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Exploring what works well and less well in a community-based drop-in model providing health and wellbeing services for people experiencing homelessness: An evaluation of the Joseph Cowen Health Centre

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Want to hear more?

To hear more about the findings, please contact Emma Adams emma.adams@newcastle.ac.uk.

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Executive Summary

Background

People experiencing homelessness often face huge obstacles accessing health and social care support in the community, and services are often not integrated and coordinated. One example of integrated and coordinated access to health and social care needs has been operating in Byker, Newcastle Upon Tyne, for over 20 years. The Joseph Cowen Health Centre provides a drop-in facility where visitors can access a variety of health and wellbeing services. The Centre offers a safe space for people experiencing homelessness who need to engage with health, housing and other services. The services and support offered at the Centre have been expanding, however, little is known about what works well and less well with the services offered through the Joseph Cowen Health Centre.

Aim

The purpose of this evaluation is to understand what is working well (and not so well) in how services are offered through the Joseph Cowen Health Centre. The goal is to learn about the operational side of delivery to make suggestions for how the service could be improved, where learnings could be shared across the system, and identifying opportunities for future development.

Methods

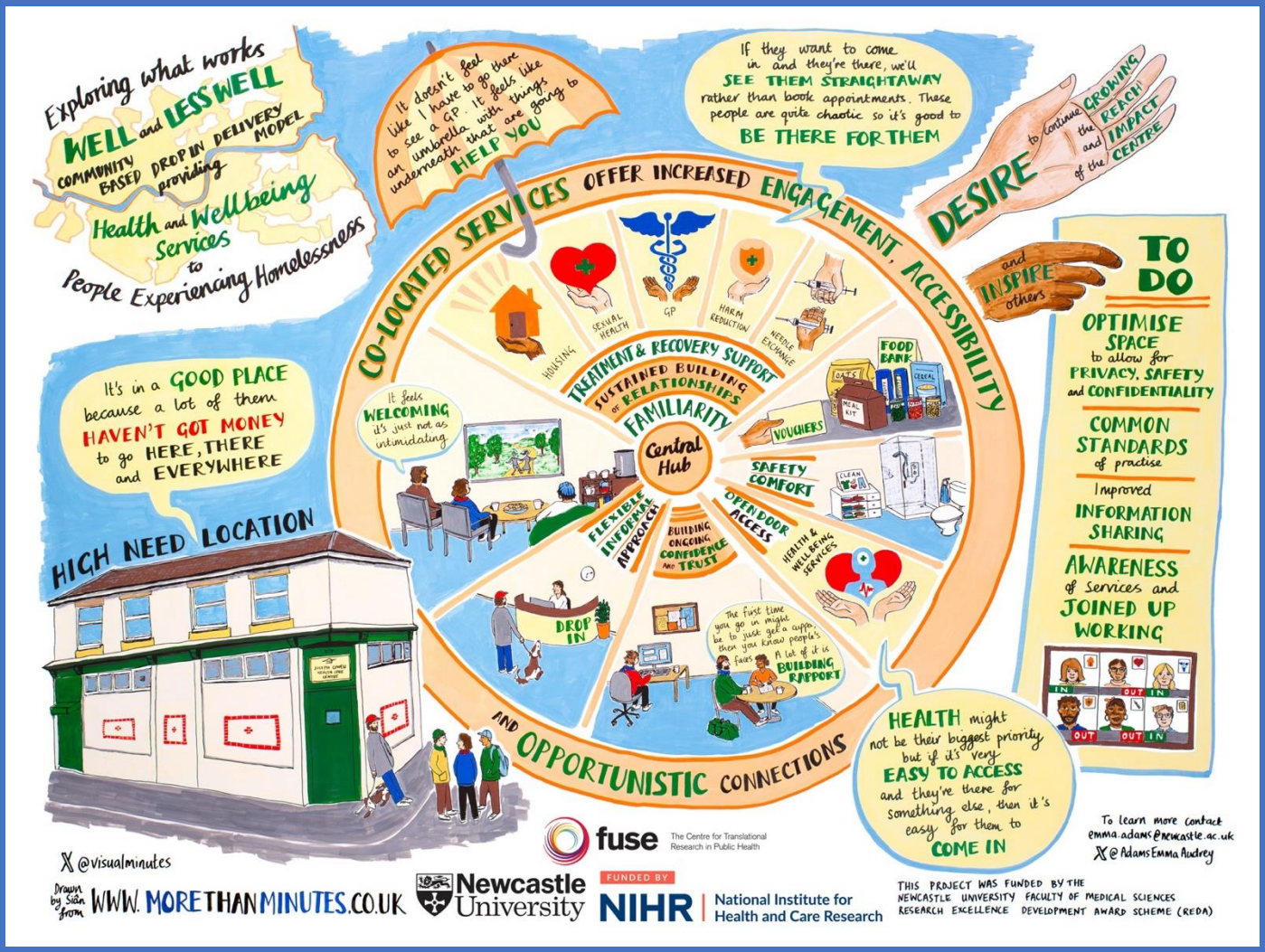
Between June and September 2023, we spoke to 14 service providers who work in a paid or voluntary capacity operating some of their service from the Joseph Cowen Health Centre. People worked for organisations ranging from statutory services and speciality support to third sector and voluntary organisations. These conversations were audio-recorded and thematically analysed.

