



Health of individuals with lived experience of homelessness in Wales, during the COVID-19 pandemic

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This research briefing reports on the creation of an e-cohort of individuals with lived experience of homelessness in Wales, and the use of this e-cohort to understand the long-term health conditions, healthcare activities, and COVID-19 related health outcomes among those who were homeless during the pandemic.

Issue

TYPES OF HOMELESSNESS: Homelessness is an extreme form of social exclusion that covers a spectrum of poor housing arrangements ranging from insecure (or precarious) housing, to living in temporary accommodation, through to street homelessness (rough sleeping). These events are not a fixed state but can be one-off, frequent episodes, or persist longer-term.



HOMELESSNESS AND HEALTH: Poor health is both a cause and a consequence of homelessness. Experiencing homelessness can have a significant impact on health, with individuals often suffering poor mental health, physical illness, substance dependencies, reduced life expectancy, and excess preventable morbidities. As a result, these individuals have a disproportionately high need for healthcare services, but often find it difficult to access healthcare, and the COVID-19 pandemic is likely to have exacerbated these issues. Further, individuals experiencing homelessness were especially vulnerable to the direct and indirect effects of the COVID-19 pandemic due to the challenges they faced in being able to reduce their exposure to the virus, their existing ill health, and the pandemic’s impact on their wider determinants of health.

Understanding of the health needs of homeless populations is largely informed by studies on the more visible street homelessness. However, this only represents a small proportion of the spectrum of homelessness experiences and health needs, and at one period in time. Therefore, these underestimate the impact of lived experience of homelessness on an individual’s health and wellbeing, and care needs. In this study, patient-level routine health and care datasets in Wales have been linked to attempt to capture the full consequences of broader ‘lived experiences of homelessness’ on an individual’s health that extends beyond the actual homelessness event(s).

RECORDING HOMELESS STATUS: Homelessness or housing status is not routinely recorded in health services in Wales with the exception of substance misuse services, where housing status has been recorded consistently since 2014 following the Housing (Wales) Act. Housing status may also be recorded at times in other health services, but not routinely.

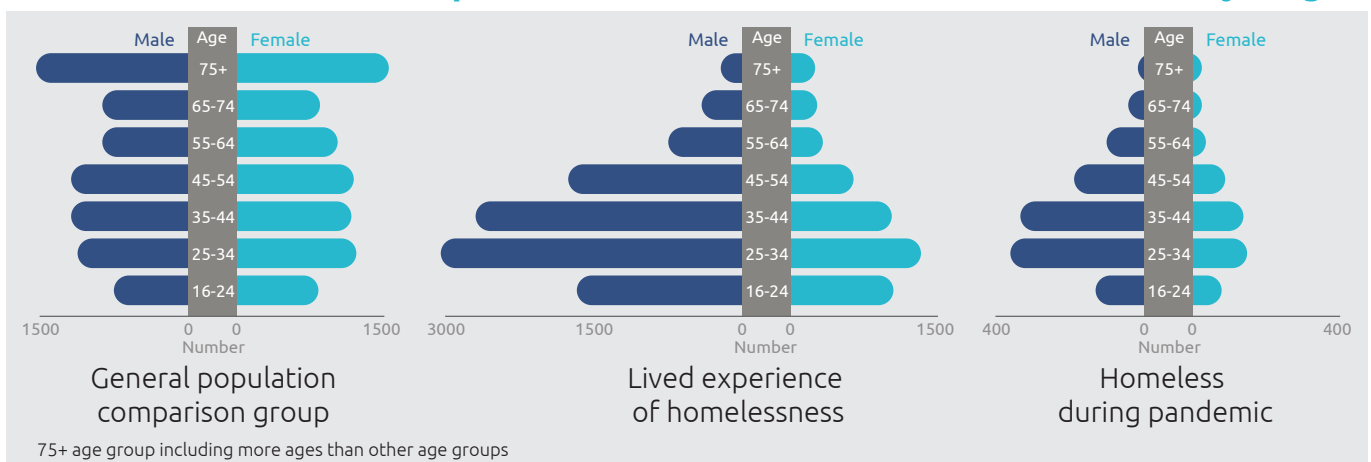
Our Approach

We linked data from across the health services in Wales (primary and secondary care, substance misuse services) to build a privacy-protected, anonymously linked e-cohort of people (n= 15,472) who experienced homelessness between 1st January 2014 and 31st July 2020 to explore their health needs. Details of the method used is available in Song, Grey & Davies (2021).

