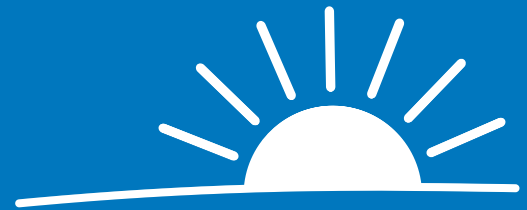

Help the Aged

The Discharge of Older Homeless People from Hospital Summary

Introduction

The need both to improve discharge planning and to develop new models of post-discharge care for older people is a key aspect of the Government's health and social care modernisation programme.

However, despite its emphasis on providing care 'closer to home', the National Service Framework for Older People does not consider the implications of and for older people who do not have stable and adequate housing.

Anecdotal evidence from homelessness agencies suggests that the unplanned discharge of homeless patients, who are often older and vulnerable, to mixed-age hostel provision or to the streets, happens all too frequently. Both the Rough Sleepers' Unit and the Greater London Authority have recognised that hospital discharge can act as a critical entry or re-entry route into homelessness.

This report highlights some of the specific needs and issues facing older homeless people at the point of discharge. Given the high morbidity rates among long-term homeless people, those in their 50s and early 60s often have health problems comparable to much older age groups. Yet they are overlooked by those planning and providing services for older people. The report argues that health and social care agencies must work in close partnership with housing providers and homelessness agencies if the opportunities that in-patient treatment can offer to link this group into services in the community are to be realised.

The report presents findings from research undertaken by the Older Homelessness Development Project (OHDP), with funding from the Help the Aged/hact Older Homelessness Programme. The research aimed to:

- find evidence of the hospital admission rates and discharge outcomes of homeless people over 50;
- explore the issues and problems in the discharge of older homeless people from hospital, through interviews with hospital social workers and others involved in discharge arrangements and through a review of relevant literature and policy; and

- identify and review a selection of UK service provision and local policy initiatives that might benefit older homeless people at the point of discharge.

The key findings and subsequent recommendations are summarised below.

1. Research findings on health, housing and hospital contact among older homeless people

The OHDP collected data on health and housing needs and health service contacts from the files of 113 homeless people over 50. They had all been assessed by a Manchester city centre primary health care project between November 1997 and May 2001. Eighty nine per cent of the sample was male and the mean age on assessment was 56.

Key findings

- There were high rates of hospital admission among homeless people over 50 compared to the general public. Forty-two per cent of the sample had had at least one admission to either a general, psychiatric or detoxification ward in the preceding year, compared to 14 per cent of 65 to 79-year-olds in a national survey.

- A quarter of those who had been in hospital in the preceding year were not registered with a GP when they attended the centre.

- At least two individuals in the study were known to be sleeping rough within two months of discharge from hospital.

- Of the group who had received recent in-patient treatment, those with alcohol problems were more than nine times more likely to be sleeping rough within a year of discharge than those who did not drink heavily.

- Those with mental health problems who had not received in-patient treatment in the preceding year were more than four times more likely to be sleeping rough than those with mental health problems who had been in hospital recently.

2. Interviews with hospital social workers

The OHDP conducted interviews and focus groups with hospital social work staff, discharge co-ordinators and other workers involved in hospital discharge arrangements in five Greater Manchester local authority areas.

Key findings

- Self-discharge was found to be a frequent outcome for this group. Long-term homeless people therefore rarely seem to 'block beds' and, given the complexity of their social needs, there seem to be few incentives to dissuade them from discharging themselves.

- There was much room for debate about what might constitute the 'safe discharge' of an older homeless person. There may thus be a danger that social workers focus limited resources on those deemed more 'deserving' or on those with assertive relatives and more easily obtainable and more positive discharge outcomes.

Referral of homeless patients for re-housing by hospital staff

Securing re-housing for older homeless people with alcohol problems was reported to be a major problem. Many had 'burned their bridges' with housing providers and did not want abstinence-based accommodation. Appropriate residential placements and funding was limited for this group, especially for people aged between 50 and 65.

- There was considerable variation in arrangements at the interface between hospitals and housing departments. Social workers felt that the following did or would help:

  – an official liaison worker within the housing department;

  – clear joint procedures for referral for re-housing from hospital;

  – formal agreements for conducting homelessness assessments in hospital;

  – regional procedures for the discharge of out-of-area homeless patients, especially from specialist regional units.

Use of social services' funded placements

- In most teams, there was some flexibility to place older people in extreme housing need into temporary residential care on discharge. As workers were concerned about temporary arrangements turning into inappropriate permanent placements, these tended to be used only where there was a clear, time-limited plan.

- One social services team funded temporary placements in sheltered schemes for older people in housing need on discharge (see below).

- Residential intermediate care schemes were operating in at least two areas and, although housing need alone would not make a patient eligible, there had been some cases in which re-housing had been arranged during a person's stay. Concerns were expressed, though, that the housing department was often the missing link in these joint initiatives.

- In one case, an adult family placement had been successfully arranged for an older person waiting for re-housing on discharge. Several workers commented that such placements were under-used and that they could prove suitable for some older homeless people.