Key findings

Overall, providers were positive about how the Centre delivered support for people experiencing homelessness. One of the aspects that worked particularly well about the Centre was its location since it is based in a high need area. Although the physical environment was seen as non-stigmatising and better than other statutory service locations, the ability to properly deliver co-located services was somewhat limited by space and issues around confidentiality when multiple people and services were using the building. Co-locating different services was seen as something that worked extremely well for the Centre as it led to opportunistic contact with people experiencing homelessness and reduced barriers for them accessing support. This approach also led to building relationships between services. Despite the positives with co-locating services, the lack of formalisation of partnerships meant that often support could still be siloed and information sharing was limited. The wellbeing services supported ongoing and sustained relationship building with people experiencing homelessness. Additionally, the drop-in and flexible approach used by the Centre encouraged continued access and engagement, although there were challenges with managing high volume periods with the current queuing system.

Conclusion

Co-locating services to cover the breadth of health and care needs has the potential to increase engagement and access for people experiencing homelessness, whilst also providing an avenue to support relationship building with service users and between services. The Joseph Cowen Health Centre offered an example of where things can work well when delivering services operated by different providers, with some areas for further development. A unique aspect of the Centre was that a not-for-profit organisation was able to bring together services from across the health and social care system. There was a particular focus on the benefit of the atmosphere the service was able to provide compared to more traditional statutory services. Future services should carefully consider the location and physical space for a hub model and identify ways to formalise partnerships to allow for clear routes for data sharing and collaboration between services.



Why did we do this research?

Across England, there is a manifesto commitment to end Rough Sleeping by 2024, with a strategic focus on the health of people sleeping rough. Initiatives like 'Everyone In' rolled out across England during COVID-19 and more regional initiatives within North East England such as 'Street Zero' have further brought homelessness and related needs into focus. Recent reports and ongoing pieces of work, show that the needs of individuals experiencing homelessness are often complex and housing alone is not the solution (1). The intersection between housing instability, criminal justice, substance use, and physical and mental ill-health leads to many of those experiencing homelessness facing fragmented care and support that does not always appropriately address all their multiple needs. It is well known that those experiencing homelessness are much more likely to have poorer health outcomes, in terms of both physical and mental health, compared to the rest of the general population (2, 3). Often people experiencing homelessness face huge obstacles accessing health and social care support in their communities (4), when services are not available as drop-in centres. The current evidence base shows that coordinated and integrated access to care across the health, social care, housing, and criminal justice system is needed to support those experiencing homelessness(2).

Joseph Cowen Health Centre

Delivered in partnership with NHS North East and North Cumbria Integrated Care Board and Newcastle City Council, the Joseph Cowen Health Centre exists to ensure that people who are experiencing homelessness or who are not registered with a GP have access to quality healthcare and support services. The Joseph Cowen Health Centre provides a drop-in facility that offers refreshments, food bank vouchers, bathing facilities, and clothing, and visitors are able to access a variety of health and wellbeing services.

The Centre operates in the east end of Newcastle Upon Tyne (Byker), with a single-entry point where people enter the building and get buzzed into a main reception. On the left-hand side, is a doorway leading to a room with clothes and a television and a washroom and shower facility. On the right-hand side, is a small desk with a computer and telephone and another washroom, which can be used by visitors. This room is connected by a hallway to two smaller rooms, one of which is set up to resemble a consultation room in a GP and the other used mainly for storage.

