

19th SEPTEMBER, FRIDAY

9h30 – 10h50

SEMINAR SESSION 2 - Participants will be asked to select one of these 6 parallel seminars

Seminar 8: Health and Homelessness II (Room: X) - Chair: Freek Spinnewijn, BE

Michelle Cornes, Joanne Coombes, UK: Ending Discharge to the Street After Hospital - What Works?

Background

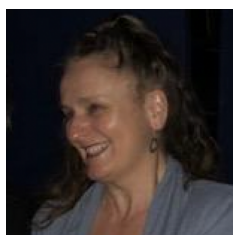
In England, older people receive step-down intermediate care after a stay in hospital. This provides short-term support for up to six weeks to help people recover and regain their independence. Between 2021-2023, the Department of Health and Social Care (DHSC) tested different 'housing-led' models of intermediate care for people experiencing homelessness. This programme provided £16 million funding to 17 test sites. The aim was to facilitate learning around how to mobilise and sustain specialist out-of-hospital care. In this presentation, we focus on the different models that were tested and what works from the perspective of people experiencing homelessness.

Methods

The evaluation was mixed methods. Standardised data was collected from services across the 17 test sites. Metrics included patient demographics, process outcomes (e.g., the flow of individuals in and out of care services, staff composition, workload, and more), economic outcomes concerning the NHS and broader public sector budgets and investment costs. Quality of life outcomes, housing outcomes and care experiences were captured for 907 people. Informed by the data, 3 'positive practice' sites were selected for in-depth qualitative study using appreciative inquiry. This involved 30 interviews with people experiencing homelessness and 30 stakeholders including frontline practitioners and commissioners of services.

Findings

The evaluation demonstrated the considerable benefits of providing specialist intermediate care. Step-down improved outcomes for most people and significantly reduced the numbers being discharged to the street. As compared to the larger more institutionalised models, smaller step-down houses providing homely accommodation for 5-6 'guests' with onsite support was the preferred model. The main implementation challenge was 'silting-up' due to the lack of move on accommodation. Sustainability was also an issue - longer-term funding was targeted at older people's intermediate care and there was a failure to address health inequalities and homelessness as part of routine transformation work to improve hospital discharge.



Michelle Cornes is Professor of Health and Social Policy Inequalities at the University of Salford and Visiting Professorial Fellow at King's College London.



Joanne Coombes is a Lived Experience Peer Researcher at King's College London. Michelle and Jo have worked together on a range of homelessness research projects for over ten years. Michelle met Jo when she was discharged to the street after a three month stay in hospital and they have been working to end discharge to the street ever since.

Jess Harris, UK: 'Mental Capacity' Assessments: Opening or Slamming the Door on Support for People Experiencing Homelessness?

People experiencing long term and repeat homelessness often experience multiple disadvantage, including mental ill health and substance use/addiction. This is associated with self-neglect and high risks of harm, alongside mistrust and at times 'refusal' of services. Cognitive impairments are also more prevalent in this population. These factors underline the complexity but necessity of understanding an individual's ability - their 'mental capacity' - to make decisions about accommodation, health treatment or social care, in order to better understand their individual support needs. In England and Wales, the Mental Capacity Act 2005 provides the assessment framework, with equivalents across the UK and Europe. However, reviews of homelessness deaths raise concerns about practitioner approaches to assessments. A 2023-2026 mixed-methods study is exploring assessment practice, what 'good' looks like and barriers to good practice in England. It includes evidence reviews, a national survey of practitioners, and interviews with national practice leads, practitioners and people experiencing homelessness. Lived experience advisors have contributed to all stages. The study has evidenced national concern about practitioner attitudes, and practice challenges including assessments lacking multidisciplinary input and knowledge of this population. The presumption, not assessment, of 'capacity' may be used to deny support. Other contextual pressures include resource constraints, which may influence assessments where services are not available to respond to any finding of 'incapacity'. Facets of good practice and areas where clarity is required have been identified. Emerging findings have informed the co-production of a specialist assessment tool, being piloted summer 2025. This evidence has implications for wider debates, beyond mental capacity. It is hoped that people experiencing homelessness will benefit from improved consideration of their individual circumstances, and responses which include both empowerment and also support and safeguarding.



Jess Harris is a Research Fellow at the Health & Social Care Workforce Research Unit (HSCWRU) at King's College London, and co-leads HSCWRU's Homelessness Research Programme. The HSCWRU [webinar series](#) on homelessness research and practice is open to all.