Rough sleeping in North East Lincolnshire

A needs assessment of rough sleepers in North East Lincolnshire

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Contents

Acknowledgements

This needs assessment would not have been possible without the participation of Harbour Place clients, who gave up their time to complete the surveys needed for this report. Thanks also to colleagues in the North East Lincolnshire Council public health team who assisted and advised on this work.

It would also not have been possible without the co-operation of Harbour Place and the staff who worked there, whose help in working with rough sleepers in the borough was invaluable to completing the fieldwork.

Executive Summary

In recent years, North East Lincolnshire has seen a significant increase in the number of people known to be sleeping rough, from just four people on any given night in 2011, to a peak of 23 on any given night in 2017. This trend reflects the national scene with estimates showing an increase of 165% since 2010.

Rough sleepers are one of the most marginalised and socially excluded groups in society today. Many rough sleepers have histories of poor mental health, disability, long-term health problems, being in care as a child, substance misuse, imprisonment, and unemployment. Rough sleepers therefore suffer from poor health outcomes that are linked to their general socioeconomic and environmental circumstances, their restricted social and community networks, and the individual factors of their current lifestyle.

Every rough sleeper is unique, with a specific set of circumstances that have led to them sleeping on the street. However, there are a number of issues which are particularly prevalent among rough sleepers, such as relationship breakdown, the impact of welfare reform policies, access to healthcare, and substance misuse.

This needs assessment is the first assessment exploring the needs of rough sleepers in North East Lincolnshire, and is intended to provide information on the backgrounds and current needs of local rough sleepers, in order to inform local services and provide an evidence base for future commissioning.

Based on the findings of survey work with 34 local rough sleepers between October 2018 and February 2019, this needs assessment explores the backgrounds, lives, and health needs of rough sleepers in North East Lincolnshire. Rough sleepers tended to be British, local, and male, between 26 and 45 years old, many with a complex history and a range of issues which have eventually resulted in their present circumstances. In particular it was found that the majority had previously been in prison, many had spent time in care as a child and almost all had a drug misuse problem and were smokers. They were also found to have a wide range of health problems, in particular musculoskeletal, dental, mental health, hepatitis and respiratory problems. There was also a much higher prevalence of epilepsy reported. Unsurprisingly the rough sleepers were high users of emergency care services despite most being registered with a GP practice.

Considering these findings, a number of recommendations with rationale have been made around prevention, service design, health care, and substance misuse, and these are presented in the following section.

Recommendations

Recommendation	Justification
Improving the information, advice and guidance available to rough sleepers	
North East Lincolnshire Council should work with partner organisations of the Homelessness Forum to oversee the production a small leaflet, which should contain vital information for rough sleepers, including the location, opening times and contact details for the major local services for rough sleepers.	Not all rough sleepers gave the same answers, when asked about what local services were available to them. Rough sleepers have very limited access to the internet and so must be targeted through traditional means. A leaflet is a low-cost option that can be easily targeted to rough sleepers via local services.
North East Lincolnshire Council should consider placing an advisor from the Homelessness Prevention Team within Harbour Place for a number of days per week, so that rough sleepers have direct, face-to-face access to the Homelessness Prevention Service.	During periods of prolonged cold weather, where severe weather emergency provision of shelter is active, an advisor from the Homelessness Prevention Service was based at Harbour Place. This had the added benefit of giving direct access to the team, and meant rough sleepers needing advice from the team could instantly access it.
Preventing and reducing rough sleeping	
A pathway needs to exist between leaving prison and securing accommodation, with equitable support to manage the complex needs of released prisoners to prevent future homelessness and recidivism. This involves charitable and voluntary sector partners and statutory services including prisons, probation, substance misuse services and the council.	Leaving prison is a major route into rough sleeping in North East Lincolnshire. The vast majority of local rough sleepers have served a custodial sentence and more than a third attribute their current homelessness to leaving prison.
North East Lincolnshire Council should consider running a pilot programme of Housing First.	Many sleepers who participated in this needs assessment have long histories of instability. Housing First is an intensive but evidence-based intervention to break.
Expanding the offer of services available to rough sleepers	
Harbour Place should consider the possibility of re-opening their day centre service, either fully, reduced hours or only during periods of bad weather.	North East Lincolnshire lacks a ‘day centre’ for rough sleepers. Whilst the night shelter is an excellent step forward, the lack of a day centre means rough sleepers often have nowhere to go during the day that is safe, warm, dry and welcoming, where they can engage with services.
Improving the prevention of future health problems	
North East Lincolnshire Council should work with Northern Lincolnshire and Goole NHS Foundation Trust’s Community Dental Service and Oral Health Promotion Service to do outreach work with rough sleepers.	Rough sleepers who participated in this needs assessment have poor dental health, lifestyles that are particularly damaging to their dental health and limited access to dentistry. Outreach work is recommended by the British Dental Association.
North East Lincolnshire’s Community tuberculosis (TB) team should be involved in an outreach program into Harbour Place, either on their own or as part of a larger team, to carry out screening for tuberculosis amongst rough sleepers and Harbour Place clients.	The epidemiology of tuberculosis in North East Lincolnshire suggests that a significant proportion of individuals with TB are from socially deprived backgrounds with a high degree of substance misuse. Public Health England consider homelessness a major risk factor for TB.
North East Lincolnshire Council and North East Lincolnshire CCG should	Flu vaccination uptake amongst local rough sleepers is very low, despite

work together to provide free flu vaccinations for local rough sleepers.	rough sleepers being at risk of developing flu, due to weaker immune systems and prolonged exposure to cold and wet weather.
Local services should work together to identify rough sleepers who inject drugs but have not received a vaccination for hepatitis B, and offer them a vaccination.	People who inject drugs are at much greater risk of contracting hepatitis B. Whilst uptake at 81% is high, this still leaves 19% of rough sleepers who are unvaccinated.
Local services should work together to identify rough sleepers with hepatitis C but have either not been offered or have declined treatment. If barriers exist to completing treatment, services should consider ways of incentivising adherence to the full course of treatment.	A number of rough sleepers with hepatitis C, who participated in this needs assessment either claim to not have been offered treatment or declined it. Hepatitis C can cause serious and fatal liver damage.
Improving access to health services	
North East Lincolnshire CCG should work with local GP surgeries to ensure that making appointments is an equitable process for people with chaotic lives or with limited access to making appointments by phone.	A small number of rough sleepers said they were unable to make appointments, including one participant who said his surgery would not accept appointments unless made by phone.
Local services should work together to set up a multi-disciplinary team outreach team, that can take health services – physical health, mental health and substance misuse – as well as housing support, to rough sleepers out on the street.	Rough sleepers can be a difficult group to reach, with low rates of engagement with services. The most effective way to ensure that rough sleepers actually engage with services is to take services to them on the street.
North East Lincolnshire Council's Public Health Team and/or North East Lincolnshire CCG should be represented at the Homelessness Forum.	Homelessness has a negative impact on health, from temporary housing to sleeping rough. To ensure that the health needs of homeless people are properly addressed, those who commission health services need to be represented at the Homelessness Forum.
Tackling substance misuse	
North East Lincolnshire Council's substance misuse service commissioner should further explore the issue of apparent relatively low use of alcohol among local rough sleepers.	In the past, this cohort had been seen as predominately misusers of alcohol, rather than drugs, meaning a finding of low alcohol use is unexpected.
North East Lincolnshire Council, Addaction and Harbour Place should evaluate the success of the programme that currently places an Addaction worker within Harbour Place. If successful, the evaluation should recommend that this arrangement be continued.	By taking substance misuse services from a central hub, to within a service used by rough sleepers, barriers to accessing substance misuse service should be broken down. If this programme is successful, it should continue.

Background

Tonight, thousands of people across England will be spending the night sleeping on the street. Official government estimates suggest that the number of rough sleepers on a typical night in England is around 4,600 – a figure which has nearly trebled since 2010[1].

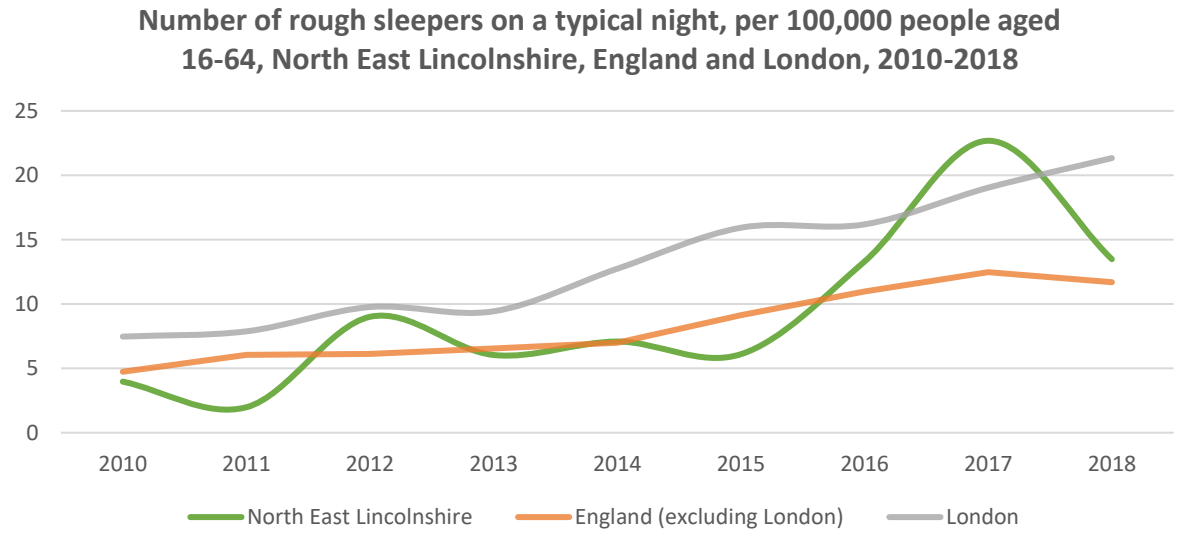
North East Lincolnshire has been no exception to this significant rise in the number of rough sleepers. Official estimates from the Ministry of Housing, Communities and Local Government[1] (MHCLG) suggest that on a typical night in North East Lincolnshire, there are 13 people sleeping on the street, down from 22 in 2017, due to the opening of Harbour Place's night shelter.

Figure 1 below shows the scale of rough sleeping locally and nationally, relative to the size of the population, and according to official estimates. It shows not only the significant increase in the number of rough sleepers, but also that per head of the population, rough sleeping is more prevalent here than in much of England.

Rough sleepers are one of the most marginalised and socially excluded groups in society, with histories of poor mental health, disability, long-term health problems, being in care as a child, substance misuse, imprisonment and unemployment being common.

This needs assessment is intended to provide information on the backgrounds and current needs of local rough sleepers, in order to inform local services and provide an evidence base for future commissioning.

Figure 1



Source: Ministry of Housing, Communities and Local Government (2019), Office for National Statistics (2019)

[1] Ministry of Housing, Communities and Local Government (2019) *Rough sleeping in England – Autumn 2018*

What is already known about the health and needs of rough sleepers in North East Lincolnshire?

As one of the most visible vulnerable groups in society, a lot is already known about the health and wider needs of rough sleepers. Homelessness charities, such as Crisis, Shelter and Homeless Link have produced several reports, surveys and health audits, which have identified these needs.

The most common health issues for rough sleepers are mental health conditions such as depression, physical health conditions such as breathing problems or joint problems and lifestyle issues such as smoking and drug use.

Every rough sleeper is unique, with a specific set of circumstances that have led to them sleeping on the street. However, there are a number of issues which are particularly prevalent amongst rough sleepers, such as substance misuse, relationship breakdown, problems with welfare and benefits, access to healthcare, and histories of involvement with crime – as both an offender and a victim.

Harbour Place – North East Lincolnshire's major provider of services for rough sleepers, offering both a morning centre and night shelter – collect information on all rough sleepers using their service, reporting the following from data collected in 2017/18:

- 96% of clients were British
- 84% were male
- 83% had a drug addiction
- 78% were local to North East Lincolnshire
- 25% had a diagnosed mental health problem

Wider homelessness issues in North East Lincolnshire

Rough sleeping sits at the very end of the spectrum of homelessness, happening when all other options have been exhausted, and as such is only a small percentage of the total number of people considered to be homeless.

