



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

## IMPROVING THE HEALTH OF HOMELESS AND SPECIFIC VULNERABLE GROUPS STANDARDS 2008/09

### Section 1. Introduction

The Standards<sup>1</sup> will inform the development of the Homeless and Vulnerable Groups Health Action Plans (HaVGHAPs) which are the Welsh Assembly's necessary step change to ensure that the health needs of all ages of homeless people and specific vulnerable groups are addressed. In this context, the specific vulnerable groups include people who are homeless, asylum seekers and refugees, Gypsy-Travellers and migrant workers. The approach to tackling their health needs will involve:

- Improved services and delivery.
- Improved strategic direction within the health services.

Every Local Health Board (LHB) and Local Authority (LA) should already be analysing and considering how to address the needs of these groups as part of their work on preparing and implementing their Health Social Care and Well-being Strategy and Children and Young People's Plan, in accordance with published Guidance. However, examination of the first round of Strategies suggests that the focus needs to be sharper, with a stronger emphasis on action and outcomes, together with links to existing Supporting People funded housing related support services. These Standards have been prepared to give that clear steer so that improvement will follow. The NHS Trusts will also engage with this process through working in partnership with the LHBs and LAs.

Compliance with these Standards will also help healthcare organisations to demonstrate compliance with 'Healthcare Standards for Wales'<sup>2</sup> - which are used by Healthcare Inspectorate Wales to assess the annual performance of LHBs and NHS Trusts in Wales through a set of criteria. For example:

- 'Healthcare Standard 2' is concerned with equity of access.
- 'Healthcare Standard 6' deals with cultural needs.

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<sup>1</sup> Where the term 'Standards' is used on its own in this document, it refers to the 'Improving the Health of Homeless and Specific Vulnerable Groups' Standards and not 'Healthcare Standards for Wales'.

<sup>2</sup> WAG (2005) *Healthcare Standards for Wales*: Welsh Assembly Government, Cardiff.

- 'Healthcare Standard 10' ensures that people are not unfairly discriminated against.
- 'Healthcare Standard 24' requires healthcare organisations to work with social care and other partners in meeting the health needs of their population.
- 'Healthcare Standard 29' is concerned with improving health and reducing health inequalities.
- 'Healthcare Standard 30' details disease prevention and health promotion.
- 'Healthcare Standard 31' promotes health protection.

The Standards will be implemented from April 2008 and HaVGHAPs must be developed during 2008/09. The Standards are linked to an appropriate 2008/09 Annual Operating Framework target. The Standards are also linked to a 'Welsh Health Circular'<sup>3</sup> (WHC) which explains the importance of home and housing circumstances within the health, social care and well-being agenda, and the connections between the relevant policy areas. The WHC is attached as an appendix to these Standards. The Standards form an integral part in the prevention of homelessness agenda of the Welsh Assembly Government.

### *Summary of Standards*

Standard 1 ensures that the lead for the HaVGHAP is at Director level of the LHB with the support of the LA lead housing officer to enable the development of the HaVGHAP and joint working at a strategic level.

Standard 2 focuses on the partnership approach between the LHB, LA and relevant agencies necessary to develop the HaVGHAP and address the health and homelessness agenda.

Standard 3 addresses the need for accurate local information and data so that a baseline is established from which to develop the HaVGHAP and against which future health gains may be demonstrated.

Standard 4 focuses on improving access to and uptake of health services through the use of targeted outreach practitioners.

Standard 5 covers the development of the HaVGHAP.

The Welsh Assembly Government aspires to the aim that all homeless and vulnerable people are able to access and use health services on an equitable level with the local population. This would be either through access to general medical services or a local enhanced scheme within mainstream GMS provision

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<sup>3</sup> Welsh Health Circular (WHC 2007 067) *Health, Social Care and Well-being - how housing contributes and the need for joint planning*: Welsh Assembly Government, Cardiff.

with specialist practitioner support. These Standards are the first stage in this process.

The key objectives for the specialist practitioners are to improve health through:

- ensuring access to and uptake of health services, both to protect and promote health and to deal with health problems
- promoting continuity of care through building and maintaining trusting relationships
- maintaining contact with current services where possible
- ensuring continued engagement with services

for homeless and vulnerable service users.

Although not true for all, recent Welsh research has found that many homeless and vulnerable groups of adults and children and young people do have extensive unmet health needs and problematic access to health services. Examining the research, it is clear that the following themes emerge:

- lack of standardised joint working between the local health boards and local authorities
- lack of standardised data collection, accurate knowledge of demography of understanding health needs, health service access and use
- poor access to health services
- poor follow-up of patients
- high attendance at A&E
- unsafe discharge from A&E and secondary care
- stereotyping and discrimination

and these issues will be addressed through a two step approach by the LHB in partnership with local bodies.

#### First Step 2008/09

- Improving access to general medical services, secondary services and delivery through commissioning specialist nurse and health visitor provision (specialist practitioners) in each area.
- Where there is already specialist provision or enhanced generic provision in place in an area, it is expected that further practitioner support will be necessary to provide outreach to the full range and ages of client groups and in the range of locations. Experience shows that this is likely to be in areas where high levels of need have already been identified.
- Improved strategic focus within the health services through developing the HaVGHAPs and better integration of the planning of Homelessness

and Health Social Care and Wellbeing Strategies, leading to coordinated support services.

The specialist practitioners commissioned to the roles will fulfil a threefold role to vulnerable people in defined locations and will provide:

- Targeted pro-active outreach services.
- Accessible information and signposting services.
- Local profiling of health needs and access to healthcare services and Supporting People services, including collecting and maintaining data.

#### Second Step 2009-onwards

- Implementing the HaVGHAPs.
- Developing or reconfiguring services where local need is identified, for example local enhanced services e.g. substance abuse and general medical services and specialist community mental health nurse provision. Other likely developments within the HaVGHAPs are pathways to demonstrate service user engagement with primary and secondary services and means to further build capacity within mainstream services.

The Welsh Assembly Government itself expects that the two step approach will contribute to tackling homelessness through a pro-active and preventative agenda. Improving health and access to health for homeless people and vulnerable groups requires a joined-up approach as neither health nor homelessness can be tackled in isolation. The complexities involved need to be addressed by statutory agencies working in partnership with voluntary agencies and service users. It is expected that this intensive joint working will lead to a change in culture where health and homelessness are viewed together by the LHBs and LAs when planning and commissioning services.

