



Homeless Service Annual Report 2010

Improving access to health care and support
for homeless and vulnerably housed people.

Sussex

Cover Photo:

Sue Rains, Hastings Homeless Service Podiatrist, with client.

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Our Mission

Our Homeless Service aims to deliver a high quality primary health care and first aid service to homeless and vulnerable people by providing a nurse-led, client focused, health, educational, informative and practical outreach service.

“Always have the time to address problems.”

Brighton service user

Homelessness and Health

Homeless people often suffer severe and complex health problems, and are thus one of the most vulnerable groups in our society. Yet they still experience substantial barriers in accessing health promotion and health care, despite the increasing knowledge of the extent of their difficulties. These barriers compound their health problems, and can present road blocks to their routes out of homelessness.

Homeless people are 40 times more likely not to be registered with a GP than the rest of the population and 3 times more likely to have had no contact with a GP within the last year. Homeless people are 4 times more likely to turn to A&E for primary healthcare needs. Substituting emergency care facilities for primary care services means homeless people often receive very little in the way of follow up care and advice (“Your health, your care, your say”, Dept of Health, 2006).



The Sussex Homeless Service

St John Ambulance Homeless Service works to tackle these inequalities, to break down barriers of stigma and inaccessibility, and to ensure that homeless and vulnerably housed people obtain the health care and support that they need.

What our service looks like

We run nurse-led clinics for homeless and vulnerably-housed people in Brighton and Hastings. We also provide training for staff and volunteers working in the homelessness/drug and alcohol fields and we provide training for clients in overdose aid prevention.

At each clinic there is a nurse (often a volunteer) and a minimum of one other volunteer. Clients are offered a basic first aid and primary health care service from the nurse volunteer and a support and advice service from the general volunteer. Podiatry (foot care) services are also offered on a regular basis. We see some service users on a one-off basis, they are sign-posted to other services where they receive the help they need to find accommodation and lead a more settled life-style. Other clients we see on many occasions before they feel supported and confident enough to take the necessary steps to make changes in their lives.

The Sussex Homeless Service was recognised for its achievements at the NHS South East Coast Best of Health Awards Ceremony in October



2010, where the service was the regional winner of the Primary Care and Community Based Integration award (see picture).

NHS South East Coast (Kent, Surrey and Sussex) received more than 160 nominations all vying for one of the 8 regional awards on offer at the ceremony at the Brighton Dome. Those who attended from St John Ambulance accepted the award on behalf of all the Homeless Service volunteers. The award is a well deserved tribute to the enormous hard work and dedication of our volunteers who devote their spare time to making a real difference to some of the most vulnerable people in our society.

Kate Lampard, NHS South East Coast chair said: "the standard of applications this year was extremely high and the judging panel found it hard to select the finalists. It's a great achievement to be singled out as delivering one of the best health and social care services in the region".

Brighton Homeless Service

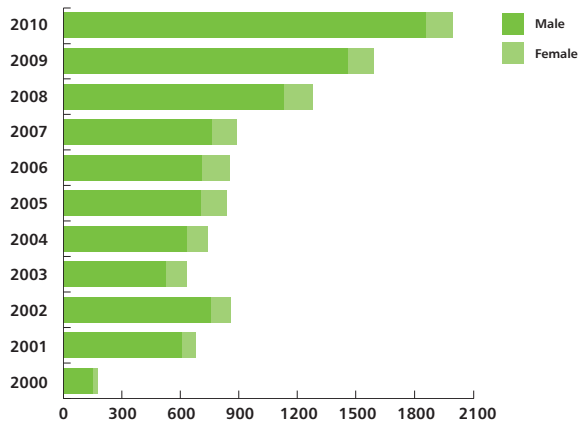
The Brighton service runs four sessions per week, one from a mobile unit on the seafront, one from a night shelter/hostel and two from our mobile unit based outside local day centres. We work closely with local voluntary and statutory support agencies including a local G.P surgery specifically for homeless people.

