Assessing the health of people who are homeless

Guidance with Health Assessment Tool (2022)

Acknowledgements

This guidance has reflected the input, standards and outcomes of key national organisations. It was supported, informed and developed by the project's national advisory group with supporting input from people with lived experience of homelessness.

- The Queen's Nursing Institute
  - Thanks to members of the QNI Homeless Health National Advisory Group and the nurses who piloted this assessment tool.
- NICE (National Institute for Health and Care Excellence)
  - Related quality standards and guidance - QS24, QS23, CG51, CG78, CG78, CG115, Hepatitis B &C Testing Guidance, CG117
- Public Health England
  - Single Homeless Population Health Outcomes Framework
- Faculty for Homeless and Inclusion Health
  - Standards for commissioners and service providers
- Quality Outcomes Framework
  - Indicators - BP001, DM001, LD001, HYP001, AST001, DEP001, MH001, CON002
- National Youth Reference Group, St Basil's Charity and Groundswell
  - With thanks to these groups for sharing their views with the QNI.

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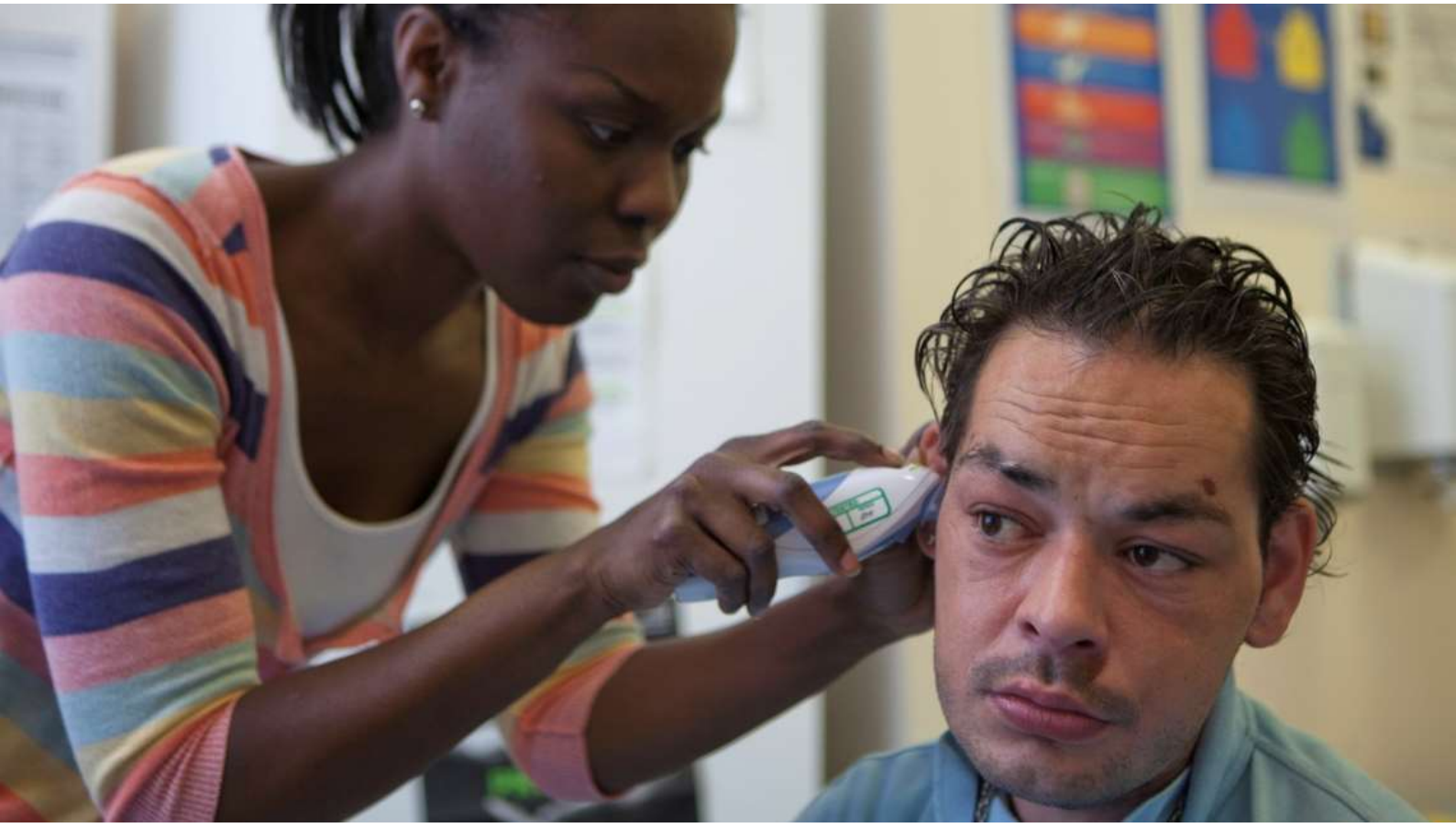
Contents

