

Homeless Service Hastings

End of Year Report
2010

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

Supported by



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Introduction

While patterns of homelessness inevitably shift and change, the problems associated with homelessness do not disappear.

In 2010 St John Ambulance Homeless Service (SJAHS) Hastings saw a small increase in rough sleepers compared with 2009, but both years showed significantly lower numbers than in 2008.

When homelessness does occur, it is often the end result of complex social and health issues, usually stemming back to childhood: problems which are compounded by homelessness, thus creating a vicious cycle.

When homeless individuals are housed, it can be the first step towards recovery. Having a home, a secure base, can be a firm foundation from which to work through addictions, mental health issues or behavioural problems, for example. The Homeless Service, now in its 8th year, has seen some real improvements in the lives of many of its clients, with the help of long-term multi-agency support.

However, the long-term nature of successful support needs to be emphasised. Even when housed, individuals with complex needs usually face a long, hard road to recovery, with problems not disappearing overnight.

The Homeless Service continues to serve and support not only homeless clients, but also those who are ex-homeless, vulnerably housed, or simply vulnerable for any number of reasons, all of whom congregate at Seaview Project and Hope Kitchen, where SJAHS provides its health care and support services. SJAHS works to promote health and well-being, and therefore to prevent repeat homelessness.

Many are predicting that Government cuts will lead to a rise in homelessness through job losses, people struggling to cope financially and through the withdrawal of funds from housing and support services which currently operate to prevent homelessness. The reduction in rough sleepers seen by SJAHS in recent years could be reversed in the near future.

St John Ambulance has every intention of continuing to provide this innovative and flexible health and social support service to those who need it most.

The Sussex Homeless Service was recognised for its achievements at the NHS 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 opposite).

The following pages report on the ongoing services and new developments of the Hastings Homeless Service, including its pilot sessions at Hope Kitchen and the now-established work with the Conquest Hospital to support homeless patients. The Service's client monitoring statistics are also detailed, illustrated by more personal individual client case studies.

Roger Nuttall – Nurse Co-ordinator



*Sussex Homeless Service staff (L-R):
Tasha Jaeger, Lesley Heasman,
Roger Nuttall and Markie Barratt,
with their NHS Best of Health Award*

Hastings Homeless Service: Overview

St John Ambulance Homeless Service (SJAHS) Sussex – Mission Statement:

“The Hastings Homeless Service aims to deliver a high quality primary health care and first aid service to homeless and vulnerably housed people by providing a nurse-led, client focused, health, educational, informative and practical outreach service”.

The Hastings Homeless Service is one of three arms of the St John Ambulance Sussex Homeless Service. Further information about the Brighton Homeless Service and Homeless Training Services can be obtained through the contacts listed at the end of this report.

SJAHS provision in Hastings & St Leonards includes:

- Directly accessible and flexible health care for homeless and vulnerably housed people, for whom access to mainstream health care is often problematic due to inflexible systems and in some cases prejudice and lack of understanding by mainstream healthcare staff
- Advocacy and support to enable clients to access mainstream health, housing and other services
- A holistic, non-judgmental and empathic service that recognises that health issues cannot be separated from housing and other life issues and that general support and good listening skills can help to reverse cycles of depression, low-self worth, feelings of hopelessness and suicidal tendencies, all of which are common in this client group
- Health education and health promotion, on both an individual and group session basis
- Raising of public awareness and training in homelessness and related issues, for staff of partner agencies, health care students and the general public
- Close partnership working with a number of statutory and voluntary agencies to enable ‘joined-up’ work with clients
- First aid training for clients, providing life-saving skills and enhancing employment potential

Different Services at Different Venues

The Homeless Service continues to provide nurse-led drop-in clinics from its own treatment-room at Seaview Project’s day-centre in St Leonards-on-Sea, 4 days per week, including one day Podiatry.

In addition to Seaview, the Hastings Homeless Service operates at the following venues:

- Hope Kitchen, where regular health outreach sessions have been piloted since May 2010;
- Support and advocacy for homeless and vulnerably housed patients in the Conquest Hospital, before and after discharge, is a growing part of the Service;
- Input into Bal Edmund and Merrick House (supported accommodation projects) has continued during 2010 on a reduced basis, with occasional first aid training or health promotion sessions and individual client health care in response to referrals from hostel staff.

Volunteers and Staffing

Volunteers & Training

As with other areas of St John Ambulance, the Hastings Homeless Service relies on the freely donated time and effort of a team of dedicated volunteers.

At the end of 2010 there are a total of 13 active volunteers: 8 general volunteers, 3 general nurses, 1 mental health nurse and 1 volunteer administrator. There are a further 3 volunteers including 1 nurse in the process of joining.

General volunteers, as well as volunteer nurses, play an important role in the work of the Homeless Service, providing a listening ear, advocacy, health promotion and general support. Sometimes clients are able to talk more openly with general volunteers in the context of these less formal interactions than in a 'consultation' with a nurse.

During 2010 volunteers received training in:

- First Aid
- Moving & Handling
- Homelessness & Housing Tests
- Equality & Diversity
- Record keeping
- The work of Home Works
- Tuberculosis
- Alcohol & Action for Change
- Hepatitis
- Pregnancy testing

During 2010 Hastings Homeless Service volunteers donated:

- **638** hours to clinics
- **80** hours to client support and advocacy outside clinics (at appointments or with Conquest Hospital support work)
- **50** hours on administrative and other supportive work
- and spent a further **274** hours receiving training,

...totalling **1042** hours altogether.



Many of these sessions have been kindly – freely – delivered by a range of speakers from partnership agencies such as Action for Change, Hastings Borough Council Housing Services, Home Works, and Hastings & Rother Primary Care Trust.

In addition, some team members have attended external courses on Drugs & Alcohol awareness delivered by Hastings & Rother Primary Care Trust (PCT).