Accommodation

In 2010 83% of people seen were homeless or in temporary accommodation. This is a 5% increase on the previous year. 42% were sleeping out in the open or in a tent. A more detailed breakdown of people's accommodation is set out in the table below.

How many people do we see?

During 2010 we provided 187 outreach sessions, an increase of 18% on 2009. We had 2000 client contacts, an increase of 21% over 2009. This was made up of 93% male and 7% female, a slight reduction in the number of females seen the previous year.



Year	2004	2005	2006	2007	2008	2009	2010
	%	%	%	%	%	%	%
B&B / Hotel	6	4	3	2	1.5	4	1.5
Friend's Floor	7	5	2	3	5	4	5
Hostel - Other	4	5	9	8	9	7	5
Night Shelter	1	<1	2	7	10.5	17	11
Council / Housing Ass / Private	6	14	18	15	18	17	22
Sleeping Out / Tent	51	51	45	48	37	42	41
Squat	0	<1	1	<1	<1	<1	<1
St Patrick's Hostel	7	2	3	9	11	5	9
Travellers	0	0	1	0	0	<1	0
Unknown	18	18	16	8	7	3	5

Support Needs

By far the largest category of need is general support. One of the major problems homeless people face is isolation. Over 97.5% of our clients benefitted from time spent with skilled volunteers who gave them time to talk through issues and provided understanding in a non-judgemental manner. A wealth of information is available to signpost people on to other agencies when necessary.

This year we have split the issues into Health and Non-health Related Issues.



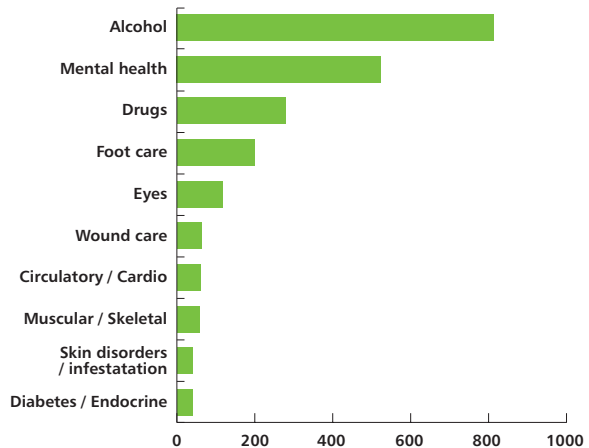
Health Related Issues

Clients may consult the general volunteer or nurse on one or more health related issues. In 2010 by far the most consultations were for alcohol and mental health followed by drugs and foot care.

Between 2004 and 2008 there was little indication of Diabetes amongst our clients. In 2009 we had 10 contacts with diabetics and this year it has grown to 51 contacts.

According to Diabetes UK there is an increased awareness about diabetes and more people are being diagnosed in the general population.

The chart below shows the 10 most frequent health issues addressed with clients during 2010.



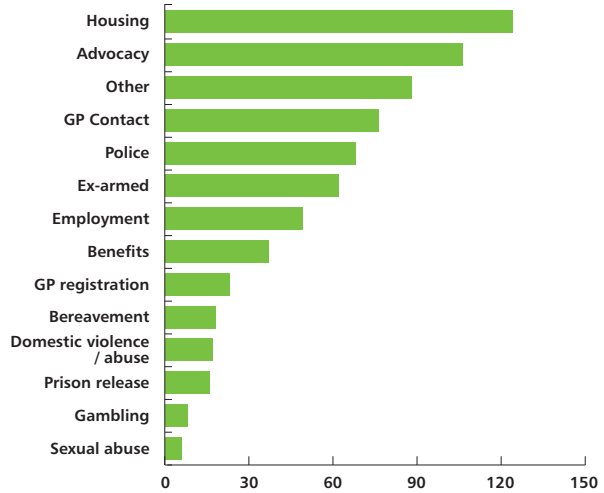
“Great for homeless people, deal with struggles and feet.”

