9	69.2

30% of the rough sleepers reported suffering from a physical health problem. One rough sleeper reported to have liver problem. Three rough sleepers reported to have poor foot associated with difficulty in walking, problematic in the knee, and two persons had injuries in the leg and ankle.

Implications

The above tables illustrate that 4.5% to 59% of rough sleepers in Kent reported to be suffering from long term physical health conditions. Available evidence is compatible with the findings of the present health needs assessment. Of the people seen sleeping rough in London in 2017 to 2018, 46% had physical health needs[33].

[33] Supporting the health needs of those who are experiencing rough sleeping, Local Government Association

Long term physical health conditions

Diabetes, heart disease, cancer, and epilepsy were commonly reported long term physical health conditions among the rough sleepers in Kent. It is widely documented that homeless people are at increased risk of respiratory disease, coronary heart disease, diabetes, and hypertension[34].

Poor foot

Problems related to poor foot i.e., foot ulcers, leg abscess, and joint problems were commonly reported among the rough sleepers in some local authorities in Kent. Their mobility is restricted due to the pain and discomfort caused by the foot problems.

Hepatitis C

Hepatitis C was reported among rough sleepers in some local authorities in Kent. Evidence also supports the fact that the prevalence of infectious diseases, such as hepatitis C, is significantly higher in the rough sleeping population than in the general population[35].

Recommendations

A primary care MDT and ease of access to primary care services is vital for this cohort.

Create mental health MDTs linked to primary care so appropriate physical health and aftercare is linked to other co-occurring health needs to enable adequate 'step down' and recovery support.

4.5 Multiple needs of rough sleepers under services in local authorities in Kent

The people sleeping rough innately experience poor health outcomes. A national Health Needs Audit illustrated that physical health conditions are extremely prevalent in the rough

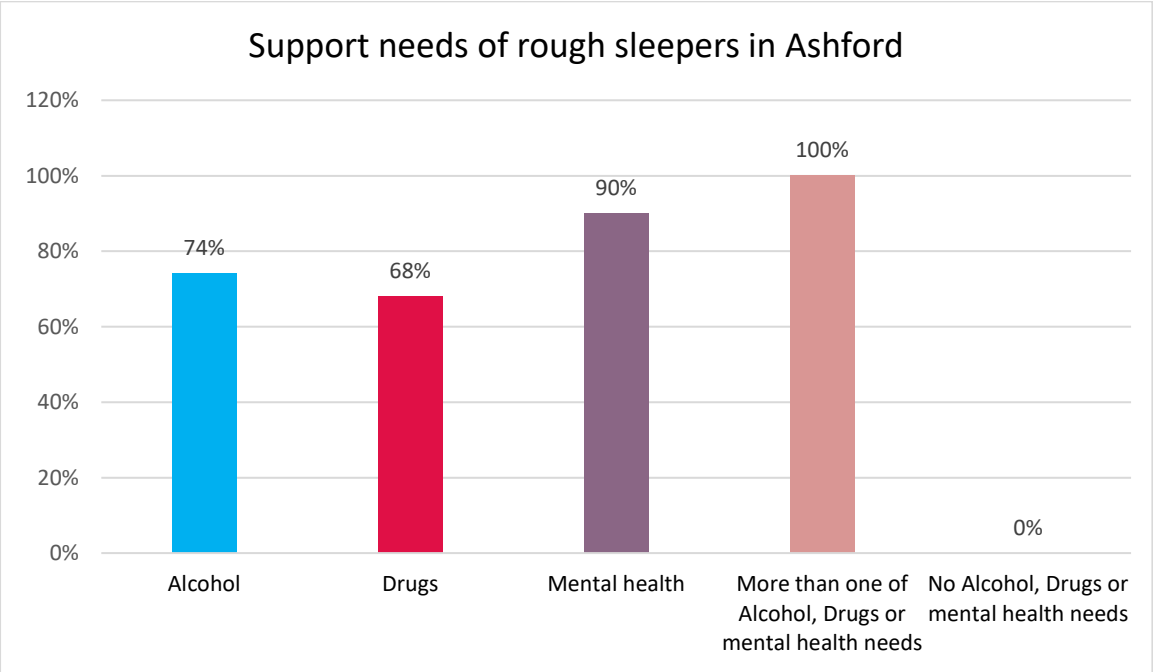
[34] Homelessness health concerns Medline Plus July 2021
[35] Supporting the health needs of those who are experiencing rough sleeping, Local Government Association

sleeping population groups and psychiatric illness and mental health problems affect most of them[36].

Most of the rough sleepers in the services in local authorities in Kent were likely to have more than one support need for mental health and substance misuse. The following tables describe the complex needs of them in the local authorities in Kent.