The Centre offers twice a weekly volunteer GP service, a weekly clinic run by a nurse practitioner in partnership with a nearby GP practice (Thornfield), a Sexual Health Clinic (run by Newcroft Centre staff), a harm reduction support service that includes Newcastle Treatment and Recovery (NTaR) advice and support drop-in sessions twice weekly, and a needle exchange service five days a week. The Centre also offers a safe space for homeless people who are engaging with health, housing and other services. Recently the service offer has expanded in scope and there is a desire to continue growing the reach and impact of the Centre.

What did we want to learn?

The purpose of this evaluation is to understand what is working well (and not so well) in how services are offered through the Joseph Cowen Health Centre. Working in partnership with Tyne Housing, we sought to learn about the operational side of delivery to make suggestions for how the service could be improved, where learnings could be shared across the system, and opportunities for future development.

What did we do?

A qualitative design was chosen for this evaluation to allow for richer insights into the way in which services work together to deliver distinct care collaboratively. Between June and September 2023, we spoke to fourteen service providers who work in a paid or voluntary capacity operating from the Joseph Cowen Health Centre. Verbal or written consent was obtained from participants before the interviews commenced. Purposive sampling was used to ensure individuals from the different services available at the Centre were recruited. People worked for organisations ranging from statutory services and speciality clinical support to third sector and voluntary organisations. To protect anonymity, specific characteristics of roles are not reported, and participant characteristics have been aggregated.

All interviews were audio-recorded and transcribed verbatim. An inductive reflexive thematic analysis was undertaken using NVivo 1.7.1 for Mac (5-7). Stages are illustrated in the image below (6, 7). Between stages four and five, a small workshop was held to seek feedback from participants and people who are involved with the delivery of services in the Joseph Cowen Health Centre. This provided an opportunity to ensure that the preliminary themes captured the experiences and perspectives of people, while also having the opportunity to refine themes and subthemes.

Ethical approval was obtained from the Newcastle University Ethics Committee in May 2023 (Ref: 33139/2023).

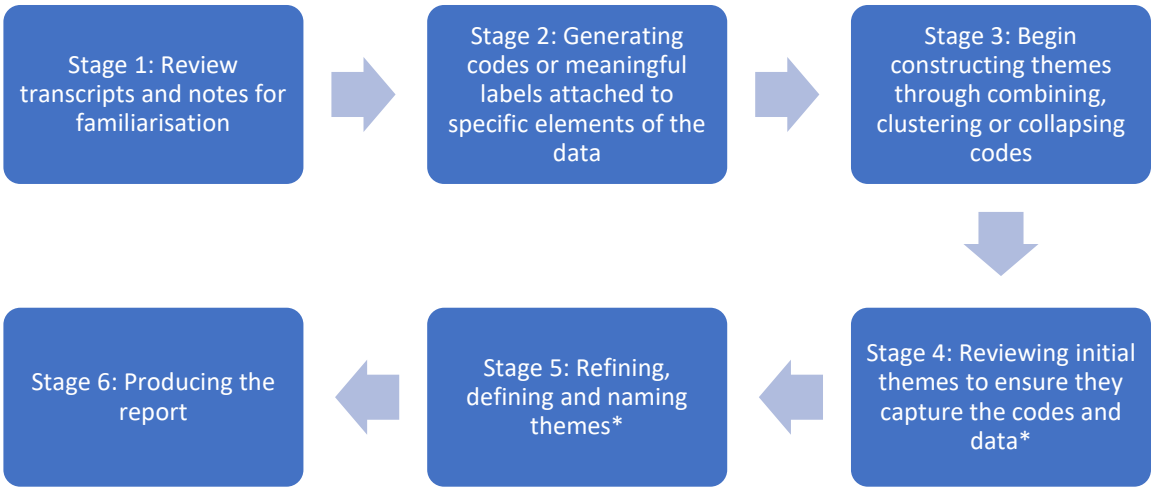


Figure 1 Stages for the inductive reflexive thematic analysis

What did we find?

Fourteen people were interviewed as part of this research; 10 identified as female and 4 as male. The average age was 51 years (standard deviation 11.6, range 28 to 66) and most identified as White British (specifics have been omitted to maintain anonymity). Most interviews focussed on the success of how services were delivered, with only minimal discussions around where things could be improved or changed. Three themes were developed to capture what worked well and less well in how services were delivered in the Joseph Cowen Health Centre: 1) the physical location and space; 2) co-location of different services; and 3) ongoing engagement and access.