## Section 2. Background to the Standards

### *Drivers*

Welsh research demonstrates clear evidence of the health needs and poor access to health for vulnerable single people<sup>4</sup> and families and children and young people<sup>5</sup>. Other findings demonstrate that levels of joint working between LHBs and LAs in Wales vary considerably<sup>6</sup> which inhibits service development and delivery.

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<sup>4</sup> Cymorth Cymru (2007) *Homeless people's healthcare needs and access to healthcare provision in Wales*: Cymorth Cymru, Cardiff.

<sup>5</sup> Webb, E., Shankleman, J., Evans, M.K., Brooks, R. (2001) The health of women in refuges for women victims of domestic violence; cross-sectional descriptive survey. *British Medical Journal*; 323: 210-213.

<sup>6</sup> Homeless Link Cymru (2006) *Homeless people's healthcare needs and access to healthcare provision in Wales*: Homeless Link, Cardiff.

If health issues are not treated then a person's health will deteriorate, increasing the likelihood of continual homelessness or inability to move-on from homelessness or vulnerability. This situation will impact further on a person's health so that a downward spiral of poor health, homelessness and exclusion from society continues. This is not just a personal tragedy for the person or family involved, as the issues are divisive for wider society.

The strategic direction from the Welsh Assembly Government includes promoting partnership working, citizen-centred services and reducing inequalities in health. The Standards have been devised from the findings and recommendations of Welsh research together with the work of the WAG/NPHS 'Selected Minority Group'<sup>7</sup>. There was an intensive process undertaken by the Scottish Executive in developing the 'Health and Homelessness Standards'<sup>8</sup>. The Welsh Assembly Government acknowledges the role that the Scottish Standards have played in informing the development of these Welsh Standards.

### *Objectives*

The Welsh Assembly Government expects that the Standards will:

- Provide support to the LHBs and LAs in developing the HaVGHAPs and ensuring that cross-reference is made with all other local strategic frameworks.
- Promote access to general health services for homeless and vulnerable groups on an equitable level with the local population. It is expected that this will reduce health inequalities by addressing health needs at an earlier presentation and improve patient care and outcomes.
- Reduce barriers to health and address social determinants of health where possible. For example, improve communication regarding available health provision for service users and raise awareness of vulnerable people among agencies to decrease discrimination.
- Map an understanding of the demography of vulnerable people and link existing mapping of Supporting People needs to local healthcare needs, accessibility and acceptability of provision.
- Address the cycle of poor health and homelessness through earlier treatment of acute and chronic conditions, e.g. mental ill-health, substance misuse, respiratory, coronary or musculoskeletal problems.

### *Principles Underlying the Standards*

The NHS is committed to a stronger and more open emphasis on quality, intending to measure performance in terms of efficiency, effectiveness, timely access, safety, user experience and equity. These principles apply equally to these groups, and inform service development for homeless and vulnerable groups. This means that their services must be:

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<sup>7</sup> WAG/NPHS (2006) *Service Development and Commissioning Guidance for Selected Minority Groups 2006*: Welsh Assembly Government and National Public Health Service, Cardiff.

<sup>8</sup> SE (2005) *Health and Homelessness Standards*: Scottish Executive, Edinburgh.

- accessible
- effective
- acceptable
- efficient

and must be subject as any other services to sound clinical governance.

To promote user-centred services, the Standards have been informed by findings from previous consultation undertaken with homeless and vulnerable groups of different ages<sup>9 10 11 12 13 14 15</sup>. This involvement and participation will continue with adults and children and young people. It is Welsh Assembly Government policy to give children and young people a voice in decisions which affect their lives<sup>16</sup>. Every young person in Wales is entitled to 10 basic 'Entitlements' and whatever support they need, depending on their individual circumstances, to access them. The 'Entitlements' include 'Being Heard', 'Easy Access' to services and to 'Health and Wellbeing'.

The Standards will be subject to the full consultation exercise with a wide range of agencies and service users and revised where indicated. Feedback from the LHBs, LAs, NHS Trusts, the NPHS and partners will be an important means to check that the Standards are fully rooted in delivery, evidence based practice and are fit for purpose.

### Section 3. Health, Homelessness and Vulnerability - The Key Issues

#### *a. Homelessness in Wales*

Homelessness affects people living in both rural and urban areas and 2006/7 figures show that 6,802 households were found to be homeless and in priority need. The official figures do not reveal the true picture though as there are many other people who are living in over-crowded conditions, sofa-surfing or entirely roofless who are not covered by this statistic. Many of whom would not approach their LA because they are not in a priority need category.

A national count of rough sleeping was undertaken in March 2007, and indicated that that there were approximately 130 and 200 rough sleepers in

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<sup>9</sup> WRC/RVW (2007) *Consultation with asylum seekers and refugees on The Welsh Assembly Government Refugee Inclusion Strategy*: Welsh Refugee Council/Refugee Voice Wales, Cardiff.

<sup>10</sup> Crowley, A. (2003) *Will You Listen? Report on a survey of the views and experiences of young Gypsy/Travellers in Wales*: Save the Children, Cardiff.

<sup>11</sup> Cymorth Cymru (2007) *Homeless people's healthcare needs and access to healthcare provision in Wales*. Cymorth Cymru, Cardiff.

<sup>12</sup> Save the Children (2005) *Uncertain Futures: Children Seeking Asylum in Wales*: Wales Programme of Save the Children, Cardiff.

<sup>13</sup> CCS (2006) *Join in: The Service User Involvement Framework for Supporting People and Homelessness Services*: City and County of Swansea, Swansea.

<sup>14</sup> WAG (2004) *Extending Entitlement: Making it Real*: Welsh Assembly Government, Cardiff.

<sup>15</sup> WAG (2007) *Response of the Welsh Assembly Government to the Social Justice and Regeneration Committee's Report on Youth Homelessness*: Welsh Assembly Government, Cardiff.

<sup>16</sup> WAG (2007) *National Participation Standards*: Welsh Assembly Government, Cardiff.

Wales, although an accurate figure can never be determined. Rough sleepers are the most extreme form of homelessness.

Welsh figures show that in general households accepted as homeless have fallen since the end of 2003-4. 'The National Homelessness Strategy for Wales'<sup>17</sup> and the prevention agenda are drivers for this reduction. Many people who are threatened with homelessness are assisted to remain within their accommodation and therefore are not recorded as homeless. There are a greater number of homeless households within urban areas, but urban areas have a lower proportion than rural areas.