Most volunteers give their time to the Homeless Service simply for altruistic reasons and because they enjoy working with the client group. However, in addition, volunteers gain valuable experience and training that can contribute significantly to their employment potential, as shown in the following case study.

Case Study:

Kevin (not his real name) had been out of work due to health problems for two years when he started to volunteer with the Homeless Service and demonstrated excellent client support skills, despite very little experience in this field.

From the start Kevin has greatly enjoyed volunteering with SJAHS and has often said “I get far more out of it than I give”.

After a long struggle to keep up mortgage payments, as a result of his unemployment, Kevin became homeless himself, but was able to stay with family for some time. Eventually, after some advocacy from Homeless Service staff, Kevin was re-housed.

At the same time, as a result of his experience with – and a reference from – SJAHS, Kevin successfully applied for a housing support post – a change of direction from his previous line of work as a lorry driver, but one that he had been aiming for. At time of writing, Kevin is now working full-time with young people in a supported housing project and continues to volunteer with SJAHS, where his client support skills are immensely valued.

Staff

Markie Barratt continues as manager of the Sussex Homeless Service, overseeing the Brighton and Hastings Homeless Services and Homeless Training Services.

The day-to-day running of the Hastings Homeless Service is managed by Nurse Co-ordinator, Roger Nuttall.

In January 2010 Sue Rains took on the post of Hastings Homeless Service Podiatrist, from previous Podiatrist Jodie Lucas.



Podiatrist, Sue Rains

Monitoring Statistics

Monitoring Systems & Client Numbers

Unless stated otherwise, figures below are for *client contacts* over the entire year.

A full summary of the Hastings Homeless Service’s Monitoring Statistics for 2010, with year-on-year comparisons, is given in the Appendix.

During 2010 the Hastings Homeless Service had 1409 client interactions in total: almost the same as in 2009. Chart 1 shows numbers of clients seen year on year since the launch of the Service in 2004.

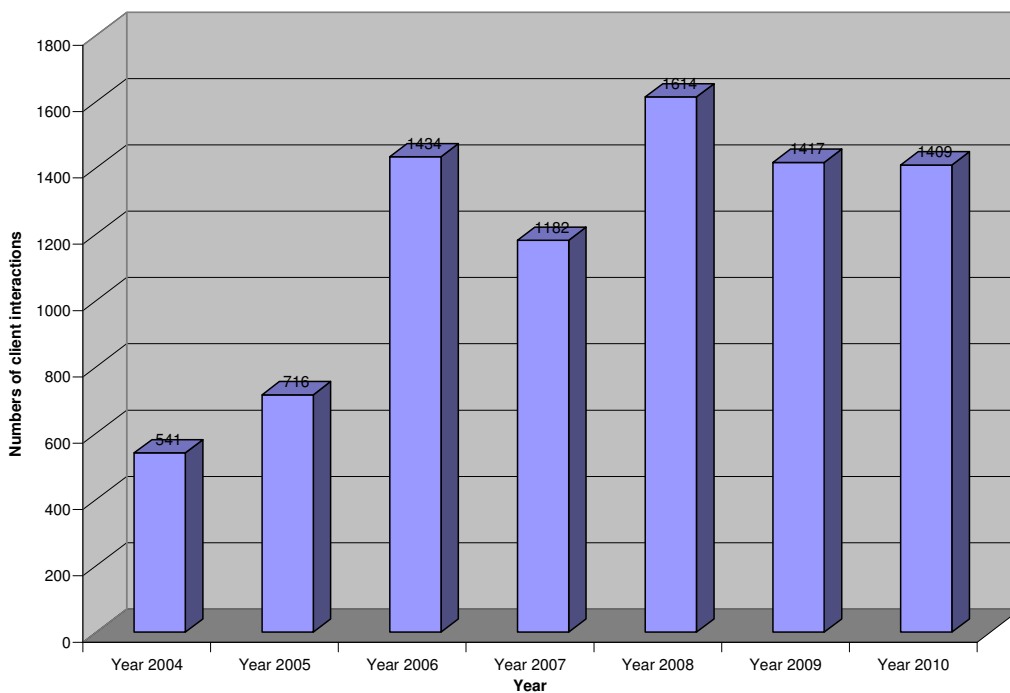


Chart 1: Number of client contacts during each year since the start of the Hastings Homeless Service

Of those 1409 contacts, 106 were with clients who were seen by the Service for the first time, representing 8% of all contacts, compared with 11.6% of all contacts in 2009 (165 new contacts) and 9.2% in 2008.

The cause of this drop in new clients is uncertain but could be linked to the reduction in Seaview Project’s services, resulting in fewer new clients accessing Seaview’s day-centre services, where the Homeless Service’s client work is predominantly based.

Client Demographics

Gender:

Roughly twice as many men as women are seen by the Homeless Service, generally, with a little variation year by year. See Table 1 below.

Year:	2004	2005	2006	2007	2008	2009	2010
Male:	63%	64%	60%	66%	69%	73%	70%
Female:	37%	36%	40%	34%	31%	27%	30%

Table 1: Gender of clients seen, shown by percentages, for each year of the Service

Age groups:

As in the previous two years, the predominant age group seen during 2010 (client contacts) has been 45-54 (see Table 2): an age group in which general health issues have begun to deteriorate for the general population and which are compounded in many cases among homeless and vulnerably housed people by a history of deprivation, poor nutrition, substance misuse, mental health problems, depression and/or self-neglect.

However, 50% of clients seen during 2010 were under 45.