Homelessness includes people who have no accommodation available, are threatened with homelessness, if it is 'unreasonable' to expect someone to continue to occupy their accommodation, and those fleeing violence.

The prevalence of wider homelessness issues is an important indicator of how many people are in housing difficulties and therefore, could soon find themselves looking at spending the night on the streets, if services fail to help them, or if they fail to engage with services.

In 2017/18, North East Lincolnshire Council's Homelessness Prevention Service dealt with 296 households who were homeless, which relative to the number of households in the borough, is higher than 80% of local authority areas in England.

However, despite a high relatively high burden of 'homelessness', the households in North East Lincolnshire applying for assistance from the local authority tend not to be those in priority need.

Priority need refers to those such as households with children, pregnant women, care leavers, those who've lost their home to an emergency, or those vulnerable for health reasons.

Figures for 2017/18 show that North East Lincolnshire has the seventh highest rate in the country of households who are considered homeless by the council, and eligible for support, but not in priority need, such as single individuals or childless couples.

Scope of the needs assessment

For the purposes of this report, the definition of a rough sleeper lies part-way between the government's official definition, and Shelter's definition of people who are 'street' homeless. This is because the government's definition is intended to assist local authorities with their annual rough sleeper count, and so is written to identify someone who is sleeping rough there and then.

In contrast, the definition of street homeless as provided by Shelter, includes people who might not actually be sleeping rough on that night – they might have sofa-surfed or spent the night at a shelter – but routinely find themselves with nowhere to go during the day, and nowhere to sleep on a night.

The definition of a rough sleeper, for this report is *someone who has spent at least one night in the past month either sleeping outside, inside a building not intended for habitation or inside a dedicated night shelter*, *who at the time of sleeping rough, had no permanent accommodation available to them.*

This definition therefore includes people who, by the time surveys and interviews were carried out, had moved into some form of temporary accommodation or their own private tenancy. However, the vast majority of people surveyed and interviewed were people who that night were rough sleepers, either outside or in the Harbour Place night shelter.

This needs assessment is split into two main parts:

The backgrounds and lives of rough sleepers in North East Lincolnshire

This section provides a demographic breakdown of rough sleepers in North East Lincolnshire and looks at the histories of local rough sleepers, to identify common backgrounds and trigger points where rough sleeping may have been prevented.

It also looks at the wider lives of rough sleepers in North East Lincolnshire, including their experiences of sleeping on the street, their current sleeping arrangements, and access to welfare and benefits.

The health of rough sleepers in North East Lincolnshire

This section provides information on the health needs of current rough sleepers in North East Lincolnshire, looking at physical health, mental health, substance misuse, tobacco use, sexual health, diet and use of local health services.

Methodology

Identification of participants

Participants for the surveys were all clients of Harbour Place's Hope Street Centre. They were identified by Harbour Place staff to be known to either be sleeping rough at the moment, or had recently slept rough. Most were either using the night shelter or had registered to use it.

In addition to surveys, informal conversations were held with some rough sleepers who did not complete surveys, which has informed some of the findings of this needs assessment.

Participant incentives

Incentives were used to ensure high uptake of surveys and to reward participants for giving up their time. Vouchers for a local café were given to each participant who completed a survey pack, and to each participant who completed a follow-up survey.

Participant overview

The table below shows the number of participants that completed each survey:

Survey	Participants
Homeless Link Health Audit	34
Short Warwick Edinburgh Mental Wellbeing Scale	34
Alcohol Use Disorder Identification Test	34
Drug Abuse Screening Test	34
Follow-up survey	8

Initial surveys

Most information collected for this needs assessment was collected through a package of surveys, the details of which are outlined below. The surveys used were specifically chosen because they were pre-existing surveys with a successful track record of use. Blank copies of all these surveys, including follow-up surveys are included in Appendix A.

Homeless Link Health Audit

Homeless Link have a dedicated survey for capturing demographic and health information of people who are homeless, which has been slightly amended for this needs assessment.

Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)

The short version of the Warwick Edinburgh Mental Wellbeing Scale gives a score based on responses to seven statements. The final score does not give a diagnosis of mental wellbeing, but gives a score which may be indicative of mental wellbeing.

Alcohol Use Disorder Identification Test (AUDIT)

The Alcohol Use Disorder Identification Test is a measure of the likelihood of having a problematic relationship with alcohol.

Drug Abuse Screening Test (DAST-10)

The ten-question Drug Abuse Screening Test is a measure of the likelihood of having a problematic relationship with drugs.

Follow-up surveys

Supplementary information for this needs assessment has been collected through follow-up surveys, designed to capture information not fully covered by the initial survey pack, covering topics such as experiences of being homeless and use of local services.

How answers are reported in this needs assessment

For a number of reasons, the response rate varies by question. This could be due to a survey participant declining to answer, or the question being deliberately or accidentally omitted.

Rather than report the response rate for each question in this report, percentages have been given based on the number of rough sleepers who responded. No question had an unusually low response rate, meaning response rate issues have not significantly impacted the results of this survey.

The backgrounds and health of rough sleepers in North East Lincolnshire

This following two sections provide information on the backgrounds and health of rough sleepers in North East Lincolnshire and where possible, compares with evidence collected on rough sleepers elsewhere in England, from both Homeless Link and the Ministry of Housing, Communities and Local Government.

Homeless Link Data

Where comparisons to Homeless Link data are made, this refers to data collected by other local authorities across England, between 2012 and 2015, with data from approximately 80 surveys.

To ensure fair comparisons are made, data from other local authorities such as Liverpool, Essex and Birmingham have been removed from the Homeless Link dataset, on the basis they are significantly different from North East Lincolnshire in terms of size and demography, leaving the following local authorities:

Those marked with bold text are local authorities who in recent years have been considered to be 'statistically similar' to North East Lincolnshire[2]

- **Darlington**
- Derbyshire
- Durham
- **Gateshead**
- **Hartlepool**
- Middlesbrough
- **North Tyneside**
- Northumberland
- Nottinghamshire
- South Tyneside
- Stockport
- **Stockton-on-Tees**

Whilst using data collected between 2012 and 2015 means using data that is up to seven years old, the reality of granular data on rough sleeping means that this is the highest quality data known to be available.

[2] The Chartered Institute of Public Finance and Accountancy calculate lists of 'statistical neighbours' – local authorities who share a range of characteristics. This changes every few years, but the local authorities in bold have been within North East Lincolnshire's statistical neighbours at some point since 2012.

The backgrounds of rough sleepers in North East Lincolnshire

Age

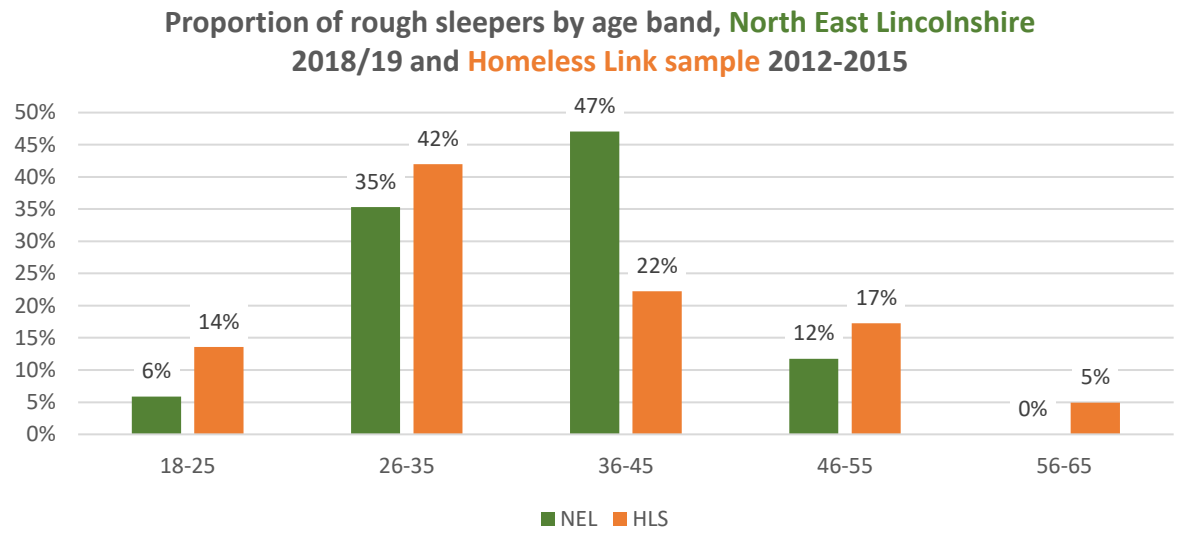
The percentage of rough sleepers by age group is presented in Figure 2**.** **82%** of rough sleepers who participated in this needs assessment were aged between 26 and 45, with a median age of 37.

The Ministry of Housing, Communities and Local Government reported that **92%** of rough sleepers in England, identified during the 2018 count, were 26 or older.

Almost all participants in this needs assessment (**94%**) were aged 26 or older, suggesting that the broad age profile of rough sleepers in North East Lincolnshire is not markedly different from the rest of England.

Compared to the Homeless Link sample, North East Lincolnshire has fewer rough sleepers under the age of 25, and fewer rough sleepers over the age of 46. **82%** of rough sleepers in this needs assessment were aged 26-45, compared to **64%** in the Homeless Link sample.

Figure 2



Gender

94% of rough sleepers who participated in this needs assessment were male, with only two female respondents in the entire sample, though during the period of data collection, more than two female rough sleepers were identified, but not all were available to be, or did not wish to be surveyed.

The government's annual rough sleeper count found that across England, approximately **14%** of rough sleepers were female, whilst in the Homeless Link sample, **12%** were female.

Based on the number of female rough sleepers seen but not surveyed, it is unlikely that the percentage of female rough sleepers in North East Lincolnshire is significantly different from the figure for England.

Nationality and Ethnicity

Every single rough sleeper in this needs assessment reported that they considered themselves to be white British and the official count for North East Lincolnshire did not identify any non-British rough sleepers.

Whilst this is obviously not the case across England, it is a reflection of the demographic profile of North East Lincolnshire, which has a low percentage of working-age adults who are not white British.

However, during the period of data collection, at least one EU national was identified who was not available to be surveyed, and Harbour Place's own records do indicate that around **4%** of their clients are not British, equivalent to around eight clients a year.

A person who is subject to immigration control is not eligible for support via the homelessness legislation (unless in one of the exception classes e.g. a refugee). Basically for establishing eligibility for homelessness support, a person is subject to immigration control if they require leave to enter or remain in the UK. Those who are not subject to immigration control and therefore are eligible for support are British and Commonwealth citizens, Irish nationals, and EEA/EU nationals with a right to reside.

Locality

Whilst not included as a standard question on the Homeless Link survey, 19 of 34 participants were asked if they were 'local' to North East Lincolnshire, to which **89%** reported that they were. Service statistics for Harbour Place for 2017/18 reported that **78%** of clients were local to North East Lincolnshire.

This suggests that the vast majority of rough sleepers in North East Lincolnshire are local to the area, though some who felt they were 'local' had not originally come from the area, but had lived in North East Lincolnshire for a long time.

Informal conversations with Harbour Place clients who had come to the area from elsewhere in the country suggested that time spent in prison elsewhere in the region had led to some being in Grimsby.

Whilst it cannot be ruled out, there was little evidence of people who were already homeless moving to the area by choice, who did not have some form of connection to the area.