Introduction

The Queen's Nursing Institute's Homeless Health Project has developed a template tool and guidance to help support community nurses working with people experiencing homelessness. Informal evidence suggests patients who are homeless do not always get access to health assessments that capture the full range of their health issues.

As a nurse, the goal of assessing the health of someone experiencing homelessness is to help them improve their health (as much as possible), manage health conditions and have the best possible quality of life. Nurses should use the opportunity presented by a health assessment to support patients on their journey towards stable housing which will support improved health.

Health Assessment Tool (HAT 2015 revised 2022) guides nurses towards best practice areas to cover when exploring an individual's health as part of building a relationship with a patient. QNI offers the template in its current form as a nationally recommended resource.



The term 'nurse' has been used throughout this document to refer to all health professionals who may undertake this assessment. The term 'people' or 'a person' refers to clients or patients attending health services.

Undertaking an assessment

Before you start

- Before embarking on an assessment, the nurse should gather local information about other groups and organisations, to build strong multi agency partnerships in relation to homelessness. They should have clear knowledge about the right protocols to follow when a person's needs are identified.

Safeguarding yourself

- It is essential to be aware of the risks from working with potentially volatile individuals and prepare accordingly. The nurse and the staff team should be well trained to handle conflict and have organisational policies supporting staff that may face intimidating and threatening behaviour.
- Organisational staff safety measures should operate to protect nurses, minimise aggression from people towards nurses, and reduce harm in the event of any violence.