Year:	2004	2005	2006	2007	2008	2009	2010
Under 16	0% (0)	0% (0)	0% (2)	0% (0)	0% (1)	0% (1)	0% (1)
16-18	1% (4)	0% (2)	0% (7)	0% (1)	1% (14)	0% (8)	1% (10)
19-24	3% (18)	8% (57)	4% (63)	5% (54)	5% (86)	7% (93)	5% (76)
25-34	19% (106)	24% (175)	18% (253)	15% (183)	15% (236)	12% (174)	21% (297)
35-44	25% (138)	26% (185)	29% (395)	35% (406)	33% (525)	26% (362)	23% (324)
45-54	41% (221)	24% (170)	26% (374)	21% (250)	21% (347)	29% (431)	30% (425)
55-64	9% (47)	16% (112)	20% (293)	20% (236)	19% (314)	20% (281)	15% (212)
65+	2% (11)	2% (15)	3% (47)	4% (52)	6% (91)	5% (67)	5% (64)

Table 2: Age groups of clients seen during each year of the Service, to the nearest whole percentage (and client contact numbers in brackets)

Ethnicity:

	Nos. of client contacts	Percentage of total client contacts (to nearest whole percentage)
White British / Irish / Other	1359	96%
Black African / Caribbean / Other	41	3%
Mixed White & Black African / Black Caribbean	5	0%
Bangladeshi / Indian / Pakistani	2	0%
Chinese / Other Asian	1	0%
Mixed White & Asian	1	0%

Table 3: Ethnicity of clients seen by SJAHs during 2010

The Hastings Homeless Service, as well as Seaview Project where the majority of its work is based, attracts a mostly White British client group, with a minority of clients of other origins: see Table 3 above for details (ethnicities that were unrepresented over the year have not been listed).

Other local agencies exist specifically to provide support for people from black and minority ethnic groups, asylum seekers and refugees, so these groups are less well represented at Seaview.

The number of 'Black African/ Caribbean' contacts with the Homeless Service is significantly higher than in previous years due to sustained support work over the entire year with a particular individual, through its work with the Conquest Hospital. This individual support also accounts for the increased number of contacts this year with asylum seekers and refugees (Table 4 below).

	2004	2005	2006	2007	2008	2009	2010
Asylum Seekers/ Refugees:	3	0	0	9	4	1	39

Table 4: Numbers of contacts with asylum seekers & refugees seen during each year of the Service

Homelessness and Housing Status

Housing status for 79 of the 1409 client contacts during 2010 were recorded as 'Unknown'. Of the remaining 1330 contacts, 25% were with clients who were homeless or in temporary accommodation. This includes people who are street homeless, staying on friends' floors, in B&B, Seaview's accommodation units, or other supported accommodation. See Table 5 for details.

Year:	2004	2005	2006	2007	2008	2009	2010
Sleeping Out/ Tents / Vehicle	3% (15)	5% (33)	6% (89)	14% (171)	10% (164)	5% (68)	5% (74)
Friend's Floor	4% (19)	5% (38)	4% (63)	9% (110)	9% (146)	7% (98)	8% (115)
Conquest Hosp	N/A	N/A	N/A	N/A	N/A	N/A	3% (44)
Seaview Supported	14% (77)	12% (86)	20% (280)	7% (81)	6% (91)	8% (120)	2% (24)
Hostel	7% (39)	11% (79)	7% (96)	4% (43)	4% (59)	2% (29)	2% (26)
B&B / Hotel	4% (23)	3% (21)	3% (41)	3% (35)	3% (46)	4% (54)	1% (17)
Squat	0% (2)	0% (0)	0% (1)	0% (2)	0% (5)	0% (5)	0% (0)
Other Supported	-	-	-	-	6% (102)	6% (87)	2% (33)
Private Rented	34% (183)	24% (170)	36% (508)	34% (395)	39% (624)	46% (644)	48% (665)
Care Home	2% (11)	2% (14)	3% (47)	4% (45)	4% (69)	2% (34)	4% (61)
Housing Association	21% (114)	31% (226)	17% (280)	20% (241)	13% (210)	15% (208)	16% (231)
Own	NR	NR	NR	NR	NR	NR	3% (40)
Unknown	11% (57)	7% (48)	4% (64)	5% (57)	6% (98)	5% (70)	6% (79)
Other	-	-	0% (5)	0% (2)	0% (0)	0% (2)	0% (0)

Table 5: Housing status of clients seen during each year of the Service, to the nearest whole percentage (and client contact numbers in brackets)

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. Again, this may be attributed largely to the effective and proactive partnership working between Seaview Project's housing and outreach services and Hastings Borough Council Housing Services, together with the support and advocacy of other agencies including SJA Homeless Service.

While there are clients who may remain homeless for up to several months, there are no longer any entrenched rough sleepers locally, as housing solutions are eventually found for most homeless people. However, there are individuals who have remained homeless for a long time but alternately sleep rough and stay with friends ('sofa surfing').

This observation is evidenced by the overall trend of recurring contacts with rough sleepers being significantly reduced (59 in 2010 and 49 in 2009, down from 143 in 2008), while numbers of new contacts with rough sleepers have declined slowly year by year since 2007 (see Table 6 above).

	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

Table 6: Nos. of new, recurring and total contacts with rough sleepers, in each year of the Service

As a result, the percentage of contacts with clients who are in private rented accommodation has risen from 34% in 2007 to 46% in 2009 and 50% in 2010.

A new category of 'Conquest Hospital' was added this year as a significant number of visits were being made to patients in the Conquest who had become homeless at the same time as, or after being admitted to hospital and had no accommodation to be discharged to (homeless hospital patients who were rough sleeping up to the time of admission are recorded as 'Rough Sleeping').

Numbers of clients recorded for 'Seaview Supported' accommodation have dropped sharply this year from previous years as this category previously included those clients in Seaview's emergency accommodation units as well as for those receiving Seaview's floating housing support. Seaview's provision of the latter service ceased in the last year, so this category now only refers to clients seen who are accommodated in one of Seaview's smaller number of crisis accommodation units.

Although exactly half of contacts (where housing status was known) were with clients in private rented accommodation, private tenancies are often insecure for a number of reasons, and some of these clients became homeless during the year.

