

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Integrated health and social care for people experiencing homelessness

The Department of Health and Social Care in England has asked NICE to develop guidance on integrated health and social care for people experiencing homelessness.

NICE worked with Centre for Homelessness Impact and Public Health England to develop this scope.

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline will also be used to develop the NICE quality standard for integrated health and social care for people experiencing homelessness.

1 Why the guideline is needed

People who experience homelessness often have complex physical and mental health problems, substance use problems and various social care needs in addition to housing needs. The COVID-19 pandemic has brought the issues facing people experiencing homelessness into a sharp focus. A range of approaches have been developed to address the needs of people experiencing homelessness and to improve their outcomes. However, there is no national guidance on providing joined-up health and social care for people experiencing homelessness.

The underlying causes of homelessness include structural, societal and economic factors such as poverty and deprivation, unaffordable housing, unemployment, exclusion and discrimination. People may also have precipitating factors for homelessness, such as experience of trauma, adverse childhood events, addiction, neurobehavioural differences, mental health

problems or brain injury. There are different forms of homelessness, which may often be temporary, and people may move between these, sometimes repeatedly. Rough sleeping is the most visible and severe form of homelessness, and often has serious consequences.

People experiencing homelessness often have multiple and complex physical, mental, emotional and sexual health and social care needs, which are often left unaddressed leading to poor outcomes. This guideline will look at ways to improve access to and engagement with services, and provide joined-up health and social care to improve outcomes for people experiencing homelessness.

2 Who the guideline is for

This guideline is for:

- local authorities
- commissioners
- providers of services
- healthcare professionals in primary, secondary and tertiary care
- social care practitioners
- people who experience homelessness, their families, advocates, and the public.

It will also be relevant for:

- voluntary, community and social enterprise sector
- housing services
- criminal justice system
- faith-based organisations
- relevant academics, educators and practice educators.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to protected characteristics and other factors that will be identified during the development of this guideline.

3 What the guideline will cover

3.1 Who is the focus?

Groups that will be covered

People (aged 16 and over) experiencing homelessness, defined as follows for this guideline:

- People who are rough sleeping (meaning people without homes who sleep outside or somewhere not designed for habitation)
- People who are temporary residents of hostel accommodation (such as emergency night shelters, short-stay hostels, longer stay hostels, domestic violence safehouses, safehouses for victims of modern slavery and probation hostels)
- People who are in unsupported temporary accommodation (such as B&Bs)
- People who use day centres that provide support (such as food, showers, clothing and advice) for people experiencing homelessness
- People staying temporarily with family and friends ('sofa surfing')
- Squatters

People with a history of homelessness (as defined by the groups above), who are at high risk of becoming homeless again because of ongoing complex health and social care needs.

Within these populations, specific consideration will be given to the sub-populations identified in the equalities impact assessment form.

Groups that will not be covered

- Children and young people up to 16 years of age
- Travellers
- People staying in institutions in the long-term.

Children and young people under 16 might be covered indirectly if they accompany a person experiencing homelessness.

Travellers might be covered if they otherwise fit the population definition above.

3.2 Settings

Settings that will be covered

All settings where health or social care support are provided for people experiencing homelessness.

3.3 Activities, services or aspects of care

Key areas that will be covered

We will look at evidence in the areas below when developing the guideline.

- 1 Access and engagement
- 2 Joining up health and social care.
- 3 People's views and experiences.

Areas that will not be covered

- 1 Primary prevention of homelessness.
- 2 Clinical interventions for specific health conditions.

Related NICE guidance

Cross references to relevant NICE guidelines will be made as appropriate.

3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling. We will review the economic evidence for all areas and consider if new economic analysis is needed or feasible.

3.5 Key issues and draft questions

While writing this scope, we have identified the following key issues and draft questions related to them:

- 1 Access and engagement
 - 1.1 What is the effectiveness of health and social care interventions (or approaches) which seek to improve accessibility and engagement for people experiencing homelessness?
- 2 Joining up health and social care
 - 2.1 What joined-up approaches are effective in responding to the health, social care and housing needs of people experiencing homelessness?
- 3 People's views and experiences
 - 3.1 What are people's views and experiences about how to improve access to, engagement with and delivery of health and social care for people experiencing homelessness?

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

3.6 Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence include:

- 1 Access to and engagement with care

- 2 People's experiences of care or services and other themes from qualitative data
- 3 Quality of life (both health- and social-related quality)
- 4 Health outcomes including social, emotional and mental health and wellbeing, substance use, physical health and wellbeing, morbidity and mortality
- 5 Recovery (such as social wellbeing, housing status, employment and education)
- 6 Imprisonment and engagement with the criminal justice system
- 7 Unplanned use of services.

The outcomes to be considered for each topic will be determined when detailed review questions are formulated.

4 NICE quality standards and NICE Pathways

4.1 NICE quality standards

NICE quality standards that will use this guideline as an evidence source when they are being developed

- Integrated health and social care for people experiencing homelessness. NICE quality standard. Publication date to be confirmed.

4.2 NICE Pathways

[NICE Pathways](#) bring together everything we have said on a topic in an interactive flowchart. When this guideline is published, the recommendations will be included in the NICE Pathway on integrated health and social care for people experiencing homelessness (in development).

5 Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation.

The guideline is expected to be published in March 2022.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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