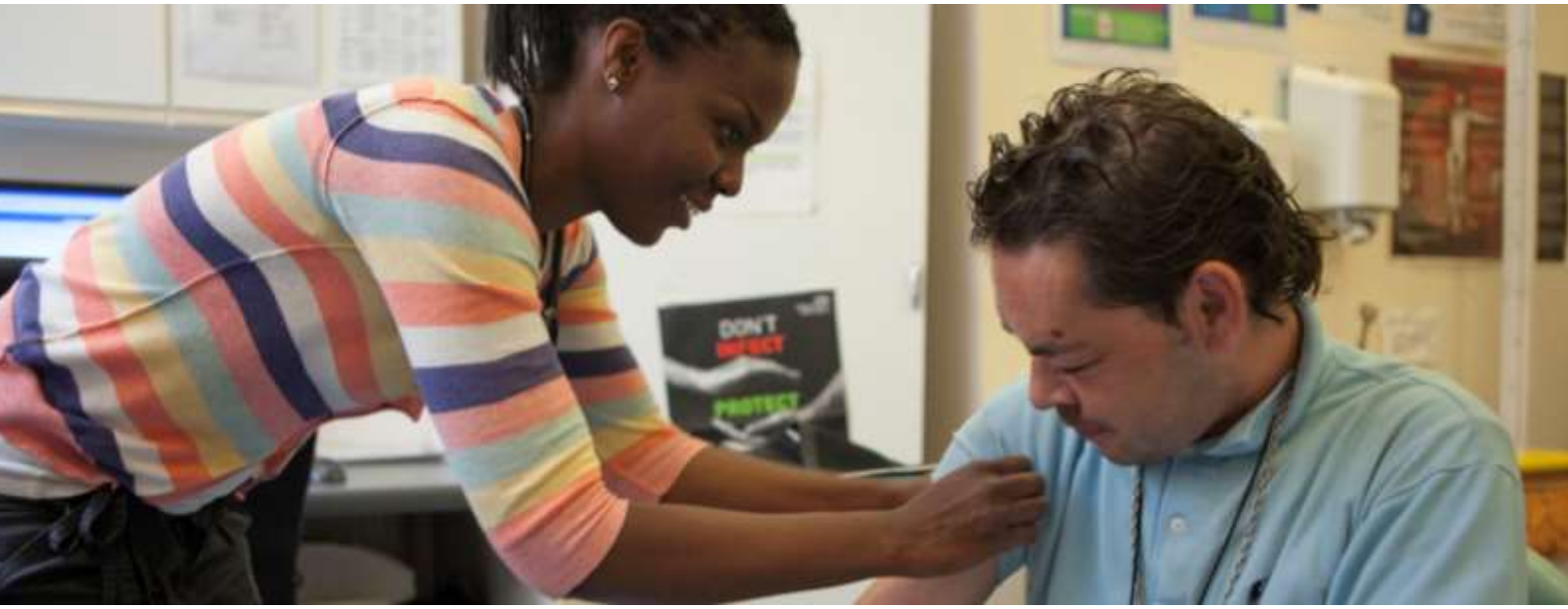
Entitled to treatment

- People experiencing homelessness are entitled to treatment in primary care services, whether they currently have an address or not.
- Primary care services are well positioned to identify and treat people at risk of or experiencing homelessness and link them to the support they need. Given they are at higher risk of being in or developing poorer health; nurses should proactively work with other organisations to seek to register and treat them. They can register people with a GP even if the person has no address. Using the GP address for the patient and agreeing with the patient the method of communication, these barriers can be overcome.

For more information *see the NHS Constitution* which states *'You have the right to access NHS services. You will not be refused access on unreasonable grounds.'*

Individual health needs

- A health meeting is an opportunity for nurses to:
    - meet and explore a persons' health needs, requirements and goals. Their goals may differ from nurses' goals.
    - explore underlying health conditions requiring treatment with the consent of the person.
    - offer clinical judgement on medical needs (if they have the specialist skills to do so).
    - offer support, encouragement and advice and work with the individual to develop strategies for looking after their own health.
    - guide people to value their health as important. People who have complex needs may have low self-esteem and low self-efficacy which contributes towards poor health. If people do not believe good health is possible to attain, then it is very difficult to maintain good health.
- If meeting for a planned intervention, people may benefit from a friend, carer or advocate if they are given consent for them to accompany them to their appointment. Supporting individuals can be a very useful source of support to people experiencing homelessness and organisations such as Groundswell (www.groundswell.org.uk) in London offer a service which connects people with health advocates with past experience of homelessness.
- Regular checking through the meeting helps to make sure the nurse covers the issues the person wants to cover.
- It is up to the person if they do not want to answer a question, or consent to an examination.
- If possible, give people an option to have either a male or female health professional should they wish.
- Inform them of rights they have and standards they can expect while accessing your healthcare.
- Remember that this is the person's health appointment and priorities and not your own. Try to keep focusing on that wherever possible.



Allow time

- People may need information communicating to them another way due to literacy or English language skills. The nurse should consider ways to adapt communications accordingly.
- The concept of a health meeting is that it gives people enough time to talk about what matters to them. By structuring the meeting into sections, it gives opportunities for them to shape the direction of their care where this is possible. It is part of the overall process of joint assessment and care planning.

Before and at the meeting

- Possible meeting spaces include primary care services, hostels, housing departments or in mobile units on the streets.
- Use experience as to the most appropriate time to complete an assessment.
- In negotiation with the person, the nurse may choose to cover different sections at different times as appropriate. For example, the nurse may cover one section in one meeting and cover other areas later as part of a longer term engagement. The homeless digital template codes can be found here: EMIS and SystmOne Codes for homeless health template.
- At the meeting, the nurse asks questions to gain a full picture of the current state of the person's health. The QNI's Health Assessment Tool (HAT 2015) on pages 7-12 of this guidance can be used as a reference. This document has been informed by people with lived experience of homelessness, the Homeless Health National Advisory Group, NICE Guidance, Pathway Standards and QOF Indicators.
- Nurses should stress that they are not there to judge anyone.
- The nurse should consider a full range of health assessment options such as height and weight, blood pressure, blood test, heart and lung function tests etc. The nurse should ensure they check feet and oral health as part of an all-body check.
- Inform people about safe places they can leave belongings / animals if applicable during the appointment.
- If the person is under 18, they may ask that parents/carers (if attendant) leave the room if they want to discuss something in confidence.
- Nurses are encouraged to ask carers questions regarding their health to help and support them.