'Own' accommodation has been recorded as a separate category from 2010, having previously been included with 'Private Rented'. Most of the 40 client interactions recorded for 'Own' are with one client who presents frequently to the service, and who is a home-owner but also vulnerable.

While the problem of homelessness will never disappear entirely and there will always be homeless people whose situations are complex and difficult to resolve, sometimes because of the clients' own backgrounds and lifestyles and other times due to obstacles created by Government housing legislation, there has clearly been an improvement locally over the last few years in the rates at which homeless people have been housed.

It remains to be seen whether the current economic climate and particularly the recent, devastating Government cuts which are hitting Hastings especially hard, will lead to an increase in homelessness in 2011, but many are forecasting that this is likely to be the case.

Local Connection

Local connection status is defined legally under housing legislation. Local authority housing services may not have a duty to assist a housing applicant if they are assessed as not having a local connection with that area.

To have a local connection normally means that the client has lived in the area for 6 out of the last 12 months or 3 out of the last 5 years, or is working or has close family relatives living in the area.

Table 7 shows the local connection status of *individual clients seen during 2010*. This is the first year in which Local Connection has been monitored for every client (having been previously recorded only for homeless clients and those in temporary accommodation).

	Local Connection with Hastings Borough	No Local Connection	Local Connection status unknown
Percentage of individual clients seen:	82%	13%	5%

Table 7: Local Connection of individual clients seen during 2010

A relatively small number (13%) of clients seen are from out of the area: in many cases from neighbouring boroughs such as Rother or Eastbourne.

Housing solutions are inevitably harder to achieve for these clients, with Local Authority Housing Services not having a duty to house them. Nevertheless, a range of support services, including Seaview Project and SJAHS, are available for all clients irrespective of their origin. Many receive vital health care services at the SJAHS clinics and a number successfully settle into the area through support by Seaview Project in particular.

Health and Care Issues

All health-related issues addressed by the nurses, podiatrist and general volunteers are recorded on the Homeless Service monitoring system: the primary problem(s) with which the client presents, and other issues that emerge during the course of the conversation, which may be as important or more so.

Empathic, supportive listening, and a commitment to engage with a range of general and social issues as well as health problems, are important values of the Service and promote honest disclosure by the clients.

Table 8 shows the 10 most frequent health issues addressed by the SJAHS team with clients during 2010, with the 3 previous years for comparison.

NB: some categories are indicated by 'N/A' (not applicable) for previous years, because Foot Care and Wound Care were previously recorded as one category and have been separated into two from 1st January 2010, and likewise for Drug Related and Alcohol Related.

A dotted line indicates that the category has been recorded in previous years but was not one of the ten most addressed issues that year.

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.

In the podiatrist's absence, some foot care can be provided by nurses and general volunteers. Volunteers offer socks and shoes as needed.

	2010	2009	2008	2007
Foot Care	1. (198)	N/A	N/A	N/A
Musculo-skeletal	2. (156)	2. (143)	3. (126)	3. (111)
Wound Care	3. (120)	N/A	N/A	N/A
Skin Disorders & Infestations	4. (96)	5. (87)	9. (71)	4. (93)
Alcohol Related	5. (91)	N/A	N/A	N/A
Medication Advice	6. (77)	5. (87)	4. (96)	6. (73)
Circulatory	7. (75)	4. (102)	7. (86)	5. (83)
Nutrition / Weight	8. (74)	9. (74)	5. (94)	---
Dental	9. (68)	---	---	---
Headache	10. (66)	---	N/A	N/A
Mental Health Related	55	7. (85)	6. (92)	8. (67)
Respiratory	64	7. (85)	8. (78)	9. (62)
Gastro-intestinal	60	10. (50)	10. (59)	10. (52)
Smoking Cessation	54	---	---	7. (68)

Table 8: Ten most frequently addressed health issues during nurse consultations in 2010, compared with previous 3 years

'Musculo-Skeletal' covers a broad range of aches and pains, injuries and traumas, including some sustained by falls during the snow and ice at both ends of 2010.

'Skin Disorders & Infestations' also includes a diversity of conditions, including eczema, contact dermatitis, other rashes, scabies and headlice.

By being able to assess this breadth of minor ailments and in many cases to issue nurse prescriptions, the Homeless Service is able to save local GPs much consultation time. The GPs at Warrior Square have specifically expressed their appreciation for this aspect of the Homeless Service.

Furthermore, clients who are not registered with a local GP or who have other difficulties with accessing a GP (such as a breakdown in effective communication with their GP, or experience of prejudice by surgery staff) are able to receive very accessible health care and support at SJAHs clinics at Seaview or outreach sessions at Hope Kitchen. In some cases this will have prevented inappropriate use of A&E. Homeless people are 40 times more likely than the general population not to be registered with a GP and have about 5 times the utilisation of A&E (Inclusion Health: improving primary care for socially excluded people, Department of Health, 2010).

This is clearly confirmed by clients themselves in the annual Homeless Service client survey conducted at the end of 2010 (see pages 21-22 for details).

Case study:

Paul (not his real name) had moved from a midlands town to Hastings with his partner, seeking to make a new start. They were homeless when they first presented to the Homeless Service, with various long-term health conditions between them. Keen to pursue getting housed, Paul was less keen to register with a GP at first as he had many other appointments to keep, despite having symptoms of a urine (and possibly kidney) infection.

While offering advice and support on registering with a GP, the nurse prescriber was also able to prescribe antibiotics, to prevent further complications until Paul had made progress with housing, and would then register with a GP. In the same period Paul and his partner presented with symptoms of scabies, which was treated successfully in both cases with nurse prescriptions issued at the SJAHS clinic.

Paul and his partner have subsequently settled into a flat and have registered with a GP. Paul is attending hospital appointments for his health condition and has some employment.

