Staff information and training needs for offering support to mid-life and older women who are experiencing homelessness and problem substance use: a survey.

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Introduction

Current research in the UK has yet to investigate the health care needs and treatment preferences of mid-life and older women (aged 40+) who are experiencing homelessness as well as challenges related to substance use (drugs and alcohol).

This briefing paper reports on an online survey undertaken with staff working with women using homelessness services. The survey's aim was to help inform third sector organisations of the views and knowledge of staff working with women experiencing homelessness in terms of healthcare provision, as well as the training needs they require when supporting these women.

Methods

An online structured survey was developed to identify staff views on healthcare and treatment for mid-life and older women experiencing homelessness and substance use challenges and to ascertain staff knowledge and training needs in relation to this cohort of clients. The survey included questions on healthcare access, staff views on mid-life and older women's healthcare needs, and training and information that would benefit staff. Open text boxes encouraged staff to respond with additional comments. Ethical approval was granted by the University of Stirling's General University Ethics Panel (13610: date 29/03/2023) and the Ethics Subgroup of the Research Coordinating Council of The Salvation Army (date 31/05/2023).

The survey was piloted with contacts from two third sector organisations and alterations were made following feedback. A link to the survey was distributed online through a variety of professional and academic networks and third sector organisations providing services to people experiencing homelessness across the UK. The survey was open between 1st June and 31st July 2023.

Results

Table 1 shows the participant demographics including their professional roles and sectors in which they work.

Table 1. Participant demographics.

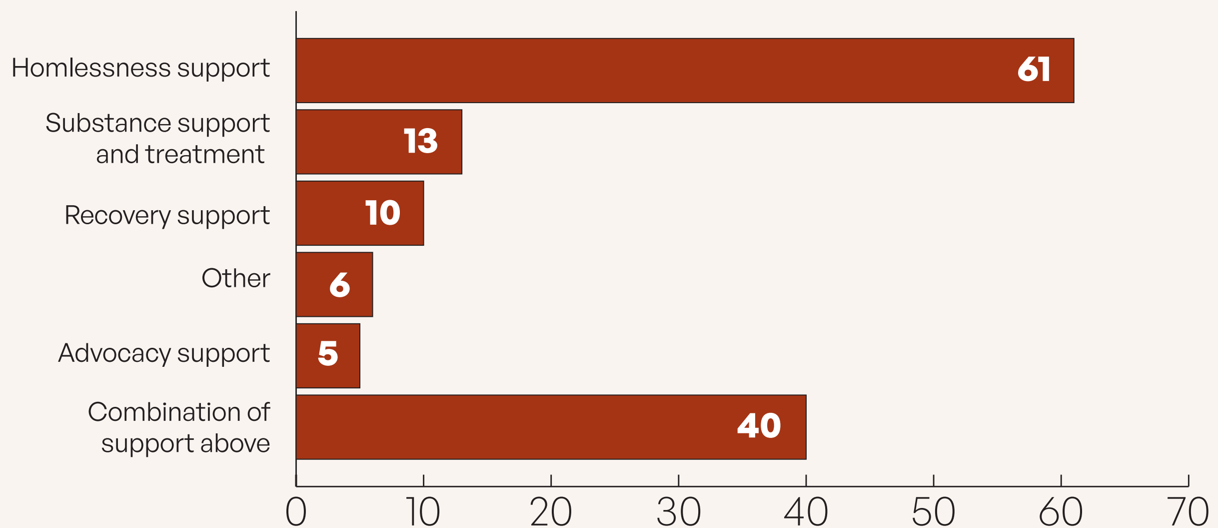
Sample Profile	N
Respondents (total)	110
Female	87
Scotland England Wales N. Ireland Unknown	67 32 4 4 3
Third Sector Local Authority NHS Unknown	88 9 3 10
Support workers Managers Other roles	43 34 33

Service profiles

The main service focus for people experiencing homelessness and substance use is provided in figure 1.