Care Plan

- The aim of the assessment meeting is for the nurse and the person to create the person's 'Care Plan'.

- The nurse, the person, their carer(s), other professionals from health, housing, social care and voluntary sector may all have responsibilities for actions in their care plan. This means that multi agency infrastructure must be established to achieve this.
- A copy of the person's care plan will stay with the health service for records and a copy will go with the person.

On completion

Some questions for the nurse to consider after completing the assessment:

- *What is it like for them?*
- *Are there risks to myself, this individual, people around them or other staff members I need to communicate?*
- *Which are the priority areas for immediate action?*
- *What did I do in the meeting that the person responded positively/negatively to?*
- *Did the person mention interests, sources of support or motivations I could utilise?*
- *How do they respond to change? How can I work with/be sensitive to this?*
- *How do they respond to themselves and others? How can I work with/be sensitive to this?*
- *What causes their health problems?*
- *What is the sequence of their health problems – is there anything that can be done to disrupt this sequence before it becomes problematic?*
- *What are the consequences of their health problems? Are they clearly aware of these patterns?*
- *What are their wishes for the future? – Are these attainable?*
- *What information can I share?*
- *There may be clear priorities and actions necessary. However with other patients, problems may be complex and interrelated.*
    - *Step 1 - Identify and list the problems*
    - *Step 2: Identify the cause of each problem*
    - *Step 3: Group problems together by root cause*
    - *Step 4: Create action plan*
    - *Step 5: Take actions as needed*
- *What key information do I need to know at, or ahead of, our next meeting?*

Nursing and patient care plan templates are attached at the end of the health assessment template.

Follow up

- The Health Assessment Template is not the limit to your assessment processes.
- Depending on skills and training, the nurse may decide that the template gives enough information to conduct more in-depth assessments in other areas including mental health, substance use or sexual health.

Further guidance, reading and tools

- Alcohol Use AUDIT Questionnaire
- Area audits Homeless Health Needs Audit (HNA)
- Children Safeguarding Homeless Families QNI Resource
- Female Genital Mutilation - RCN Female Genital Mutilation Guidance
- Foot Care QNI The Foot Care of People Experiencing Homelessness
- General Health Undertake EQ-5D for more detailed information
- Housing eligibility Shelter - Guide to Statutory Homelessness Rules
- Learning disabilities RCGP Guidance and alternative healthcheck
- Mental Health and Capacity Mental Capacity Act / Warwick-Edinburgh Mental Well-being Scale
- Migrant Health Public Health England Migrant Health Guide
- No recourse to public funds No Recourse to Public Funds Network
- Nutrition MUST Tool / QNI Food, Nutrition and Homelessness Guidance
- Oral Health QNI Oral Health and Homelessness: Guidance for Community Nurses
- Rights NHS Constitution / Shelter - Advice if You are Homeless

Other resources are available on the QNI's Homeless Health Links page

Health Assessment Tool for use by community nurses with people who are homeless
(HAT 2015)

Name of nurse	
Date / Time	

- Introduce self and role.
- Ask what they would like from meeting.
- Outline plan for meeting. Explain this health assessment can be used as a resource.
- Complete sections relevant to the needs of the person. There is no need to complete the whole assessment in one session.
- For nurses using systems with read codes a column has been provided to enter the appropriate one.
- Please only add text **in the *'column for the nurse to complete'*** columns. It is only approved for use by the QNI for this purpose.
- Pathway have digital codes for EMIS and SYSTMONE which can be found at the bottom of the page following this link https://www.pathway.org.uk/about-us/what-we-do/knowledge-share/homeless-digital-template/

About	Column for the nurse to complete	Appropriate QOF category	Read Codes
Full name			
Date of Birth			
Nationality		**Ethnicity & other related national data** **Ethnic category – 2001 census** **Country of birth**	
Current Address			
Anticipated next address (if moving imminently and known)			
Telephone Number			
Mobile Phone Number			
Email address			
Best method of contact			
Name of next of kin/carer			
Telephone Number for next of kin/carer		**Emergency contact details**	
Your NHS Number (if known)			
Name of key worker			
Surgery and name of GP (if registered)			

