Room to Breathe: Executive Summary

A Peer-led health audit on the respiratory health of people experiencing homelessness

Respiratory Health is a major issue for people experiencing homelessness – to better understand this Groundswell delivered a peer research study to gain a greater insight into this important health inequality issue.

The issue was originally identified by our Peer Advocates – and we then engaged over 330 people experiencing homelessness in this study through focus groups and one-to-one survey based interviews.

Our findings reveal that the Respiratory Health of participants is extremely poor.

- **64% of participants who had slept rough reported as having had chest infections.**
- **Hospital admission rates for participants were particularly high** – this is an indicator of severity of condition but in most cases would have been completely preventable with ongoing primary care. 30% of participants had been admitted to hospital for 'frightening breathlessness'.
- **26% of participants use an inhaler** compared to 8% in the UK general population.
- **20% of participants report to suffer with asthma** compared to 8.4% in the general population.
- **11% of participants reported as having suffered from pneumonia,** 90% of these had been admitted to hospital for this condition.
- **4.9% of participants reported to have been diagnosed with COPD** compared to 1.9% in the general population.
- For all conditions surveyed, **the longer a participant had spent homeless** or unstable housed **the higher the likelihood that they had a diagnosed condition**.

The realities of homelessness and behaviours that homeless people commonly engage in cause significant damage to people's respiratory health.

- **85% of participants are current smokers.** This compares to 18% across the UK.
- **35% have smoked crack cocaine regularly in the past** and 15% currently smoke crack cocaine regularly.
- **46% of participants have smoked 'dogends' regularly in the past** and 15% currently smoke them regularly which carries additional risks of ingesting dangerous toxins and exposing individuals to contagions.
- **89% of drug users reporting that they have shared a pipe when smoking illicit substances.**

- **The physical environment in which people have slept rough raised other concerns.** 67% of participants had rough slept where there was mould and 38% where pigeon droppings were present.
- **69% have had difficulty breathing due to traffic fumes when sleeping rough.**
- **Participants highlighted concerns around living in temporary accommodation.** 78% reported that colds and flu spread around quickly, 76% were concerned about other people's hygiene and 35% reported that spraying hostels for pests affected their breathing.

We believe that there are clear indications that the problem is significantly bigger than this study has revealed and it is likely that many more of the participants have undiagnosed issues

- **The large quantities of tobacco smoked by many participants' places them at drastically increased risk of COPD, chronic bronchitis and lung cancer**. It is likely that more participants suffer from these conditions than those that self-reported to have been diagnosed.
- **Drug usage can make detection of illness difficult.** 80% of participants who use drugs find it difficult to know when they are ill and 84% have used crack or heroin to kill pain or get over an illness.
- **Rough sleepers may explain symptoms as due to their situation not as an indicator of underlying issue**. 69% of participants reported that they expect to have a cough when they slept rough. 81% find it takes longer to get over illness.

Access to preventative measures and treatment for respiratory conditions are not working for participants

- **Getting to a doctor can be difficult.** 63% of participants who have slept rough find it difficult to get to a doctor.
- **'Self-management plans' for managing COPD and asthma are not being implemented**. Only 40% of people who need a self-management plan have had these created for them.
- **Participants are at increased risk of contracting influenza due to the realities of homelessness and widespread underlying health issues.** While 52% of participants have had a vaccination in the last year, 21% have not had a vaccination in the last year and 22% have never had a vaccination.
- **Smoking cessation treatment is not being offered enough.** 42% of participants reported that they have access to smoking cessation support in a homeless service that they use. Support Workers may be missing the chance to provide very brief advice that could encourage quitting. Licensed medication as an aid to quitting is rarely used among this group.
- **This population is tobacco dependent and wants treatment.** Half of participants want to stop smoking. A similar figure to smokers among the general population. The scale of the problem and support needs of people experiencing homelessness mean that new thinking is needed around this.
- Significant further data has been gathered in this study around smoking cessation and desire to quit measurements. This data is available for further action on this issue.