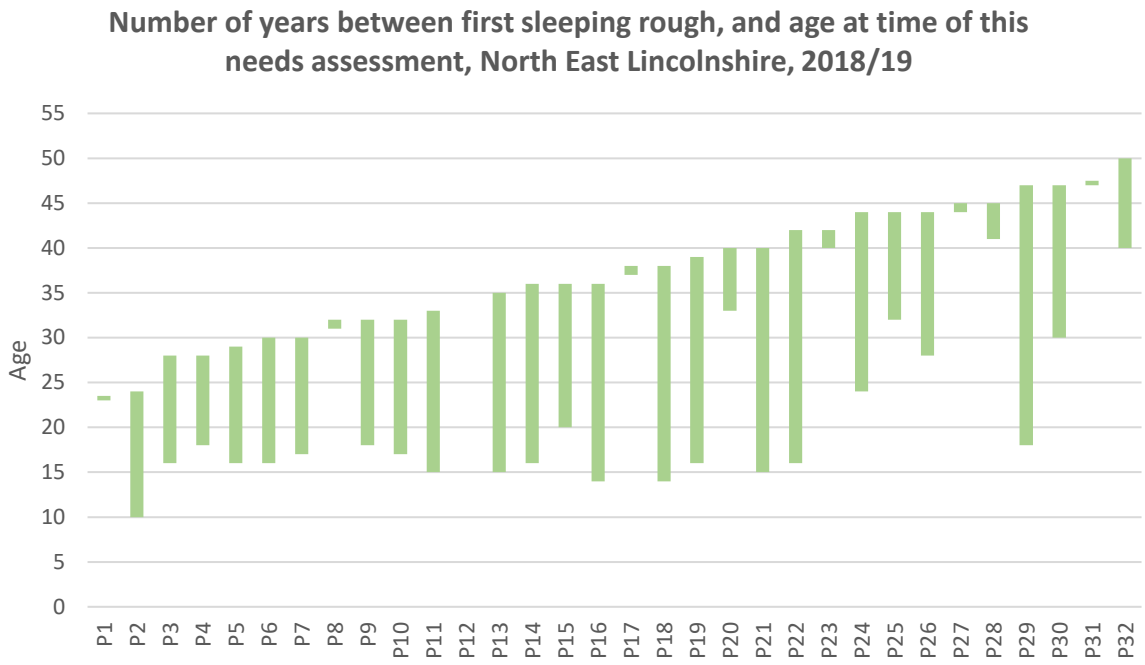
Histories of homelessness

Many of the rough sleepers who participated in this needs assessment have long histories of chaotic lives, sleeping rough, living in hostels, spending time in prison and living in unstable housing.

Figure 3 below illustrates this, showing the number of years between the first time each participant slept rough, and their current age.

The bars in this graph start at the age they first slept rough, and end at their current age. For example, participant P22 first slept rough at 16, is 42 now and so 26 years have gone between the first time they slept rough, and how old they are now.

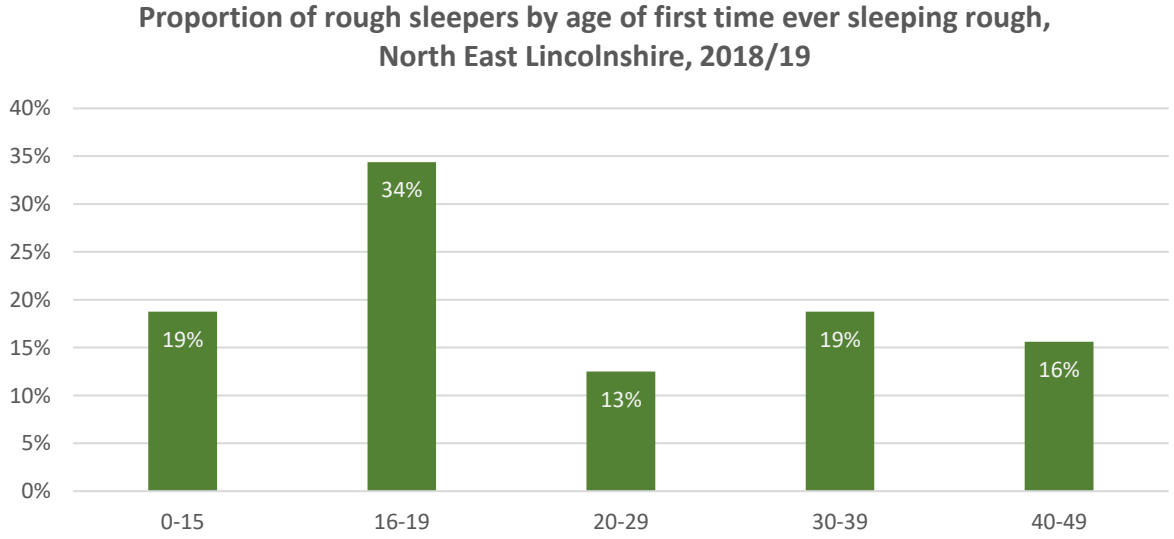
Figure 3



Across the entire cohort who participated in the needs assessment, there are on average 14 years between the age they first slept rough, and their current age, showing that for much of the cohort, these chaotic lifestyles have become a way of life.

However, some have fallen into homelessness and rough sleeping relatively late in life. Figure 4 below shows the proportion of rough sleepers by the age they first ever slept rough at. **53%** had slept rough as a teenager, but **35%** first slept rough in their thirties or forties.

Figure 4



Vulnerable backgrounds

Rough sleepers are disproportionately likely to have a background that leaves them more vulnerable to poor outcomes, such as spending time in prison[3], being in care as a child[4], or serving in the armed forces[4].

Prison

88% of rough sleepers who participated in this needs assessment reported that they had spent time in prison. In comparison, **56%** of rough sleepers in the Homeless Link sample, and approximately a third of rough sleepers across England[5], have served a custodial sentence.

Spending time in prison itself is associated with an increased likelihood of a range of negative outcomes. Last year, the Director of Public Health for North East Lincolnshire's annual report focused on vulnerable communities, including ex-offenders.

It found that people who have served time in prison generally have poorer mental[6] and physical health[7], are more likely to have a history of substance misuse[8] and can be marginalised through limited access to jobs[9] and housing[10].

Not every person who is released from prison has suitable, stable accommodation lined-up, and because of the way the prison system operates, it is not typically possible to delay the release of a prisoner until such accommodation is found. During the 2017 calendar year, approximately **14%** of prisoners released from prisons in England and Wales were homeless on release[11,12].

As a result, many prisoners struggle to find housing that meets their needs, and end up either sleeping on the street or in some form of accommodation that doesn't offer a stable platform to rebuild their lives.

40% of rough sleepers who participated in this needs assessment, who had served a custodial sentence at some point in their adult lives, considered leaving prison to be one of the reasons why they were homeless, with most believing it to the main reason.

Local authority care

29% of rough sleepers who participated in this needs assessment reported that they had spent time in local authority care as a child. There is little recent evidence on the proportion of rough sleepers in England or across the UK who have spent time in care as a child,

[3] Homeless Link (2017) *Working with prison leavers: Resource for homelessness services*
[4] House of Commons Library (2019) *Rough sleeping (England)*
[5] Health in Prisons Project (2007) *A WHO guide to the essential in prison health*
[6] Prison Reform Trust (2017) *Mental health care in prisons*
[7] Marshall et al (2000) *Healthcare in Prisons*
[8] House of Commons Home Affairs Committee (2012) *Drugs: Breaking the cycle*
[9] House of Commons Work and Pensions Select Committee (2016) *Changing employer attitudes*
[10] National Homelessness Advice Service (2019) *Prisoners: housing on release*
[11] Ministry of Justice (2019) *Freedom of Information Act (FOIA) Request - 181211010*
[12] Ministry of Justice (2018) *Offender Management Statistics*

however estimates from the mid-1990s, reported on by the Social Exclusion Unit, ranged between **25%** and **33%**[13].

As of March 31st 2019, approximately **1%** of children in North East Lincolnshire were looked after by the local authority, demonstrating that children who have been in care are disproportionately likely to spend time sleeping on the streets at some point in their adult lives.

Those who have left care, either recently or many years ago, typically experience poorer outcomes[14], with a legacy of poor mental health and social exclusion, stemming from being in care and the traumatic childhood experiences that led to them being placed in care of the local authority.

Armed forces

6% of rough sleepers who participated in this needs assessment reported previously serving in the armed forces.

National estimates for the proportion of rough sleepers with a background in the military range from **2%** to **10%**, and given the small number of rough sleepers in this needs assessment who reported a background in the forces, there is little evidence that this is significantly different from the rest of the country.

Ex-service personnel are vulnerable to becoming homeless or sleeping rough for many of the same reasons that prison leavers are – leaving an institutionalised way of life, sometimes without a home to go back to, or the necessary experience to rent and budget[15].

Rough sleepers who have a forces background face greater disadvantage than other rough sleepers, typically being older, having poorer physical health and an increased prevalence of substance misuse, particularly alcohol[16].

[13] Social Exclusion Unit (1998) *Rough Sleeping – Report by the Social Exclusion Unit*
[14] Social Market Foundation (2018) *Looked-after children: the silent crisis*
[15] Ministry of Defence (2019) *Single persons accommodation centre for the ex services*
[16] Jones et al (2014) *Meeting the housing and support needs of single veterans in Great Britain*

Current sleeping arrangements

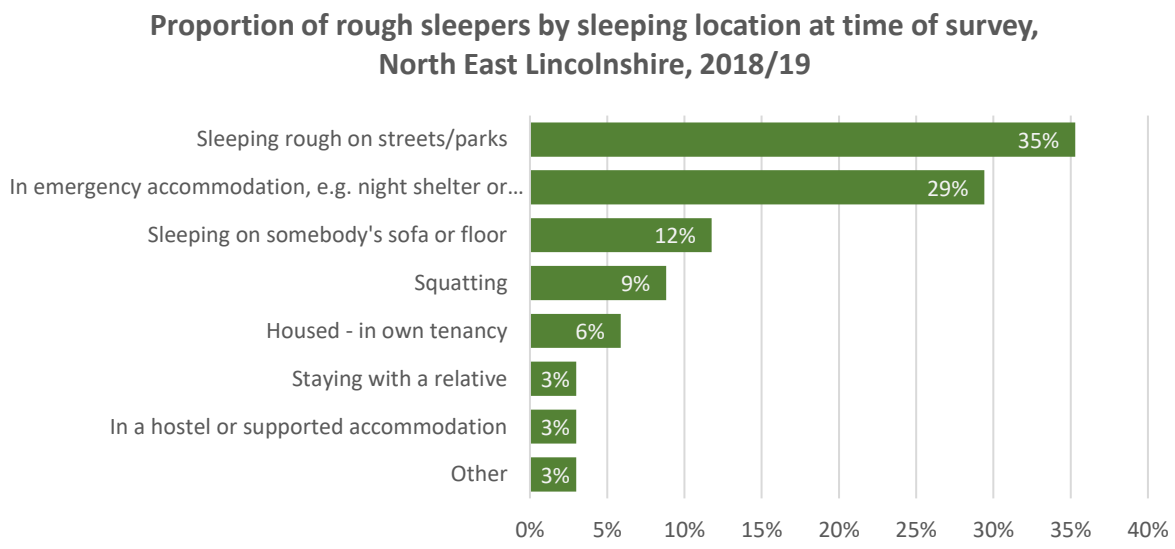
By the definition set out in the scope above, all rough sleepers who participated in the needs assessment had slept rough at least once in the month preceding the survey, and had no proper accommodation ordinarily available to them when they slept rough.

As shown in Figure 5, by the time of the survey, some had moved into accommodation. However, as all the surveys were conducted with Harbour Place clients, they were still dependent on Harbour Place for some degree of support, typically support with their benefits and health.

At the time of the last survey for this needs assessment being completed, Harbour Place's night shelter had been running for less than half a year, meaning it's reasonable to assume that without it, the majority of rough sleepers who took part in this needs assessment would have either slept on the street, sofa-surfed or squatted.

Whilst the night shelter is an invaluable resource, providing beds for up to 15 rough sleepers, it does not have the space or resources for all the borough's rough sleepers, meaning it is inevitable that without measures to house those who the night shelter can't provide for, there will always be a number of people on the street.