Brighton service user

Non-health support issues

The area of support most needed was that of housing followed by advocacy. Advocacy involves work done with or on behalf of clients and includes accompanying them to appointments with health or housing agencies or otherwise liaising with agencies.

The number of ex forces personnel remains a concern. The BBC filmed part of a documentary on ex-service personnel at the Peace Statue at the end of the year. This will be shown on Panorama in the New Year. This group of clients almost always have complex needs which can be difficult to meet.



Clinics and Specialist Volunteers

In 2010 we have again seen an increase in the number of clinics. These have risen from 154 to 191 (24%). The number of Nurse consultations have however fallen from 369 in 2009 to 216 in 2010. Clients visiting the Podiatrist have increased by 50% to 76.

“They are understanding of a wide range of situations.”

Brighton service user

Comparison of Health Care Professionals seen in Brighton SJA Clinics 2003 - 2010

	2003	2004	2005	2006	2007	2008	2009	2010
Nurse	71	92	98	94	144	258	369	216
Podiatrist	41	27	27	60	49	46	51	76

Case study 1

John (not his real name) is a fifty-four year old who has been known to the Brighton service for about four years, regularly attending at the Peace Statue clinic. During recent times persistent chest infections have been an increasing worry for him. At the end of December 2009 he presented at First Base clinic in a state of shock as he had come within inches of being run over by a bus. He said that he didn't see it. He was accompanied at the end of the clinic to the opticians and, following an eye test, received glasses and a referral to the Eye Hospital. Several accompanied visits followed including one where John ran away in fright. However by the end of 2010 John has had cataracts removed from both eyes and now has reasonable eyesight. He has also been accommodated in a local hostel.

Publicity

The Big Snooze 2010

We held a fund- and profile-raising sleep out in Nov 2010. The event took place on New Road, Brighton outside the Theatre Royal. With the support of local businesses in the area fifteen people spent the evening fundraising and talking to passers-by and then bedded down for the night. £2,272.31 was raised.

Our thanks also go to local author Peter James for his support on the night which led to interest from BBC television.

Service User Feedback

Danielle Oxenham, a student studying at Sussex University, assisted us with our annual service user survey this year. Clients were interviewed at all the different outreach venues at the end of 2010 and a total of twenty-two people took part.

21 clients thought the SJA service was either excellent or good. When asked what they most liked about the SJA Homeless Service, the responses were as follows:

'Understanding to a wide range of problems'
'Crucial to the lives of the homeless'
'Good communication' *'Reliable'*
'Have time' *'Know how to find them'*
'Get things you need' *'Actively listen'*
'Non-intrusive'



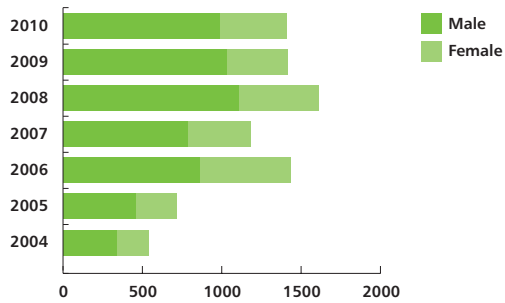


Hastings Homeless Service

The Hastings service runs four sessions a week from the Seaview Project which is a day centre in St Leonards-on-Sea for local vulnerable people. Those using the day centre may be homeless or be vulnerably housed, they may have mental health needs or other support needs. The day centre is open to all who wish to use it. In addition to the clinic at Seaview, the service also runs a clinic fortnightly at Hope Kitchen in Hastings and provides a support and advocacy service for homeless and vulnerably housed patients being discharged from the Conquest Hospital.

How many people do we see?

During 2010 the Hastings Homeless Service had 1409 client interactions in total, compared with 1417 during 2009.