### ***Definition of Homelessness***

The definition for homelessness recommended by the Welsh Assembly Government is:

*"Where a person lacks accommodation or where their tenure is not secure.*

### ***b. Causes of Homelessness***

The causes of homelessness are multi-factorial, including structural issues and lived circumstances which may include a complex health need. For example, a person with substance misuse may have physical health needs that have not been addressed because of their rough sleeping, coupled with health needs relating to the substance misuse. Relationship breakdown, family dispute, domestic abuse, being a young person leaving care and being a young offender are recurring factors in homelessness and vulnerability. Other factors include the loss of housing, for example, people leaving the armed forces lose their accommodation and asylum seekers gaining refugee status lose Home Office accommodation.

### ***c. Specific Vulnerable Groups***

These Standards relate to other people or groups of people whose vulnerability at a given time renders them more likely to be living in circumstances of homelessness, insecurity or vulnerability to homelessness. Such vulnerability is likely to have an impact on health and poor access to health and this is one reason the Standards covers a wider range of disadvantaged people than the definition of homelessness. People in the vulnerable groups are also at risk of living in poverty and moving frequently which is likely to increase difficulties in accessing services. Strong partnership working will be essential to address issues in a joined up manner.

For example, tackling child poverty is one of the 3<sup>rd</sup> Assembly's key challenges and we have already made a start on using our new legislative powers on this issue through the work on the Vulnerable Children legislative competence order (LCO). When the LCO comes into force, the Assembly Government will seek to use its new legislative powers to introduce a Measure which will include powers

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<sup>17</sup> WAG (2005) *National Homelessness Strategy 2006-8*: Welsh Assembly Government, Cardiff.

to establish a duty on public agencies to make and demonstrate their contribution to ending child poverty.

There are commonalities of barriers to health amongst homeless and vulnerable and social determinants of health, including social and economic deprivation, unemployment and lack of training<sup>18</sup>. These are further drivers to have wide-ranging local HaVGHAPs to fit with local needs. It is not proposed that people from the groups are necessarily homeless within an accepted definition, but they are included because of commonalities of vulnerabilities, with an increased risk of marginalisation from society and risk of disengagement with services.

#### *d. Health Inequalities*

The health of people disadvantaged by homelessness remains a stark issue of inequality, for example the life expectancy of a rough sleeper is 42 years<sup>19</sup>. One study found that mental health problems are 8 times as high among people living in hostels and bed and breakfast hotels compared to the general population<sup>20</sup>.

Similarly, homeless children and young people have a 25% higher risk of severe ill health during childhood and are 4 times more likely to suffer mental health problems than non-homeless children and young people<sup>21</sup>. The relative risk of maternal death is seven times greater in pregnancy for a female asylum seeker compared to the general population<sup>22</sup>. The coronary and mental health status of Gypsies and Travellers in Wrexham is worse than the general population and has been shown to be worse than the lowest socio-economic groups<sup>23</sup>.

#### **Gypsy-Traveller project**

This project in Wrexham is funded through the Health Inequalities Fund and purchased a mobile unit which provides a valuable and accessible mobile venue which can follow the clients. The project has been very successful in its outcome measures, increasing GP registration and promoting pro-active healthy lifestyles. A very high level of need has been demonstrated and the project has successfully met need.

#### *e. Health Problems*

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<sup>18</sup> Walters, V. (2004) *Health, well-being and access to health and social care of selected minority groups*: Paper presented to Selected Minority Group Meeting 5.7.04, National Assembly for Wales, Cardiff.

<sup>19</sup> Griffiths, S. (2002.) *Assessing the needs of rough sleepers*: Office Deputy Prime Minister Homelessness Directorate, London.

<sup>20</sup> Bines, W. (1994) *The Health of Single Homeless People. Discussion Paper 9*: Centre for Housing Policy, University of York.

<sup>21</sup> Harker, L. (2006) *Chance of a Lifetime*: Shelter, London.

[www.shelter.org.uk/chanceofalifetime](http://www.shelter.org.uk/chanceofalifetime)

<sup>22</sup> Lewis, G., Drife, J. (2004) *Confidential Enquiry into Maternal and Child Death: Why Mothers Die*: Royal College of Obstetricians and Gynaecologists, London.

<sup>23</sup> Roberts, A. *et al.* (2006) *Inequalities in Health Fund: Coronary Heart Disease and Gypsies and Travellers: Redressing the Balance Project*: Annual report, Wrexham LHB.

People disadvantaged by homelessness or vulnerability may have a wide-range of health problems including:

- mental ill-health
- psychological difficulties
- substance and alcohol misuse
- sexual ill-health
- respiratory problems
- alimentary tract problems
- poor dental health
- tuberculosis
- hepatitis C <sup>24</sup>

and a Welsh study demonstrates that nearly 50% of rough sleepers self-report levels of dependence on the use of street drugs and alcohol<sup>25</sup>.

The health status of children and young people is a crucial factor in determining the health status and life chances of an adult. Studies show the increased rate of mental and physical ill-health and accidents among children and young people living in homeless accommodation<sup>26</sup>. This vulnerability is compounded as the children and young people are living in insecurity and poor circumstances with a lack of normal life experiences. When parents are also suffering from poor mental or physical ill-health there is an increased risk that their care for the child will be compromised.

If the health and social care needs of the homeless and vulnerable child and parents are not met, the risk of the child becoming a homeless and vulnerable young person/adult is greatly increased. There are particular issues recognised to be associated with youth homelessness, including the risk of becoming excluded from educational opportunities.<sup>27</sup>

#### **KITS - Keeping in Touch Strategy**

To identify the approximate 10% of young people aged 11-25 who are not in education, employment or training, Young People's Partnerships (YPPs) in Wales are developing a Keeping In Touch strategy for youths. The YPPs will ensure that the system provides for the inclusion of young people who do not always appear on the usual records and incorporate flexible systems, which suit local need. To coordinate the activities of a number of agencies, information

<sup>24</sup> Wright, N. (2002) *Homelessness; A Primary Care response*: Royal College of General Practitioners, London.

<sup>25</sup> Irwin, H. (1999) *On the Outside. A pilot study: Documenting the extent of exclusion from services of homeless people – with some epidemiological screening for health needs*: Wales Office of R&D (Health and Social Care in Wales), Cardiff.

<sup>26</sup> Vostanis, P., Grattan, E., Tischler, V., Cumella, S., et al (2001) Mental health problems and social supports among homeless mothers and children victims of domestic and community violence. *International Journal of Social Psychiatry*; 47: 30-40.

<sup>27</sup> WAG (2007) *Response of the Welsh Assembly Government to the Social Justice and Regeneration Committee's Report on Youth Homelessness*. Welsh Assembly Government, Cardiff.

sharing protocols will need to be in place.