Alcohol Related issues are dealt with roughly twice as frequently as **Drug Related** issues by the Hastings Homeless Service (91 and 42 consultations respectively in 2010). Many homeless people display a tri-morbidity of physical illness, mental health problems and substance misuse. Homelessness is very often the end result of a complex interaction of many health and social problems, and in turn exacerbates many of those problems including substance (drug & alcohol) misuse, leading to a vicious cycle of health, housing and other social needs.

Clients who receive a combination of services (such as SJAHS, Seaview Project, Action for Change) simultaneously, working in partnership to address all these issues (and importantly, within a supportive, therapeutic relationship with the client) often progress very well and go on to leave their substance misuse behind and lead a more settled, healthy life, as the following case study shows. However, this success depends largely on the client's own motivation and readiness to change as well as the effective support of the agencies.

Case Study:

When John (not his real name) was first seen by the Homeless Service, he was sleeping rough, was drinking heavily and had several physical health problems. He told us that he had had a nervous breakdown a few years ago. John was treated for problems with his feet and a leg ulcer. He expressed intentions to quit drinking and smoking. He was placed by Seaview Project in one of their crisis accommodation units and then assisted to move on to longer-term private rented housing.

John attended Action for Change and was waiting for a community detox programme. Such was the extent of his motivation and impatience with waiting for the detox that one day he stopped drinking altogether, thinking he could do it on his own. Within a few days, this led to John being treated in A&E for severe withdrawal symptoms and subsequently an unfortunately less-than-sympathetic response from his GP.

After some advocacy and ongoing support from the Homeless Service team to the GP and Action for Change, John's home detox programme was brought forward, which he completed successfully. At time of writing, John has been 'dry' for 4 months, remains housed, is taking an active part in Seaview's activities programme and is in good health.

‘Medication Advice’ refers to consultations in which advice is given on issues related to use of medications already being taken by the client, and does not include occasions when new prescriptions are issued by the nurse prescriber.

‘Circulatory’ may refer to cardiac problems, peripheral vascular disease and a range of blood-related disorders. Many of these are chronic or serious health conditions which require advocacy or referral on to GP services.

‘Dental’ was recorded as one of the ten most addressed health concerns in 2010 for the first time: this is a combination of clients presenting with dental and oral problems, and clients receiving dental advice at sessions held every 2-3 months by Deana Stanley-Jackson, Senior Dental Nurse and Advisor with Hastings & Rother Primary Care Trust, in conjunction with SJAHs at Seaview, and have been well attended in 2010.

‘Headaches’, which have also become one of the ten most addressed health concerns in 2010, can be a common problem for this client group for a number of reasons, including poor general health, stress, poor diet and/or dehydration, migraines, and alcohol misuse. Those clients presenting regularly with headaches are usually given general health promotion and lifestyle advice and support and/or advised to see their GP for further assessment if warranted. Many are given Paracetamol (which was dispensed under an SJA protocol on 99 occasions during 2010, most commonly for headaches). A few (4) prescriptions for triptans were given by the Nurse Prescriber for migraines.

Clients frequently present with a range of issues relating to **Nutrition and Weight**. This can be clients wishing to lose or gain weight or problems with loss of appetite or malnutrition.

After the ten most recorded categories of health issues noted above, **Respiratory, Gastro-intestinal** and **Mental Health** problems were the next most frequent health issues to be addressed by the SJAHs team in 2010.

Mental Health problems, while common among the client group, were dealt with less frequently during 2010 than in previous years. Similarly, **Self-harm** and **‘Suicidality’** featured far less than most years (with just 5 and 7 consultations respectively, compared with between 24 and 39 for these two issues combined during each of the previous 3 years). Generally 2010 has seen fewer clients with severe, multiple complex needs than in previous years. Reasons for this dramatic reduction have not been definitely identified, but could be the result of successful inter-agency work over recent years with many of these clients.

SJAHs continues to offer **Pregnancy Testing** at its clinics at Seaview. 9 pregnancy tests were carried out during 2010 and follow-up support given to clients with pregnancies.

Nurse Prescribing

The Hastings Homeless Service has a Nurse Independent Prescriber (NIP), who is able to prescribe for a range of conditions.

During 2010, 163 prescriptions were written by the NIP for a total of 232 items (compared with a remarkably similar 231 in 2009!). Table 9 below shows broad categories of items prescribed during 2010 in order of frequency, with 2009 and 2008 figures for comparison, followed by a few brief explanatory notes.

	2010	2009	2008
Analgesics	1. (59)	1. (50)	1. (17)
Topical skin products	2. (34)	4. (27)	5. (9)
Gastro-intestinal	3. (29)	2. (30)	4. (12)
Smoking cessation	4. (25)	3. (28)	2. (15)
Wound care	5. (19)	6. (19)	2. (15)
Infestations	6. (10)	11. (4)	8. (5)
Vitamins	6. (10)	7. (18)	---
Antibiotics (UTI)	8. (7)	15. (1)	13. (2)
Antibiotics (respiratory infections)	9. (6)	13. (3)	10. (3)
Respiratory products (inhalers)	9. (6)	9. (8)	---
Antibiotics (wounds)	11. (5)	5. (20)	6. (8)
Eyes	11. (5)	---	15 (1)
ENT	13. (4)	---	----
Triptans (for migraines)	13. (4)	---	---
Dental / oral	15. (3)	13. (3)	7. (6)
Repeat prescriptions (various)	16. (2)	8. (9)	9. (4)
Antibiotics (dental infections)	16. (2)	---	13. (2)
Anti-histamines	18. (1)	10. (6)	---
Other	18. (1)	11. (4)	10. (3)
Emergency hormonal contraception	---	15. (1)	---
Nutritional supplements	---	---	10. (3)
Total:	232	231	105

Table 9: All items prescribed at SJAHS clinics during 2010, compared with the previous two years

Analgesics (painkillers) are the most frequent group of medications prescribed, with roughly half of these being NSAID (anti-inflammatory - e.g. Ibuprofen) tablets or topical gels.