Figure 5



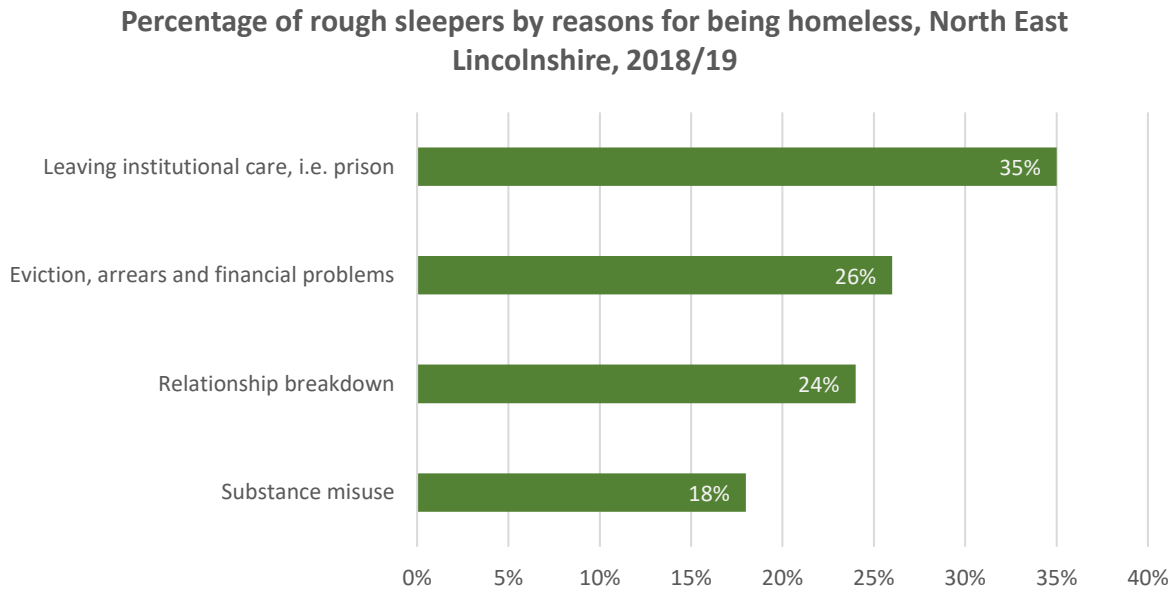
Reasons for becoming homeless

Rough sleepers who participated in this need assessment were asked the reason why they were homeless at the moment. These answers have been grouped into broader categories to better show the prevalence of a wider issue.

Participants could give a primary and secondary reason, though in most cases, only a primary reason was given. The four most commonly reported reasons are shown below in Figure 6.

Whilst the answers to this question shed light on some of the major issues behind rough sleeping in North East Lincolnshire, journeys into rough sleeping are complex and multi-faceted.

Figure 6



Leaving institutional care, in this case prison, was the most commonly reported reason. **35%** of participants and **40%** of those who had been in prison, considered leaving prison to be a reason they are homeless.

26% of rough sleepers believed eviction, housing arrears or financial reasons to be the reason they are homeless, including one who specifically indicated that those financial problems were the result of losing benefits.

24% of rough sleepers thought that some form of relationship breakdown was the reason they were homeless. This included a range of relationship breakdown, typically either parents no longer being willing or able to provide accommodation, or a breakdown of a relationship with a partner.

18% of rough sleepers attributed their homelessness to substance misuse, a subject which will be explored in greater detail in a later section under the health of rough sleepers.

Experiences of sleeping rough

The initial survey used for this needs assessment, a standard questionnaire produced by Homeless Link, did not ask about experiences of sleeping rough, however eight rough sleepers did complete a bespoke follow-up survey, covering topics such as sleeping rough for the first time and violence on the street.

First time sleeping rough

All eight rough sleepers shared their experiences of sleeping rough for the first time, giving a range of backstories and experiences. Reasons for sleeping rough for the first time included eviction, leaving prison, substance misuse and running away from home as a teenager. Some were able to sleep that night, whilst others were kept awake with stress and worry:

"I couldn't sleep – I wasn't used to it"

"I was kicked out of my flat. I had to find somewhere to sleep myself"

"…very stressful, I didn't understand it"

What it's like trying to find somewhere to sleep on a night

All eight rough sleepers shared their experiences of trying to find somewhere to sleep on a night. All eight had common experiences of how hard they found it trying to find somewhere to sleep.

"It's hard work, proper hard work … the night shelter helps"

"Finding somewhere safe is hard. Somewhere isolated and hidden"

"It's awkward sometimes, there's not many safe places"

Violence and abuse

Five rough sleepers reported being a victim of violence on the street, all five from members of the public, and three of the five also from other rough sleepers.

Four reported being abused by the public, and three of the four also from other rough sleepers.

Unfortunately, attacks on rough sleepers by members of the public, and violence between rough sleepers are not uncommon. Research carried out across England and Wales by Crisis[17] found that more than half of rough sleepers have been verbally abused and over a third physically attacked.

A number of violent attacks against rough sleepers have been reported on by the Grimsby Telegraph, including one murder[18], several physical assaults[19] and a number of tents that have been allegedly deliberately set ablaze[20,21].

[17] Crisis (2016) *Crisis reveals scale of violence and abuse against rough sleepers*
[18] Grimsby Telegraph (2018) *The harrowing attack on homeless Tosh Richardson and how killer couple plotted their 'revenge'*
[19] Grimsby Telegraph (2019) *'The worst time of my life':Yet another Grimsby rough sleeper attacked, this time by 'vigilantes' at 5am*
[20] Grimsby Telegraph (2019) *Teenage girls set fire to homeless man's tent in park*
[21] Grimsby Telegraph (2019) *Homeless woman fears for life after tent set on fire as she slept inside*

Welfare and benefits

94% of rough sleepers who participated in this needs assessment were either in receipt of state benefits or were in the process of applying. Of those who were already in receipt of state benefits, the majority were in receipt of universal credit.

Overall, amongst those already in receipt of state benefits, almost half were either in receipt of universal credit having been transferred from employment support allowance (ESA), or were still in receipt of 'legacy' benefits like ESA and personal independence payment (PIP), with the remainder on universal credit having been transferred from jobseeker's allowance (JSA) or did not specify which type of universal credit they were in receipt of.

All rough sleepers who participated in this needs assessment had recourse to public funds.

The original survey used for this needs assessment did not ask about experience of claiming benefits or benefit sanctions. However, of the eight rough sleepers who completed the follow-up survey, four said they had been sanctioned at some point in the past:

"I'm sanctioned at the moment. I've got no money and when you're homeless, it's worse"

"I have £80 for the month"

"I had to shoplift. I know it's wrong, but the government took away my money"

The health of rough sleepers in North East Lincolnshire

Generally speaking, the health of rough sleepers is poorer than that of the general population, with higher rates of many illnesses. In some cases, sleeping rough has directly caused a health problem or exacerbated an existing one, such as a respiratory problem caused by sleeping outside in the winter, or anxiety made worse by having nowhere to rest and feel safe.

In other cases the environment of sleeping rough has led to greater reliance on drugs, becoming a victim of violence or the inability to see a doctor.

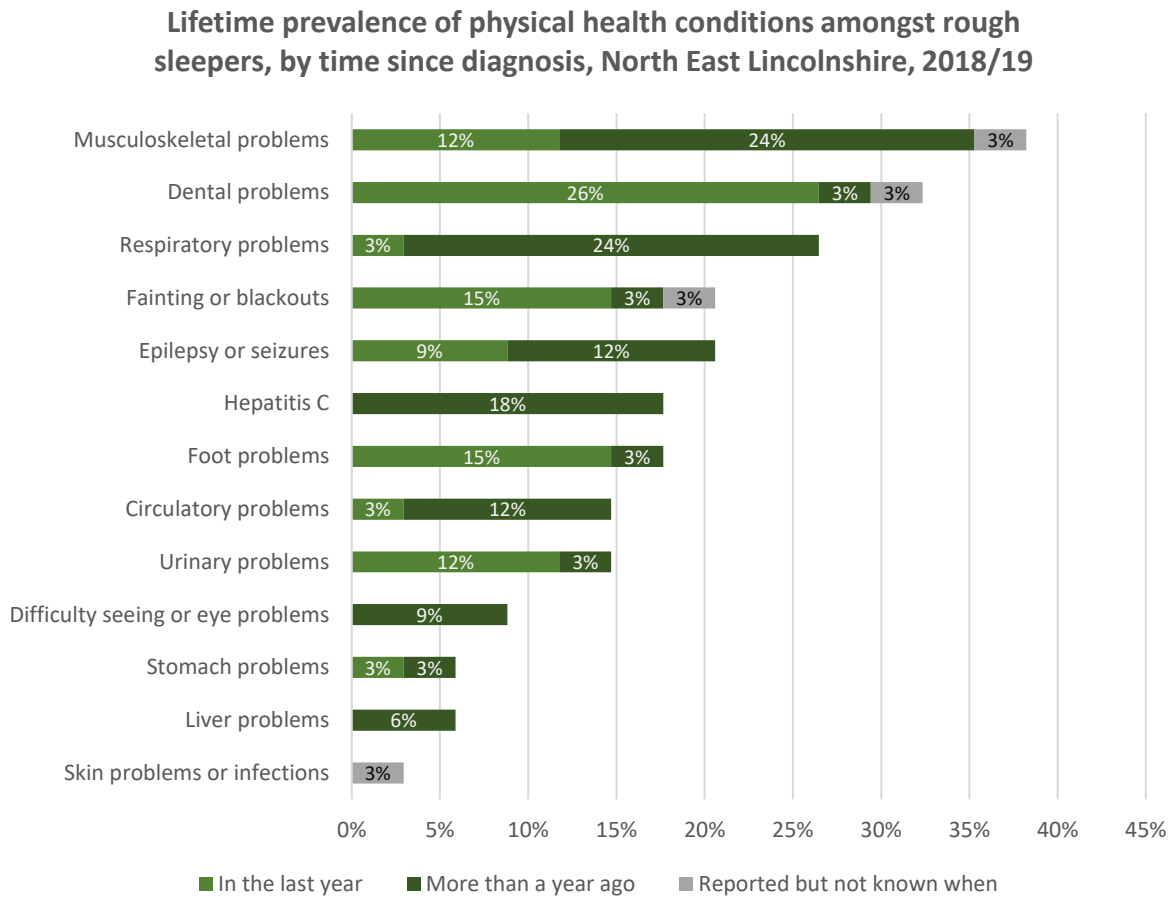
Physical health

Physical health conditions

Figure 7 below shows the self-reported *lifetime* prevalence of physical health conditions amongst all rough sleepers who participated in this needs assessment. Participants were asked if they had been diagnosed with any of the following health problems, and if they had been diagnosed in the last year, or more than a year ago.

It is likely that in some cases – perhaps many, a self-diagnosis has been made, given that many rough sleepers do not, or feel they cannot, see a doctor.

Figure 7



Musculoskeletal problems

Musculoskeletal problems – problems with the joints, bones or muscles – were the most commonly reported physical health problem, with **38%** of rough sleepers who participated in this needs assessment reporting a musculoskeletal problem – **12%** were diagnosed in the last year, **24%** more than a year ago and **3%** having a musculoskeletal problem but unsure when it started.

In addition to this, **30%** of rough sleepers reported having some degree of mobility issues at the moment.

Across England, between **5%** and **8%** of people aged 25-45 are thought to have a *long-term* musculoskeletal problem[22] suggesting that the prevalence amongst rough sleepers is likely greater than the general population of comparable age.

There is little evidence on *why* rough sleepers have higher rates of musculoskeletal problems, however the most obvious explanation would be that living and sleeping in an uncomfortable tent or sleeping bag, often in cold or wet weather, contributes significantly to

[22] Public Health England (2019) *Fingertips indicator 93377 - % reporting a long term MSK problem*

this, and strengthens the argument that there needs to be a service that provides a safe, warm and dry space for rough sleepers during the day – not just at night[23].

Dental problems

Dental problems were the second most commonly reported physical health problem, reported by **32%** of rough sleepers who participated in this needs assessment – **26%** were diagnosed in the last year, **3%** more than a year ago and **3%** experiencing but not knowing when.