15,472 individuals were randomly selected from the Welsh Demographic Service to form a general population comparison group. We linked the e-cohort and comparison group with routine datasets (DHCW, 2021) to obtain information on health outcomes, mortality and healthcare activity, including Patient Episode Database for Wales, Outpatients Dataset, Emergency Department Dataset, Annual District Death Extract, COVID-19 Pathology Test Results, Welsh Demographic Service dataset. Healthcare activity rates were standardised using mid-2019 population estimates for Wales (ONS, 2020). Long-term health conditions were measure by Elixhauser comorbidity index (Gasparini, 2020) and managed in secondary care settings. Health care costs were calculated using National Cost Collection for NHS (NHS England, 2020).

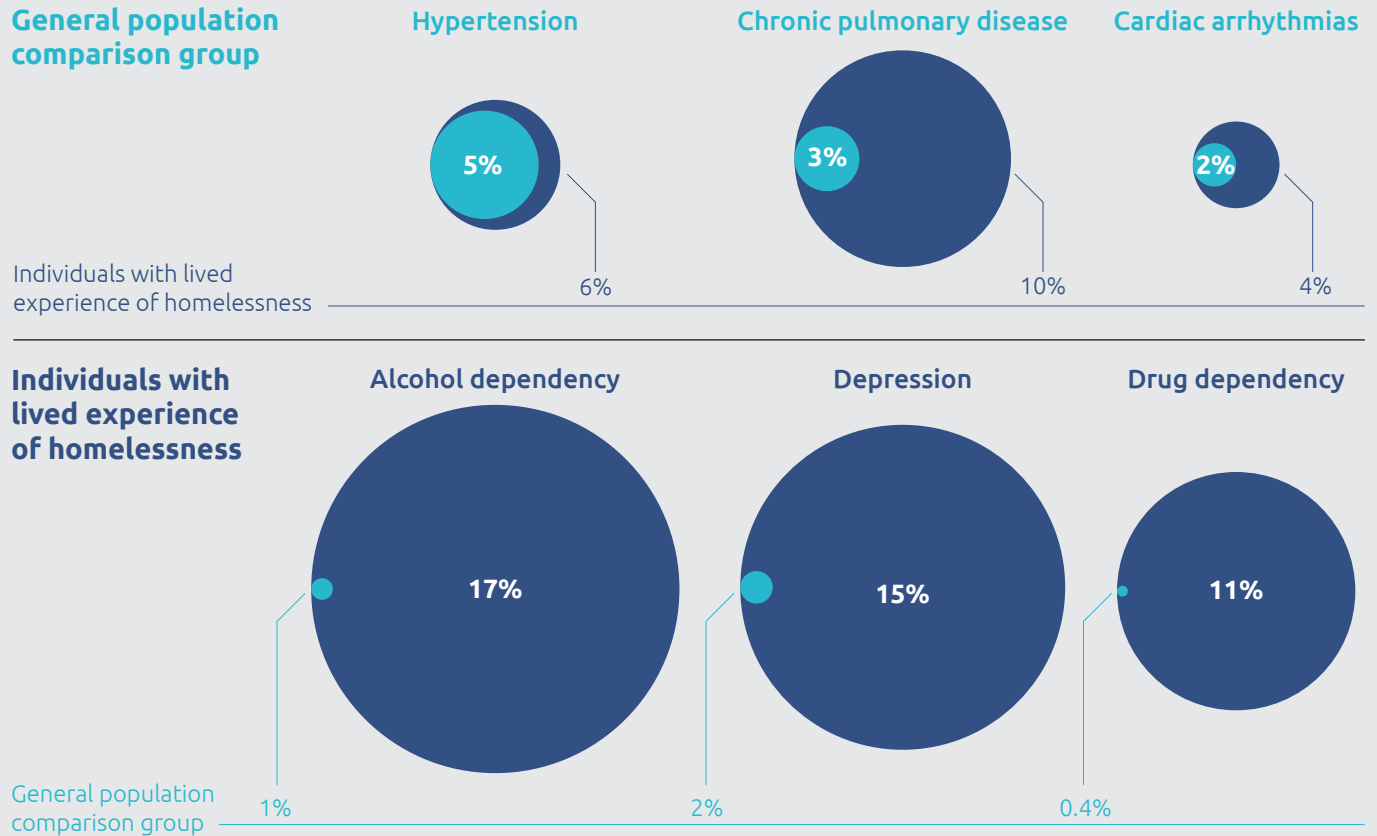
Our Results

► Individuals with lived experience of homelessness tend to be male and younger

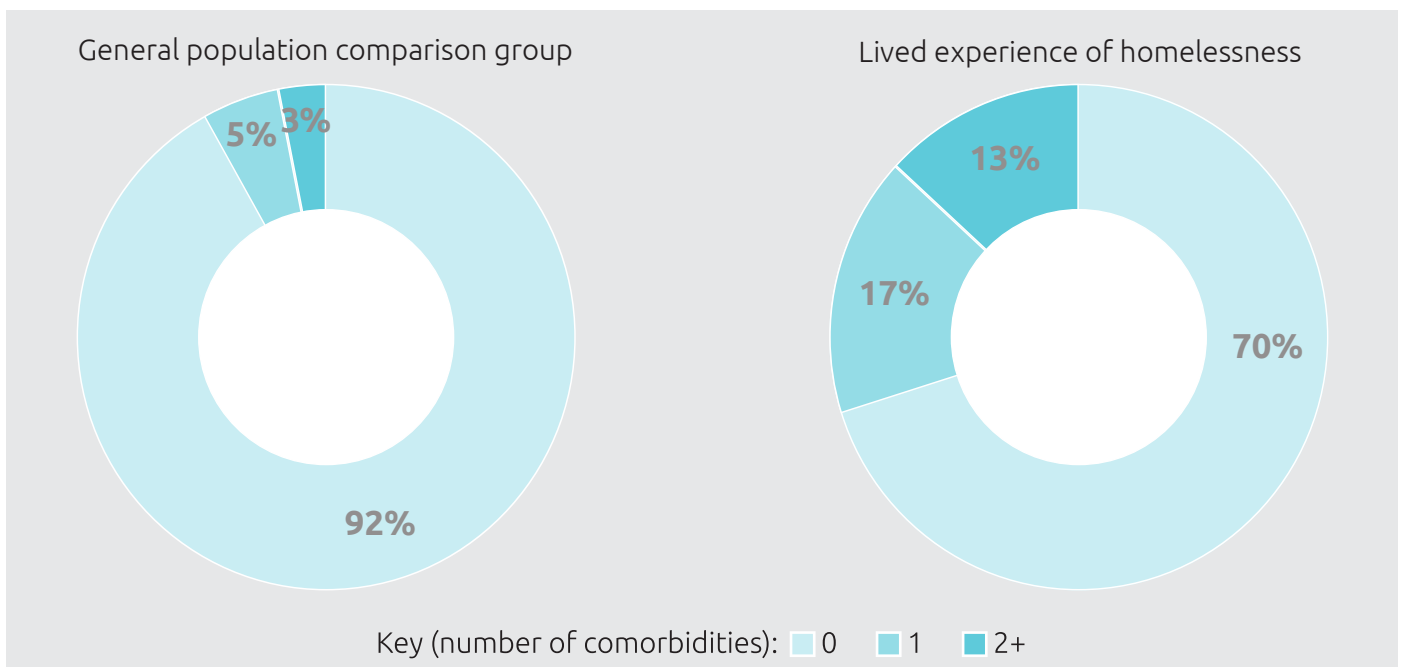


► Individuals with lived experience of homelessness are more likely to be managing substance dependency and depression

Relative prevalence of the top 3 long term health conditions in homeless vs general population groups



► Individuals with lived experience of homelessness are also more likely to be managing multiple long-term health conditions