#### *f. Health Promotion and Protection*

The Welsh Assembly Government is strongly committed to promoting and improving health in Wales, and 'Health Challenge Wales' is the vehicle for promoting initiatives at all levels in the community. These vulnerable groups however are often overlooked in that work.

To correct this unevenness, the new 'Public Health Strategic Framework' will be targeting the social determinants of health nationally and with local action, and the needs of these groups will be specifically addressed.

With regards to the specific issue of homelessness and substance misuse, the Welsh Assembly Government has recently published guidance<sup>28</sup>. The expectation is that this good practice will be implemented by stakeholders.

#### **St Matthew's Community Centre**

In Swansea at the Cyrrenians St Matthews Community Centre a nurse provides a clinic for homeless single people and facilitates GP registration. The centre holds health promotion days and advice and support, including a Healthy Café and food co-operative. Sun cream and condoms are available and shower and laundry facilities. The healthy living co-ordinator and nurse raise awareness on health and homelessness issues to other health care professionals.

#### *g. Health Service Access*

Barriers that people experience in gaining access to health often start with difficulties in registering with a GP, which may require facilitation by other services. This is coupled with a lack of information on services, discrimination from providers and culturally alien service provision. Refugees may face language barriers and the general mobility of the client group results in poor continuity of care and follow-up<sup>29</sup>.

If a pregnant woman faces barriers to accessing maternity services, the health and safety of the baby and the mother is compromised. Homeless children and young people miss out on routine child health programmes offering immunisations and developmental assessments without correct addresses on

<sup>28</sup> WAG (2007) *Good Practice Framework for the provision of Substance Misuse services to Homeless People and those with Accommodation Problems*: Welsh Assembly Government, Cardiff.

<sup>29</sup> Walters, V. (2004) *Health, well-being and access to health and social care of selected minority groups*: Paper presented to Selected Minority Group Meeting 5.7.04, National Assembly for Wales, Cardiff.

computer systems<sup>30</sup>. It is difficult to track the addresses of homeless and vulnerable groups because of their often frequent moves, which also impacts on safeguarding issues<sup>31</sup>.

Welsh research undertaken in 2006<sup>32</sup> with single homeless adults showed that rough sleepers or those who move from hostels to rough sleeping experience the greatest difficulties in access and express the greatest health needs. Although 90% of single homeless people interviewed were registered with a GP, this was often facilitated by a homelessness support worker and the figure does not relate to those people not in touch with services. It is also not known how many people are given temporary GP registration only. Difficulties in using GP services included some respondents stating that they felt unable to maintain a relationship with a GP.

**Local Enhanced Services** within GMS practices in Cardiff and Swansea provide care for single adult homeless people with specialist nurse support. In Cardiff, a GP has been resourced via an enhanced service to develop her work with single homeless people. Consultations are long and complex. Much liaison with secondary care and other agencies is required. Patient needs are above normal GMS provision and the team has developed the necessary skills to address this.

A recent audit by Welsh Women's Aid showed that accessing health services from refuges is problematic coupled with unmet maternal, children's and young people's needs. Other Welsh research<sup>33</sup> has shown difficulties in access to secondary services related to long waiting times for mental health services, drug and alcohol services or services for complex need (for example when a person has both a substance misuse issue and mental ill-health). Further issues include difficulties in access to dentistry, rural health services and access to services for youth homeless. People felt stigmatised by services which were not easy to use.

***h. Health Service Response*** In Wales there are few specialist or dedicated health services for homeless and other disadvantaged groups, which is in contrast with the rest of the UK. Expert knowledge of the needs of the groups and expert care provision includes facilitating or improving access to mainstream services, maintaining contact with current health service provision, liaising with other health and homelessness and housing related support services. Specialist targeted provision acts as a bridge or link to promote access to mainstream services and where possible people should be assisted to remain in contact with their current services.

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<sup>30</sup> Webb, E., Shankleman, J., Evans, M.K., Brooks, R. (2001) The health of women in refuges for women victims of domestic violence; cross-sectional descriptive survey. *British Medical Journal*; 323: 210-213.

<sup>31</sup> Laming, W. H. (2003) *The Victoria Climbié Inquiry*: HMSO, Norwich.

<sup>32</sup> Cymorth Cymru (2007) *Homeless people's healthcare needs and access to healthcare provision in Wales*: Cymorth Cymru, Cardiff.

<sup>33</sup> *ibid*

### *i. Voluntary and Community Sector*

The Welsh Assembly government recognises that the voluntary sector is a key partner in delivering its health and well being policy. It is expected that the 'Building Strong Bridges' Health and Social Care Facilitators will support public involvement, as one of their key objectives is to promote engagement of disadvantaged communities in the health and social care planning process. Other future work of the voluntary sector in supporting health and social care delivery is being informed by an on-going strategic review. One early theme emerging is the role of the voluntary sector in supporting the reduction of health inequalities, including improving access to services.

#### **Gofal project**

This voluntary agency provision manages a number of services linked to mental health and homelessness. The services have a common theme of provision of specialist mental advice and support in order to prevent and alleviate homelessness. This includes a Homelessness Link Worker working with a local authority and a Hospital to Home advice scheme support making links between psychiatric discharge and the local authority.

#### **Big Issue Cymru Health Days**

These are held regularly and the report from one of the days showed that although most clients had access to a GP, not all their needs were being met, for example substance misuse issues. Bringing all the agencies together gave clients a chance to walk round and often re-engage with organisations who had previously been giving care. The open door approach raised awareness of clients of what is available and how to access services. It also offered staff an opportunity to network and take away valuable information.

### *j. Asylum Seeker and Refugee Healthcare*

In response to the dispersal of asylum seekers to 4 cluster areas in Wales (Cardiff, Swansea, Newport and Wrexham) from 2001, the Welsh Assembly Government has funded support to general medical services and nurse/health visitor-led teams to facilitate access and use of health services. Other immediate costs for asylum seekers are paid for by the Home Office, including food and accommodation. From 2007 Cardiff has been an Initial Accommodation area for asylum seekers and the Welsh Assembly Government has agreed further funding arrangements to support access to GMS and provide public protection screening.

It is expected that the 4 nurse-led teams would be well-placed to expand their roles, build on their expertise and work with other practitioners in planning and delivery of health services to other vulnerable peoples in those areas.

Guidance is available on meeting the complex healthcare needs of asylum seekers and refugees<sup>34</sup>, which is related to their circumstances pre-flight and their current uncertainty. It is noted that difficulties are being reported in Wales by unsuccessful asylum applicants who have no recourse to the public purse and have limited free access to health services.

