

Guidelines for **health-**  
**related street outreach**  
to people experiencing  
homelessness

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ORIGINAL RESEARCH:  
EMPIRICAL RESEARCH - QUALITATIVE

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## Health-related street outreach: Exploring the perceptions of homeless people with experience of sleeping rough

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### Abstract

**Aims:** To understand how health-related street outreach is perceived by homeless people with experience of sleeping rough. Specialist nursing and primary care services are expected to provide street outreach but there is no specific guidance on how to deliver it.

**Design:** A qualitative description study.

**Method:** Purposive opportunistic sampling was used to recruit participants from three drop-in centres in London. Ten semi-structured interviews were conducted between 4 June 2018 - 28 June 2018 and Braun and Clarke's thematic analysis was used.

**Results:** Health-related street outreach was perceived as being able to offer a human connection that reduced the sense of isolation and exclusion commonly experienced on the street. People with experience of sleeping rough felt it could overcome access barriers and provide a bridge to healthcare services. Crucially the right approach was deemed to be essential and was defined by participants in terms of location, timing, the outreach team, and the verbal and non-verbal styles used by outreach workers.

**Conclusion:** Health-related street outreach is a valuable health promotion tool for people experiencing homelessness that should be financially supported by healthcare commissioners and employers. Providers of health-related street outreach must adopt the right approach and the development of guidelines could assist services to achieve this.

**Impact:** The findings of this study can inform planning and review of health-related street outreach to ensure that the approach taken by healthcare workers is acceptable to, and based on the views of, the people these services are provided for.

### KEYWORDS

health, homeless, nursing, sleeping rough, street homeless, street outreach



Human connection



Overcome access barriers = bridge to healthcare



The right approach

Research



Guidelines for **health-related street outreach** to people experiencing homelessness

LNNM workshop



Questionnaires to healthcare workers and housing outreach workers around UK



### Why?

Reasons to provide health-related street outreach

### Who?

Healthcare workers providing street outreach and partnership working

### When and Where?

Timings and locations

### How?

The approach

### What?

Items to provide

# Why? Reasons to provide health-related street outreach

**10 x more likely to die early + 1/3<sup>rd</sup> deaths from treatable conditions**

(Aldridge et al. 2018; Bureau of Investigative Journalism, 2019)

**Multiple access barriers to healthcare**

(Burrows et al. 2016)

**Aim to bring healthcare directly to the most underserved people + hidden populations other services fail to reach**

(Zlocknick et al. 2013; Szeintuch, 2015)

*"I would feel very good, I would feel someone was seeing me, that someone cares for me"*

*"to think about them like as part of society, that homeless people are potentially patients or potentially people that need the service, this is just amazing"*

*"if I met another person from the team I think I'd be still comfortable, because I know they're from the team that I get along with"*

*"people maybe see it as a good thing, if they start seeing more doctors and nurses around, are willing to go see a nurse or a doctor at a walk in centre"*

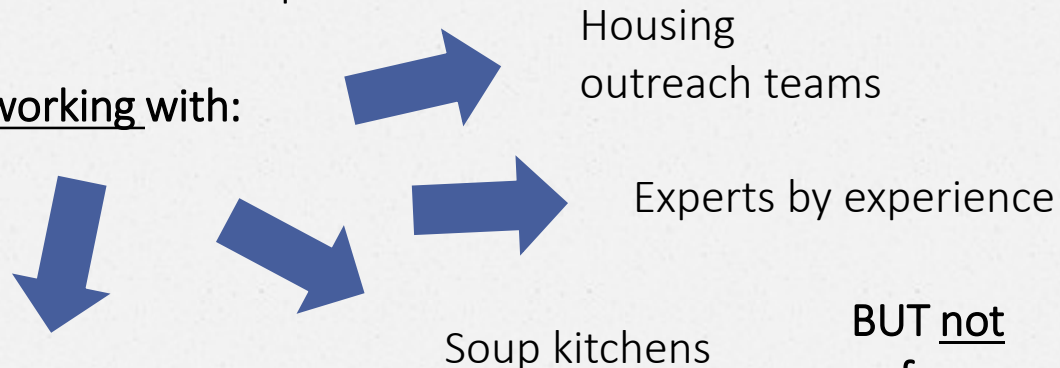
(Ungpakorn & Rae, 2019)

# Who? Healthcare workers providing street outreach and partnership working

Variety of professional backgrounds, but common essential skills:

- Expert engagement skills
- Specialist knowledge of homelessness
- Advanced levels of practice

Partnership working with:



Multi-disciplinary partnership work\*

**BUT not  
enforcement  
agencies**

# When & Where? Timings and locations

Flexibility in timings and locations is ideal

Respond to changing local environment or situation

Waking people is not recommended



Swansea service  
example: breakfast  
outreach + street  
clinics at fountain  
+ individual visits

# How? The approach

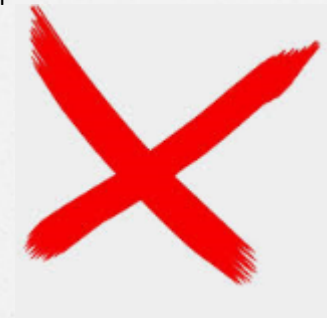
## Interpersonal approach



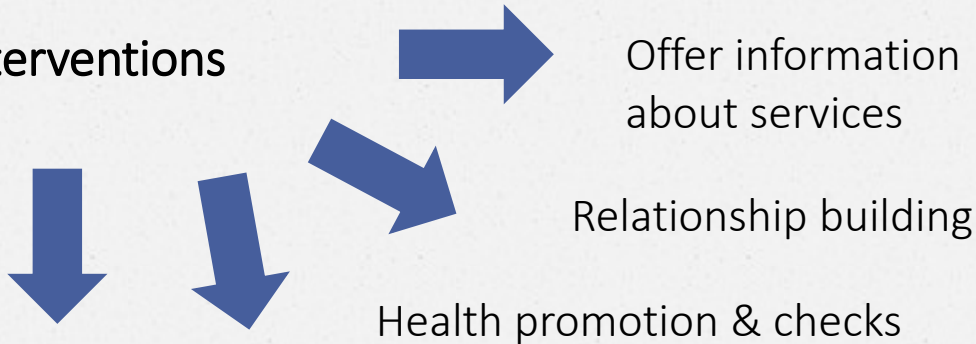
Friendly, compassionate, respectful  
Honest, genuine, reliable  
Gradual, gentle approach + person-led agenda  
Respect person space + come down to same level  
Show ID and explain care is free

+ use telephone interpreting  
+ mental capacity assessment

Patronising, judgemental or dismissive  
Unreliable, false promises  
Pushy, dictatorial, overloading people with information  
Too many people approaching at once  
Wearing uniform



## Interventions



Assessment & management of specific health concerns + prescribing + referrals

- **Shift planning**

Balance of targeted and opportunistic approach

- **Personal safety**

Work in pairs

Carry a mobile phone

- **Record keeping**

Explain purpose of asking for personal details

Use spreadsheet to record activity if unable to record on individual healthcare record

+ how to make a business case for street outreach





# What? Items to provide



Top 5 items:

- Toiletries
- First aid kits
- Socks
- Sanitary products
- Condoms

+ case studies  
+ **services contact list**  
+ references

# What do guidelines need now?

- Please review draft + send me comments by 1<sup>st</sup> January!
- Send me examples of innovative ideas in health-related street outreach from your services + case studies

Date for 2<sup>nd</sup> draft = 1st March

RCN + QNI + LNNM + Pathway endorsement