



Westminster 
Primary Care Trust

The impact of social and cultural activities on the health and wellbeing of homeless people

A key findings report for Westminster Primary Care Trust (PCT) by Broadway

October 2005

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¹ The Westminster Homeless Health Team, formally known as the Homelessness PMS+ Pilot, was set up to provide primary care specifically for homeless people, including rough sleepers. The nurse-led service provides community nursing, Doctors' services, counselling and other therapies in four day centers across Westminster.

² The Health Support Team is primarily a nurse-led team which works intensively with people who are homeless, asylum seekers and refugees. The aim of the team is to improve the health of this client group and to integrate them in to mainstream services. The team will assist people to access services for example by registering with a local GP, dentist or any other services that they may need.

³ Westminster PCT has established an Enhanced Scheme that seeks to promote access to GP practices for homeless people who do not need targeted care provided through the Homeless Health Team. There are 15 practices across Westminster registered with this scheme.

Introduction

Westminster PCT commissioned the Research Team at Broadway, a pan-London Homelessness charity, to undertake a project exploring the links between social and cultural activities and health. The project was undertaken between April and July 2005.

This key findings report summarises findings from the following:

- A literature review
- Five workshops with a total of 45 homeless people in hostels and day centres across Westminster
- Interviews with seven health and homelessness professionals and two meetings with stakeholders. Those interviewed were doctors (three), a community nurse, a counsellor, a clinical manager, a therapist and a New Initiatives Manager. The meetings were held with project workers and the project manager at the Church Army and at Voluntary Action Westminster's Homelessness Forum.

People who are homeless or who have experienced homelessness were involved in reviewing research materials and facilitating four of the five workshops.

Findings

The findings that follow are based on the three objectives for the project and key recommendations and areas for action emerging from the research.

1.1 Objective one: To identify the positive impact that social and cultural activities have on health and wellbeing

'Culture has a significant contribution to make to health, not least because in all its forms it helps to provide the social fabric of communities, making them 'communities' in the real sense and sustaining the individuals within them'⁴.

The literature review demonstrates the already proven link between health and social and cultural activities. Although there is little literature specifically about the benefits of activities to homeless people, a wider search found that the benefits identified

⁴ London Health Commission: *Culture and health: making the link* 2002

amongst other groups are of particular relevance to this group, namely, reducing isolation, promoting social networks, self-esteem and communication skills.

Benefits at the point of accessing activities include therapeutic and cathartic effects (e.g. in art), improvement in the range of movement (e.g. in singing, music and dancing), developing skills in self-expression (e.g. in creative writing) and the development of social skills and networks (e.g. in group work). In longitudinal studies of older people, regular engagement with meaningful activities has been linked to greater life satisfaction and a healthier and longer life⁵. The literature also indicates that social and cultural activities can provide a temporary distraction from drugs and alcohol.

Participants in the workshops described a holistic view of health and well-being. Examples of themes in responses to an exercise to define good health include feelings such as happiness, contentedness, strength and positive attitude, and motivation in life.

The positive health outcomes of social and cultural activities identified by homeless people resonate with those identified in the literature review and those raised in interviews with health and homelessness professionals.

The positive effects of activities on mental health were a theme throughout. This was in relation to reducing anxiety and depression, alleviating isolation, promoting relaxation and good sleeping patterns/ daily routines. Participants in groups discussing sports described physical benefits of exercise around the health of the heart and weight control. The fact that activities could offer a distraction or relief from problems and drugs and alcohol was raised in all groups. Also the groups felt that attending activities could help encourage access to medical care as people engage with services and become more able to communicate their needs. Both homeless people and professionals frequently mentioned the possibility of embedding health promotion into social and cultural activities. This could be done through learning activities (e.g. a talk or group work about a health issue), availability of information and health related services at point of accessing activities, by providing healthy food and creating a 'clean' environment (no drugs, alcohol and possibly smoking).

⁵ Help the Aged Kim Willcock: Journeys out of loneliness: the views of older homeless people 2004

Several of the potential benefits mentioned in the workshops are relevant to key priority areas in the Westminster PCT Health Promotion Strategy including physical activity, healthy eating, sexual health and substance misuse.