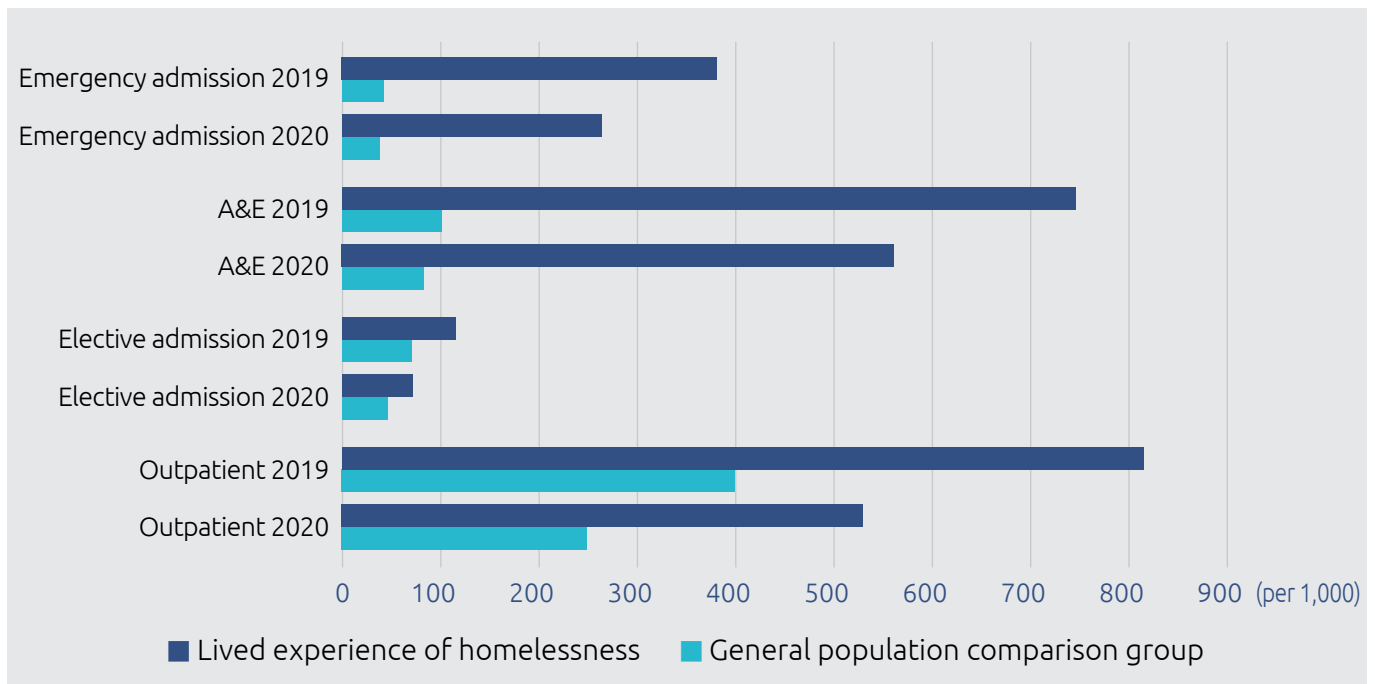


► **One in ten of our e-cohort of individuals with lived experience of homelessness died during the study period**

1,286/15,472 (8.3%) of our e-cohort died between January 2014 and July 2020 (Song, Grey & Davies, 2021). We observed that deaths from accidents and suicides, and mental and behavioural disorders due to psychoactive substance use, were higher than what was seen in the general population.

► **Individuals with lived experience of homelessness interact with health services more often and rely more on emergency care services**

Individuals with lived experience of homelessness had higher planned and emergency care activity rates than the general population both before and during the pandemic, especially emergency care, highlighting their complex health needs. Healthcare activity declined across all services between January and July of 2020 compared with same period in 2019, for those with lived experience of homelessness and the general population comparison group. Greater declines observed in emergency care for individuals with lived experience of homelessness. Between January and July of 2020, it costed the NHS £11 million more to care for the group with lived experience of homelessness, largely due to the activity within emergency care.