Figure 7 Complex needs of rough sleepers in the services in Ashford

The following data is from the service providers at the time of assessment in 2021



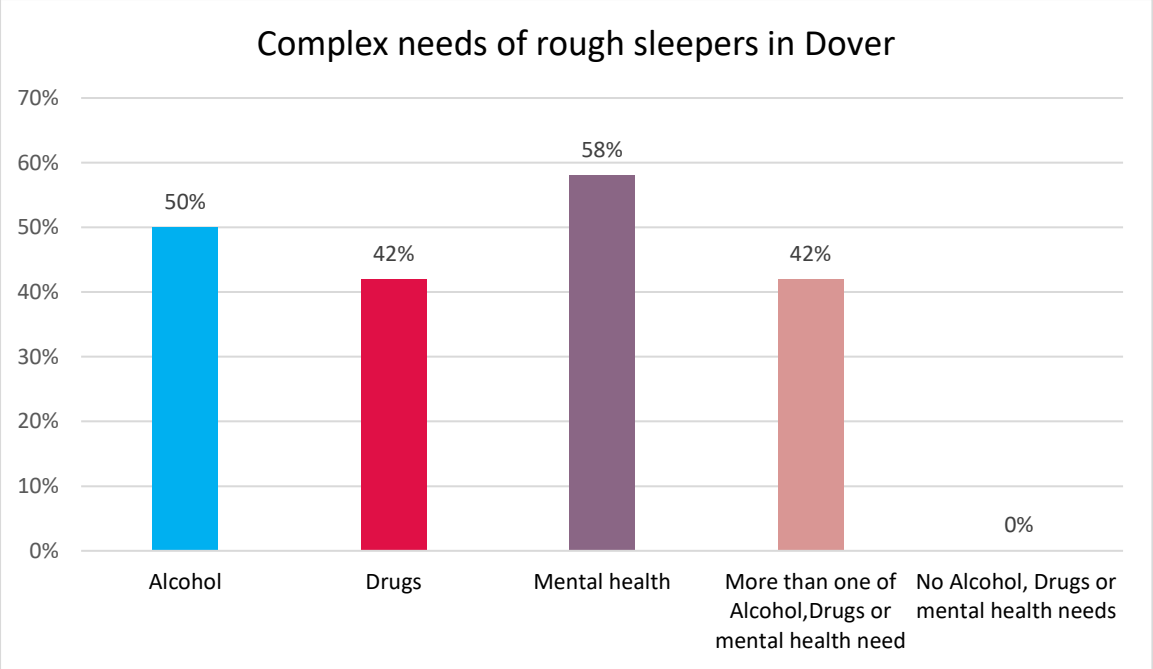
Source: Local Housing team

All the rough sleepers in this population group needed at least one support service.

Figure 8 Complex needs of rough sleepers in the services in Dover

The following data is from the service providers at the time of assessment in 2021

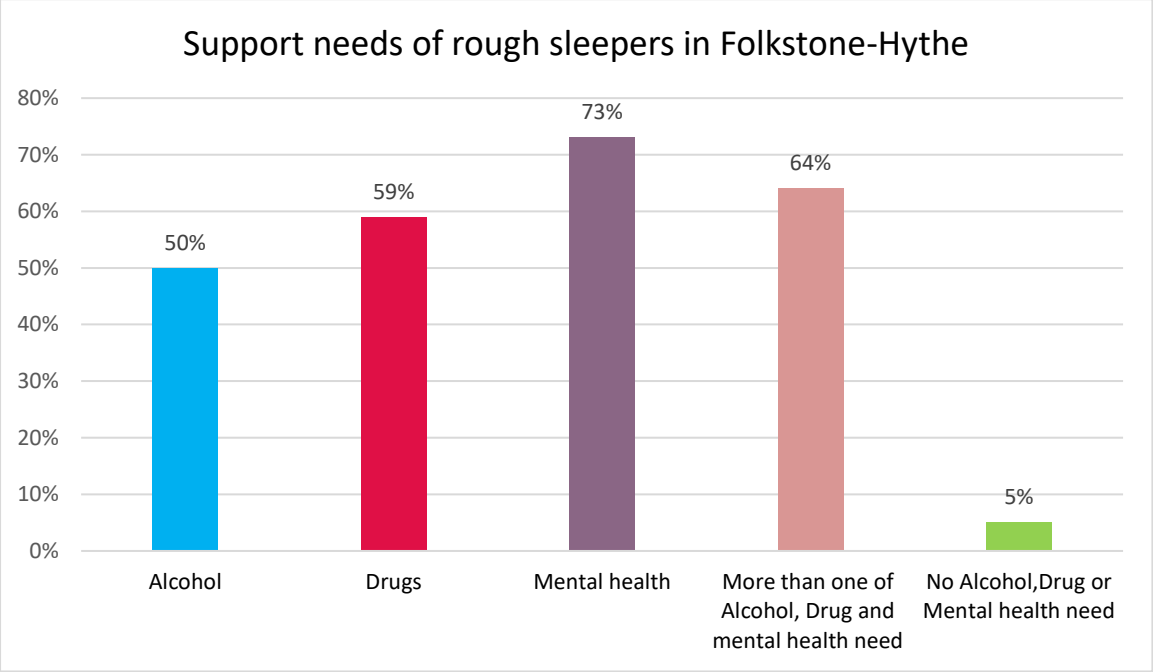
[36] Homeless link Health Needs Audit,



Source: Local Housing team

All the rough sleepers in this population group needed at least one support service.