***k. The National Homelessness Strategy***

The 'National Homelessness Strategy for Wales 2006/8'<sup>35</sup> gives a strong lead in addressing homelessness through partnership working and emphasises the preventative agenda. It places expectations on LHBs to:

- review their Health, Social Care and Wellbeing Strategies in order to ensure they have arrangements in place which address the specific needs of homeless people and publish; disseminate them to organisations working with homeless people
- play a full part in planning for homelessness services, including through Supporting People Planning Groups (SPPGs)
- work in partnership with the LAs to ensure health services maintain contact with homeless people; particularly with homeless families with young children, through referral arrangements

and these Standards will support compliance. The Standards will also guide the LHBs and LAs to plan services in partnership with other agencies so that in meeting health needs, the preventative agenda is fully supported. For example, commissioning housing related support through SPPGs and working in partnership with voluntary sector providers.

**Supporting People**

The Blaenau Gwent County Borough Council Social Services Floating support Scheme is one of a range of supported housing initiatives enabling people to access services which promote independent living in the community. It is available for vulnerable people who may be having difficulties in coping and subsequently may be at risk of losing their home. Advice and support is offered on budgeting, benefits, developing living skills and access to services. Agencies provide Floating support, including Gofal Cymru, Women's Aid, Mencap, Trothwy Cyf, The Wallich and Blaenau Gwent CBC Home Care Department.

**Supporting Young People**

Barnardo's Compass Partnership provides a tenancy and family support service, a housing advice service and emergency accommodation scheme, as well as a

<sup>34</sup> NPHS (2006) Healthcare issues for asylum seekers in Wales: NPHS guidance: National Public Health Service, Cardiff.

<sup>35</sup> WAG (2005) *National Homelessness Strategy 2006-8*: Welsh Assembly Government, Cardiff.

care leaver's support service. It supports young people aged 16-25 who are homeless or have insecure accommodation and considers health as part of a holistic response to their complex needs. Consultation with service users has highlighted emotional well-being and poor mental health as key issues. The Partnership has led the development of a Multi Agency Housing Forum which assists young people facing accommodation crisis.

#### Section 4. Standard Statements and Performance Requirements

LHBs will be held responsible for the strategic element with the development of the standards through the Health Social Care and Well-being partnerships. These partnerships, comprising the LHBs and LAs, will work together with the voluntary sectors and service users to plan and deliver services through the development of the HaVGHAPs.

LAs, including Supporting People Teams, are critical partners in achieving the following Standards, and are expected to make a substantial contribution as described below. These expectations as set out below will be issued to LAs in separate statutory guidance.

##### *Performance Assessment*

The Standards will come into effect in April 2008 and will be measured through the Performance Assessment Framework through a formatted self-assessment return at the end of 2009. The Annual Operating Framework target related to Standard 4 will be measured through quarterly returns. Outcomes from the self-assessment will form part of the review of the Standards and will be linked across as evidence to Health Inspectorate Wales. Scrutiny of the HaVGHAPs will be undertaken by the Welsh Assembly Government.

##### Standard 1

The LHB ensures that the lead for Health and Homelessness and Vulnerable Groups is at Director level to enable the development of the HaVGHAP. The LA is expected to have an identified lead housing officer to liaise with the LHB in taking forward this agenda, including a Supporting People Officer.

##### *Objective*

To enable the LHB to fully support the health and homelessness agenda and work in partnership with the LA.

##### *Rationale*

Competing pressures on an LHB results in a situation where the needs of homeless and vulnerable groups are less likely to be at the forefront of planning.

A senior manager at Director level with responsibility and working in partnership with the LA is an effective approach to ensure that this agenda is addressed at all strategy and policy forums and features on all documents.

#### *Performance Requirement*

- 1.1 Evidence that responsibility lies with a Director of the LHB.
- 1.2 Development of a HaVGHAP that is fully reflected and based on the jointly agreed priorities set out in the Health Social Care and Well-being Strategy and the Children and Young People's Plan. The HaVGHAP is linked where necessary to the operational plans for relevant services, e.g. homelessness, Supporting People, mental health, substance abuse and community safety.
- 1.3 Evidence that health needs for homeless and vulnerable groups are incorporated into other local strategic planning frameworks - e.g. the Community Strategy and SPPG.
- 1.4 Evidence that the NHS Trust/s engages with the process in partnership.
- 1.5 Expectation that a LA lead housing official is identified.

#### **Standard 2**

The LHB and the LA work in partnership with relevant agencies to improve health and prevent homelessness.

#### *Objective*

To demonstrate that the LHB and LA is working in partnership with other agencies in contact with homeless people and vulnerable groups and are sharing skills and knowledge.

#### *Rationale*

This reflects the holistic approach required to address homelessness as set out in the 'National Homelessness Strategy for Wales 06-08'<sup>36</sup>.

Pro-active planning and delivery of services should include homeless and vulnerable people within the multi-agency partnership. Where forums already exist, eg Homelessness Forums or advisory planning groups, these could provide a basis for the work.

#### *Performance Requirement*

- 2.1 The LHB takes a leading role in the multi-agency group of statutory and voluntary sector partners to develop the HaVGHAP.
- 2.2 Expectation that the LA contributes fully to joint planning of health services for homeless people and the development of the HaVGHAP.
- 2.3 Service users are included in service design and delivery processes.
- 2.4 The partnership working ensures that local strategies are linked.

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<sup>36</sup> *ibid*

- 2.5 Evidence that the NHS Trust/s engages with the process.
- 2.6 The LHB engages on a regular basis with the LA's implementation and delivery of the Community Strategy and takes part in the SPPG.

#### **Homelessness Forum**

Ynys Mon holds a bi-monthly Homelessness Forum where stakeholders come together to discuss how to tackle and prevent homelessness on the island. The meetings help to inform the strategic direction of the LA and the LHB. It is led by the local authority and includes representatives from over 25 statutory and voluntary agencies including housing associations, bond scheme providers, advice agencies etc as well as representation from both the community mental health team and the LHB. The Forum has launched a number of successful initiatives including a mediation service for young people and a One-stop Advice shop for single homeless.

#### **Standard 3**

The LHB and the LA demonstrate an understanding of the profile and health needs of homeless people and vulnerable groups in their area.

#### *Objective*

To develop an accurate baseline picture of:

- demography
- local profiling of the population groups
- health needs
- access and uptake of service provision
- gaps in health service provision
- gaps in accommodation provision for people with support needs

to inform service development.