The physical location and space

When it came to the physical location of the service, most providers agreed it was an area where there was high need both in terms of deprivation and drug use/homelessness, and that it was easily accessible. Providers explained:

> *"I think it's placed in a good place because you've got the hostel there. It's a main street for homeless, for people with drug addictions and things like that. So it is in a good place, because a lot of them haven't got money to get buses here, there and everywhere. So it's in a really good spot to deliver the services you are delivering."* (Service Provider, 8)

> *"It's central. It gets a lot of footfall."* (Service Provider, 10).

This was viewed positively as it increased the accessibility of the Centre for people experiencing homelessness.

When speaking specifically about the space, providers said the environment felt relaxed and non-imposing. Many providers highlighted the fact the overarching organisation was not a statutory health service was a major benefit as often there was the perception that statutory services created environments that could feel intimidating for people experiencing homelessness. This was true of both providers who themselves worked for statutory health services and those who did not. As one provider explained:

> *"It doesn't feel as clinical which is a good thing. It just feels more welcoming. … It's just not as intimidating because it's not- people hear 'NHS' and they think, "Oh, we're going to be stigmatised." So, yeah, less threatening. It's less threatening, yeah."* (Service Provider, 1)

Despite these positives, confidentiality was highlighted as an area requiring further work in the current operating practices. The limited access to sound-proof, confidential and secure spaces meant that often providers felt that confidential conversations could not take place. Providers shared:

> *"Also, the person that's using the telephone or the laptop or seeing [their worker] if they're whispering, they've got confidentiality. If they're not, then they haven't because you can still hear what's being said."* (Service Provider, 7)

> *"Sometimes if that door is open and you are all in there, and they're in this room here and they're quite wary of what's being said and things like that."* (Service Provider, 8)

Suggestions to resolve this issue included making better use of the separate rooms, shutting doors, and providing clear signage offering the opportunity to speak privately. As described by one provider:

> *"…'signage', or saying, "If you need to speak privately, let a member of staff know." … But I think, yes, something as simple as making it known that if you need to have a private conversation that you can."* (Service Provider, 1)

Although using the separate rooms was not without its risks, as a few providers had concerns around safety of staff if the rooms were to be used more frequently. Changes to address these concerns could include switching the layout to ensure staff were closer to exits and clear safety alarms and procedures when working one-to-one in these spaces.

Co-location of different services

One of the biggest strengths of the Centre was that it brought services together from a range of health and social care providers in one place. With one provider explaining: *"… whatever it is they need, it's in one place."* (Service Provider, 9)

Acting as a central hub, the Centre reduced access barriers, such as travelling across the city for appointments at different locations, faced by people experiencing homelessness.

> *People don't have to make multiple appointments in different places. I think, having everything in one place, where people are familiar with things, like, you don't mind going to somewhere where you're familiar with what the place is like, the staff that are there, you know, who you think's going to be there. I think that would make it a lot more comforting for people, they're a lot more likely to go, when they know what to expect almost, when they get there. (Service Provider, 12)*

It also meant visitors often felt more familiar with the service and the building because they were coming in more frequently, particularly as they could access the service for a cup of coffee, something to eat, or a friendly conversation. The combination and spread of available services left providers feeling as though there was more anonymity with what specific service visitors were accessing when they entered the building compared to more single-service centres. A provider shared the benefit they perceived visitors experienced:

> *… it doesn't feel like I have to go there to see a GP or I have to go there for this. It feels like it's a bit of it an umbrella with things underneath that are going to help you. (Service Provider, 5)*

The Centre often acted as a natural hub for people experiencing homelessness in the region to come and get support for their range of needs or signposting to available services. This was particularly important as providers felt that often health needs were deprioritised for people experiencing homelessness. Thus, if health

services were available in places that catered to more pressing needs like food, showers, and warmth, there was the chance that visitors would receive basic health care. Additionally, co-location created opportunist connections with people who might not have otherwise engaged with services.

> *So, often, the visitors we see, tend to neglect their health. It might not be their biggest priority, but if it's very easy to access, and they're there for something else, picking up some food, or something else, then obviously, it's quite easy for them to come in. (Service Provider, 3)*

> *The benefits is having those people there walking in and just catching opportunistically, catching people who would never probably attend a service like ours. It's out there, people are walking in and we're there for them. (Service Provider, 2)*

The co-location also often led to informal connections and new relationships built across services. This was viewed positively for provider relationships and their ability to support visitors.