Figure 1. Main service focus

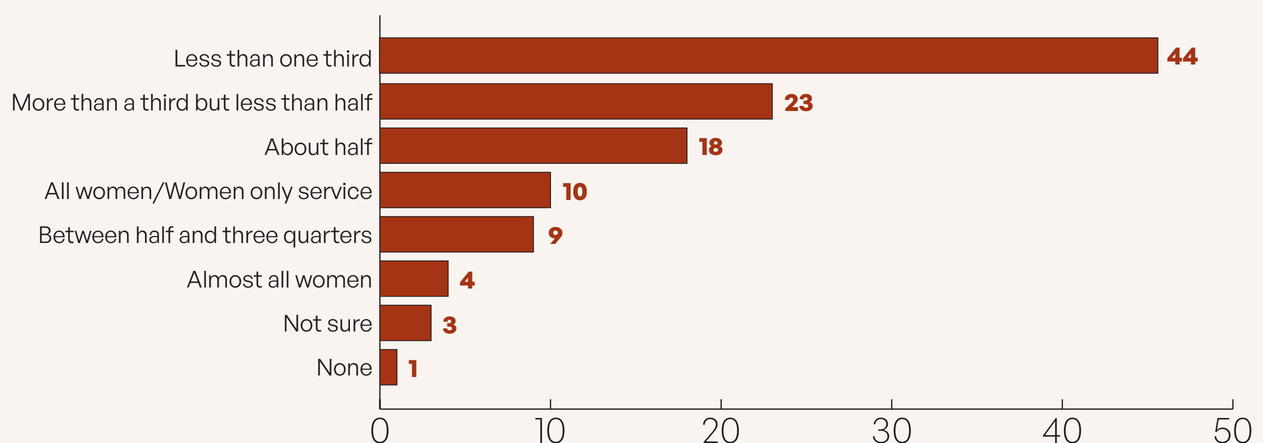
What is the main focus of your service for people who are experiencing homelessness and substance use?



The proportion of clients who are women in the services surveyed is shown in figure 2.

Figure 2. Proportion of clients in the service who are women.

What proportion of clients attending your service are women?

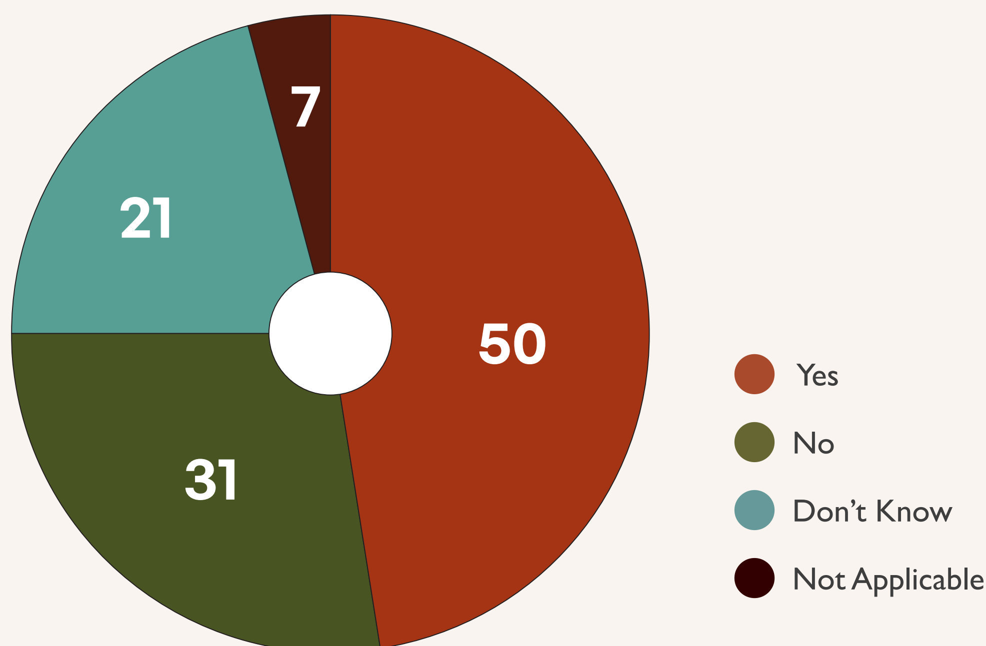


Healthcare provision

The proportion of organisations providing healthcare support for mid-life and older women is shown in figure 3.