#### *Rationale*

Without an accurate baseline, it is not possible to develop a HaVGHAP with specific local issues addressed, for example language requirements of refugee or migrant worker populations.

The health of homeless and vulnerable groups feature in few of the Health Social Care Well-being Strategies 2005-08, although poor housing and homelessness is often mentioned as a health determinant. Since that time, the needs of emerging groups, for example, migrant workers, have grown and become clearer and a stronger response is required to deal with the needs of these and the other groups.

Health needs of vulnerable groups are diverse and particular groups experience specific health needs, for example, refugee children and young people may not have had previous access to preventative healthcare in their mother country. Changing demography also requires planning for future need, for example, the growing numbers of older people at risk of homelessness.

There is not as yet a full determination of need throughout Wales, without which services cannot be planned for efficiently or effectively. This is particularly true of the needs of rough sleepers, people living in squats, hot-bedding and people who are considered as “the hidden homeless” generally, many of whom are not in touch with homelessness or other services. There are differences in health need and service response between urban conurbations, rural areas and valley areas and these specific local needs require greater understanding in order to plan effectively.

#### *Performance Requirement*

- 3.1 The LHB and LA have an accurate baseline of information from which to develop the HaVGHAP.
- 3.2 An expectation that the LA provides detailed data on homelessness presentations, Supporting People Needs mapping for the LHB and other data highlighting the needs of homeless and vulnerable people, and liaises on the analysis of this data so that it is used as the basis for planning integrated service development.
- 3.3 The LHB and LA actively engage the views of service users and these views help drive service developments.
- 3.4 The LHB ensures that healthcare staff delivering front line care have access to this information.
- 3.5 The LHB responds to information and data requests from the Welsh Assembly Government.
- 3.6 Evidence that the NHS Trust/s engages with the process in partnership.

Further guidance on collecting data will be provided for LHBs separately. Collecting information in relation to vulnerable groups is complex and the Welsh Assembly Government is seeking advice from the National Public Health Service.

#### **Standard 4**

The LHB ensures that homeless and vulnerable groups have equitable access to, and use of the full range of health services and that the LA is expected to work proactively to link homeless people with health services in liaison with the LHB and Trust/s.

#### *Objective*

To dismantle the barriers that homeless people and vulnerable groups of all ages experience when accessing health.

### *Rationale*

The responsibility of the LHB is to ensure that all mainstream health services are fully accessible and meet the needs of all people in their area. Homeless and vulnerable people are entitled to the full range of health services; however accessing and using health services may be more difficult for them compared to the local population because of structural issues. For example, barriers include having no phone to make a GP appointment.

Targeted specialist assertive outreach services aim to promote access and service use at the same level as the local population. UK research has demonstrated that flexible targeted outreach services are the most acceptable and effective manner to promote and facilitate health access for homeless and vulnerable people<sup>37 38</sup>. Recent Welsh research with homeless single adults also found that the most accepted healthcare practitioners are nurses working in the community<sup>39</sup> who provide the continuity of care essential for people living transiently. A finding from Welsh research also recommends developing the model of a specialist (health visitor) practitioner to work with homeless families<sup>40</sup>.

#### **Specialist nurse and health visitor services.**

In the four areas in Wales where asylum seekers are housed, there are nurse/health visitor-led teams facilitating GP access and providing health screening. In Cardiff, where there are a number of homeless hostels and refuges, there is specialist health visitor for homeless families. A specialist nurse works in partnership with the GP providing care for single homeless. Both practitioners undertake health assessments, liaison with other agencies and referrals on where necessary and work closely with the local authority homelessness officers.

Temporary registration with a GP does not provide the full range of general medical services and the specialist practitioners will promote full registration where possible and pro-active primary healthcare. Full registration appears also to reduce A&E use. It is expected that the specialist practitioners will work in partnership with general medical services co-ordinating care. Their role will also encompass building capacity and expertise into mainstream services so as to increase confidence in those services to improve their care for homeless and vulnerable people.

<sup>37</sup> Feldman, R. (2004) *Primary care services for refugees and asylum seekers: a review*: Hounslow PCT, Hounslow.

<sup>38</sup> Fitzpatrick, S., Kemp, P., Klinker, S. (2000) *Single homelessness: An overview of research in Britain*: The Policy Press and the Joseph Rowntree Foundation, Bristol.

<sup>39</sup> Cymorth Cymru (2007) *Homeless people's healthcare needs and access to healthcare provision in Wales*: Cymorth Cymru, Cardiff.

<sup>40</sup> Webb, E., Shankleman, J., Evans, M.K., Brooks, R. (2001) The health of women in refuges for women victims of domestic violence; cross-sectional descriptive survey. *British Medical Journal*; 323: 210-213.

This model will drive health access during 2008/9 and the specialist practitioners will be well placed to:

- undertake health assessments
- identify health need
- provide direct care and interventions
- liaise with other services
- provide a link to transient patients without an address
- promote engagement between mainstream services
- act as advocate for service users

which includes the need to make crucial links with other health and relevant statutory and voluntary agencies. For example, housing and homelessness services, children's services and social services, dental, midwifery, community paediatrics, community mental health, psychology and substance misuse services. It is expected that links and liaison with community mental health will be via the new model of assertive outreach within community mental health teams.

#### *Performance Requirement*

- 4.1 The LHB commissions the placement of specialist practitioners in post to promote access and service use for homeless and vulnerable people of all ages. It is expected that the practitioner posts will be employed by the Trust/s.
- 4.2 The LHB demonstrates that the practitioners are providing outreach to the groups defined below and in all the relevant locations outlined. The specialist practitioner whole time equivalents are informed by local geography, current understanding of known groups, needs and locations. Flexible provision is expected, for example, some posts might be full-time. Other posts might be part-time equivalents in several posts with due consideration given to lone worker, clinical supervision and clinical governance issues.
- 4.3 There is an expectation that the LA facilitates access to primary health services through its homelessness services, e.g. tenancy support, Supporting People programme. Where space permits, there is an expectation that the LA provides consultation space for the practitioners (non-medical).
- 4.4 The LHB assesses the information needs of homeless and vulnerable people in the area.
- 4.5 The LHB ensures that information about access to health services are disseminated to homeless and vulnerable people and partner agencies.
- 4.6 The LHB provides information to both general medical services and the secondary care sector about homelessness and vulnerable groups and raises awareness of their needs to increase capacity within mainstream services.

4.7 The LHB takes full account of the lived circumstances of homeless and vulnerable groups, including literacy levels when planning services.