Contact with other health and social care professionals in last 3 months *(dentist/pharmacy/mental health/podiatry/health visitor/midwife/drug and alcohol/sexual health etc)*		**Seen by GP** **Seen by optician** **Seen by practice nurse** **Seen by dentist** **Seen by CPN** **Seen by ambulance crew** **Seen by drug team** **Seen by midwife** **Seen by pharmacist** **Seen by podiatrist** **Seen by social worker** **Social worker involved**	
General Health	Column for the nurse to complete	Appropriate QOF category	
Blood pressure		**o/e blood pressure**	
Pulse		**o/e pulse**	
Urinalysis		**Urinalysis**	
Blood in urine		**Haematuria**	
Constipation/blood in stool		**Blood in stools**	
Long term conditions		**Asthma** **Diabetes** **COPD** **CHD (IHD)** **Cancer** **Mental illness** **Other**	
Recent hospital admissions		**Hospital admission**	
Concerning symptoms			
Recent blackouts, vision disturbance or seizures		**H/o visual disturbance** **History of syncope** **H/o blackouts** **Last fit**	
Respiratory/breathing problems		**Breathlessness** **Difficulty breathing**	
Family history of • Diabetes • Heart Disease or Hypertension • Asthma/COPD • Cancer • Mental health • Other health conditions		**Family history** **Family history taken** **FH:DM** **FH:CVD** **FH: other diseases**	
Drugs/Food/Latex/other allergies		**No known allergy** **History of drug allergy** **Latex allergy** **Food allergy**	
MEDICATION			
Current prescription/over-the-counter medications			
Purpose of medications			
Storage of medications		**Assessment of risk of opioid medication storage**	
Side effects		**Drug side effects checked** **No drug side effects reported**	
ALCOHOL			
Level of drinking		**Alcohol consumption**	
Patterns of drinking *(Drink more or less at certain times of the day or*			

when certain events happen. Ask them to explore their habits)			
Wants advice on reducing/stopping		**Alcohol advice**	
SMOKING			
Level of smoking		**Smoking status**	
Source/type of cigarettes *(Can advise on harm reduction)*			
Patterns of smoking *(Smoke more at certain times of day/when certain events happen. Ask to explore habits)*			
Wants advice on reducing/quitting		**Smoking cessation advice**	
SUBSTANCE MISUSE			
Substance taken, level of use and level of harm		**Injecting drug user** **Drug misuse behaviour** **Drug misuse assessment** **Drug misuse assessment declined** **Seen in drug misuse clinic** **Shared care drug misuse treatment** **Non dependent abuse of drugs** **Misuse of prescription only drugs** **Lifestyle advice regarding drug misuse** **Harm minimisation regarding lifestyle** **H/o cocaine misuse** **Cocaine type drug dependence** **H/o crack cocaine misuse** **H/o Hypnotic or anxiolytic misuse** **Unspecified hypnotic or anxiolytic drug (benzodiazepine) dependence** **H/o amphetamine misuse** **Amphetamine or other psychostimulant dependence** **H/o heroin misuse** **Opioid type drug dependence** **H/o solvent misuse** **Glue sniffing dependence**	
NPS misuse		**Novel psychoactive substance misuse**	
Changes in pattern of use over time *(Use more at certain times of the day or when certain events happen. Ask them to explore their habits)*			
Health of injection sites/wound care			
Mixing of substances			
Methadone script /dose/ pharmacy for collection			
Concerned with family substance use			
Awareness of Naloxone (if applicable)			
Awareness of supervised sites /needle exchange programmes			
DIET			
Height and Weight? BMI			
Recent changes in weight			
Current nutrition / diet / food source			
SKIN			
Assess skin integrity			
Dryness / Itching			