The table below gives a further snapshot of the year-on-year service uptake, showing numbers of nurse

and podiatry consultations and instances of wound care (important aspects of the service provided).

Numbers of consultations	2004	2005	2006	2007	2008	2009	2010
With a nurse	369	553	1082	924	1316	1186	1169
With a podiatrist	152	173	250	234	230	208	151
Wound care	71	72	169	155	205	157	120



Accommodation

In 2010 25% of people seen were homeless or in temporary accommodation. This is a 9% decrease on the previous year. 5% were sleeping out in the open or in a tent. A more detailed breakdown of people's accommodation is set out in the table opposite.

Rough Sleepers

Numbers of contacts with rough sleepers in 2010 were a little higher than in 2009 (74 compared with 68) but remain significantly lower than in years previous to this. While there are clients who may remain homeless for up to several months, at the end of 2010 there were no entrenched rough sleepers locally as housing solutions are eventually found for many homeless people.

Year	2004	2005	2006	2007	2008	2009	2010
	%	%	%	%	%	%	%
Sleeping Out/ Tents / Vehicle	3	5	6	14	10	5	5
Friend's Floor	4	5	4	9	9	7	8
Conquest Hosp	N/A	N/A	N/A	N/A	N/A	N/A	3
Seaview Supported	14	12	20	7	6	8	2
Hostel	7	11	7	4	4	2	2
B&B / Hotel	4	3	3	3	3	4	1
Squat	0	0	0	0	0	0	0
Other Supported	-	-	-	-	6	6	2
Private Rented	34	24	36	34	39	46	48
Care Home	2	2	3	4	4	2	4
Housing Association	21	31	17	20	13	15	16
Own	NR	NR	NR	NR	NR	NR	3
Unknown	11	7	4	5	6	5	6

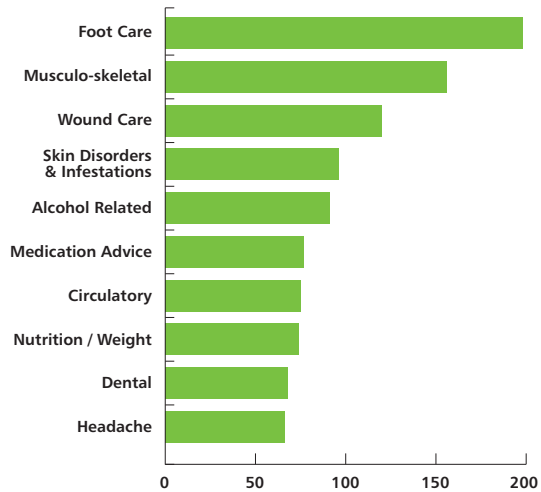
Housing status of clients seen during each year of the Service

Numbers of consultations with rough sleepers	2004	2005	2006	2007	2008	2009	2010
New contacts	9	11	28	33	21	19	15
Recurring contacts	3	22	61	137	143	49	59
Total contacts	12	33	89	170	164	68	74

Health Related Issues

As in previous years, Foot Care, Wound Care and Musculo-Skeletal problems have been the most frequently recorded health concerns addressed during 2010. Homeless and vulnerably housed people, especially rough sleepers, are particularly prone to wounds, wound infections and foot problems, including trench foot. Clients seen by the Homeless Service team are able to receive specialist podiatric care, wound care by trained nurses and nurse prescribing for relevant medications such as antibiotics and dressings, for example.

The chart shows the 10 most frequent health issues addressed with clients during 2010.