4.8 The LHB demonstrates that the specialist practitioners are delivering the following:

- Specialist practitioner led targeted pro-active outreach services.
- Facilitation of GP registration, full registration where possible.
- Recording of numbers of patients targeted, health assessments undertaken with descriptors of need, referrals made, treatments undertaken and in which locations.
- Accessible information and signposting services and in which locations.
- Local profiling of health needs and access to healthcare services.

4.9 Evidence that the NHS Trust/s engages fully with the process.

**Specialist practitioner outreach -**

**For people who are:**

**In the following locations:**

<ul style="list-style-type: none"> <li>• Homeless</li> <li>• Vulnerable to homelessness</li> <li>• Without secure accommodation</li> <li>• Belonging to a specific vulnerable group</li> </ul> <p><b>This range of vulnerability may include the following examples of adults, children and young people who are:</b></p> <ul style="list-style-type: none"> <li>• Roofless</li> <li>• Hidden homeless/sofa surfing</li> <li>• Living in various insecure or temporary housing arrangements</li> <li>• Unable to remain in accommodation due to overcrowding, poor conditions</li> <li>• Leaving prison, hospital or</li> </ul>	<ul style="list-style-type: none"> <li>• Venues that roofless clients visit in area</li> <li>• Streets</li> <li>• Night shelters</li> <li>• Hostels</li> <li>• Women’s Aid Refuges</li> <li>• Bed and Breakfast hotels</li> <li>• Other temporary accommodation</li> <li>• Supported Housing</li> <li>• Day Centres</li> <li>• Gypsy and Traveller LA sites, private sites and unauthorised encampments</li> <li>• LA Homelessness assessment centres</li> <li>• Housing Advice Centres</li> </ul> <p><b>Locations where accessible information and signposting services are to be provided:</b></p> <ul style="list-style-type: none"> <li>• Welsh Refugee Council premises and drop-in centres</li> <li>• LA homelessness services</li> </ul>
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<p>the armed forces</p> <ul style="list-style-type: none"> <li>• Leaving care</li> <li>• Leaving domestic abuse</li> <li>• Squatting</li> <li>• Refugees</li> <li>• Gypsy-Travellers</li> <li>• Migrant workers</li> </ul>	<ul style="list-style-type: none"> <li>• Housing Advice Centres</li> <li>• Independent housing advice and support services</li> <li>• Voluntary agency premises and drop-in centres locally (e.g. Mind Cymru, Central African Association centres, Big Issue premises)</li> <li>• Migrant Worker Centres (e.g. Polish Centre in Llanelli)</li> <li>• Gypsy Traveller drop-in centres and advice centres</li> <li>• CAB</li> <li>• Public information boards/tourist information centres etc</li> <li>• Other local information or public premises (e.g. libraries, youth centres, schools and colleges)</li> <li>• YOT premises</li> </ul> <p><b>Working in partnership with the NHS and GMS providers, local authority, other statutory agencies, voluntary sector and service users.</b></p>
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It is recognised that not all the above locations will have adequate provision for direct nursing care. Flexible arrangements may be necessary and it is expected that health clinics or GP premises might be utilised. Flexible nursing provision may also be required, for example to meet the needs of young people.

**Young people’s nurse**  
 Two Iechyd Da Youth Liaison Nurses are based at Carmarthenshire LHB in Llanelli, funded by Townsend Inequalities monies. They work with school-age children in and out of school, and young people up to 25 year olds, promoting physical and emotional health. Regular input is given to schools, alternate education, youth clubs and homeless support. 5 workshops were given this year in homeless shelters with good relationships established with residents through drop-in sessions.

**Specialist services within generic provision**  
 Some areas in Wales have designated provision within mainstream services, for

example health visitors who have a caseload responsibility for homeless families within their generic caseloads.

Within North East Wales there is re-focused health visiting time to ensure that an experienced health visitor liaises with the local Housing Department. Additional visits are made to homeless families to ensure access and uptake of services. Likewise there are named health visitors for the Gypsy-Traveller populations and they adapt universal services to ensure that they are culturally acceptable. For example, childhood immunisations are available onsite.

In Gwent a similar health visiting service is provided for homeless families. Guidelines for visiting families in homeless accommodation and refuges have been developed. The service to the families is delivered from the existing health visiting service utilising the generic skills of health visitors.

### **Standard 5**

The LHB leads the development of the HaVGHAP during 2008-9 in consultation with the LA, the NHS Trust/s, the voluntary sector and other stakeholders.

#### *Objective*

To formalise the HaVGHAP as the means to plan health services and delivery for homeless and vulnerable groups.

#### *Rationale*

The HaVGHAP is the main driver for the LHB in consultation with the LA to address health, homelessness and vulnerability, ensuring that the HaVGHAP is linked to all other strategic planning frameworks and not viewed in isolation is crucial (see paragraph 1.2 page 14). It is also directly linked to the prevention of homelessness as driven by The Welsh Assembly Government.

Services for these groups need to be integrated into mainstream planning, with specific targeted services maintained or developed to address the needs of particular groups as required. This means that as major service shifts are planned - for example, in response to the proposed 'Delivering Emergency Care Services' programme and the proposed 'Chronic Conditions Management Model and Framework', and in rebalancing services between acute and community settings, the needs of these groups must be considered.

#### *Performance Requirement*

- 5.1 The LHB in consultation with the LA can demonstrate that the HaVGHAP reflects local health needs.
- 5.2 The LHB in consultation with the LA can demonstrate that the HaVGHAP has been developed within a multi-agency partnership.

- 5.3 The LHB in consultation with the LA can demonstrate that the HaVGHAP is deliverable and measurable.
- 5.4 The LHB and the LA can demonstrate that the HaVGHAP is linked to all other strategies.
- 5.5 It is expected that the LA will support the LHB in achieving these requirements.
- 5.6 Evidence that the NHS Trust/s engages with the process in partnership.

## Section 5. Next Steps

The Welsh Assembly Government will:

- Consider commissioning a formal independent evaluation of the added value of the new specialist practitioner posts.
- Provide further guidance on the development of the HaVGHAPs.
- Provide further guidance on data collection, including examples of standardised templates showing health needs.
- Potential job descriptions for the specialist practitioner posts.
- Provide fuller details of the Good Practice examples including contact information.
- Consider how Unified Assessment processes will fit into the assessment of homeless and vulnerable people.
- Promote the involvement of children and young people to give them a voice in decisions which affect their lives<sup>41</sup>.
- Promote the involvement of people who are homeless or from a vulnerable group to give them a voice in decisions which affect their lives<sup>42</sup>.
- Develop a strategic review during 2007/8 to outline future directions for the voluntary sector to support delivery of health and social care in Wales, with one theme being that of reducing health inequalities and improving access.