Figure 9 Complex needs of rough sleepers in the services in Folkstone-Hythe

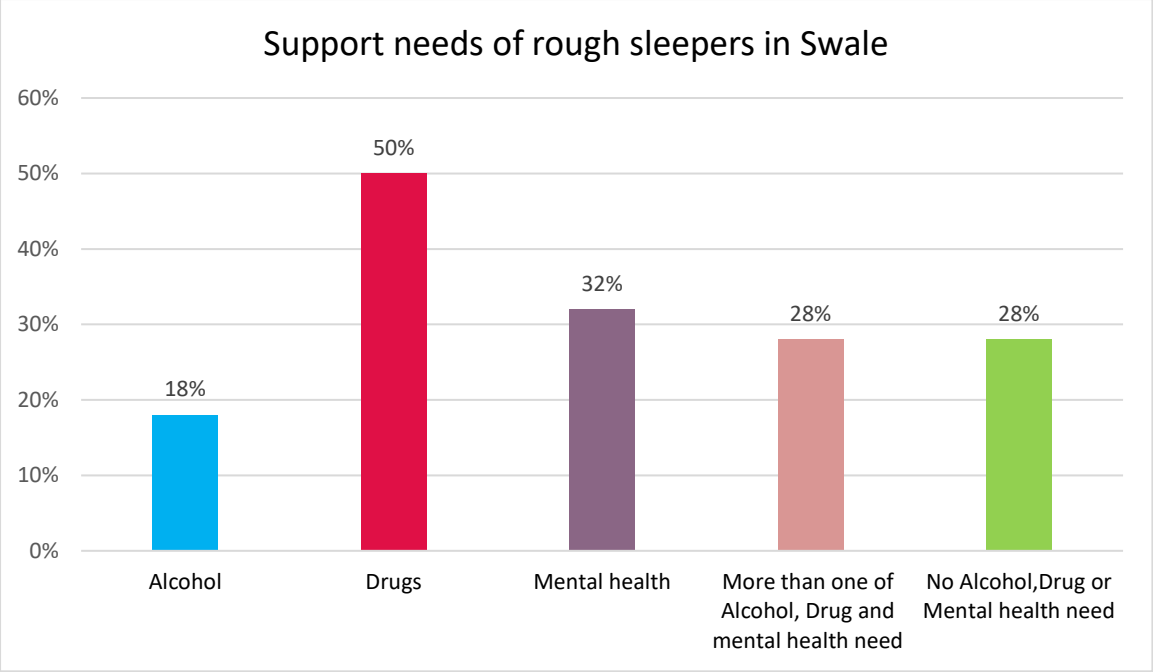


Source: Local Housing team

Only 5% of the rough sleepers reported having none of the support needs.

Figure 10 Complex needs of rough sleepers in the services in Swale

The following data is from the service providers at the time of assessment in 2021

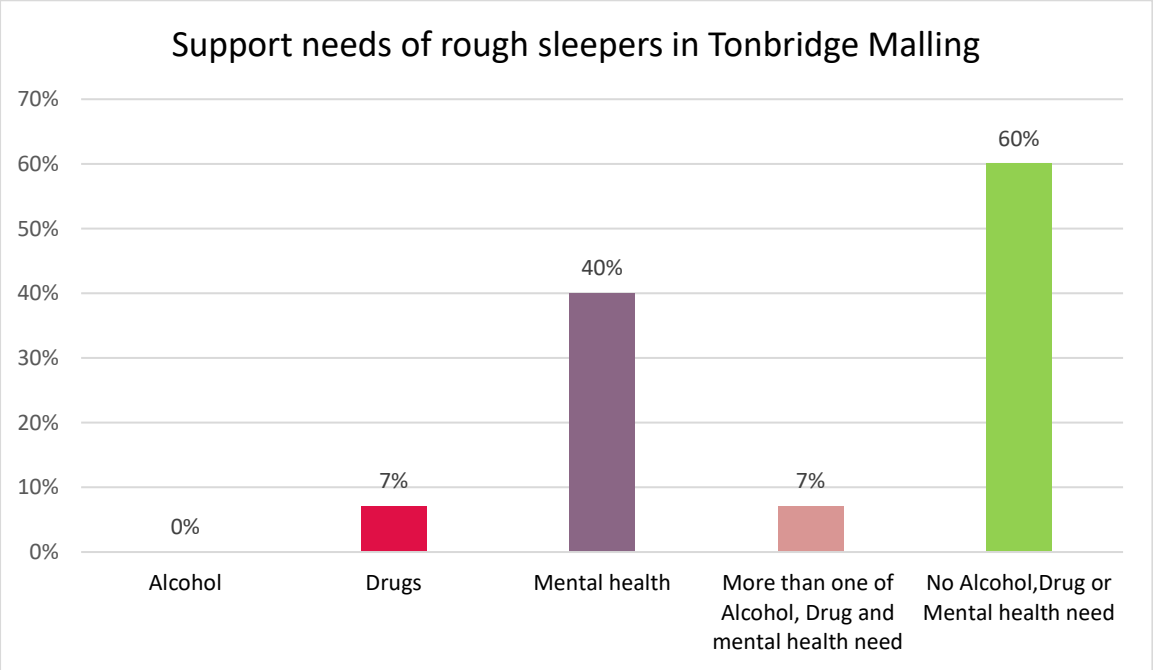


Source: Local Housing team

Nealy one third of the rough sleepers reported having none of the support needs.

