

Homelessness and Health

Two Saints



APPENDIX 3

Two Saints' work in Southampton is with **Single Homeless People**. We have three main services, all of which work at the front end of the **homelessness pathway**.

1. Cranbury Avenue Day Centre

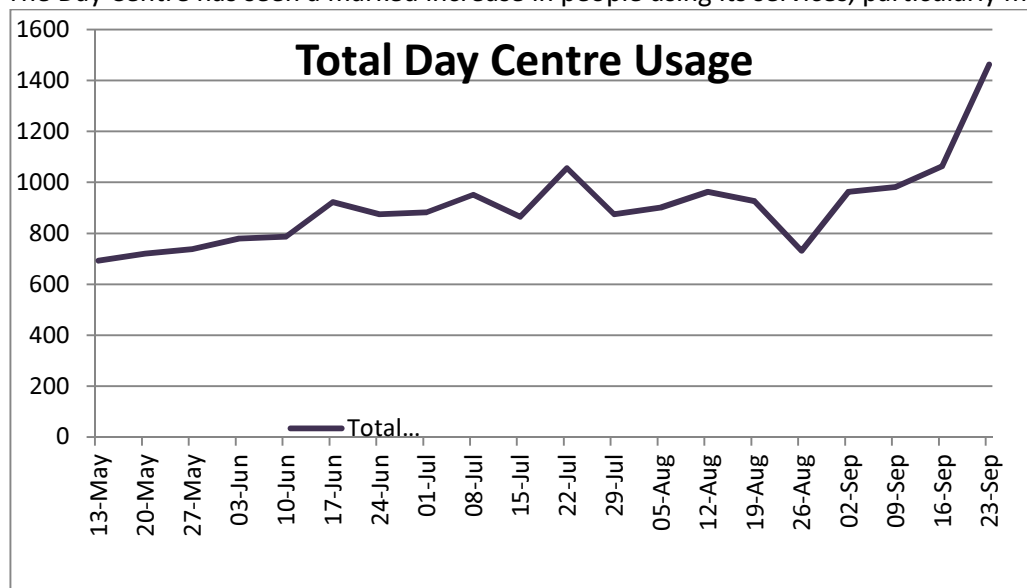
The Day Centre is an open-access drop in centre for anyone within the city. As such it is unusual in that it can offer support and advice to people with no recourse to public funds. These people cannot use other Supporting People services and so would otherwise be without any support. Within the Day Centre Two Saints offers a range of different services to clients:

- The Basic Needs Service – giving clients access to a hot shower, laundry, a hot meal and, importantly, somewhere safe to be during the day.
- The Accommodation Finder Service – supports clients to access housing from the private rented sector. We liaise with landlords to source suitable flats etc.
- The Benefits Advice and Skills Development Service – benefits advice, support with benefit applications, Jobsearch, IT skills, CV writing and related support. This is staffed whenever the Day Centre is open
- Real Lettings South (Private Sector Leasing Scheme) – Real Lettings takes flats from private landlords on long (e.g. 5 year) leases, and then lets them to people who would otherwise be homeless.

The Day Centre also acts as a hub within which clients can access other services:

- The Street Homeless Prevention Team – Southampton City Council (SCC)
- The Homeless Health Care Team – Solent NHS
- Floating Support service
- Other agencies, for example DWP or CAB, offer timetabled advice clinics

The Day Centre has seen a marked increase in people using its services, particularly more recently.



The Day Centre receives some general funding from Southampton City Council, as well as specific monies to fund work such as the Accommodation Finder. The shortfall between funding received and

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actual running costs has, over recent years, been covered by fundraising and Two Saints' reserves. This is not sustainable in the long run and the situation will become worse as further SCC funding reductions take effect. It will be impossible to continue to offer the current level of service to clients.