Nurse prescribing

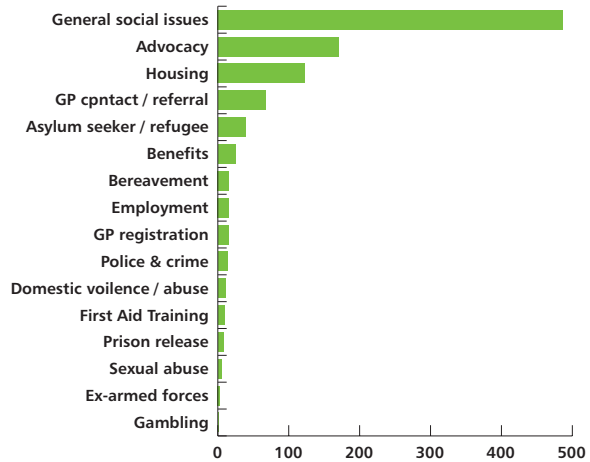
The Hastings Homeless Service has a Nurse Independent Prescriber, who is able to prescribe for a range of conditions. This facility has again proved invaluable to the service, enabling accessible and complete health care provision for acute conditions, minor ailments and health promotion.

Clients with prescription needs related to chronic disease management tend to be referred to their GPs while those without a GP are swiftly helped to register. Over the course of 2010, 163 prescriptions were written by the Nurse Independent Prescriber for a total of 232 items, compared with 160 prescriptions for 231 items in 2009.



Non-health Support Issues

Although the Homeless Service is primarily a health-focussed service, emphasis is also given to general social support and advocacy, with all team members – general volunteers, nurses and podiatrist – often dealing with a range of other issues. The chart opposite demonstrates some of the range of less directly health-related issues or support given during 2010. General social issues, the most frequently recorded category, covers a wide range of social problems and needs that are discussed in client consultations and which do not necessarily fit into other categories.



Conquest Hospital Partnership

A recent report on the problems associated with homelessness and hospital admission and discharge found that homeless people's multiple health and other needs are often not fully addressed, leading to hospital readmissions, lengthy hospital stays, self-discharges, and failure to find appropriate accommodation (Tansley and Gray, 2009)



The Homeless Service has continued during 2010 to assist in overcoming these problems by providing a support and advocacy service for homeless and vulnerably housed patients in the Conquest Hospital, with some referrals being received for patients in A&E but the majority being for inpatients on the wards. During 2010, the Homeless Service received 13 referrals from the Conquest.

Case Study 2

Angela (not her real name) had had surgery for a brain abscess, leading to impaired mobility. Prior to admission, while ill, she had signed her tenancy over to her daughter and had become homeless. Due to family relationship problems, she no longer had contact with her daughter and consequently lost possession of all her belongings that were in the flat. While in hospital

she had secured a new tenancy but had no furnishings for the flat and therefore her discharge may well have been delayed. However, within a few days, referrals by the homeless Service to the St Vincent de Paul Society (SVP) and the Hastings Area Community Trust resulted in a £100 grant for furniture purchases from Hastings Furniture Service and donations of some items by SVP and Emmaus. These provisions meant that Angela was able to be discharged. She was overwhelmed by the support given and expressed sincere thanks to all agencies involved.

Hope Kitchen Pilot

From May 2010 the Homeless Service has provided health outreach at Hope Kitchen, a soup kitchen held at Wellington Square Church in Hastings. This is currently being trialled on a 1 year pilot basis, with clinics taking place fortnightly on Saturday evenings. Hope Kitchen is one of very few out-of-hours services for the homeless and vulnerably housed client group locally and provides the Homeless Service with an opportunity to provide a weekend service. An additional reason for piloting this service is that a number of homeless and vulnerable clients are known to attend Hope Kitchen regularly, who for a number of reasons do not usually access Seaview Project and may be in need of health care and advice.

Service user involvement & feedback

The Homeless Service's annual service user survey was undertaken during the latter part of 2010, to

evaluate the Service. Due to time constraints, only 8 clients were interviewed.

Clients were asked what they had found helpful about the Homeless Service. Responses were wide-ranging and often related to the clinics' accessibility. Responses are detailed in the box below.

'The fact that the service is there when & if I need it.'

'Good service, nurse thorough, helpful.'

'Easily accessible – easy to get on with staff.'

'Can discuss problems with nurse & receive information.'