The Health and Homeless Facilitator for the Welsh Assembly Government will facilitate the provision of:

- Initial training for the specialist practitioners in conjunction with other statutory and voluntary agencies.
- Protocols for women in refuges, hospital discharge etc.
- Training programmes for both health and homelessness staff in statutory and voluntary agencies.

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<sup>41</sup> WAG (2007) *National Participation Standards*: Welsh Assembly Government, Cardiff

<sup>42</sup> WAG (2004) *Consulting with Homeless People*. An advice note issued by the Welsh Assembly Government, Cardiff

- Support to LHBs in providing training for mainstream GMS providers and their staff during protected learning time.
- Support to GMS providers on request.
- Support the development of the HaVGHAPs.

## Section 6. Further References

- WAG (2005) *Designed for Life: Creating World Class Health and Social Care for Wales in the 21<sup>st</sup> Century*: Welsh Assembly Government, Cardiff
- WAG (2004) *Making the Connections: Delivering Better Services for Wales*: Welsh Assembly Government, Cardiff
- WAG (2006) *Stronger Partnership for Better Outcomes*: Welsh Assembly Government, Cardiff
- WAG (2007) *Shared Planning for Better Outcomes*: Welsh Assembly Government, Cardiff
- WAG (2001) *Better Homes for People in Wales: A National Housing Strategy for Wales*: Welsh Assembly Government, Cardiff
- WAG (2005) *A Fair Future for Our Children. The Strategy of the Welsh Assembly Government for Tackling Child Poverty*: Welsh Assembly Government, Cardiff
- WAG (2005) *Raising the Standard: The Revised Adult Mental Health National Service Framework. Key Action 9*: Welsh Assembly Government, Cardiff
- WAG (2005) *National Service Framework for Children Young People and Maternity Services. Chapter 6*: Welsh Assembly Government, Cardiff
- WAG (2004) *Extending Entitlement: Making it Real*: Welsh Assembly Government, Cardiff
- WAG (2001) *Everybody's Business - Children and Adolescent Mental Health Strategy*: Welsh Assembly Government, Cardiff
- WAG (2007) *WHC (2007) 023: NHS Commissioning Guidance*: Welsh Assembly Government, Cardiff
- WAG (2003) *The Strategy for Older People in Wales*: Welsh Assembly Government, Cardiff
- Welsh Assembly Government (2007) *Fulfilled Lives, Supporting Communities*: Welsh Assembly Government, Cardiff
- WAG (2003) *Guidance to Local Authorities on the arrangements for the implementation and the administration of Supporting People in Wales*: Welsh Assembly Government, Cardiff
- NAW (2000) *Working together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children*: National Assembly for Wales, Cardiff

- WAG (2001) *Domestic Violence: A Resource Manual for Health Care Professionals in Wales*: Welsh Assembly Government, Cardiff
- WAG (2002) *Building Strong Bridges*: Welsh Assembly Government, Cardiff
- WAG (2004) *Health Challenge Wales*: Welsh Assembly Government, Cardiff
- Forthcoming strategies: *Chronic Conditions Strategy*; *Public Health Strategic Framework*; *Delivering Emergency Care Services*

## Section 7. Glossary

### *Asylum seeker and Refugee*

An asylum seeker is someone who is waiting for their application to be recognised as a refugee to be considered by the Government. A refugee is someone who has applied for asylum and has by law been granted refugee status.

### *Clinical governance*

A system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standard of care, by creating an environment in which clinical excellence will flourish.

### *Consultation/participation*

User consultation is a process of ongoing dialogue between providers and service users that leads to a decision about the way services are run. It is not just about asking for information or giving it. Consultation involves asking people their opinions and then using that information to make decisions. Consultation is part of user participation which covers a very wide range of practices.

### *Gypsy-Traveller*

The term used in this document to include all groups of Gypsies and Travellers, including both traditional ethnic groups and New Travellers. For example a Gypsy is a member of one of the main groups of Gypsy-Travellers in Wales, tracing their ethnic origin back since before 1500. An Irish Traveller is a member of one of the main Gypsy-Traveller groups in Wales, having a distinct indigenous origin in Ireland and have been in the UK since the mid nineteenth century. Traveller is a general term used by and of Gypsy-Travellers, signifying the importance of nomadism to the culture. Some Gypsies prefer to be known as Travellers.<sup>43</sup>

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<sup>43</sup> Niner, P. (2006) *Accommodation needs of Gypsy-Travellers in Wales: Report to the Welsh Assembly Government*: Welsh Assembly Government, Cardiff.

***Healthcare professional (specialist practitioner)***

A person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.

***Health inequalities***

Differences in people's health between geographical areas and between different groups of people.

***Health needs***

These will range between people who are generally well; people who have long-term conditions, such as mental health problems; people needing emergency treatment and people needing elective care, such as an operation.

***Health promotion***

Includes the provision and information on healthier lifestyles and how to make the best use of health services, with the intention of enabling people to make rational health choices and of ensuring awareness of the factors determining the health of the community.

***Healthcare services***

Services provided for, or in connection with, the prevention, diagnosis or treatment of illness, and the promotion and protection of public health.

***Priority need categories***

Several groups are categorised as being in priority need for statutory housing (such as refugees, hostels and other temporary accommodation) and includes families, care leavers, people fleeing domestic violence or following release from prison or discharge from the armed forces.

***Migrant worker***

In this document, the term is used to denote people who have come to Wales to work from one of the New Member States (also known as Accession countries).

***Outreach services***

Service provision in a service user's own community setting, at times suited to the service user, rather than focused on the service providers' convenience.

***Service users***

An individual who uses a health care service, including those who are not in need of treatment, such as those using screening services.

### *Standards*

Standards are a means of describing the level of quality that health care organisations are expected to meet or to aspire to. The performance of organisations can be assessed against this level of quality.

### *Supporting People*

Supporting People is the policy and funding framework for delivering housing related support to vulnerable people to enable people to live independently and to maintain a tenancy. Supporting People distributes money to local support providers, for example Registered Social Landlords, local authorities and voluntary organisations.

### *Targeted services*

Services directed at a specific group of people or to address a specific area of need.

### *User-centred services*

People will best use services if they help design them and optimum improvement will be achieved if people become fully engaged with their own health and well-being.