Topical skin products are prescribed for wide-ranging problems including eczema, impetigo, athlete's foot, and dry skin conditions.

Gastro-intestinal includes medications for acute diarrhoea and vomiting, dyspepsia and haemorrhoids.

Infestations refers to pesticidal products for scabies and headlice, and anti-itching creams for scabies.

Vitamins B, C and Thiamine are prescribed in alcohol misuse, to limit the nerve damage caused by drinking and to boost general health.

UTI is an abbreviation for urinary tract infection.

Eyes include: antibiotic drops and ointments for conjunctivitis and styes, and antihistamine drops for hay fever.

ENT (ear, nose & throat) includes products for otitis externa, ear wax and sore throats.

Dental / oral refers to mouthwashes and gels for oral ulcers.

Repeat prescriptions for medications originally prescribed by the client's GP are sometimes provided by the NIP in cases when the client has recently moved from another area, is not yet registered with a local GP and the previous surgery can verify prescription details over the phone.

Health Promotion

Health promotion and health education occupy an important role in the work of SJAHS, with health improvement being a major aim of the service. In 2010, 189 client interactions were recorded as including health promotion. Much of this is individual advice and discussion on areas such as nutrition, weight, smoking, exercise or sexual health, for example.

Flu Vaccines are offered to clients who fit Department of Health criteria, with priority being given to those who are homeless or unable to access their GP surgery. 7 H1N1 (swine flu) vaccines were administered at the beginning of 2010 and 15 seasonal flu vaccines (which included the H1N1 vaccine) at the end of the year.

Chlamydia Screening is offered as part of the NHS national screening programme, particularly aimed at clients under 25 years of age.

Health promotion also includes the following sessions run by SJAHS in partnership with Hastings & Rother Primary Care Trust (H&R PCT) at Seaview:

Cervical Screening continues to be offered by Jenny Greenfield, Nurse Consultant with H&R PCT, in conjunction with SJAHS, with a clinic at Seaview nearly every month, in order to reach women over 25 who might otherwise not access a cervical smear for many years.

Dental Care & Advice is provided at a session at Seaview every 2-3 months by Deana Stanley-Jackson, Senior Dental Nurse with the PCT, together with the SJAHS team, usually attracting a high uptake.

Homeless and vulnerably housed people are known to have a higher prevalence of dental and oral health problems than the general population. Access to dentists can be problematic, and normal anxieties associated with dentistry can be compounded by mental health problems, anxiety disorders and substance misuse.

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 too broad to list exhaustively.

Chart 2 below demonstrates some of the range of less directly health-related issues or support given during 2010. Some explanatory notes are given on some of the categories.

General social issues, the most frequently recorded category, covers a wide range of social problems and needs that are discussed in client consultations and conversations and which do not necessarily fit into other categories.

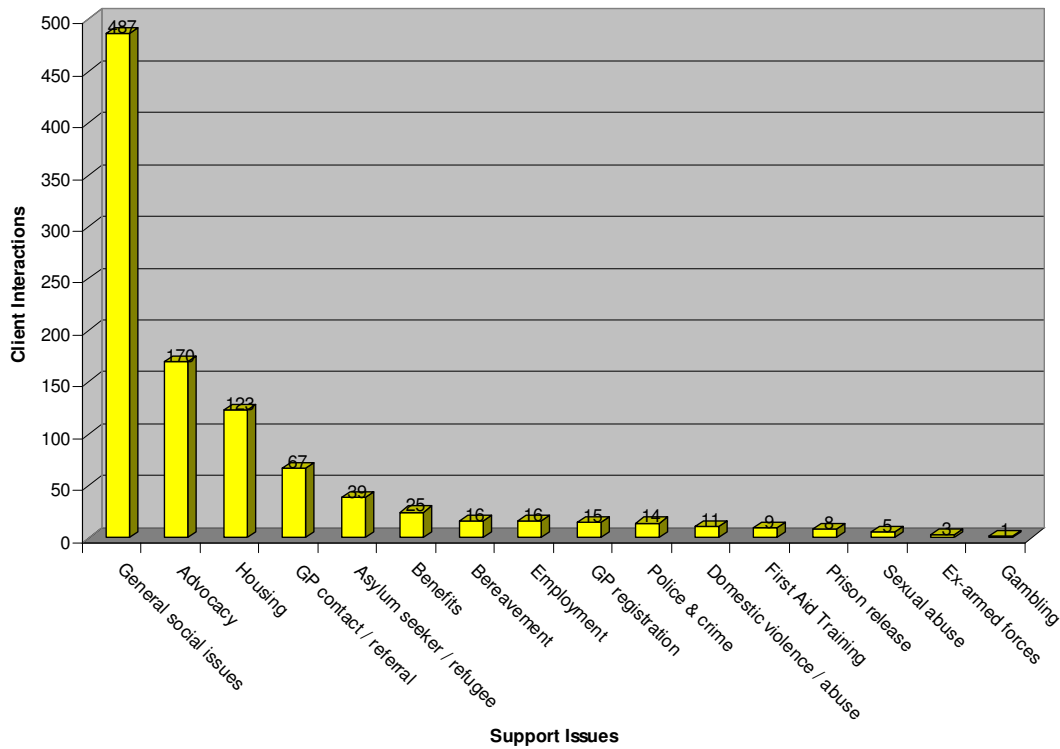


Chart 2: Support issues addressed during client contacts in 2010

Advocacy is recorded for each time the Homeless Service team speaks on behalf of a client to another service (often to housing services, a GP or other support agencies), either in person or by phone or letter. 12 of the 170 occasions recorded for advocacy involved a volunteer or staff member accompanying a client to an appointment with another agency.