In 2017, North East Lincolnshire Council surveyed adults across the borough about their dental health, finding that **26%** of adults thought their dental health was average, and **11**% thought their dental health was poor.

Whilst this may seem that rough sleepers have no greater need than the general population, the severity of the dental health problems experienced by rough sleepers is almost certainly much worse than the general population, with many reporting missing teeth, toothache and not being registered with or having recently visited a dentist[24].

The dental health of rough sleepers is poorer than that of the general population for a number of reasons, but typically it is a lack of access to dental products whilst homeless, self-neglect caused by substance misuse and barriers to accessing dental care[25], which suggests that oral health services in the borough should be taking part in outreach work with rough sleepers.

Respiratory problems

Respiratory problems – problems breathing, including asthma – were the third most commonly reported health problem, reported by **27%** of rough sleepers who participated in this needs assessment – **24%** were diagnosed more than a year ago, and **3%** in the last year.

The respiratory problems identified were almost entirely asthma which was diagnosed in childhood, as just one participant reported a respiratory problem that was not asthma. The prevalence of asthma amongst local rough sleepers is higher than the general adult population, of whom around **8%** are thought to have asthma[26].

Whilst childhood asthma typically does carry on through to adulthood[27], this is an unexpected finding, as there are thought to be high rates of other respiratory problems amongst rough sleepers, driven significantly by high rates of smoking and substance misuse[28], and repeated or prolonged exposure to cold, wet weather.

[23] Homeless Link (2018) *Day centres and homelessness prevention*
[24] Smile4life (2011) *The oral health of homeless people across Scotland*
[25] British Dental Association (2017) *Homelessness and oral health: a neglected issue*
[26] Asthma UK (2018) *Asthma facts and statistics*
[27] Asthma UK (2019) *What is asthma?*
[28] Groundswell (2017) *Room to Breathe: A Peer-led health audit on the respiratory health of people experiencing homelessness*

Tuberculosis

Whilst no rough sleepers who participated in this needs assessment reported ever having tuberculosis, homelessness is a major 'social risk factor'[29] for tuberculosis and although North East Lincolnshire has a low incidence rate for tuberculosis, many cases here do occur within deprived communities with high rates of substance misuse.

Whilst small in number, individuals with tuberculosis who are homeless, particularly if they are foreign nationals, can be significantly complex cases that pose numerous difficulties to local services.

For this reason, it is imperative that the local tuberculosis service works with Harbour Place and other providers of services for rough sleepers and homeless people, to identify and screen people who are at high-risk for having active or latent tuberculosis.

Fainting and blackouts

Fainting or blackouts were the joint-fourth most commonly reported health problem, reported by **21%** of rough sleepers who participated in this needs assessment – **15%** were diagnosed in the last year, **3%** more than a year ago and **3%** not knowing when.

Fainting or blackout, unrelated to substance misuse is relatively uncommon, and the high rates of substance misuse amongst the rough sleepers who participated in this needs assessment, may explain the high rate of fainting and blackout, as blackouts are commonly caused by substance misuse[30].

41% of rough sleepers who completed the Drug Abuse Screening Test as part of this needs assessment reported a drug-related blackout or flashback.

Epilepsy or seizures

Epilepsy or seizures were the joint-fourth most commonly reported health problem, reported by **21%** of rough sleepers who participated in this needs assessment – **9%** were diagnosed in the last year and **12%** more than a year ago.

This is significantly higher than the estimated prevalence of epilepsy in North East Lincolnshire of **1%**, and significantly higher than estimates of epilepsy from research on homelessness and severe deprivation, which range from **5-7%**[31], suggesting that the majority of the people reporting epilepsy or seizures were those who had experienced seizures, which may have been induced by substance misuse[32].

Hepatitis C

Hepatitis C – a virus that can infect and cause potentially fatal liver damage – was the sixth most commonly experienced health problem, reported by **18%** of rough sleepers who participated in this needs assessment – all of whom diagnosed more than a year ago.

[29] Public Health England (2019) *Tuberculosis in England: National Quarterly Report: Q2 2019*
[30] Department of Health (2011) *A summary of the health harms of drugs*
[31] Public Health England (2018) *Evidence review: Adults with complex needs (with a particular focus on street begging and street sleeping)*
[32] Epilepsy Society (2016) *Alcohol, Drugs and Epilepsy*

The prevalence of hepatitis C is considerably higher amongst substance misusers who inject drugs[33], as the virus is most commonly transmitted through the sharing of needles. It is very uncommon amongst people who do not inject drugs.

Six rough sleepers who participated in this needs assessment reported a diagnosis of hepatitis C. Five were asked if they had received treatment, four of whom said no – two were offered and declined, but two were not offered at all. If it is the case that two people were diagnosed with hepatitis C and not offered treatment, then significant improvements need to be made to ensure that everyone with a diagnosis of hepatitis C is offered treatment.

Foot problems

Foot problems were the seventh most commonly reported health problem, reported by **18%** of rough sleepers who participated in this needs assessment – 15% were diagnosed in the last year and 3% more than a year ago.

Rough sleepers are likely to develop problems with their feet[34]. Having nowhere to stay during the day means they spend more time on their feet, whilst often having nowhere safe to sleep means many keep their shoes on overnight to avoid having them stolen.

In addition to this, the lack of access to comfortable, waterproof shoes and a clean, dry change of socks and shoes increases the likelihood of conditions such as trench foot, whilst substance-related neglect can mean feet problems aren't addressed[35].

Circulatory problems

Circulatory problems – problems with blood circulation, including problems with the heart and high blood pressure – were the joint-eighth most reported health problem, reported by **15%** of rough sleepers who participated in this needs assessment – **3%** diagnosed in the last year and **12%** more than a year ago.

The majority of rough sleepers reporting a circulatory problem reported high blood pressure, though some reported heart problems as well as high blood pressure.

Circulatory problems are relatively common, with a high diagnosed prevalence of high blood pressure in men aged 25-54, rising from **11%** at ages 25-34, to **18%** at ages 35-44[36], suggesting that the prevalence of circulatory problems amongst the rough sleepers who participated in this needs assessment is not out of the ordinary.

However, without proper treatment, and a healthy lifestyle to control high blood pressure, there is a much greater risk of problems such as a stroke.

Other reported health problems

Other health issues experienced by rough sleepers in this needs assessment include urinary problems (**15%**), difficulty seeing or eye problems (**9%**), stomach problems (**6%**), liver problems (**6**%) and skin problems or infections (**3%**).

[33] NHS (2018) Overview: *Hepatitis C*
[34] To, Brothers and Zoost (2016) *Foot Conditions among Homeless Persons: A Systematic Review*
[35] Gardiner (2017) *Homeless Podiatry: Feet on the Street*
[36] NHS Digital (2018) *Health Survey for England 2017: Adult Health*

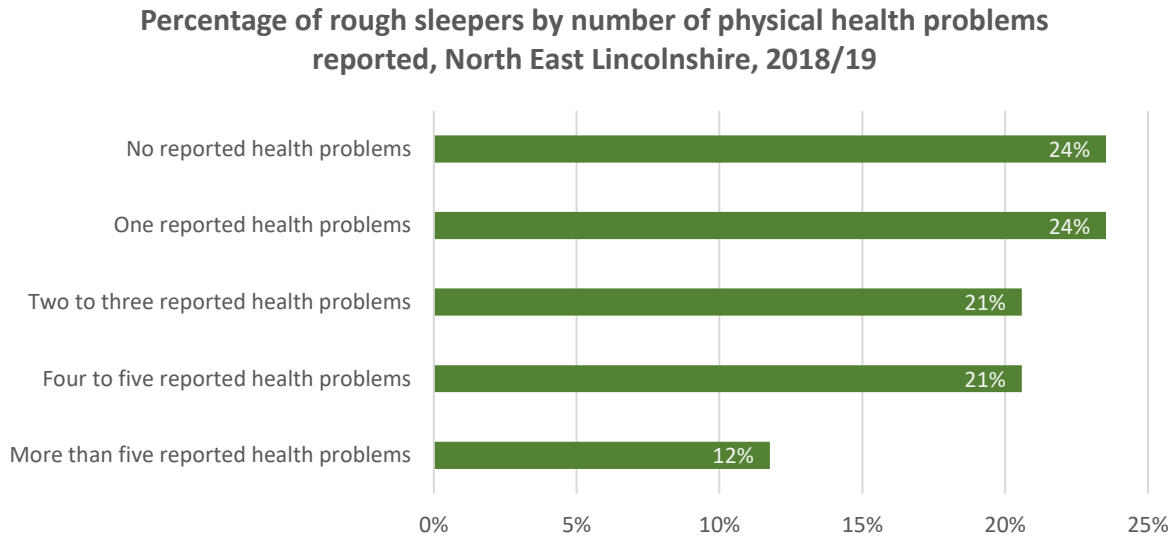
Co-morbidity amongst rough sleepers

Co-morbidity – experiencing two or more health problems at the same time – is not uncommon, affecting around **11%** of adults aged 25-44.

52% of rough sleepers who participated in this needs assessment reported a diagnosis of two or more health problems. Whilst this may be an overestimate due to methodological issues reported above, the true figure is still likely to be significantly higher than **11%.**

Figure 8 below shows the percentage of needs assessment participants by the number of physical health conditions reported.

Figure 8

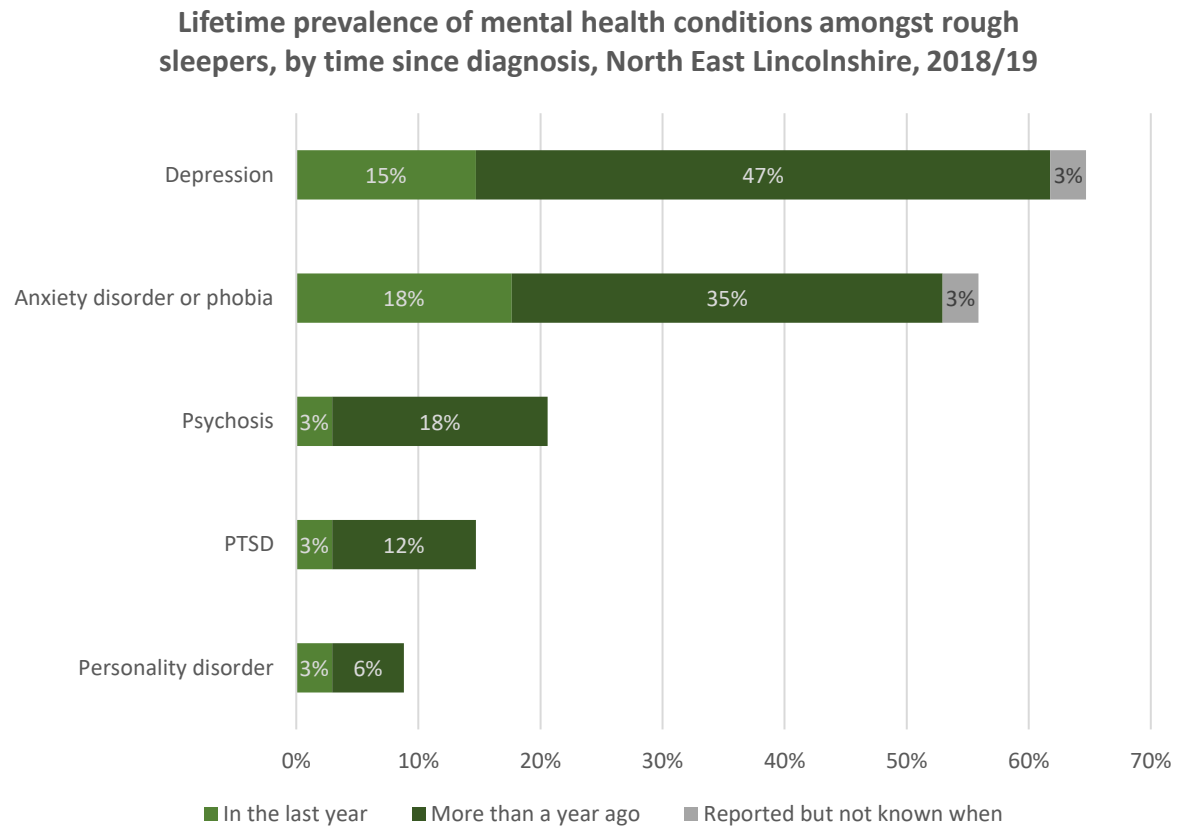


Mental health

Figure 9 below shows the self-reported *lifetime* prevalence of mental health conditions amongst all rough sleepers who participated in this needs assessment. Participants were asked if they had been diagnosed with any of the following health problems, and if they had been diagnosed in the last year, or more than a year ago.