> *Because I feel like even if it's not necessarily sharing the information, it's that whole networking and keeping those contacts with other agencies who, you may only speak to them on the phone or via email, and it's nice to have that face-to-face contact and to build those relationships. (Service Provider, 4)*

> *Well, actually, because of us coming here, we've been trying to get into a certain [specific name removed for anonymity] service for a long, long, long, long time, and they wouldn't share any information with us, even though we were both- We were supporting a lot of their patients ... Through us coming here and one of the homeless outreach workers for this particular service comes here as well, we've built up a relationship. Now we've got a meeting and they want to share information with us. (Service Provider, 10)*

Unfortunately, the informality of the partnerships between services often led to areas for improvement. One of the things that did not work so well was an awareness of all the services available and the expertise of each service, which meant that sometimes services were not as joined up as they could be and remained fragmented. One provider explains:

> *Well, I'm not sure entirely, what all of the services are that are there. (Service Provider, 12)*

Another one went on to say:

> *And I suppose I'm aware of services coming in and out, but not so joined up in some ways, I suppose, really. (Service provider, 13)*

Some suggestions for increasing awareness of services included holding forums for the service providers and providing up-to-date information on the specific services and the staff who are coming in. One provider suggested: *"I think that would be*

helpful, maybe a photograph board. They could recognise, 'You're here today for this.'" (Service Provider, 2). They felt it could be useful for both providers and visitors.

Another area for improvement was data sharing between services. Service providers highlighted that the lack of formal data sharing meant there was often a disconnect between services. One person explained:

> *… It would be better to have better information sharing between the services. I mean, I'm not sure what the best mechanism for doing that is because I think, at the moment, we all keep our own separate records. (Service Provider, 3)*

This was a frustration not unique to the Centre, but particularly pressing and a missed opportunity with so many services coming together in one location. When asked for solutions, providers recognised the need for a systems approach to providing services to visitors.

Ongoing access and engagement

The ability to build sustained relationships with visitors was a major facilitator to support delivery of multiple services. The rapport building helped encourage visitors to feel confident in asking for support and also being receptive to suggestions around accessing services.

> *Because the first time you go in, it might just be to get a cuppa, but then, once you know people's faces, so, a lot of it's building a rapport.* (Service Provider, 1)

> *I think it's because you have probably the same people. So, the people that use us, do get used to seeing a familiar face.* (Service Provider, 9)

Another strength of the service and current delivery model in supporting ongoing access was the drop-in and flexible nature of the Centre, which encouraged people experiencing homelessness to return on a regular basis. Many people explained the "open-door access" (Service Provider, 13) was a core element that worked well about the Centre. As one provider explained:

> *If they're there, it's a walk-in, if they want to come in and they're there, we'll see them straightaway rather than having to book appointments. These people are quite chaotic and it's good to be there for them.* (Service Provider, 2)

This approach recognised the situation and circumstances of the visitors they were looking to support in a way that traditional services that operated more on an appointment basis did not. The drop-in nature also allowed visitors to come in for a coffee or wellbeing-oriented support, which providers felt was a core element that supported building ongoing confidence and trust in the service. Although there were concerns that the drop-in nature and one person at a time at reception policy often meant there could be queues outside, which put visitors' anonymity at risk as well as safety with the potential for arguments and disagreements to escalate when waiting outside.

What did we learn?

Through this evaluation, we have identified things that work well about the current delivery model used by services at the Joseph Cowen Health Centre and areas for improvement. The visual found in the Executive Summary provides an overview of the findings.

Main findings highlight the positive opinion providers had of the way services are delivered for people experiencing homelessness through the Centre. One of the things that worked particularly well about the Centre was its location since it is based in a high need area. Although the physical environment was seen as non-stigmatising and better than other statutory service locations, the ability to properly deliver co-located services was somewhat limited by space and issues around confidentiality when multiple people and services were using the building. Co-locating different services was seen as something that worked extremely well for the Centre as it led to opportunistic contact with people experiencing homelessness and reduced barriers for them accessing support. This approach also led to building relationships between services. Despite the positives with co-locating services, the lack of formalisation of partnerships meant that often support could still be siloed and information sharing was limited. The wellbeing services supported ongoing and sustained relationship building with people experiencing homelessness. Additionally, the drop-in and flexible approach used by the Centre encouraged continued access and engagement, although there were challenges with managing high volume periods with the current queuing system.