Figure 11 Complex needs of rough sleepers in the services in Tonbridge & Malling

The following data is from the service providers at the time of assessment in 2021



Source: Rough sleepers seen under services who had been assessed for at least one of the three key support needs

Implications

Mental health support need was the most frequently indicated support need for the rough sleepers in majority of local authorities, (five out of six) in the present health needs assessment. The findings are concurrent with the observations made by Chain 2020/21. They also observed mental health support need as the most frequently reported support need amongst people seen sleeping rough in 2020/21[37].

Rough sleepers in half of the local authorities needed a support service for alcohol misuse and drug misuse. 29% of people seen sleeping rough in London in 2020/21, had a support need for alcohol, while 31% were found to have a support need for drug misuse[38].

At least one third of rough sleepers in five local authorities were likely to have more than one support need. Two local authorities indicated that all the rough sleepers were likely to have at least one support need.

The scale of co-occurring conditions among the rough sleepers in Kent was severe. These data are representative of the national known evidence of health needs of rough sleepers. People with co-occurring conditions of substance misuse and mental illness are often met with barriers to care and treatment and with the added issue of rough sleeping, the fundamental issues facing engaging and having a clear and co-ordinated treatment and recovery plan are often insurmountable unless mechanisms are in place for shared care plans and recovery plans.

Recommendations

- The co-occurrence of both mental health and substance misuse issues for rough sleepers is a serious issue and a current barrier in them accessing the relevant care and treatment. The current provision of care is sequential i.e., treating one condition first and this produces barriers to care. The best evidence from NICE Guidance, PHE and from recent research from USA shows that parallel and joined up treatment and care planning is needed for all those with a co-occurring mental health and substance

[37] CHAIN ANNUAL BULLETIN GREATER LONDON 2020/21
[38] CHAIN Annual Bulletin Greater London in 2020/21

misuse (including the most vulnerable rough sleepers).

- More holistic support packages for the individuals to assist with the multiple needs and ensure better access to a range of services.
- Use the 'Blue Light' Alcohol concern model for 'treatment resistant drinkers' to wrap care and treatment and recovery around this cohort of vulnerable people as far as possible. Ensure each vulnerable person has a care and treatment plan and one to one key work for at least 1-2 years and that all relevant agencies are signed up to the co-occurring conditions joined working protocol to provide high quality care to this cohort.

5 Case studies

For the present health need assessment, six case studies have been included, names have been anonymised. They were provided by the service providers.

All the cases show the complexity facing the rough sleepers in Kent. Each shows the need for the appropriate case management. The above examples highlight the need for care to be parallel instead of being sequential.

Case study 1

Susan is 33-year-old white women who was sleeping rough before, has now been provided with accommodation. Currently, she is living in the accommodation. She is a mother of five children, but none is under her care since she has a range of complex needs. She has been leading a chaotic lifestyle. She has been suffering from depression for some years. Depression has been exacerbated in recent weeks and she reported to have two suicidal attempts and one was reported in the last week. She has poor coping mechanisms as well. She is substance abused with cocaine and alcohol. She has a history with domestic abuse.

Key issues

- Female
- Domestic abuse
- Substance abuse
- Mental ill-health

This case study is from the voluntary sector organization who have been struggling to coordinate this woman's care. In this women's case she is a vulnerable adult, there are over five organizations involved in her care. She has got over four adverse childhood events.

Case study 2

Charlie is a substance abused male. He is suffering from a mood disorder as well. He does not stay long term in provided accommodation as he wants to continue to smoke weed. He refused to move to the accommodation and live in his sister's shed and sleeping in the shed. Earlier he was sleeping in his mum's flats communal area but has been given an order to stay away from there. Many outreach teams had tried to work with him, but he was insistent that he was happy as he was.

Key issues

- Substance abuse
- Mental ill-health
- Difficult entrenched person causing non-compliance with the services

This case study is from a community safety team. Many outreach teams have tried to work with him. This case study calls attention to the need for long-term one to one trusted relationship in terms of service provision.

Case study 3

Nick is a male with loss of hearing in one ear and sight in one eye. His medical records do not match his account of his conditions. He has a medical history of a stroke, and he has loss of memory. He has anger management problems as well. He has been evicted from more than one property due to having dogs and he refuses to let them go to keep his accommodation or go to accommodation which won't accept dogs. He lives in his van near his sister's house.

Key issues

- Long term health conditions
- Anger management
- Eviction

This case study is from district council. He is a vulnerable man. This case study highlights vulnerability, safeguarding, and care coordination.

Case study 4

Ben is a male who is a prison leaver sleeping rough. He has come to the services after releasing from the prison. He presented to the homelessness nurse and observations flagged UTI coinciding with assessment. He was registered with the local GP before. Nurse had to refer him to the GP for the further treatment after booking for an appointment.