It is likely that in some cases – perhaps many, a self-diagnosis has been made, given that many rough sleepers do not, or feel they cannot see a doctor, particularly around mental health. This means to some degree, these are very likely to be estimates above the diagnosed prevalence.

Figure 9



Depression

Depression was the most commonly reported mental health problem, reported by **65%** of rough sleepers who participated in this needs assessment – **15%** were diagnosed in the last year, **47%** more than a year ago and **3%** reporting a diagnosis but not when.

Approximately **9%** of adults in North East Lincolnshire have a diagnosis of depression[37], meaning the estimated prevalence amongst the rough sleepers who participated in this needs assessment is very high. This is partially explained by some rough sleepers self-diagnosing, and some having had depression in the past, but are no longer depressed.

[37] Public Health England (2019) *Fingertips indicator 848 – Depression: Recorded prevalence (aged 18+)*

However, when asked on the day of the survey *"Do you feel anxious or depressed today?"*, **82%** of respondents responded with 'moderately' or 'extremely' suggesting that the prevalence of low mood amongst this cohort is exceptionally high.

Anxiety disorder or phobia

Anxiety disorder or phobia was the second most commonly reported mental health problem, reported by **56%** of rough sleepers who participated in this needs assessment – **18%** were diagnosed in the last year, **35%** more than a year ago and **3%** reporting a diagnosis but not when.

Estimates of anxiety disorder in North East Lincolnshire vary between **4%** and **8%**[38] meaning like depression, the estimated prevalence amongst the rough sleepers who participated in this needs assessment is very high.

However, as **82%** of rough sleepers reported they felt moderately or extremely anxious or depressed, it is likely that the prevalence of anxiety amongst this cohort is exceptionally high.

Psychosis

Psychosis is a mental health problem that causes people to 'lose touch' with reality through hallucinations and delusions[39] and is typically caused by mental health conditions such as schizophrenia and bipolar disorder. Sleeping rough is strongly associated with psychosis[40], both as a cause of sleeping rough and an outcome of sleeping rough[41].

It was the third most commonly reported mental health problem, reported by **21%** of rough sleepers who participated in this needs assessment.

The most recent *Adult Psychiatric Morbidity Survey*, carried out in 2014, reported that less than **1%** of adults in England suffer from psychosis[42], meaning the estimated prevalence amongst the rough sleepers who participated in this needs assessment is again, very high.

Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) is most commonly associated with ex-service personnel, but is thought to affect up to 10% of rough sleepers in England[43]. It is characterised by memories of a traumatic event, which can trigger flashbacks, panic and distress.

It was the fifth most commonly reported mental health problem, reported by **15%** of rough sleepers who participated in this needs assessment – most of whom had never served in the armed forces.

Many rough sleepers have experienced a traumatic childhood experience, particularly one relating to abuse, neglect or violence.

[38] Public Health England (2019) *Fingertips indicator 90421 – Generalised anxiety disorder: estimated % of the population aged 16-74* and *Fingertips indicator 90419 – Mixed anxiety and depressive disorder: estimated % of the population aged 16-74*
[39] Mind (2016) *What is psychosis?*
[40] Timms and Perry (2016) *Sectioning on the street – futility or utility?*
[41] St. Mungo's (2016) *Stop the scandal: an investigation into mental health and rough sleeping*
[42] Public Health England (2016) *Psychosis data report*
[43] Homeless Link (2016) *Homelessness in numbers: Health Needs Audit – explore the data*

Personality disorder

Personality disorder refers to a broad range of personality disorders, such as borderline personality disorder, which is characterised by poor emotional control and impulsive behaviour, to antisocial personality disorder, which is characterised by aggressive, upsetting and violent behaviour[44].

Personality disorder was the sixth most commonly reported mental health problem, reported by **9%** of rough sleepers who participated in this needs assessment. This is slightly higher than the estimated prevalence for adults aged 25-54 of between **4-7%**[45].

Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)

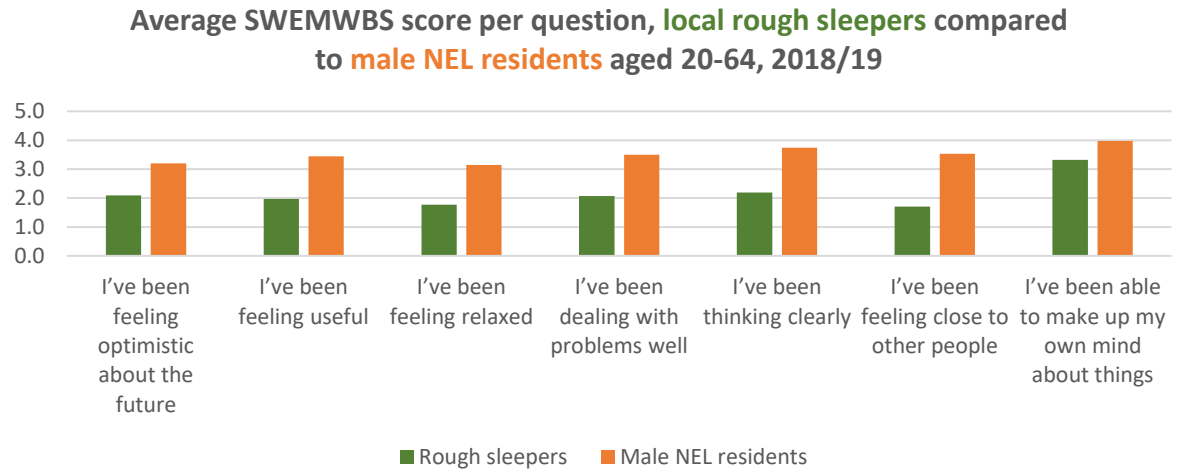
The Warwick-Edinburgh Mental Wellbeing Scale is a measure of general mental wellbeing. It does not diagnose any specific mental illness, but rather gives an indication as to the general picture of someone's mental health.

In the short version of the scale, the maximum score of score of 35 indicates very good mental wellbeing, whilst the minimum score of 0 indicates very poor mental wellbeing. 31 of 34 rough sleepers who participated in this needs assessment completed the short version of the Warwick-Edinburgh scale, with an average score of 15.

This compares poorly to Warwick-Edinburgh scale tests that have been completed by the general public. In 2017/18, North East Lincolnshire Council surveyed over 1,000 people in the *Our Place, Our Future* survey, and included the questions from the short Warwick-Edinburgh scale in the survey.

The average score for men aged 20-64, resident in North East Lincolnshire was 24, demonstrating that relative to residents of North East Lincolnshire of comparable age and gender, rough sleepers who participated in this needs assessment have considerably poorer mental wellbeing. Figure 10 below shows the average scores for each question, each on a scale of 1-5, comparing North East Lincolnshire's rough sleepers to men in NEL aged 20-64.

Figure 10



[44] NHS (2017) *Personality disorder*
[45] NHS Digital (2016) *Adult Psychiatric Morbidity Survey*

Using drugs or alcohol to cope with mental health problems

73% of rough sleepers who participated in this needs assessment, who reported using drugs in the last year, said they used drugs or alcohol to cope with their mental health.

Other health-related questions

In addition to the questions in the physical and mental health sections, and with the exception of questions on substance misuse and the use of local health services which will be explored in the next sections, rough sleepers were also asked:

Compared to this time last year, is your health better, worse or the same?

61% of rough sleepers who participated in this needs assessment thought their health had got worse, **27%** thought it was just the same and **12%** thought it had got better.

Those who felt their health had deteriorated mostly attributed their poorer health to being homeless. When asked why, they said:

"I'm homeless"

"I've been homeless for a year"

"Just from living on the street"

Those who felt their health was the same did not give a reason, but those who felt their health had *improved* gave reasons such as:

"I'm no longer in prison"

"I'm getting used to the streets"

Do you have any pain or discomfort at the moment?

55% of rough sleepers who responded reported no pain or discomfort at the current time, **42%** reported moderate pain or discomfort, and **3%** reported extreme pain or discomfort.

How many meals do you eat a day?

52% of rough sleepers say they eat just one meal per day, whilst only 16% eat three meals per day. Another 16% reported not eating any meals per day, likely eating small amounts as and when they can.

Harbour Place provide a free breakfast for all rough sleepers, every weekday morning, and a free evening meal for all rough sleepers using the night shelter. When asked as part of the follow-up survey, rough sleepers identified other sources of food, such as the Rock Foundation, Shalom and the Grimsby Food Kitchen.

How many portions of fruit and veg do you usually eat per day?

67% of rough sleepers who responded reported that would not usually eat any fruit or veg during a typical day, **19%** reported they would usually eat 1 portion, **7%** reported they would usually eat 2 portions, and **7%** reported usually eating 3 portions. No rough sleeper reported eating more than 3 portions of fruit and veg during a usual day.

How often per week do you exercise for 30 minutes or more?

93% of rough sleepers who responded reported that they do not specifically exercise for 30 minutes or more at any point during the week, however most commented how they do a lot of walking.

Drugs, alcohol and tobacco

Substance misuse

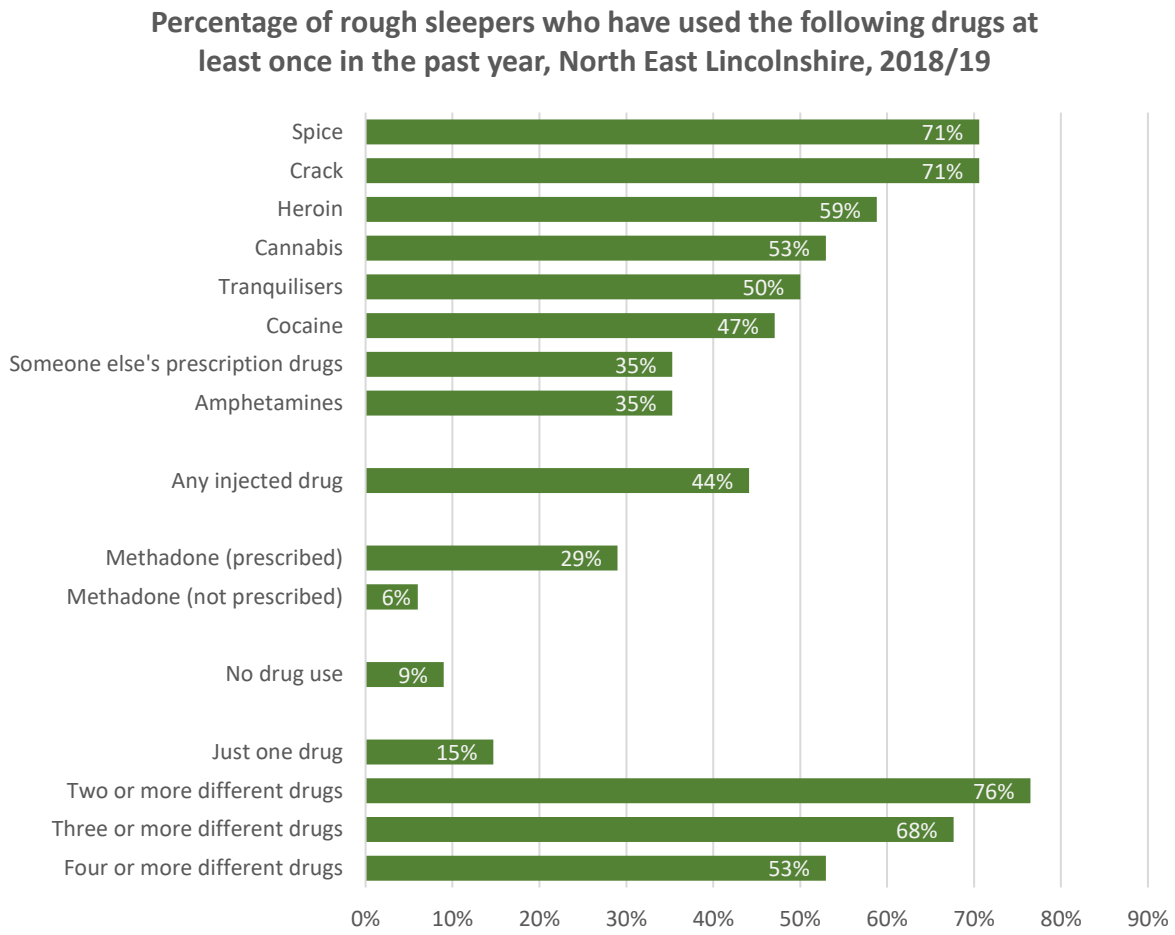
Substance misuse is one of the most common health problems experienced by rough sleepers[46], often underpinning the many other health problems and wider issues rough sleepers face[47], as without addressing substance misuse, the odds of breaking the cycle of sleeping rough are dramatically reduced[48].