Recommendations

Based on the findings, we have developed some recommendations specifically for the service, which can be found below.

Recommendations for the Joseph Cowen Health Centre:

- Within the current constraints of the building, considerations should be made on how to optimise the space to increase confidentiality while maintaining the safety of visitors and providers.
- Efforts should be made to consider ways to formalise the existing partnerships. This could lead to a common standard of practice for services operating within the Centre to ensure clear processes for sharing information and working together.
- Taking steps to increase awareness of the available services for providers and visitors alike could include creating a forum for providers to come together or creating a board to visually depict which services are at the Centre at any given time.
- The current one-in and one-out policy helps support confidentiality but can cause tensions between visitors. Any redesign of the space should take into consideration a more robust approach for addressing high volume periods.

In response to early-stage recommendations the service has implemented changes in the following three key areas:

Area 1: Improving and leveraging the existing space available at the Centre

- The main office space is now restricted to Tyne Housing staff and volunteers to ensure General Data Protection Regulation (GDPR) compliance. This implemented change also ensures that individual interactions at reception remain confidential, with visitors signposted to other spaces to access collocated services as needed.
- Programmed drug and alcohol treatment clinics are delivered from a separate space with visitors signposted to a separate, confidential space (telephone room/Needle Exchange room).
- The Needle Exchange room is now open to facilitate onsite treatment and recovery services; this has alleviated some tensions. This research, and additional commissioned research to consider the wider layout of the building, will consider the environmental and space changes required to make the building more accessible. Physical changes to the building will be subject to successful external funding.
- There are plans to reopen the Needle Exchange room on a permanent basis, but this will be dependent on successful external funding to increase staffing capacity.

Area 2: Implementing a Joseph Cowen Health Centre Co-location and Partnership Agreement

- To address safety concerns for visitors, a Joseph Cowen Health Centre Co-location and Partnership Agreement has been consulted upon and will be implemented from April 2024. This will ensure effective communication among partners, recognising that the Joseph Cowen Health Centre Senior is the main point of contact and the responsible onsite officer for all health, safety, and safeguarding issues.
- All collocated and referral-based services delivering from the Centre, have been working on a co-location and partnership agreement which provides common standards of practice for services operating within the Centre to ensure clear processes for sharing information and working together.

Area 3: Increasing awareness of available services at the Centre

- The Centre now has a service offer document, which includes a calendar, advertising what services are available and when. This is displayed on the reception notice board and hard copies are available on request. There are further plans to develop and display a ‘who’s who’ poster to enable visitors to identify staff and services.

Following a workshop held at the end of February 2024 with stakeholders from across the region, discussions were held to develop recommendations for the wider system to create integrated co-located health and wellbeing hubs or services for people experiencing homelessness. Based on these discussions with stakeholders we have developed three core recommendations for the wider health and wellbeing system. Across all recommendations is the need to include and actively involve the voice of people with experience of homelessness in any development of new or improved services.

Recommendation 1: A core offer of co-located integrated health and wellbeing support for people experiencing homelessness.

- Identify a core minimum offer of health and wellbeing support that needs to be available to people experiencing homelessness, ideally as a drop-in basis.
- Ensure that when co-locating services and support, support around general wellbeing such as refreshments are prioritised as part of the offer.
- Provide a single access point where services from across the health and social care system are available in an easily accessible location for people experiencing homelessness.
- Place lived experience at the centre of any new support offers to ensure that not only appropriate support is made available, but also that the support and the settings they take place are accessible and non-judgmental.
- Develop joint strategies around homeless health that cross services to enable better collaboration, cross-sector working, and ensure consistency in applying approaches to care.
- Create robust signposting and referral systems to ensure people can have continuity of care and access more speciality services when needed.

Recommendation 2: An ongoing learning environment to ensure continued education and awareness to address stigma and ensure the best possible care is being provided.

- Create a culture which encourages multidisciplinary team meetings to learn from best practices and identify better ways of working together.
- Build on education and training to increase awareness and address the stigma, trauma, and disadvantage people experiencing homelessness face when accessing services.
- Host community learning events to learn from leaders and people in communities and identify emerging challenges within the community.
- Leverage lived experience and peer support to continue shaping future service development.

Recommendation 3: A joined-up approach to data sharing that places people at the centre.

- Consider using health passports to provide people with autonomy on sharing their information across services.
- Identify strategies to encourage better linkage of data across services, sectors, and systems.

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