Key issues

- Prison leaver
- Acute infection

This case study is from homelessness nurse who was working in collaboration with the district rough sleeping project manager. This highlights the continuity of care from the prison to the community and the assessment.

Case study 5

KD is a female rough sleeper. She first approached the services in February 2019 and presented with a range of issues including poor mental health, alcohol dependency, anger management and PTSD. She had come from a history of domestic and sexual abuse from family and from subsequent partners. She has 5 children, all of them taken away from her by Social Services who deemed her to be an unfit mother.

KD was found to the services when she was rough sleeping under a shelter close to Ashford outdoor toilets. She was in very poor health with bronchitis and inappropriate clothing e.g., flip flops in the middle of winter. It took time to build up her trust but eventually the service providers were able to talk about placing her in the temporary accommodation, with a view to her seeking the necessary support to get her on a path she wanted to be on. Also, looking after her health better, eating more nutritiously and engaging with her GP.

KD tried hard to adhere to her accommodation rules but after a few weeks, received a final warning and then got into a fight and was sent back to prison for couple of months. On her return, she was placed in accommodation where the service providers could keep a closer eye on her. Alongside this, she was given a newly appointed support worker and with the consistency of this support and KD's engaging, saw KD beginning to take responsibility for her actions and keep her anger bursts to a minimum, speaking to her support worker when needed. She had also reduced her alcohol intake by quite a bit. Eventually, after nine months of being in temporary housing, she was offered council accommodation, with ongoing support in a place she said she truly calls 'her home' and to date is still managing her tenancy very well.

Key issues

- Importance of the individual attention by the service providers.

This case study is from district council. This highlights the importance of continuous support to address the complex needs.

Case study 6

Oli is a male rough sleeper with multiple long term physical health conditions. He has returned to the area unexpectedly. At the time he was found in outreach, he was not registered with the GP, and he was no longer had medication prescribed. He was then re-registered with the GP in this area and gained the medication with the help of the community nurse. He was offered the mental health referral and the alcohol misuse support as well. He was in need for the appointments with dentist, optician, and sexual health nurse. He was offered to see the sexual health nurse. He was again seen with a reinfection of the leg and was treated with antibiotics and referred to the DVT clinic. But he has not attended the DVT clinic. The healthcare worker reported that he was no longer had concerns regarding his leg.

Key issues

- Loss of GP registration due to mobilization
- Long term physical health conditions
- Sexual heal needs
- Need for dental and optical services
- Treatment default

This case study is from a district council. He is a person with multiple needs. This case study highlights the overlapping co-occurring conditions and importance of having the holistic care.

6 Services provisions for rough sleeping population in Kent

Effective health and care services are an essential part of the solution to the population who are sleeping rough. Addressing wider needs, including housing and welfare, is also a vital part of an effective response to health needs. Alongside effective health and care services that are equitably accessible for rough sleepers it is important to ensure that once the issue of 'housing' status is stabilised that the person is still able to receive continuity of health and social care[39].

A range of services are available in local authorities in Kent that attend to the needs of rough sleepers. The table below summarizes the services currently in operation for the rough sleepers in accommodation in local authorities in Kent.

Table 30 Services available for rough sleepers in accommodation in Kent

Local authority	Health Services	Housing services
Ashford	*Forward trust provides substance misuse services* *Community navigator* *Rising Sun for domestic violence*	
Dartford	*A trained housing solutions officer with the ability to provide ongoing support and long-term case handler, and covers the financial support for the housing benefits* *Complex needs worker to attend the needs* *Drug and alcohol service – Is based in Gravesham*	*Porchlight – Housing needs*
Dover	*Substance misuse services by Forward trust*	

[39] Delivering health and care for people who sleep rough | The King's Fund

	Folkestone CMHT *Social Work Mental Health*	
Folkstone - Hythe	*Substance misuse services by Forward trust* *Folkestone CMHT* *Social Services* *Social Work Mental Health*	
Gravesham	*Change Grow Live for substance misuse* *COC m MPS* *Hub which is run by the church – support for rough sleepers during the pandemic food for and* *Long ferry – is another service food bank, tent for accommodation*	*Porchlight*
Maidstone	*Lookahead* *Mental health provision provided by KMPT including a one day by consultant psychiatrist* *Clinical care nurse -wound dressing, support in vaccination services*	*Rough sleeper initiative* *Porchlight*
Sevenoaks	*GP link* *Drug and substance misuse services* *One you Kent - smoking diet talking therapy*	*Porchlight* *Case officer who deals with single homeless cohort*
Swale	*Porchlight* *Forward Trust provides substance misuse services* *Local charity* *Food bank*	*Rough Sleeper Initiative*
Thanet	*Thanet Rise service - wrap around support*	

	Forward Trust provides substance misuse services *Mobile dentistry - 10% only engage*	
Tonbridge & Malling	*Change Grow Live - provides services for substance abuse and good support for those who need detox and accessory help facility* *Mental health worker* *Physical health worker refers them to the GP*	
Tonbridge Wells	*Change Grow Live - provides services for substance abuse and good support for those who need detox and accessory help facility* *Mental health worker* *Physical health worker refers them to the GP*	

6.1 Service providers' views regarding complex needs of rough sleepers in Kent

This section reports the views of the service providers that work alongside people who are sleeping rough in Kent. The interviews conducted with the aim to understand the long-term physical conditions, mental health conditions and substance misuse of rough sleepers, and services available to address them and the service gaps.