Drugs

91% of rough sleepers who participated in this needs assessment reported that they had used one drug, at least once in the last year, though only 63% of these rough sleepers felt that they had a drug problem. Of the three rough sleepers who were not using any drugs, two were using methadone, prescribed for their addiction.

Figure 11 below shows the most commonly reported drugs used within the last year, by rough sleepers who participated in this needs assessment.

Figure 11



[46] Advisory Council on the Misuse of Drugs (2018) *Vulnerability and drug use report*
[47] Public Health England (2019) *Health matters: rough sleeping*
[48] Crisis (2012) *Homelessness kills*

Use of multiple drugs

Table 1 below shows the percentage of rough sleepers who take any particular drug, who also take another drug, starting with the drugs listed down the left of the table.

For example, it shows that **85%** of rough sleepers who have used heroin in the last year, have also used spice in the last year, or that **42%** of rough sleepers who have used crack in the last year, have also used amphetamines in the last year.

Whilst it cannot be said for definite that rough sleepers using more than one substance in the past year are engaging in polydrug use – using several drugs at the same time – the combination of many different substances illustrates the complex nature of entrenched substance misuse within this cohort, and how difficult it can be to treat.

Table 1

	Heroin	Crack	Cocaine	Cannabis	Amphetamines	Tranquilisers	Another person's prescription drugs	Spice /NPS
Heroin	**100%**	**100%**	**70%**	**75%**	**50%**	**85%**	**50%**	**85%**
Crack	**83%**	**100%**	**58%**	**71%**	**42%**	**71%**	**46%**	**83%**
Cocaine	**88%**	**88%**	**100%**	**81%**	**50%**	**81%**	**63%**	**75%**
Cannabis	**83%**	**94%**	**72%**	**100%**	**50%**	**78%**	**61%**	**83%**
Amphetamines	**83%**	**83%**	**67%**	**75%**	**100%**	**75%**	**50%**	**92%**
Tranquilisers	**100%**	**100%**	**76%**	**82%**	**53%**	**100%**	**59%**	**88%**
Another person's prescription drugs	**83%**	**92%**	**83%**	**92%**	**50%**	**83%**	**100%**	**83%**
Spice/NPS	**71%**	**83%**	**50%**	**63%**	**46%**	**63%**	**42%**	**100%**

A focus on 'Spice'

As can be seen, the joint most commonly used drug is 'spice' – a 'new psychoactive substance'.

'New psychoactive substances' are essentially chemicals that are designed to produce similar effects to well-known drugs, particularly cannabis, but because they're entirely synthetic, produced clandestinely and illegally dealt, the effects of these drugs on the body are not well known.

Spice has received local[49] and national[50] media attention for rendering 'zombie-like' states in those who use it. However, the physical and mental effects of vary and because the production and sale are regulated, there is no certainty over what is being used or how powerful it is.

Whilst the scope of this needs assessment did not include exploration of particular substances or the deeper reasons behind drug use, one rough sleeper who participated in this needs assessment mentioned that *"spice is an off switch"*, used to *"get through"* the day,

[49] Grimsby Telegraph (2017) *Watch 'spice zombies' stagger around Freeman Street – as one nearly gets hit by a car*
[50] The Guardian (2018) *Spice: a lethal epidemic fuelled by austerity*

suggesting that for some substance misusers, drug use isn't just about feeding an addiction, but self-medication.

Spice contributed to almost half of all deaths related to novel psychoactive substances in 2018[51], and was described by Conservative Police and Crime Commissioners, in an open letter to the Home Office as "the most severe public health issue we have faced in decades"[52].

Spice has also created significant issues for healthcare providers in North East Lincolnshire, particularly NAViGO[53]. Research on the impact of new psychoactive substances on local health services has been carried out by North East Lincolnshire Council's Public Health Team, and is available at http://www.nelincsdata.net/resource/view?resourceId=2466.

Drug abuse screening test results

A standard questionnaire used to explore the severity of drug misuse – the drug abuse screening tool, or DAST-10 – was completed by 27 of the 34 rough sleepers who participated in this needs assessment. The DAST-10 asks ten questions about drug use in the past twelve months and gives scores out of 10, with 0 being no drug abuse problem and 10 being a severe drug abuse problem. Table 2 below presents the interpretations of the scores.

Table 2

DAST-10 interpretation of scores		
Score	**Degree of problems related to drug abuse**	**Suggested action**
0	No problems	Nothing at this time
1-2	Low level	Monitor and re-assess later
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

Figure 12 below shows the percentage of rough sleepers who completed the DAST-10, by scored severity of drug abuse. **92%** of rough sleepers received a score indicative of a drug abuse problem, with **66%** having either a substantial or severe drug abuse problem.

[51] Office for National Statistics (2019) *Deaths relating to drug poisoning by selected substances - 2018*
[52] BBC (2018) *Spice 'most severe public health issue in decades'*
[53] Grimsby Telegraph (2017) *Shocking rise in violent attacks on Grimsby's mental health workers blamed on 'spice'*

Figure 12

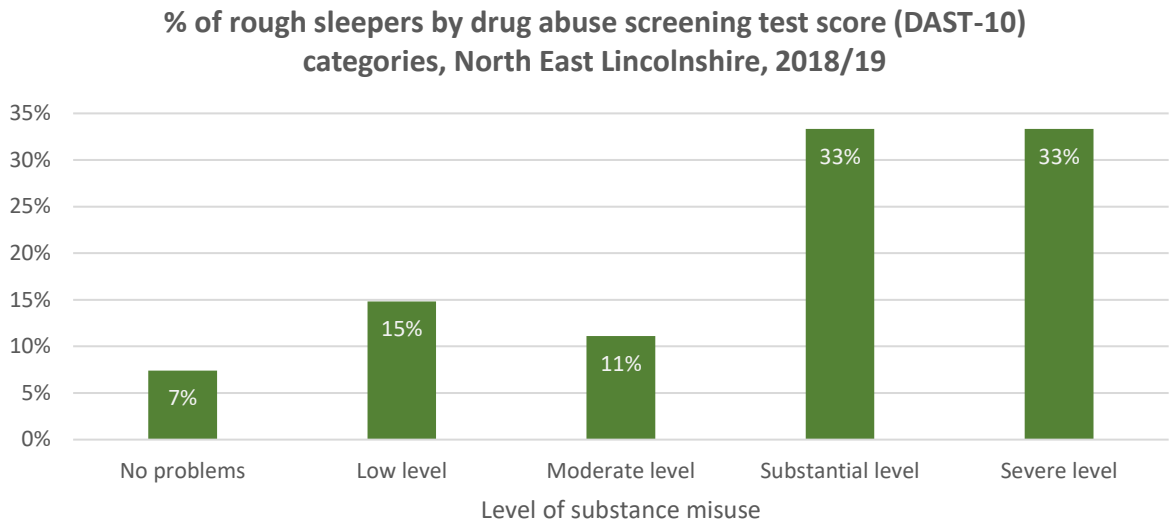
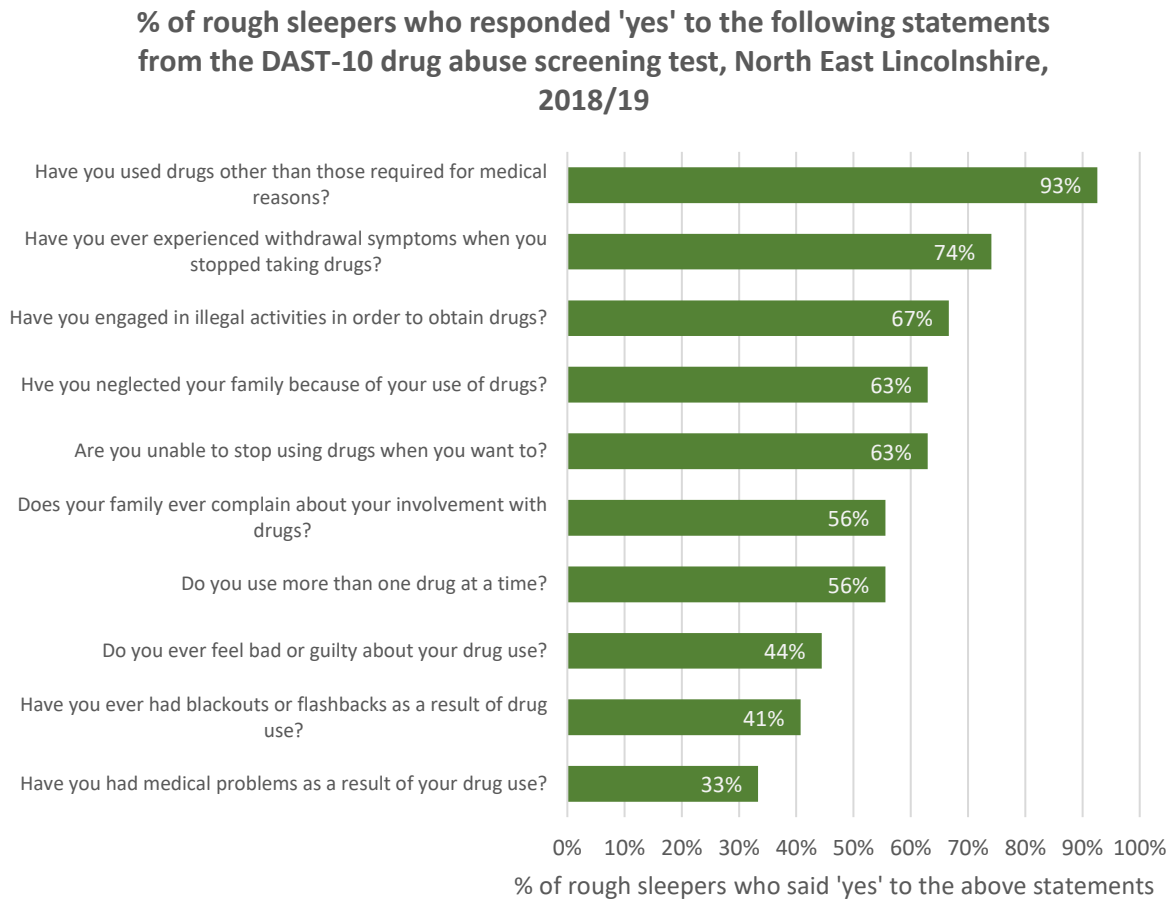


Figure 13 below shows the percentage of respondents who responded 'yes' to each of the questions of the DAST-10.