2. Patrick House

Patrick House offers two services within the homelessness pathway.

a. Assessment Service

Around 20 rooms at any one time are occupied by clients whose needs are being assessed. We have a maximum of 4 weeks to complete this assessment, during which time it is necessary to gain their trust, complete a full Risk Assessment and Risk Management Plan, assess support needs and agree a Support Plan and make a referral to whichever support services are needed. These can include other homelessness services within the pathway and also specialist services like professional counselling, substance misuse or mental health. Referrals to homelessness services can include any service within the homelessness pathway.

b. Intensive Service

The other 36 rooms are given over to the Intensive Service. This supports clients to address the issues that have contributed to them becoming homeless. This may include ensuring that they make use of the specialist services mentioned above, or working directly with them to develop the attitudes, motivation and practical skills to allow them to succeed in their own, independent accommodation.

Support within Patrick House is funded by Southampton City Council. This funding is also supplemented by accommodation charges payable for the rooms.

3. Breathing Space – Hospital Discharge Service

Breathing Space is a new service to Southampton that fully opened in February. We work with the General Hospital to assess the housing and clinical needs of homeless people who have been admitted to hospital, so that they have somewhere suitable to live when they are discharged. If there is no suitable accommodation then we have a small (8-bed) building in Swaythling where clients can complete their recovery. This can include clients from other hostels within the pathway, as sometimes the hostel environment, particularly the influence of peers, can hamper recovery.

Breathing Space has very short term funding from the Department of Health, which will end in the next few months. Early indications are that the project is successful at:

- Helping homeless people to successfully recover
- Reducing readmissions to hospital
- Minimising unnecessary nights in hospital

We are looking at ways to secure the longer term future for Breathing Space. However the short funding period is unlikely to give enough time to accumulate enough evidence for the CCG. Another 6 months is likely to provide higher quality and more compelling data.

Health Issues faced by Homeless People

The most common issues that our clients face are:

- Alcohol issues - nausea/shakes/sweats/other withdrawal symptoms
- Addiction issues - withdrawal/sweats/ shakes
- Chronic and enduring mental health issues
- Chronic obstructive pulmonary disease (COPD) - chronic bronchitis, emphysema etc
- Deep vein thrombosis
- Hepatitis C
- HIV
- Gastric issues due to poor diet

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- Colds and Flu
- Gout/foot problems
- Depression/suicidal behaviours
- TB



As a response to these issues our staff will:

- Link into drug services – make referrals and sometimes accompany clients to initial appointments
- Support clients to access the walk in centre
- Liaison, informal conversations etc with the Homeless Healthcare Team. As they are based at the Day Centre we take clients across as well
- Issue warm clothing and sleeping bags
- Provide warm drinks and food
- Make referrals to the Street Homeless Prevention Team

Our clients, at a recent focus group and at regular updates and consultations, report that their health is not a priority for them. Clients' priorities are more basic; getting something to eat and somewhere safe to stay. This further divides up:

- a) Where a client is looking for somewhere to stay, perhaps a hostel or a flat, this takes up a large amount of their time. Health appointments are seen as a distraction. Moreover clients will ignore or play down any ill health, as they may worry that this will become an issue that gets in the way of them securing accommodation.
- b) Where a client is sleeping rough, either whilst waiting for accommodation, because they have no recourse to public funds or where they choose to do so rather than submitting to the rules inherent in hostel or other accommodation, they are only interested in securing somewhere safe to sleep for the night; illness is seen as irrelevant. For example one client said, "You get very fatalistic. If you wake up the next day, you wake up. If not, then there's nothing left to worry about anyway".

A Suggestion from Two Saints' frontline staff

It is best to engage homeless people with health services immediately when they mention a health issue. The Homeless Healthcare Team is an excellent service, but it operates as a GP Surgery, with appointments. Homeless people's lives are often chaotic, meaning that they do not plan well into even the near future, and so miss appointments. The effect of subsequent alcohol or drugs means that what earlier was a pressing health need can become less of a priority.

Staff suggested that having someone with nursing training, perhaps not a fully qualified nurse but with enough knowledge to operate a triage/sign posting service on site would be excellent. This would offer support to our clients without them having to make an appointment.

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HEALTH ISSUES FACED BY RESIDENTS OF PATRICK HOUSE (TWO SAINTS ASSESSMENT CENTRE):



There are many health issues faced by residents. This is an outline of the key issues.