Figure 3. Proportion of organisations providing healthcare support to mid-life and older women.

Does your organisation provide any healthcare support for mid-life and older women?



The respondents were asked how easy or difficult they thought it was for mid-life and older women to access healthcare services and support for a range of health issues. Over half of respondents considered harm reduction (n=73) and sexual health services (n=73) easy to access. It was also considered relatively easy to register with a GP (n=73) and access optical health support (n=77). Most respondents thought it difficult for women to access mental health support (n=89) or register with a dentist (n=79). Alcohol treatment, drug treatment, and physical health support were also considered difficult to access. Mental health systems and trauma support were described as '*complicated*' and difficult to navigate: '*… more so for mid to older women due to stigma*'. While some services provide gender- and trauma-informed training, it may be that this has not yet been transferred into practice:

"I witness a lot of training in gendered approaches and trauma-informed approaches but this does not appear to be applied to the workplaces sufficiently. It's progress but I feel that the training needs to involve all staff and possibly occur on site in a supported manner for changes to be implemented across the board."

An example of good practice included a city centre service providing on-site access to health, housing, and social work support for people with complex needs. A range of health services were provided including wound management, immunisations, sexual health screening, blood borne virus screening, dietary and nutritional advice, asthma checks and updates, and COPD

and spirometry checks.

Staff were asked their opinion on the main issues affecting mid-life and older women's access to healthcare services. Sixty people cited structural inequalities, systemic issues, and interpersonal factors. Structural inequalities included lack of available service provision. For example, fewer dentists or GPs with open lists in some areas was reported, as well as a lack of women-specific healthcare and sexual healthcare services. Suggestions to increase women's healthcare engagement include increasing outreach and raising awareness of healthcare services:

"Services are hard to reach rather than client being hard to reach, not being open at later hours or at the weekend."

Interpersonal factors were noted as potential barriers to healthcare access. For example, relationships with healthcare workers may be difficult to navigate with women either feeling stigmatised or actively discriminated against. In addition, challenging circumstances, low educational levels, poor life skills, and lack of trust may make it particularly difficult for women experiencing multiple disadvantages to communicate their healthcare needs effectively. Nine respondents regarded ageing as a factor in accessing healthcare:

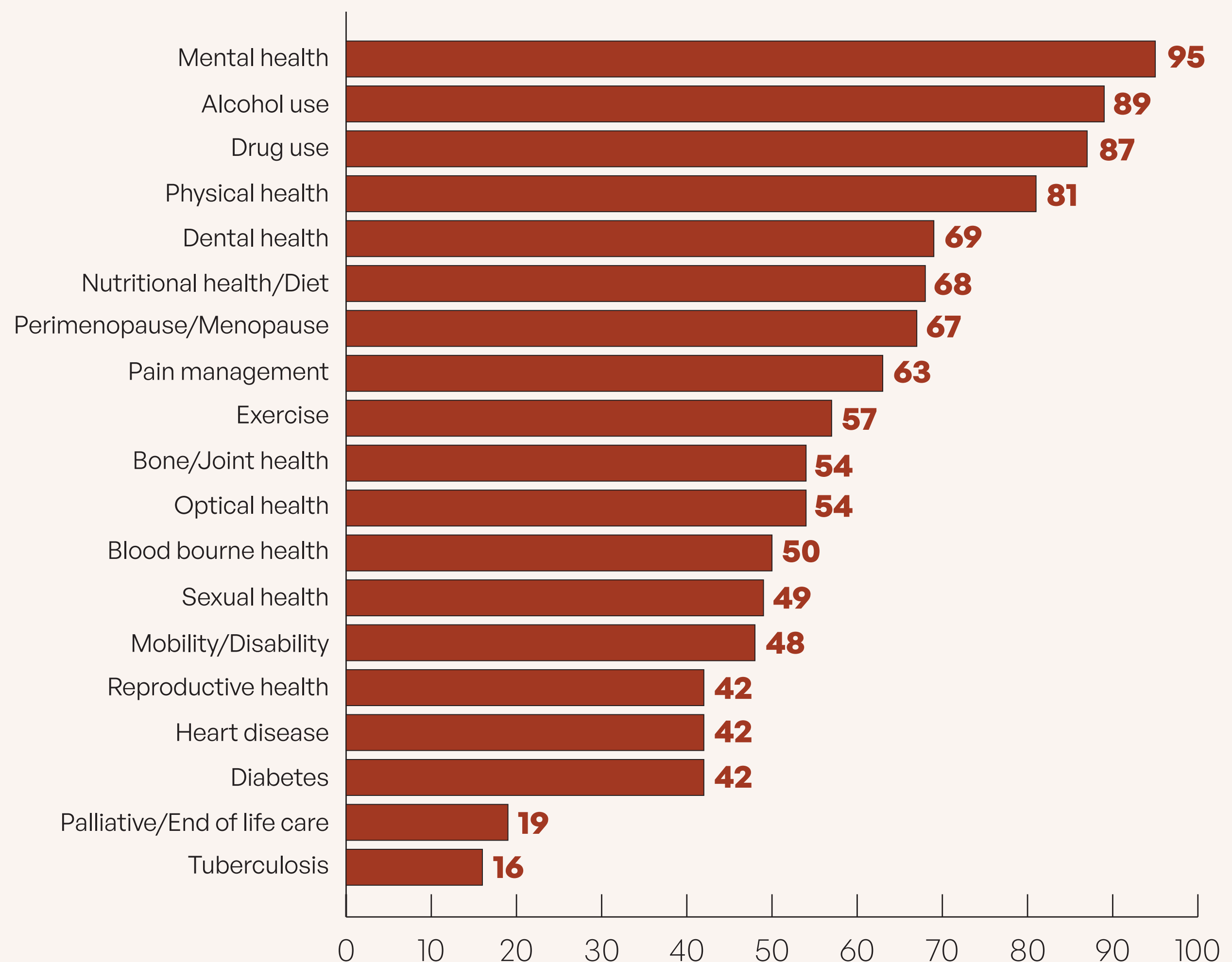
"Being older and the changes to the mind and body can give low mood and no will to engage. If a want is identified, lack of services then come into play."

Staff experience, confidence, and information/training needs

Respondents were asked to rate a range of health issues affecting mid-life and older women experiencing homelessness. As shown in Figure 4, mental health, substance, physical health, dental health, nutrition, and perimenopause/menopause were deemed the most serious health issues for women in mid-life and older.

Figure 4. Rating of health issues affecting mid-life and older women as 'serious' or 'very serious.'

Respondents rating health issues affecting mid-life and older women (aged 40+) experiencing homelessness as serious/very serious