3. Service provision and policy models

a) Primary Care for Homeless People (PCHP), London

PCHP established a hospital-based project in 1995. Two full-time project workers employed by the health authority cover four hospitals, focusing on the admission wards at University College Hospital. They engage with homeless patients of all ages to reduce the risk of self-discharge and, having completed a holistic needs assessment, link patients into housing and other services on discharge. They also provide training to ward staff.

b) Three Boroughs Primary Care Team, London

Between 1996 and 1999, this specialist homelessness primary care team managed a jointly-financed discharge co-ordinator post based at St. Thomas's Hospital in the London Borough of Lambeth. The project revealed that most of the problems in discharging homeless people could be attributed to hospital processes (communication and procedures) and lack of training and information for ward staff. The team has since been working with local hospitals to improve communication routes and procedures and to support and train ward staff.

c) Creative Support, Edale Unit, Manchester

Since 1997, the voluntary sector mental health provider, Creative Support, has employed a social worker to run a discharge planning service focusing on housing needs, at the Edale psychiatric unit at Manchester Royal Infirmary. Patients aged between 50 and 65 make up ten per cent of the project's clients and the worker has identified a gap in accommodation provision, particularly for older women. Good independent living skills and, in some cases, problematic behaviour can make communal living inappropriate for this group of people.

d) Newport Action for the Single Homeless (NASH), Newport

Following the suicide of a young resident who had been inappropriately discharged from a local general hospital, this voluntary sector hostel provider has been working with health and local authorities to develop a joint protocol for the discharge of homeless patients.

e) Wytham Hall, London

Wytham Hall effectively provides intermediate care on a temporary residential basis for 14 homeless people. About a quarter of patients are over 50 and places are funded by local hospital trusts and/or social services. Many of the medical and care staff live on site as well as working elsewhere and the team links patients into a range of community services.

f) Manchester housing protocol for hospital discharge

Manchester housing department produced a joint protocol for the discharge of homeless patients from hospital in 1998. The procedure aims to identify and appropriately refer homeless patients on admission so as to avoid unplanned discharges to emergency accommodation. The document gives contact points and sets timescales for hospital visits by housing teams.

g) Salford local authority/health authority temporary sheltered scheme

A 12-month pilot partnership project between social services, the health authority and the housing department was established in Salford in July 2000. An 'extra-furnished' flat exists in each of four local authority sheltered housing schemes. These provide temporary accommodation for older people who are medically fit for discharge from hospital or rehabilitation but who are also in housing need.

4. Recommendations

Central government

- Policy frameworks on health and social care for older people must recognise the existence of homelessness among older people and provide guidance on the implications of homelessness for an older person's 'pathway of care'.

- Research into the incidence of admissions and discharge outcomes for older homeless patients should be commissioned, with particular focus on re-admission and self-discharge rates.

- The Department of Health should consider ways of setting and monitoring targets for the discharge of homeless patients through existing planning and performance assessment structures.

- Good practice guidance on local inter-agency procedures for the discharge of homeless patients should be produced.

- The Government must ensure that housing departments and providers are involved in the establishment of intermediate care schemes and integrated specialist mental health teams.

Local policies and procedures

- There should be information and training for hospital staff on issues and services for homeless people of all ages.

- Discharge policies should recognise that mixed-age hostel provision is particularly unsuitable for older people on discharge from hospital and seek to avoid this outcome wherever possible.

- Joint protocols should be agreed by hospital trusts, social services, housing departments and, where appropriate, independent housing providers or homelessness agencies. These should cover the following:

  – systems for the early identification and appropriate referral of homeless patients and/or patients who are not registered with a GP;

  – agreements as to the actions to be taken by agencies following the above referrals and the timescales in which these should be carried out;

  – monitoring systems to record admissions, discharge arrangements and self-discharge outcomes for homeless people (including those who give hostel or B&B addresses on admission);

  – regional procedures for the cross-authority discharge of homeless patients.

Service providers

- Those planning services should consider the needs of homeless people aged between 50 and 65 who may have similar health needs to much older groups but who are not generally viewed as 'older people' in mainstream service provision.

- Homelessness agencies should recognise the opportunity that hospital admission can provide to make contact with otherwise often hard-to-reach groups of older homeless people.

- Service providers and commissioners should investigate the need for and feasibility of the following models of provision in their areas:

  – accommodation projects (including those with registered care home status) for current alcohol users;

  – hospital-based link workers to co-ordinate the discharge of homeless patients

  – residential intermediate care for homeless people;

  – housing advice provision for both younger and older adult psychiatric units and integrated specialist mental health teams;

  – use of furnished sheltered accommodation to provide temporary/permanent accommodation for older people on discharge from hospital.

Further research

Areas for further research should include:

- Re-admission rates for homeless people (including those living in hostels and B&B accommodation): could changes to discharge planning reduce these?

- Incidence of admissions and discharge outcomes for older homeless people.

- Incidence of self-discharge among older homeless patients: can risk factors for self-discharge be identified?

- Which models of supported accommodation could best meet the needs of older women with mental health problems?

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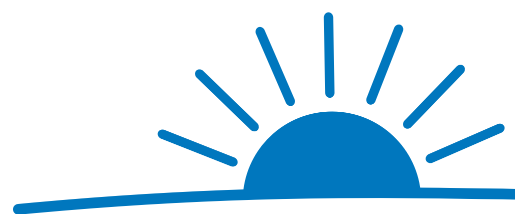

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Working for a future where older people are highly valued, have lives that are richer, and voices that are heard.

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