Recommendations

For Homelessness Services

Groundswell recommends that Homelessness Services should take strong and immediate steps to improve the respiratory health of homeless people. These should include:

1. **'Support to quit'** smoking to be made a priority in homelessness services. Tobacco usage should be treated as seriously as alcohol and drug usage. In recognition of the important role that Key Workers play in client's lives, more support should be given by Key Workers to support their clients to stop smoking and direct clients to relevant further support. An important step towards this would be better understanding among staff of currently available initiatives, better information for clients and new approaches rolled out in services to aid quitting. Staff may want to go through this report with their clients with the aim of developing creative ways to reduce smoking in their service.
2. **Harm reduction practices around smoking.** For those that are having difficulty stopping smoking a 'harm reduction' approach should be encouraged by Support Workers by advising less frequent usage and quantity smoked. Awareness of 'risky' smoking practices like smoking discarded cigarettes and sharing drug paraphernalia should be further promoted. Information on the costs and practicalities of moving to electronic cigarettes to be shared.
3. **Identifying the signs.** Training for homeless sector staff should be rolled out that will allow them to identify the signs of poor respiratory health and where to signpost clients to get diagnosis and treatment. A message that **breathlessness or a persistent cough is not normal** should be adopted in homelessness services.
4. **Improving self-care, action plans and expectations**. Homeless service staff should place more emphasis on encouraging clients to think positively about steps that can be taken to improve self-care. Clients should be empowered by their Support Workers to expect a high level of care from healthcare services. Homelessness service staff to support their clients to access written asthma and COPD exacerbation action plans from GPs and respiratory healthcare professionals. These might include prescription of 'Rescue Packs' of oral corticosteroids and antibiotics.

For Healthcare Services

Healthcare services are key to diagnosis, treatment and prevention of respiratory health issues for people experiencing homelessness. To be more effective in achieving this Groundswell recommends that:

5. **Training for medical professionals** working in respiratory health around the health needs of people experiencing homelessness to be made more readily available. This should include guidance on how to approach people experiencing homelessness on quitting smoking.
6. **Education and guidance for GPs** to improve case finding for respiratory conditions amongst homeless people to be more readily available.
7. **Self-Management Plans** for people experiencing homelessness with existing respiratory conditions to be created for all applicable individuals.
8. **Respiratory focused health professionals in the community**. Breathing tests to be delivered by healthcare professionals in homelessness services, such as spirometry, exhaled carbon monoxide (CO) monitoring for assessing tobacco dependency, finger pulse oximetry for detecting low oxygen levels. Training around the correct usage of inhalers to be included for inhaler users.

9. **Motivational Interviewing.** Increased training to be provided for healthcare staff around motivational interviewing techniques to support people experiencing homelessness to be motivated to quit smoking.

For Health and Homelessness Commissioners

Commissioners of homeless and health services play a key role in ensuring good respiratory health among people experiencing homelessness. To achieve this Groundswell recommends:

10. **Pan-London Homeless Stop Smoking Services.** Pan-London Homeless Health Programme to include commissioning of stop smoking services for people experiencing homelessness.
11. **'Special' Tariffs for people with complex needs**. Commissioners should recognise that individuals with complex needs require additional support to quit smoking and that limitations to accessing treatment should not be restricted by individual tariffs for accessing treatment.
12. **Recognising the increased risk and need for vaccinations**. Public Health England guidance on national arrangements for the delivery of vaccination and immunisation (V&I) programmes for Flu and Pneumonia to include a targeted approach to reach people in temporary accommodation and rough sleeping. This should be adopted by CCGs adding homeless people to 'at Risk' list for vaccinations.
13. **Peer Support.** Peer Advocacy services which provides practical support for homeless people to access health services to be more widely commissioned across London. This would ensure people are more proactively addressing respiratory health issues and more likely to adhere to treatment.
14. **Specialist Homelessness Health Services.** The commissioning of specialist homelessness peripatetic nurses and specialist homelessness GP practices to be continued and extended across London; with a greater emphasis from these services on respiratory health - both in addressing existing conditions and on prevention.

Recommendations for Groundswell

15. **Stop Smoking Drive** to be delivered for Groundswell staff and volunteers. We recognise that we must be an organisation that champions good respiratory health! We are looking at our own incentive programme, offering electronic cigarettes starter packs and reducing times for smoking in our 'outside area'.
16. **Increase emphasis** on the need for treating respiratory health conditions through Homeless Health Peer Advocacy Programme. Additional training to be provided to Peer Advocates on identifying the issues and signposting to relevant services.
17. **Respiratory Health Task Group.** Building on the Room-to-Breathe Project and the work of the Action Group, Groundswell will continue to liaise with the Homeless Respiratory Health Task Group to tackle this issue within the homeless population of London.