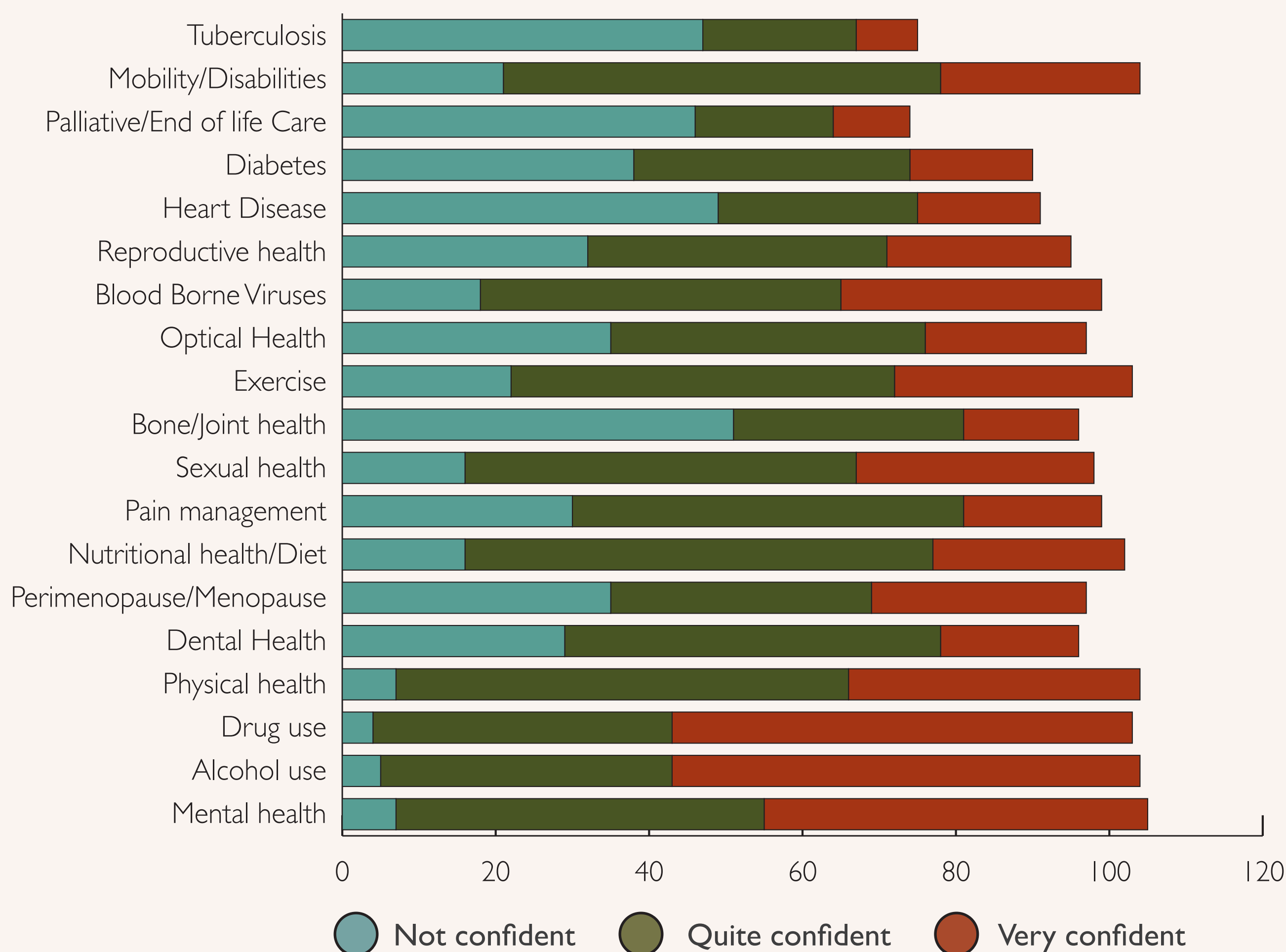
Respondents also mentioned liver disease and long-term injecting related wounds, polydrug use (especially alcohol and cocaine), contraception, and foot care. Relational and psychological health were also mentioned:

"Bereavement and loss, particularly the loss of their children to extended family/Social Work services add a further layer of trauma."

As shown in figure 5, staff were asked how confident they would be talking to mid-life and older women about a range of health issues. Staff reported being less confident talking to women about bone/joint health, heart disease, tuberculosis, and palliative/end of life care. Staff were more confident talking about alcohol and drug use, mental and physical health, nutrition/diet, blood borne viruses, and sexual health.