Physical Health:

- Many residents have complications from alcohol misuse. These range from cirrhosis of the liver and alcohol related dementia to peripheral nerve damage and pancreatitis and chronic stomach problems. Some residents are subject to the End of Life programme as a result of this and there has been a move to include people within this provision who have alcohol related issues.
- As a result of alcohol issues residents can be at increased risk of falling and health issues can be further complicated as a result of injuries that occur. In general, homeless people are at a greater risk of injury and death from falls compared with the general population. Falling into roads and being hit by motor vehicles is an increased risk for homeless people.
- AS a result of general poor health homeless people are at increased risk of suffering from respiratory illnesses ranging from bronchitis to chronic obstructive pulmonary disease. Living on the streets or residing in very poor housing can exacerbate the effects of respiratory illnesses. Increased rates of smoking and not seeking medical intervention can increase the risks. We have had several residents who have been treated for tuberculosis.
- Residents suffering with epilepsy, if not medicated formally diagnosed, are at an increased risk of injuries caused by fitting and falling and can sometimes be dismissed as suffering from the effects of alcohol or alcohol withdrawal.
- The long term effects of diabetes can be more pronounced for homeless people if they are not diagnosed at an early stage or if they do not take medication regularly and are not monitored by health care professionals regularly. Long term complication arising from diabetes can result in limb amputations, damaged eye sight and severe cardiac complications.
- Other residents suffer with a variety of skin disorders such as psoriasis and scabies. These can be exacerbated by general poor health and not engaging with health services.
- Residents who have problems with drug misuse can suffer with a range of physical health issues. Residents injecting drugs can suffer with deep vein thrombosis, which can be fatal or result in limb amputations or septicaemia. Sharing needles can result in homeless people contracting hepatitis and the HIV virus.
- Residents using class A drugs can be at risk of overdose, especially if they have not used for some time or if the drugs they use are contaminated or are particularly strong.

Mental Health:

- Homeless people will suffer with a range of mental disorders ranging from mild depression through to the major psychotic illnesses such as schizophrenia and bi-polar affective disorder.
- Mood disorders can be exacerbated by peoples' living circumstances, such as living on the streets and alienation from family and friends.
- All mental disorders can be exacerbated by substance misuse. Alcohol consumption will cause a mood disorder to deteriorate and some drugs will magnify psychotic symptoms. The onset of psychotic symptoms and deterioration in mood will often result in homeless people being less able to look after their physical health needs and render them less likely to seek medical intervention.
- Residents will often self medicate with alcohol and other substances which in turn put their physical health at risk. The issue of dual diagnosis is made more difficult to assess as a result of this and can result in a person not receiving a service from either the mental health or substance misuse services.

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Homelessness:

- Being homeless can make it difficult to register with a GP and consequently health issues are not addressed.
- Some homeless people have had poor experiences with health services and may have been dismissed as not deserving interventions.
- Being homeless can mean that it is not possible to receive post and people cannot receive letters for health appointments.
- Some homeless people may be unaware of where to seek help and as a result of substance misuse issues and mental health issues they may lack insight into health issues.
- Many homeless clients will have experienced complex trauma in their lives.{ resulting from abuse} and their behavioural issues can result in the pejorative diagnosis of Personality Disorder. They are often dismissed as not suffering from any treatable mental disorder and clients may then resort to substance misuse in order to help reduce their problems. Homeless people who are using substances will find it very difficult to access any form of psychological therapy.
- Living on the streets will very likely have an adverse effect on their health in general and health issues are sometimes only addressed when clients enter supported accommodation.

Suggestions:

- Increased outreach work to help homeless people engage with health services.
- Encouraging clients to attend walk in centres and surgeries such as Homeless Healthcare Team
- Training for A&E staff on health issues faced by homeless people
- Training for GPs in awareness of the difficulties homeless people have in accessing services.
- Introduction of a peripatetic health team going on outreach on the streets.
- Health education for clients in Day Centres
- Increased access to psychological therapies for homeless people.