Housing: While SJAHs is not ostensibly a housing service, volunteers and staff frequently deal with homelessness or other housing needs, often advocating to other agencies on these issues and sometimes playing an active role in helping clients to get rehoused.

Asylum seeker / refugee numbers are higher for 2010 than in previous years due to ongoing support given over many months to a particular individual referred to SJAHs while in the Conquest Hospital: see Case Study on page 18.

General volunteers and nurses frequently support clients through **Bereavements, Prison Release** and **Employment** searches.

They help with **Benefits** problems and **GP Registration**, and offer a listening ear to clients facing issues around **Police & Crime**, court appearances, **Domestic violence & abuse** and **Sexual abuse**, offering referrals on to more specialist agencies when needed.



From January 2010 the Homeless Service started to record client consultations and conversations in which a client is known to be **Ex-armed forces**. Although only 3 client interactions were recorded for this category in 2010, there are likely to be more clients seen who are ex-armed forces, unknown to the Homeless Service team, than those recorded.

Case Study:

The immigration status of 40-year-old Leon (not his real name) was unclear when he was referred by the Conquest Hospital to the Homeless Service, although he had been in the UK for over 10 years. A SJAHS volunteer befriended Leon, advocated for him to several other agencies and successfully secured free legal advice.

Leon was given regular and wide-ranging support by the SJAHS team for many months (including provision of clothes and a mobile phone) while in the Conquest and then in two other hospitals while he received a range of medical treatments.

Apart from the effective advocacy, the other most important aspect of the service provided was the volunteers' befriending of Leon who, prior to the Homeless Service's involvement, had no other visitors.

Leon had lost his mobility and as a result both his employment and housing too, and had no access to any funds. The SJAHS team liaised closely with all other services involved, to assist in ensuring Leon received the best possible outcome. After over a year in hospital, Leon was finally discharged to a family-run supported housing placement, arranged by Social Services, where he is extremely happy and comfortable.

He continues to attend physiotherapy and is beginning to regain some of his mobility. Leon has always expressed huge appreciation for the support given by the SJAHS team.

Conquest Hospital Partnership

“Most homeless people....have poorer health than the general population. People living in temporary or insecure accommodation have difficulty accessing primary care, which means that they often do not seek treatment until the problem is at an advanced stage. Once admitted to hospital, they can present a complex medical and social picture” (Department of Communities and Local Government et al, 2006).

Because of the complex nature of many homeless people’s problems and (in many cases) co-morbidities of physical illness, mental health problems and substance misuse, some of their needs may not be addressed while in hospital and are unlikely to be fully resolved, leading to recurrences of their ill health, hospital readmissions, lengthy hospital stays, self-discharges, and failure to find appropriate accommodation.

The Homeless Service has continued during 2010 to overcome 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.

Homeless patients are visited and assessed on the ward by a Homeless Service nurse, usually within 48 hours of the referral being received, with subsequent visits being made by a nurse or general volunteer. From the initial assessment onwards, the Homeless Service team works on discharge planning together with the Conquest Discharge Team, Hastings Borough Council (HBC) Housing Services and/or other services, aiming if possible for the client to be rehoused and at least for the very best discharge arrangements possible.

Ongoing support is given during the client’s hospital stay and after discharge until the client’s needs are being adequately met by other longer-term services (such as Home Works, HBC or Seaview) if needed. Clients can access follow-up health care at SJHS clinics at Seaview if needed after discharge, as well as help to attend other health care appointments.

Case Study:

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 would be potentially 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 had 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 now 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 a fortnightly health outreach at Hope Kitchen, the soup kitchen held at Wellington Square Church in Hastings.

This is currently being trialled on a 1-year pilot basis, with SJAHS sessions every other Saturday evening, with a view to increasing to a weekly session if the pilot findings suggest a need and if allowed by sufficient numbers of available team members.

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.

A full report on the pilot, with recommendations for action, will be completed in Summer 2011.

As well as Hope Kitchen, the Homeless Service appreciates its contacts and partnership working with other local, supportive charitable projects working with homeless people, such as the St Vincent de Paul Society, Salvation Army, His Place, Emmaus and Snowflake.

Case Study:

John (not his real name), who was sofa-surfing, had a chronic leg ulcer which received very infrequent treatment due to his sporadic use of services.

He rarely accessed Seaview but attended Hope Kitchen regularly, where the SJAHS team provided him with specialist wound care, leading to more regular treatment.

John was later housed in a local supported accommodation project and was also admitted to hospital twice with other health problems.

SJAHS continued to support John at all these different locations, ensuring that continuity of wound care was provided, which led to the eventual healing of the ulcer.

Service User Survey



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 interviewed at Seaview by Chris, one of the newly recruited Homeless Service volunteers, while he was still unknown to most of the clients, in order to minimise bias.

Clients were selected at random by Chris and were asked how many times they had attended SJAHs clinics: never, once, 2-5 times, or more than 5 times, and which service(s) they had accessed (more than one service could be indicated).

All eight clients had previously accessed SJAHs clinics. Five of these (62%) had attended clinics more than 5 times each, the other 3 clients once or twice. Table 10 shows which services the clients interviewed had accessed.

	Nurse	Podiatrist	Nurse prescribing	Mental health support	Dental nurse	Cervical smear clinic
Nos. of clients:	6	2	5	1	1	0

Table 10: Nos. of clients interviewed who had accessed each of the specified SJAHs services

Clients were asked what they had found helpful about the Homeless Service. Similarly to last year’s survey, responses were wide-ranging and often related to the clinics’ accessibility. The full set of responses is detailed in Box 1 below.