Figure 5. Staff confidence levels regarding talking to women about health issues.

Staff confidence levels regarding talking to women about health issues.

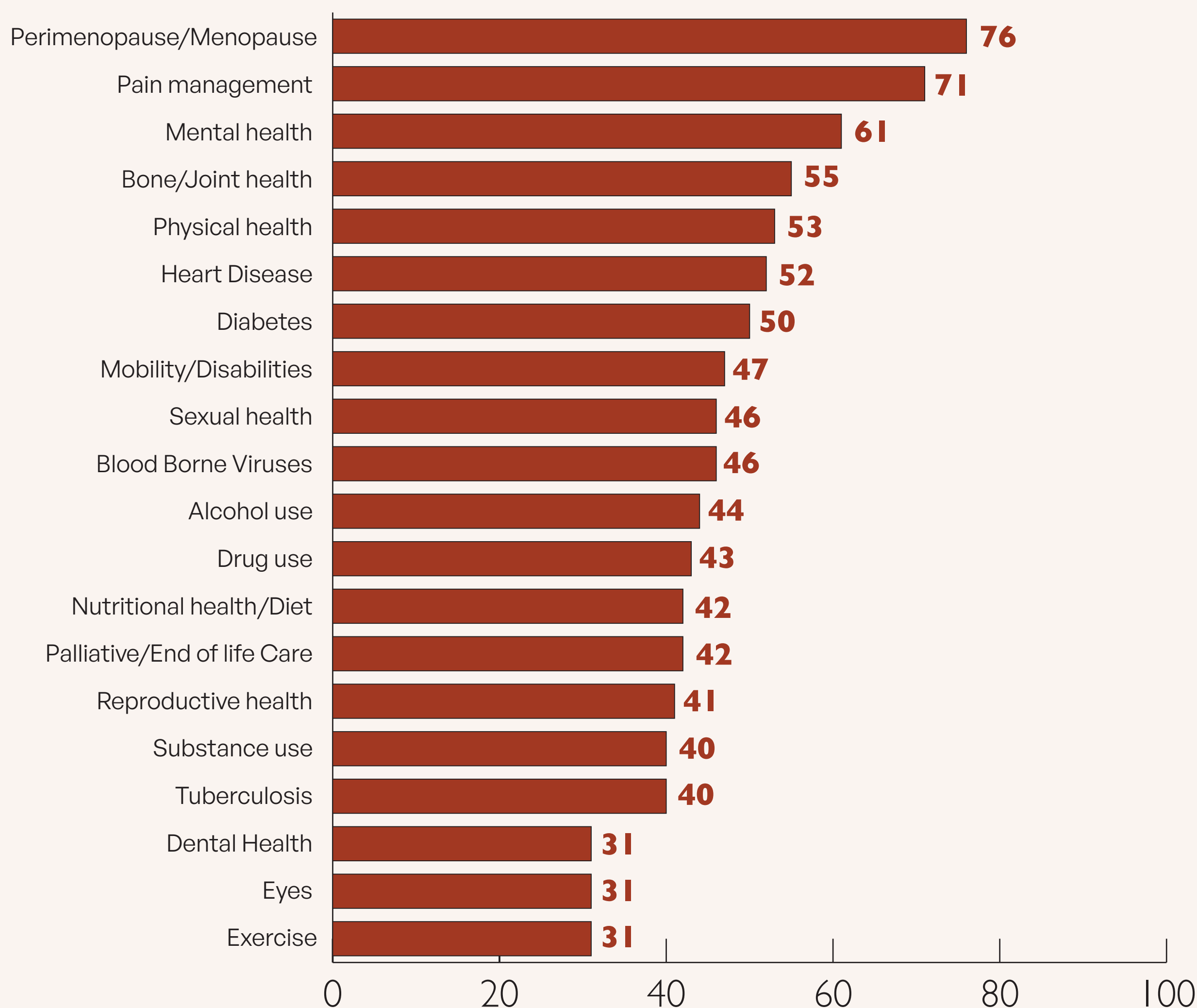


Training needs

Information and training on a range of health issues were considered beneficial to helping staff support their interactions with older women who use their services. Figure 6 demonstrates that over half of respondents thought they would benefit from information and training on the perimenopause/menopause (n=76), pain management (n=71) and mental health (n=61).