Figure 13



The DAST-10 results demonstrate that:

- A significant proportion of rough sleepers have engaged in illegal activities in order to obtain drugs – likely acquisitive crimes – which often result in a custodial sentence and restarts the cycle of prison release, homelessness and substance misuse.
- More than half engage in polydrug use, putting their health at greater risk than abusing a single substance alone.
- More than half of rough sleepers have seen their drug use affect their family life – **24%** of rough sleepers who participated in this needs assessment attributed their current homelessness to relationship breakdown.

Alcohol

Relative to drug use, alcohol use was much less common amongst rough sleepers who participated in this needs assessment. **30%** of rough sleepers report consuming alcohol, though most of those who do drink, do so daily compared to **93%** of rough sleepers who have used recreational drugs in the past year, **63%** habitually.

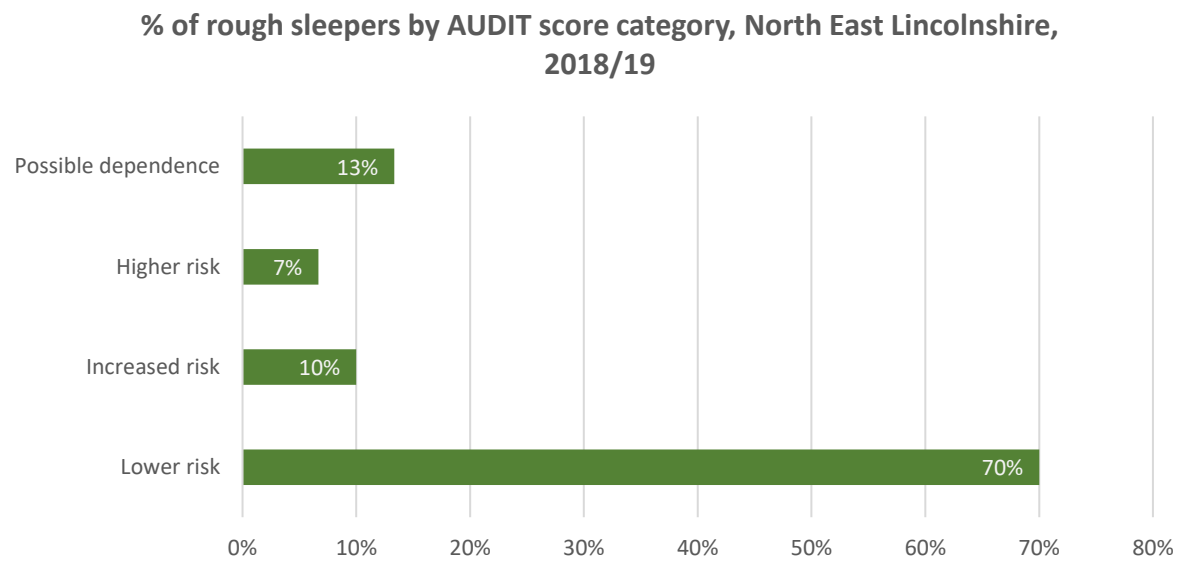
This is a considerably lower rate of alcohol use than would be expected, given evidence from elsewhere in the UK. Within the Homeless Link sample of data on rough sleepers, referred to earlier, **78%** of rough sleepers reported consuming alcohol.

This means that either the question has been misinterpreted or misunderstood by the rough sleepers who participated in this needs assessment, or alcohol consumption amongst rough sleepers in North East Lincolnshire is considerably lower than would be expected.

One possible reason for this is that local rough sleepers may see alcohol as a poor value choice compared to other drugs, such as spice, crack and heroin. Spice is reportedly available for as little as £5 a gram.

The Alcohol Use Disorders Identification Test (AUDIT) is a screening tool developed by the WHO to assess alcohol consumption, drinking behaviours, and alcohol related issues. A score of 8 or more is considered to indicate hazardous or harmful alcohol use. Rough sleepers were screened using this tool and the findings are shown in Figure 14. **70%** of rough sleepers scored under 8 which is indicative of a low risk and concurs with our other findings of lower alcohol use than expected. **10%** of rough sleepers scored 8 to 15, **7%** scored 16 to 19, and **13%** scored 20+, which is indicative of increased risk, high risk, and possible dependence respectively.

Figure 14



Tobacco use

94% of rough sleepers who participated in this needs assessment reported smoking, though **42%** of those who currently smoke, would like to quit.

61% of rough sleepers who smoke have at some point been offered help to stop smoking, but **68%** did not take it up.

Whilst this needs assessment did not ask where rough sleepers obtain their tobacco products, it is likely that due to the cost of shop-bought cigarettes, that most rough sleepers are hand-rolling tobacco[28].

Whilst tobacco use might pale in significance compared to entrenched substance misuse and pressing physical and mental health difficulties, an audit into respiratory health amongst rough sleepers in London recommended that smoking be taken as seriously as substance misuse[28].

Health service utilisation

General practice

A small number of rough sleepers who participated in this needs assessment were not asked this question, but of the 30 who were, all 30 were registered with a general practice (GP).

A small number did not share which GP they were registered with, but of those who did, **55%** were registered either with Open Door or Quayside, two practices which are now co-located in the Open Door building, across the road from Harbour Place. The Open Door facility provides a GP service, healthcare, social support services, information, advice and guidance, with a particular focus on the socially excluded, hence why so many rough sleepers are registered there.

GP attendances

59% of rough sleepers who participated in this needs assessment said they had been to the GP in the last year:

- **41%** had not been at all in the last year
- **28%** had been either once or twice in the past year
- **31%** had been three times or more in the last year

Dental

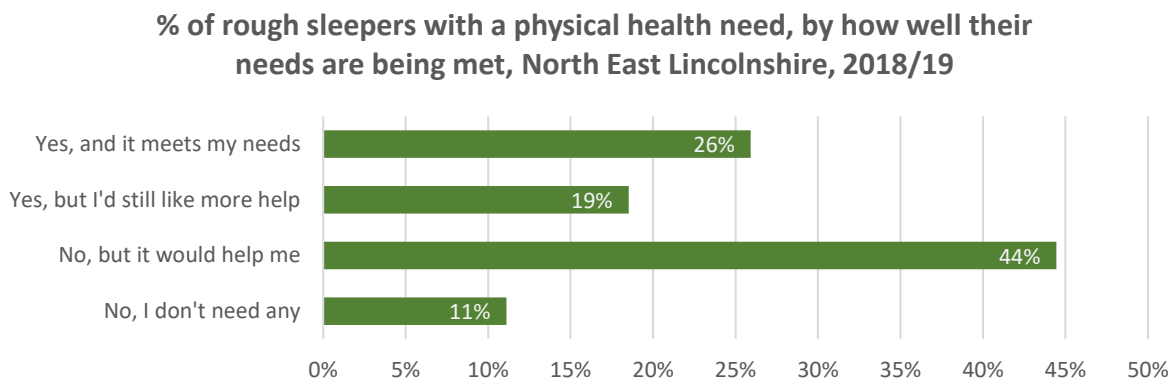
Dental registration does not work the same as GP registration, as patients can call any dental practice they wish and ask if they have appointments available.

This may explain why only **18%** of rough sleepers said they were registered with a dentist, however this may also be because access to dental care is either not sought, or is not available. A few rough sleepers did say they had been 'refused' registration with a dentist in the last year.

Physical health needs

As mentioned in the physical health section earlier, the majority of rough sleepers who participated in this needs assessment had at least one physical health need. Figure 15 below shows how well these needs are being met, showing that in total, **63%** were not having their needs met – **44%** who weren't receiving any support and **19%** who weren't receiving enough support.

Figure 15



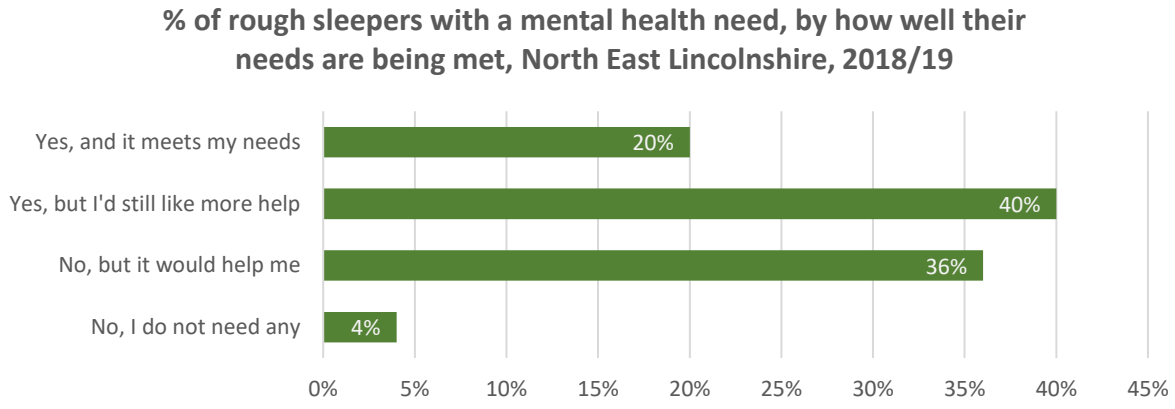
Of 30 rough sleepers who were asked, **53%** said that there was a time in the past year when they needed to see a doctor about their physical health, but were unable to either access a doctor or receive treatment.

When asked why, reasons were mostly due to issues getting an appointment. One rough sleeper who participated in this needs assessment said that his surgery required him to call to make an appointment, but he had no means of accessing a phone to make the call.

Mental health needs

As mentioned in the mental health section earlier, the majority of rough sleepers who participated in this needs assessment had at least one mental health need. Figure 16 below shows how well these needs are being met, showing that in total, **76%** were not having their needs met – **36%** who weren't receiving any support and **40%** who weren't receiving enough support.

Figure 16



Of 28 rough sleepers who were asked, **43%** said that there was a time in the past year when they needed to see a doctor about their mental health, but were unable to either access a doctor or receive treatment.

When asked why, reasons varied significantly, though a common traits amongst answers were either unavailability of appointments, or unhappiness with local mental health services.

Prescription medicine

48% of rough sleepers reported currently taking prescription medicine.

Sexual health

42% of rough sleepers who participated in this needs assessment said they had received a sexual health check in the past year.

When asked where they would go for sexual health help:

- **38%** said they would go to the sexual health clinic
- **24%** to their GP
- **14%** to a pharmacist

A further **14%** said they did not know where to go, whilst the remaining **10%** would go elsewhere.

90% of rough sleepers reported they knew where to go for free contraception.

Ambulances, A&E and hospitals

44% of rough sleepers reported using an ambulance at least once in the past year, including 33% who have used an ambulance on multiple occasions in the past year.

58% of rough sleepers reported attending A&E at least once in the past year, including 32% who have attended A&E on multiple occasions in the past year.

38% of rough sleepers reported being admitted to hospital at least once in the past year, including 17% who have been admitted to hospital on multiple occasions in the past year.

The most common reasons for using *either* an ambulance, A&E or being admitted to hospital were:

- A physical health problem (**21%**)
- Injuries sustained through violence (**18%**)
- Substance misuse (**15%**)
- Self-harm (**6%**)

Vaccinations and preventative health

Hepatitis B

Injecting drugs is a significant risk factor for hepatitis B, and as such, it is recommended that cohorts with high rates of people who inject drugs, are offered a vaccine for hepatitis B. **81%** of rough sleepers who participated in this needs assessment have had a hepatitis B vaccine.

This is a high rate of uptake and is likely due to the high rate of rough sleepers who have spent time in prison, where they will have been offered the vaccine.

Flu

Just **20%** of rough sleepers had received the seasonal flu vaccine at the time of being asked. Rough sleepers do not qualify for a free flu vaccination unless they fall into another risk category, based on their health status or age.

Rough sleepers are at increased risk of developing flu, due to prolonged exposure to cold, wet weather and weaker immune systems. In addition to this, the night shelter or other emergency winter shelter means that rough sleepers are indoors together overnight, increasing the likelihood of spreading an airborne illness.

NHS health checks

15% of rough sleepers over the age of 40 have received an NHS health check, though due to the wording of the question, this may not be accurate. The question in the Homeless Link audit asks if the health check has been carried out in the last year, when the health check programme has five-year intervals between health checks.

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