All health and homelessness professionals agreed that social and cultural activities are a source of positive health outcomes. Some felt these to be as relevant to the PCT as clinician interventions. Others were more cautious commenting on the need to retain or develop basic or conventional health services and not to lose sight of the very basic needs that some people have around accommodation and food. Interviewees described a wealth of benefits from social and cultural activities. The areas of benefit were described as being interlinked, for example social benefits are linked with mental health and the positive impact on mental health is a precursor to more effective engagement with health services.

Social and cultural activities were viewed as a particularly important way of engaging some ethnic minority groups, especially where cultural needs are not met by conventional interventions in the UK such as verbal counselling.

1.2 Objective two: Establish and document the links between providers of social and cultural activities and health providers

Health services for homeless people range from counselling and psychiatry, through to podiatry and dentistry. The health and wellbeing of residents within Westminster is catered for by a wide range of voluntary and statutory (including PCT led) services. An initial list included 38 agencies and this list is not considered to be comprehensive. Activities for homeless people are generally run from day centres and from hostels. Westminster hosts several day centres including two centres at Connection at St Martin's (over 25s and under 25s), the Church Army Day Centre (for Women), the Cardinal Hume Centre (for young people) the Passage and West London Day Centre. The 2005 Resource Information Service database lists 39 hostels in Westminster with over 1,500 bed spaces.

Health providers are linked with homelessness services through the work of clinicians in homelessness organisations, for example medical practitioners specifically

assigned to work with homeless people through the Homeless Health Team ⁶. The co-ordination of services and information was viewed as an area for improvement in most workshops and interviews. Homeless people described receiving out-of-date information and an over-emphasis on written information. Also some felt frustrated by a perception that only regular service-users of the host organisation can take part in some trips and visits.

In interviews some clinicians felt that patients would benefit from health providers being better informed about and able to refer to social and cultural activities. The sense of fragmentation and isolation of health and homelessness sectors from each other, and even specific services and projects within sectors from each other was a recurring theme. Barriers to a more collaborative approach in the homelessness sector include competition for funding between agencies and poor mechanisms for publicising activities beyond the host organisation.

Several interviewees suggested that health providers could be involved in the design and delivery of projects. Examples of this include consulting health professionals about the design of projects, having a community nurse to attend activities to undertake health promotion work, and looking into resources within the health sector that could support activities for example by offering space to hold sessions in and referring patients to activities.

1.3 Objective three: Measuring the health impact of social and cultural activities

The literature review found that most evaluations of social and cultural activities focus on qualitative data. The benefits and outcomes of activities are often highly subjective, for example those around confidence and self-expression. These can often only be captured through self-reported/ worker-reported outcomes. Some more quantitative tools can be employed to capture these 'soft' outcomes, for example self-esteem inventories or questionnaires which are completed at set times during the

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course of an intervention (e.g. before, half way through and at the end of a six month project).

Interviewees described some quantitative methods which could be applied to help funders monitor the progress of projects, for example number of attendees, demographic information and information about the take up of medical services. This type of information may be important for monitoring and accountability but is unlikely to demonstrate the value of a social or cultural activity. The research concludes that evaluations could usefully focus on the specific links between undertaking an activity and changes in behaviour or feelings. For example the finding that 'Billy reports that painting makes her feel more confident' is less revealing than the following: 'Billy reports that the painting group makes her feel more confident as she produces something she thought she couldn't (or) because it has enabled her to mix with other people in a safe space'. Where questionnaires are used it would be useful to allow for the collection of more descriptive data to contextualise reported changes.

Funders have a key role in promoting an evaluative approach. This can be achieved through the following:

- Promoting evaluation as an integral part of delivery rather than an additional pressure, for example by avoiding excessive requirements for monitoring returns but encouraging projects to think of creative ways to demonstrate the benefit of interventions through self-evaluation.
- Supporting providers with evaluation and creating a sense of learning rather than inspection from evaluation.
- Providing information and training on evaluation and outcomes if necessary or bringing providers together to discuss issues if this is more appropriate.
- Asking those bidding for funding to demonstrate ability to undertake or openness to achieve inclusive, creative evaluation involving staff and homeless people.
- Ensuring that those awarded funding have developed clear aims, objectives and desired outcomes for their projects to keep qualitative evaluation tight and focused.
- Promoting a creative approach to capturing the 'soft' outcomes of activities for example by widening the definition of 'data' to include videos, photo projects and case studies.
- Demanding an evaluative, consultative approach from the outset (e.g. sound justification for project based on evidence or consultation results) while letting

providers take some risks and test new ideas to assist the overall development of and learning about the health outcomes of activities.