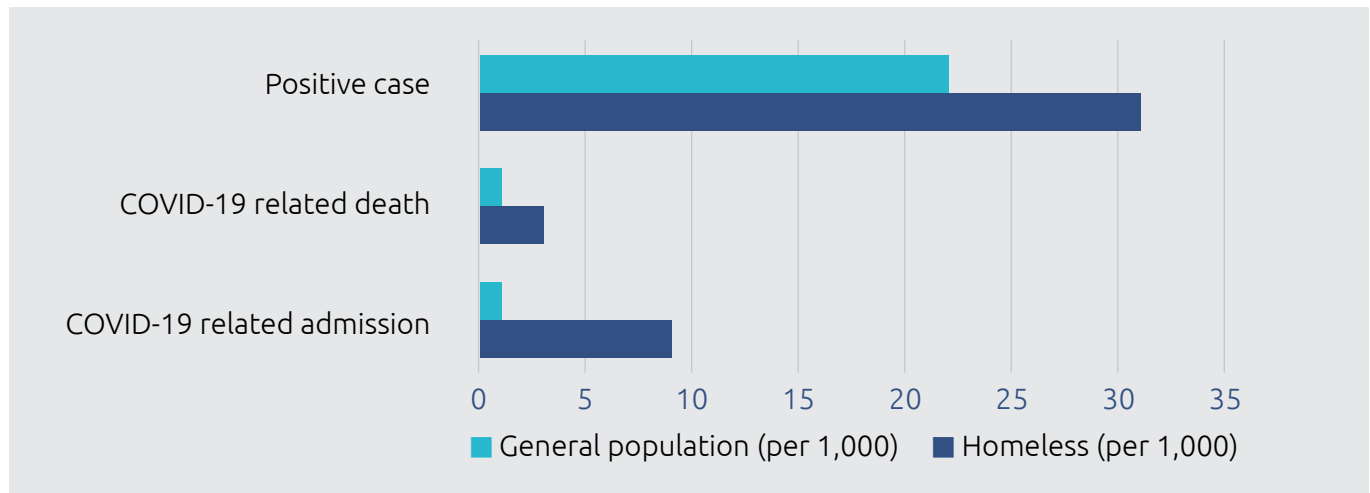
What happened during COVID-19 pandemic?

► **Nearly two thousand individuals in Wales were homeless during the pandemic**

A total of 1,717 individuals were flagged as homeless between January and July 2020 in Wales. Most of them were male (70%, 1,188/1,717) and in younger age groups, 16 to 34 years (42%, 721/1,717) and 35 to 54 years (43%, 744/1,717) of age.

► Individuals who were homeless during the pandemic were more vulnerable to health impacts from the COVID-19 virus

31 per 1,000 tested positive for the virus causing COVID-19, 9 per 1,000 had COVID-19 related hospital admissions, and 3 per 1,000 died with COVID-19 listed as one of the causes of death, while the figures are 22 per 1,000, 1 per 1,000 and 1 per 1,000 for general population comparison group.



Strengths and limitations

- A key strength of this study is the ability to identify a cohort of people with lived experience of homelessness across Wales using routine health data, and to use that cohort to demonstrate inequalities in health before and during the pandemic in this population compared to the general population in Wales.
- We found that housing status was routinely recorded by substance misuse services, but sparsely recorded within other datasets. Therefore, our analysis is likely to underestimate the extent of precarious housing status and homelessness within Wales, and the resulting short and long term impact on health.

Implications

- ✔ This report describes the complex health needs, and, subsequent higher levels of healthcare activity amongst individuals with lived experience of homeless in Wales, compared to the general population. It also demonstrates levels of poor health amongst both those who are currently homeless and those with past experience of homelessness. These findings support insights from our earlier research, which heard from homeless individuals themselves about how causes and experiences of homelessness can further impact physical and mental health over their life course (Grey and Woodfine, 2019).
- ✔ This study also adds to the emerging evidence on the impact of the COVID-19 pandemic on those at a social disadvantage (Bambra et al., 2020; Marshal, 2020) and the need to support all groups into recovery.
- ✔ The links between housing and health are complex. Not all individuals with lived experience of homelessness have poor health outcomes, nor do periods of homelessness result in poor health outcomes for all. The novel methodology developed in this study can be applied to better understand the impact of housing on health and vice versa, and to evaluate the health impact of approaches to support those who are, or are at risk of, homelessness.
- ✔ These challenges are of increasing importance at this point in the COVID-19 pandemic, where there has been additional support to prevent people falling into homelessness, but the need to inform and target future support will be important to reduce the indirect harms of COVID-19.

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Further reading

Song J., Moreno-Stokoe, C, Grey C.NB., Davies, A.R. *Health of individuals with lived experience of homelessness in Wales, during the COVID-19 pandemic*. 2021. Cardiff: Public Health Wales.

Public Health Wales

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