Sores/ulceration			
Rash/ Acne			
DENTAL			
Pain / Aches / Swellings			
Caries			
Periodontal disease			
Oral cancer – any symptoms			
FEET			
Condition of toenails			
Sores/cuts/trench foot			
Diabetic wound care			
Quality of shoes and socks			
EMOTIONAL HEALTH *Only complete this section if you can deal with disclosures and signpost to the relevant professional*	*Mental health crises should be dealt with by the mental health team*		
Ability to cope with feeling and emotions			
What was it like for you in the past			
What helps you cope/feel better			
Bothered by feeling depressed			
What triggers these feelings			
Anyone made you do things against your will			
Who can you talk to/what can you do when you feel down			
Hopes for the future			
Further support and advice wanted *(Draw out capacity for coping, sources of support and trigger points. Develop action plan.)*			
COMMUNICABLE			
Offer test for HIV			
Offer test for Hep B & C		**Hepatitis B screening offered** **Hepatitis C screening offered**	
Offer test for TB (sputum sample)			
SEXUAL HEALTH			
Offer test for Chlamydia/ gonorrhea		**Chlamydia screening offered**	
Offer contraception /advice		**Condoms issued** **Contraceptive advice**	
Offer advice if wish to discuss sexual activity		**Health education – sexual advice**	
Sex working *(additional support wanted – safeguarding, harm reduction, exiting routes)*		**Sex worker**	
WOMEN'S HEALTH			
Currently pregnant - Offer Pregnancy test (if needed)		**Currently pregnant** **Pregnancy test**	
Advice on self-checking		**Self breast examination**	
Cervical screen needed		**Cervical smear due** **Cervical neoplasia screening**	

Health of relationship		**Relationship problems**	
Other specific advice e.g., access to low-cost /free sanitary towels			
MEN'S HEALTH			
Advice on self-checking for testicular cancer		**Self testicular examination**	
Do you have any trouble passing urine?		**Urinary system symptoms**	
Health of relationship		**Relationship problems**	
IMMUNISATIONS			
Flu		**Influenza immunisation**	
Hepatitis B		**Hepatitis B immunisation**	
Other		**Immunisations**	
Is there anything else you want to say about your general health?			
Home	Column for the nurse to complete	Appropriate QOF category	
Type of accommodation		**Accommodation** **Lack of housing**	
Length of homelessness		**Length of homelessness**	
Intended stay at current accommodation			
Impact of homelessness on health			
Cause of homelessness			
Local support services		**Under care of CMHT** **Under care of CDAT**	
Benefits entitlement		**Sickness benefit** **Benefits counselling**	
Safeguarding	Column for the nurse to complete	Appropriate QOF category	
Adult safeguarding		**Adult safeguarding concern** **Referred to adult safeguarding team** **Vulnerable adult**	
For children's safeguarding, please refer to QNI Safeguarding Homeless Families Templates		*Complete if you are a health visitor or child health specialist*	

Next steps

- Agree actions for care plan and identify who responsible
- Ensure they know who to contact if they have worries with health
- Highlight next meeting date and time as necessary
- Update other health professionals at multi-disciplinary services (within patient confidentiality)
- Immediately link into housing services/voluntary organisations while still at the meeting (as appropriate to situation)
- Immediately link to social care for additional adult/family needs as necessary
- Offer opportunity to join a patient group or forum (if at appropriate time)

Key contacts	Contact details
Named Midwife for Child Protection	
Community Dental Services	

Homeless Health Service (if applicable)	
Community Mental Health Team	
Community Drug & Alcohol Team	
Health Visiting Team	
Hostel(s)	
Regional Tuberculosis Lead	
Local Domestic Violence Service	
Local Rape Crisis Centre	
FGM Lead	
Community Podiatry Team	
Daycentre(s)	
Children's /Adults Social Care	
Housing Department	
GP/Hospital consultant	

Nursing Care Plan

Read code: Care plan (8CM%)

Name of nurse:
Name of patient:
Date of meeting:

	Nature of issue (situation/description /length of time/ severity)	Priority (low/medium/high)	Level of risk (low/medium/high)	Level of patient motivation (low/medium/high)	Intended outcome	Action recommended/taken
Physical health						
Mental health						
Substance use						
Housing						

Risk of harm to patient						
Future risks to **patients'** health						
Risks to health staff						

Patient's Care Plan

Date:
My nurse:
Date and time of next meeting:
The number to call if I have an emergency is:

Steps I will take to protect my health and protect myself/others from harm:

1

2

3

I want to be able to:

1

2

3

I will:

1

2

3

My nurse will:

1

2

3

Other people and organisations will:

1

2

3

So that I feel

1

2

3

People, things or thoughts that keep me motivated are:

1

2

3

Notes

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