Figure 6. Information and training staff think would benefit them.

Thinking about your interactions with older female clients (aged 40+), please tell us about any information/training you would benefit from? (tick all that apply)



Other health-related information/training required included self-harm, personality disorder, and child and adult protection; better awareness for supporting clients who have a cancer diagnosis or are receiving treatments; and gatekeeping and boundary training.

Summary and recommendations

The survey revealed that respondents primarily support women's healthcare by signposting to services and providing substance use harm reduction support. While staff are relatively confident communicating information on substance use and mental health, some suggested training and information on a range of other health issues that would enable them to help their clients access crucial healthcare provision, information, and advice. Some services are engaged in partnership working with the NHS, providing on-site health assessments and healthcare for clients. This collaborative approach is positively regarded by staff and ensures women's healthcare access is timely and appropriate.

Based on the survey findings, the following recommendations are provided:

1. Third-sector providers require collaborative/joined-up working with statutory services to ensure responsive and targeted support for women's health, housing and social care needs. It is recommended designing team-based, multi-professional interventions in collaboration with women experiencing homelessness.

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2. Training healthcare providers on issues relating to homelessness could help raise awareness and reduce negative attitudes toward women experiencing homelessness. Shared training between third sector homelessness services and statutory health services could provide vital knowledge exchange and reduce training costs.

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3. Crucial to therapeutic interactions between healthcare professionals, lay staff, and women experiencing homelessness is the ability of all practitioners to demonstrate appropriate listening skills, show empathy, and allay client fears. Ensuring staff (of all genders) have capacity to provide gender- and trauma-informed support alongside information and training on a range of women's health issues could positively impact lay staffs' capability and confidence to positively interact with women around key health concerns. The survey respondents were particularly interested in receiving information and training on the perimenopause and menopause, pain management and mental health.

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4. Organisations should seek ways to provide groups and programme activities within services aimed towards mid-life and older women, such as menopause awareness groups. Providing women-specific psychosocial/health-related groupwork sessions would ensure they have a safe space to discuss issues that they may feel less comfortable discussing in mixed gender sessions.

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5. Providing women who access homelessness services with communication tools to advocate on their own behalf could empower them to seek help and communicate their healthcare needs effectively and with confidence. For example, providing women with health checklists such as those available on the UK **NHS website** or specific sites such as **Menopause and Me** which provides an interactive symptoms checklist and videos to help women prepare for GP consultations.

6. Enabling women to have choice and control around health plans could improve their self-esteem and sense of personal agency. This may help increase access, engagement and retention with health and social care support services. Providing information on age-related issues such as the perimenopause and menopause, oral and ocular health, and muscle and bone health could improve women's knowledge around these issues and increase their ability to adopt preventive health behaviours.

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7. Research targeted at the health care needs and treatment preferences of mid-life and older women experiencing homelessness is paramount as so little is known about their experiences of homelessness and its effects on physical and mental wellbeing. Mid-life and older age are important transitional points in women's lives and lack of knowledge around this particular cohort's health and social care needs is an important gap in understanding. Co-designing, producing, delivering, and evaluating healthcare interventions with practitioners and women in homelessness support services could provide much-needed evidence on effective healthcare strategies and programmes for mid-life and older women who find themselves socially and economically marginalised often through circumstances beyond their control.

For more information or to request a copy of the full report please contact
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