As the scope of the health and wellbeing topics that can be discussed in relation to rough sleepers is vast, the biggest health and wellbeing issues that affect the rough sleepers who were under the service at the time of the assessment were evaluated. The following needs (mental health, substance misuse and physical health) were commonly highlighted in the evaluation of the data and views shared by the service providers.

6.2 Mental health service needs

Mental health was the most mentioned health need of rough sleepers by the most service providers in Kent. Anxiety, personality disorders, and depression, were widely mentioned mental ill health conditions by them. Alongside this stress and anger management issues

were viewed as common psychological issues. Poor mental health was evaluated as it existed before the person became homeless.

''Most of the rough sleepers had very traumatic and problematic upbringing that leads them to this situation. They have complex trauma, and personality disorders, it is very difficult to work with them''

Poor mental health is a huge barrier for rough sleepers to move in as well as settle in an accommodation.

Despite the high levels of expressed and diagnosed mental health problems among the rough sleepers, service providers highlighted the low uptake of support for their mental health conditions.

Majority of service providers felt that practical help was useful. This would be provided by possibly a mental health worker who can support effectively and prevent burn out. Many were with the idea that rough sleepers like to have familiar services as they are too anxious to go for the services. Research work with rough sleepers have also demonstrated the effectiveness of using more person-centred approaches[40].

Recommendation

Assertive and proactive outreach can be an effective way of engaging people who have a range of complex mental health problems. It is also important for the client to be supported to enable them to be part of any support plan or care plan that is drawn up for them, that they are instrumental in their recovery, rather than having things done for them. The community mental health team transformation and the Urgent Care aspect of mental health working must come together to wrap care around the most vulnerable people and not provide barriers to care. The long term and multiple nature of the mental health need in this vulnerable group must be assessed and co-ordinated by one plan and followed through over an adequate period linking to community rehabilitation and primary care if needed.

[40] Homelessness health needs assessment; Devon

6.3 Substance misuse service needs

Addiction or substance misuse was discussed as a prevalent issue among the people sleeping rough.

''Predominantly complex cases are drinkers and opiate users, they are the ones we are struggling to get into treatment, get into accommodation and the biggest challenge is to sustain that accommodation''

Some service providers mentioned the immediate physical health complications that are associated with substance misuse, such as liver cirrhosis. Some of the service providers identified the impact addiction can have on a persons' mental wellbeing and engagement with health or homelessness services.

Some service provider working in local authorities in Kent stated that smoking is more common among rough sleepers.

Recommendation

There are current barriers to structured treatment for this group. A period of stability is needed before detox and rehab are effective. Therefore, where there are urgent and immediate needs substance misuse services and mental health services need to work together to avoid unplanned detox in acute settings or worse still without medical intervention. Unplanned withdrawal is both dangerous and has long term consequences for functioning (see Kindling effect). A long-term care plan should factor in when the right time for detox and rehab and then substance misuse services must be responsive and proactive. If there are lesser needs for substance misuse (i.e., client is not dependent drinker or drug user) then a joined up, assertive and long-term support plan is needed from both substance misuse services and services such as Live Well Kent – dependent on clients' needs. All services to work together to address urgent, mid-term and long-term recovery needs. Note that most of these clients will have co-occurring conditions – and this will mean that recovery times will be longer and relapse prevention is critical.

6.4 Long term physical health needs

Long term physical health needs were discussed as an issue which was relatively treated as low priority among the rough sleepers. Thus, the need to attend those health conditions do not come up often.

Service needs for long-term physical health conditions

It was highlighted that rough sleeper paid less attention to the long-term physical health conditions. Thus, their health care access for those conditions is poor. This was claimed to be partly due to the lack of knowledge regarding the diseases in this cohort.

Some of the rough sleepers were not aware of having the diseases like hypertension.

Barriers to treatment were discussed as not knowing the way and the person to ask for the treatment, difficulty travelling, missed appointments, and fear of the appointment. Many of the service providers highlighted the importance of having access to the physical health worker in the area or the homelessness nurse. Having the said service provider gives benefits to the rough sleepers as they can be referred to the GP. Rough sleepers who do not engage in the health services and miss appointments can be referred to the services. The service provider can do a triage even on the street or going to the person which makes a massive difference.

It was discussed that high alcohol intake has a direct effect on poor physical health conditions like liver diseases.

Tuberculosis and Hepatitis C

Some service providers mentioned that there are increased number of undetected cases of TB and Hepatitis among people sleeping rough, thus health check-ups are beneficial.

Rough sleepers are unable to access to assessment for TB and hepatitis. It is always better to do regular check-ups for TB and Hepatitis on this cohort.

All people diagnosed positive for TB and the majority of those diagnosed with hepatitis C would be expected to be accessing treatment. Despite the continued decrease of the number of people diagnosed with tuberculosis in England, there has been an increase in the

number of people with TB who are homeless. Individuals who are homeless are more likely to get the disease compared to the general population[41].