- Providing access to relevant materials to guide evaluation e.g. self-esteem inventories and example questionnaires and reports.

1.4 Key themes for the future of social and cultural activities

This section describes some of the recurring issues that emerged in the research which do not fit clearly into the three objectives for the research. They are summarised from the 'areas of best practice' found in the full report. Not all points are relevant areas of action for the PCT but will be of interest to the wider audiences of the research.

(a) The need for a wider range of better targeted services

- A key finding from the research is that there are single homeless people who are not engaging with any activities and find it difficult to access meaningful occupation activities.
- Despite the number of providers and range of activities available in Westminster, there are homeless people who feel that there is *'nothing to do'*, people who *'literally don't leave their rooms'* or for whom *the 'highlight of the week'* is collecting a prescription.
- Some workshop participants described a sense of alienation from the cultural and sports facilities in the area.
- One response to this is tiered activities including entry level, small-scale activities, that people can try out in a relaxed environment without the pressure to make a regular commitment. Taster sessions in a range of locations may help to engage those who are currently not accessing services.
- At the other end of the scale there was enthusiasm for larger projects and activities which include people who are not homeless e.g. the 'mini marathon' which would provide a time-consuming outlet for those who want to be involved.
- Homeless people in workshops showed enthusiasm for mixed activities which involve non-homeless people. There is potentially tension between the desire for including non-homeless people to activities, e.g. by promoting activities in work places, and the need to prevent issues arising from insensitivity from non-homeless people or conflict between different groups.

- Participants commented that vulnerable people or those on low incomes who are housed would also benefit from many of the activities discussed.

(b) Supporting the individual

- The findings stress the importance of the one-to-one support offered to homeless people and the impact this has on the outcomes of accessing services or activities. The need for individual and flexible support was raised in several interviews.
- The need for consistent services once a person has secured accommodation was also raised as an important way of maximising the positive impact of activities and minimising unintended harm.

(c) Maximising the effectiveness of staff working with homeless people

- Professionals working with homeless people would like to see cohesive information systems to facilitate signposting and referrals of patients/ clients to the most appropriate projects. Having the right people to deliver activities was viewed as essential. It was suggested that those with an expert knowledge of homeless people need to be present as well as individuals with expertise in creative fields such as art therapy.
- Funders and practitioners should seek to involve a range of people in the design of projects e.g. by asking health providers about ways of making projects more 'healthy'. If possible it was suggested that projects should ask health professionals to attend sessions to break down barriers and build trust, and to undertake health promotion.
- The availability of social and cultural activities should become more the accepted and expected norm amongst staff working with homeless people rather than an added extra. Targeted resources and training could help to achieve this.

(d) Cost-effective ideas for choice and variety in activities

- Creative fundraising was mentioned in some groups e.g. approaching companies for free tickets to the theatre or sports matches. Homeless people could be supported to develop fundraising and marketing skills through such projects.
- Homeless people in the workshops would like help to access facilities independently. This could be cost-effective and empowering for some people who have lower support needs. Suggestions included discount cards and free open days at sports centres. A related point is that several suggestions for providing

activities that can be undertaken independently in hostels and day centres were raised e.g. air-fix modelling and gym equipment.

- Homeless people should be involved in deciding on activities to be run and running them where appropriate.

(e) Practical suggestions from homeless people

Key practical issues raised by workshop participants should also be considered for action, notably:

- provision of services at the weekend and in the evenings
- somewhere to leave baggage
- the need to actively promote opportunities verbally as well as in writing – to 'big up' what is available
- the involvement of homeless people in the design and delivery of sessions.

Regular consultation with those who are not attending activities is an important way of staying aware of simple practical barriers to engagement.

If you have any questions or comments for the Broadway's Research Team please contact Joanne Fearn, Research and Information Manager at Broadway on 020 7089 9560 or joanne.fearn@broadwaylondon.org. If you have any comments or questions for Westminster PCT please contact Anna Waterman, Community Health and Regeneration Manager on 020 7150 8123 or anna.waterman@westminster-pct.nhs.uk.