Homeless Training Service

Our training is designed to meet the needs of staff, clients and volunteers working within the homeless / drug and alcohol fields and incorporates first aid training and drug and alcohol awareness alongside specialist modules including Blood-borne Virus / Hepatitis & HIV Awareness, Overdose Prevention and Universal precautions and Sharps Injury.

The whole Homelessness & Health training package enables local agencies to have their staff trained in all subject areas relevant to the world of street homelessness. The modules can be selected and put together to suit the needs of a particular workplace / client group so offers a flexible approach to workplace training.

Summary of Homeless Training in 2010

During 2010 we delivered training to 615 students over 78 sessions.

The most popular course was Overdose Aid. There were 40 sessions – 350 people (57% of total people trained). The attendees included: agency staff, homeless service volunteers and clients.

There were 11 DAAT (Drug & Alcohol Action Team) commissioned Overdose Aid training sessions held in Brighton & Hove (4 for staff and 7 for clients and their key workers) and 23 DAAT commissioned Overdose Aid training sessions held in West Sussex (1 for staff only and 22 for clients only).

The DAAT funded Overdose Aid sessions attracted 41 clients and 41 staff in Brighton & Hove and 205 clients and 7 staff in West Sussex.

The DAAT commissioned Overdose Aid sessions in West Sussex saw an 22% increase in client attendance, however the number of clients attending the commissioned DAAT Overdose Aid in Brighton & Hove saw a reduction compared to 2009.

The newly run Emergency First Aid at Work course (which replaced the Basic First Aid for Frontline Workers course) attracted 69 people in its first year and the Drugs, Alcohol & Emergency First Aid course attracted 23 participants.

Training Plans for 2011

The Homeless Training Dept will commence a review of the Homeless Healthcare Training package and begin to redevelop the trainer



materials and students' handouts. This work will involve close liaison with National Headquarters and the designated subject specialist links we have in place.

In addition to our usual suite of courses Lottery funding will enable us to provide Emergency Life Support and/or First Aid Skills training for 60 clients in Brighton & Hove.

Funders and Supporters

We are very grateful to the many organisations and individuals for their generosity. They include:

Basil Shippam and Alsford Trust
BDNAT (Brighton District Nurses Association Trust)
Big Lottery Fund
Charlotte Marshall Charitable Trust
Derek & Eileen Dodgson Foundation
Ernest Kleinwort Charitable Trust
Garfield Weston Foundation
Ian Askew Charitable Trust
Isabel Blackman Foundation
Magdalen and Lasher Charity
Mercers' Charitable Foundation
St Cuthbert's Housing Association
Seaview Project
Silver Lady Fund
Tufton Charitable Trust

Many other donors of socks, shoes, sleeping-bags and other items.

Sussex Homeless Service Accounts for the year ended 31st December 2010

	2009 £	2010 £
INCOMING RESOURCES		
Charitable Income	2,725	9,122
Grant Income	71,991	47,189
Activity Income	19,559	23,844
Other Income	435	(151)
Total Incoming Resources	94,710	80,004
RESOURCES EXPENDED		
Operations Costs	(5,502)	(6,066)
Personnel Costs	(108,968)	(106,503)
Member Development	(161)	(700)
Travel & Subsistence	(4,741)	(4,990)
Vehicle Costs	(8,746)	(2,133)
Property Costs	(5,562)	(3,129)
Office Costs	(1,433)	(2,285)
Marketing & Professional	(1,014)	(2,241)
Other Costs	900	304
Total Resources Expended	(135,227)	(127,743)
Net Surplus/(Deficit)	(40,517)	(47,739)

For Further Information:

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Registered Charity No. 1077265/1
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Registered Office: St. John's Gate, Clerkenwell, London EC2M 4DA

A circular logo with a pink-to-purple gradient background. The text "BIG LOTTERY FUND" is written in white, uppercase letters, stacked vertically in the center of the circle.

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