Poor foot

Rough sleepers who have poor foot, often do not present to the services until problems are severe.

Other health conditions

The number of rough sleepers not accessing but requiring ophthalmic services in many local authorities in Kent are likely to be high. Less number of rough sleepers are accessing primary care services for skin problems also, despite the high numbers of reported rough sleepers with skin problems. This may mean rough sleepers do not seek medical attention for their skin problems or if they are engaging with health services, they do not report their problems to their GP, nurse, or health care professional as they may have other health issues that need more urgently addressed. Most skin conditions are readily amenable to primary care management. Other health conditions with an increased risk are dental problems which are poorly attended. In few local authorities in Kent, there are dental services available for rough sleepers

Implications

Thus, the impact of physical health needs of rough sleepers is high to the frontline services.

Recommendations

- Advantage of having a physical health worker like outreach worker is, he or she can go to the client and can meet them on the street or wherever the accommodation they are in and provide the services in the familiar settings and build up massive health trust to make a vast improvement in overall health of the client.
- Wound Care – walk in clinics – access to primary care – street teams trained in first aid are very important in addressing the needs of the rough sleepers.

[41] Tuberculosis (TB) and homelessness Information for homelessness service managers PHE 2019

6.5 Access to primary care services

Service providers discussed the low up take of primary health care services including screening and vaccinations by the rough sleeping population despite their wider availability in the local authorities. They highlighted that the rough sleepers do not necessarily prioritise their health thus it is likely that prevention services will have a very poor uptake.

''It is not easy to get them into the services, keep them in the services is also difficult''.

Rough sleepers face barriers to access quality health care and are more likely to be excluded from the health system[42]. GP registration rates are particularly poor for rough sleepers[43]. Rough sleepers present a substantial burden on frontline health services health service. Due to the potential barriers faced by rough sleepers in treating and managing the comorbidities, greater complications and worsening of the disease burden are resulted[44]

Due to the pandemic situation, majority of rough sleepers have been facilitated with GP registration, irrespective of possessing an address.

Rough sleepers who are in accommodation have been encouraged and supported to be registered with the GP, as a part of the assessment framework.

Rough sleepers were part of the Covid vaccination roll out.

There was a very limited access to the prevention health services like sexual health services to the rough sleepers. Special emphasis was made on the importance of providing sexual health for female rough sleepers. Very few districts provide dental and optometry services to the rough sleepers.

They highlighted the importance of having a wraparound service for the rough sleepers to avoid them being rough sleepers again.

''We are trying to work with all the different partners we are trying to get all together have we are planning to get one person to lead everything''

[42] Cream et al Delivering health and care for people who sleep rough King's Fund 2020

[43] Elwell-Sutton T, Fok J, Albanese F, Mathie H, Holland R. Factors associated with access to care and healthcare utilization in the homeless population of England. J Public Health 2017; 39:26–33.

Recommendation

- Offer screening for Blood Borne Viruses and Tuberculosis, within a range of settings.
- Need for more holistic services for this client group. Services comprising of health, social care, housing, criminal justice, and welfare services.

6.6 Housing services

There are different types of services that are currently working to reduce homelessness in Kent at district level to meet the needs of rough sleepers. Those services are statutory services, and third sector services which are listed above.

Some service providers mentioned the challenge of getting rough sleepers into the accommodation in some instances. They highlighted the need to address the rough sleepers in cars and woods in some districts.

In some districts it is very difficult to find or rent properties for rehousing people sleeping rough.

Because many people who sleep rough have high and complex needs, as well as facing barriers to accessing services, systems need to identify and address unmet needs. Thus, services need to be designed in a way that people who sleep rough can and want to use.

Services during the pandemic

Due to the implementation of government's 'Everyone In' initiative in response for the pandemic, rough sleepers were largely provided with accommodation. Due to the pandemic, there are barriers including technological barriers faced by the rough sleepers, and increased number of applications for services.

7 Institutional history and violence reported by the rough sleepers under services in local authorities in Kent

Many of these people who are sleeping rough will be vulnerable to attack, exploitation and violence and will use emergency services. Female rough sleepers are particularly vulnerable.

7.1 Institutional history and rough sleeping

Some local authorities have recorded information regarding the rough sleepers reported having served a prison sentence. The following tables describe the institutional history of the rough sleepers in local authorities in Kent.

Table 31 Institutional history of rough sleepers in accommodation in Ashford

	Male (n=15)		Female (n=4)		Total (n=19)	
Prison Leaver	n	%	n	%	n	%
Yes	3	20.0	0		3	15.8
No	12	80.0	4	100.0	16	84.2

One fifth of male rough sleepers have spent time in prison.

Table 32 Institutional history of rough sleepers in accommodation in Maidstone

Offending History	N = 32	%
Yes	17	53.1
No	15	46.9

More than half of the rough sleepers have a history of offence.

Table 33 Institutional history of rough sleepers in accommodation in Swale

	Male (n=17)	Female (n=5)	Total (n= 22)

Prison Leaver	n	%	n	%	n	%
Yes	9	52.9	1	20.0	10	45.5
No	8	47.1	4	80.0	12	54.5

Nearly half of the rough sleepers reported to be a prison leaver.

