Best Practice Guidance:

Providing Cancer Care for People Experiencing Homelessness

Wessex Cancer Alliance

People experiencing homelessness (PEH) are a marginalised group with complex health and social care needs.

This document offers practical advice for delivering equitable cancer care and support. It is based on learnings from the Right by You Wessex service in supporting PEH in Southampton City, Hampshire.

Rates of Homelessness Across Wessex
Hampshire: 8 per 1,000 households
Dorset: 9 per 1,000
Southampton City: 7 per 1,000
Nationally: 11.4 per 1,000



1 in 200 households experience homelessness

Rates of homelessness are growing nationally, with rates of people living in temporary accommodation the highest ever

PEH are twice as likely to be diagnosed with cancer

Cancer is the second leading cause of death in PEH; due to the high prevalence of risk factors such as environmental exposure and unhealthy behaviours

38% of PEH have been admitted to hospital in the past year

Barriers in accessing mainstream services leads to overreliance on unplanned care. PEH attend A&E 6x as often, are admitted to hospital 4x as often, and stay 3x as long

A person is homeless if they:

- Have no accommodation to occupy
- Have no legal right to occupy
- Cannot secure entry to their accommodation
- Have temporary accommodation
- Have nowhere to lawfully place moveable accommodation
- Are at risk of violence or domestic abuse

PEH have poorer physical and mental health, high levels of non-geriatric frailty, multiple comorbidities and significantly higher rates of acquired brain injury.

PEH are disproportionately impacted by social determinants of health including poor nutrition, chronic stress, higher rates of smoking and substance misuse disorders

Issues, Challenges and Recommendations

System Issues Affecting Cancer Management

- Mainstream healthcare systems are fragmented and inaccessible for PEH who encounter difficulties in maintaining contact with healthcare teams, attending appointments and adhering to complex medication regimens.
- This hinders effective disease management and leads to disjointed and inequitable healthcare experiences.
- Discrimination can affect standards of care offered.
- Digital exclusion and lower literacy rates can further limit accessibility and engagement.
- Confidentiality issues hinder information sharing to non-clinical teams who could otherwise support patients in accessing support.

Perspective of People Experiencing Homelessness

- The unpredictability and lack of stability when experiencing homelessness magnifies the difficulty of managing a complex health condition like cancer.
- PEH often have complex physical and/or mental health needs alongside multiple disadvantages.
- This can lead to lower prioritisation of health; substance use and addiction often taking priority.
- PEH often have low incomes and a paucity of support from family or friends.
- Previous experiences of stigma can lead to mistrust of healthcare professionals.

Without good access to community-based care and early intervention, PEH will continue to experience poorer health and social care outcomes

Recommendations

- ✔ Consider literacy levels, substance misuse or substitution therapy regimes, acquired brain injury, comorbidities, nutrition, living environments, social determinants of health and psychological needs alongside clinical aspects of care
- ✔ Support PEH to navigate healthcare systems and actively involve them in care management.
- ✔ Link-in early with community outreach services, day centres, and drug & alcohol services.
- ✔ Ask which support services PEH are involved with, and request permission to share information.
- ✔ Ensure a 24-hour acute oncology number is available to all community-based staff.

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