Table 34 Institutional history of rough sleepers in Tonbridge & Malling

	Male (n=12)		Female (n=3)		Total (n=15)	
Prison Leaver	n	%	n	%	n	%
Yes	2	16.7	0	0.0	2	13.3
No	10	83.3	3	100.0	13	86.7

One sixth of rough sleepers were prison leavers.

Table 35 Institutional history of rough sleepers in Tonbridge Wells

	Male (n=11)		Female (n=2)		Total (n=13)	
Prison Leaver	n	%	n	%	n	%
Yes	3	27.3	0	0.0	3	23.1
No	8	72.7	2	100.0	10	76.9

Quarter of rough sleepers were prison leavers.

A disproportionate number of rough sleepers in some local authorities in Kent have institutional histories.

7.2 Violence history reported among the rough sleepers in Kent

Few local authorities have recorded information regarding the rough sleepers reported to have a history of violence. The following tables describe the history of violence of the rough sleepers in local authorities in Kent.

Table 36 History of violence reported among the rough sleepers in Ashford

	Male (n=15)		Female (n=4)		Total (n=19)	
History of violence	n	%	n	%	n	%
Yes	8	53.3	4	100.0	12	63.2
No	7	46.7	0		7	36.8

Over two third of the rough sleepers reported to have a history of violence. About 16% have a history of imprisonment.

Table 37 History of violence reported among the rough sleepers in Swale

	Male (n=17)		Female (n=5)		Total (n= 22)	
History of violence	n	%	n	%	n	%
Yes	1	5.8	0		1	4.5
No	16	94.2	5	100.0	21	95.5

7.3 Entrenched rough sleepers

Rough sleeping has been experienced on a longer-term basis (after a year on the street this is more likely), some with intermittent periods of time in accommodation, and they may be described as 'entrenched'. They struggle to engage with services and have needs affecting their ability to follow the advice given.

There are specific conditions associated with rough sleepers which lead them to be entrenched rough sleepers. Those conditions can be named as complex trauma, autism, acquired brain injury, and some mental illnesses. Acquired brain injury, which is a very common condition among rough sleepers, makes it very difficult to engage with services as memory, planning and communication can be affected, along with the likelihood of

increased challenging behaviour. Some mental illness of rough sleepers affects their capacity to make decisions and unable to follow advice[45].

Many entrenched rough sleepers have got to face barriers for health services.

Recommendation

It is important to apply different approaches to make it easier for rough sleepers to understand and respond to the services.

8 Key findings

- The real estimate of the rough sleepers in Kent is higher than the reported number.
- Primary health issues affecting rough sleepers can be described as substance misuse, mental health problems, poor access to acute healthcare, long term physical health conditions and communicable diseases.
- The rough sleeping population in Kent demonstrate unique and complex health needs that require the implementation of equally complex solutions to address those needs.
- Current service provision involves several individual services, both commissioned and non-commissioned, working alongside one another, with interactions between services facilitated by outreach and homeless pathways teams.
- Several areas for improved co-ordination between services and barriers to appropriate access despite these services have been identified, in addition to several further opportunities to enhance co-operation between services.
- Accordingly, future commissioning of services must be directed towards enabling services such as the outreach team to better co-ordinate and signpost to appropriate services, in addition to tackling barriers to accessing services.

[45] Understanding entrenched rough sleeping during Covid 19, Jo Prestidge, Homelessness Link 2020

9 Recommendations

- Preventative and early intervention services, need to be in place as most of the rough sleepers had very traumatic and problematic upbringing that leads them to this situation.
- Brief interventions and onward referral for health and social care related issues, including lifestyle advice need to be implemented.
- Dual diagnosis of awareness of mental health conditions and substance misuse needs to address with the prime importance.
- Further development of services provided by key health and social care agencies through a range of settings such as day centres, hostels, specialist health care settings and the mobile harm reduction units which are appropriate for the population is important.
- Mental health services to look at the possibility of providing a range of interventions in non-healthcare settings, such as homeless day centres and hostels need to be encouraged.
- Special attention for rough sleepers with complex trauma, and personality disorders who are very difficult to work with.
- The possibility of extending outreach services and retaining more services within primary healthcare should be explored.
- Explore the opportunities to develop a standard package with holistic approach for rough sleepers for all the local authorities.
- Encouraging the service provision to improve coordination between services.
- Development of a specialist primary care service for rough sleepers with long term physical health conditions.
- Attention to build up a target existing services towards the most vulnerable and difficult to work with group of rough sleepers.
- Develop a preventive and screening offer for diseases including TB, hepatitis and STIs.
- Promote opportunistic health care for rough sleepers.
- Contribute towards National Health Needs Audit
- Explore opportunities to obtain quantitative data of rough sleepers who in the housing services healthcare and social services.

- Improved data sharing with regarding the health care access of rough sleepers across Kent.
- Improved referral pathways for the rough sleepers with complex needs.
- Awareness programmes for vulnerable groups regarding the support services.

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