‘The fact that the service is there when & if I need it.’
‘When I had breathing problems, SJA arranged for a doctor to come to Seaview.’
‘If I can’t get a GP appointment.’
‘Easy access.’
‘General help.’
‘Good service, nurse thorough, helpful.’
‘All aspects. Very easily accessible.’
‘Easily accessible – easy to get on with staff.’
‘Helpful staff, obtained information for me.’
‘Can discuss problems with nurse & receive information.’

Box 1: All responses to the question, ‘What have you found most useful or helpful about the Service?’

When asked if they had found anything unhelpful, all 8 clients (100%) responded ‘no’.

The respondents were asked whether they had made any changes to their lifestyle as a result of the Service. Four clients (50%) said ‘no’ and one said he had not been able to stop smoking. More positive responses were:

‘Yes. Not embarrassed about my feet in company – especially girlfriend.’
‘Pregnancy test – information received helped: keeping fourth child – keeping the team informed.’
‘Helped to be more positive thinking.’

Clients were asked whether any aspects of their health had improved as a result of the Service.

Again, four clients (50%) responded 'no'. One stated that he didn't get flu in winter. One responded that his foot health & care had improved. Another client said that his depression was better as a result of the team's help.

When asked if anything had made it difficult for them to access the Service, all 8 clients (100%) responded 'no', and one commented that the clinics were '*always easy and accessible*'.

When questioned on their experience of the treatment-room environment, again all clients (100%) were positive, with comments such as: '*Clean & tidy*'; '*very professional*'; '*immaculate*'; '*very good & casual atmosphere*'.

Clients were asked about whether the SJA team had enabled them to access other health or support services. Four responded 'no', the other 4 (50%) answered 'yes', all of whom cited GPs, and two stated that this had led to their accessing other services such as counselling.

In response to a question on whether they had accessed the Homeless Service **instead of their GP** for health care and advice over the last year, 7 clients (87%) responded 'yes', specifying reasons such as '*for flu jab & smoking advice*', '*many times for feet*', '*difficult to make appointments with GP*' and '*when I can't get a GP appointment*'.

Three clients (37%) said that they had accessed the Homeless Service **instead of A&E** in the last year: one of whom said that s/he had done so many times.

When clients were asked if they could think of anything else the Homeless Service should be doing or any ways the service could be improved, all answers were 'no', apart from one respondent who suggested placing a sign at the start of the corridor towards the treatment-room to indicate 'Clinic open'.

Conclusions

From the somewhat limited number of interviews carried out this year, accessibility and approachability remain key features that clients appreciate about the Homeless Service clinics at Seaview.

Homeless Service clinics continue to be somewhere that homeless and vulnerably housed people who find it difficult to access GP appointments can find competent and friendly health care and support easily.

Although health improvements and changes in lifestyle as a result of the Homeless Service's help were identified by only half the clients, this is a significant proportion, considering the complex and ingrained nature of many individuals' needs, and indicates a significant contribution being made by the Homeless Service to the lives of vulnerable people locally.

Funding

Following the end of the Hastings Homeless Service's full funding by the National Lottery's Big Lottery Fund in February 2010, the Service no longer had any secure or regular funding and is now dependent on one-off grants and donations. SJA Sussex Community Fundraiser Jeanne Peterson is leading efforts to attract funds.

Supported by

The Hastings Homeless Service has, however, gained part of another Big Lottery grant from 1st January 2011. The Sussex Homeless Service has received full funding for its Brighton service, including some funding for training volunteers and clients, and the Hastings Homeless Service is part-funded for its partnership work with the Conquest Hospital.



A team of runners was planned to take part in the 2010 Hastings Half Marathon to raise funds for the Hastings Homeless Service. Roger Nuttall, Nurse Co-ordinator, had to pull out due to a knee injury, but many friends and family who had already sponsored him were still happy to fulfil their pledges! In the end it was just Errico Brancati, a colleague from Smith & Nephew, who ran and raised the majority of the final £769.50 total sponsorship.

Administrative volunteer Nathan Western is planning to run in the 2011 Hastings Half Marathon for the Homeless Service on 20th March 2011 and would really appreciate your sponsorship. To sponsor him, please visit:

www.justgiving.com/nathan-western

Or contact the Hastings Homeless Service (see page 26 for contact information).

Thanks

SJA Homeless Service Hastings would like to thank the following individuals and organisations for their input and support during 2010:

All Volunteers and Staff:

Volunteers:

Abigail Dunn
Adil Omar
Ann Love
Chris Jukes
Da Dunn
Dereck Chambers
Drusilla Relf
Emmanuel Changunda
Gill Haines
Karen Johnson
Kathleen Brown
Lucy Changunda
Mark Bilsby
Nathan Western
Penny Bailey
Rita Waters
Sarah Jeffries
Wendy Forte
Zena Malapitan

Staff:

Markie Barratt (Sussex Homeless Service Manager)
Roger Nuttall (Nurse Co-ordinator)
Sue Rains (Podiatrist)

Hastings Homeless Service Working Party

Marilyn Mitchell	– St John Ambulance: Eastern Area Commissioner
Markie Barratt	– St John Ambulance Sussex Homeless Service Manager
Roger Burton	– Divisional Superintendent, St John Ambulance: Hastings Division
Roger Nuttall	– St John Ambulance Hastings Homeless Service: Nurse Co-ordinator
Penny Bailey	– St John Ambulance Hastings Homeless Service: Volunteer Nurse
Mike Cornish	– Seaview Project Manager
Mark Webb	– Service User Representative
Jenny Penfold	– Conquest Hospital Discharge Sister
Pat Goodman	– Hastings & Rother PCT Specialist Nurse
Dr Mike Cooper	– Hope Kitchen

Funders / Donors:

- Bassil Shippam and Alford Trust
- Charlotte Marshall Charitable Trust
- Derek & Eileen Dodgson
- Garfield Weston Foundation
- Ian Askew Charitable Trust
- Isabel Blackman Foundation
- Magdalen and Lasher Charity
- Mercers' Charitable Foundation
- Silver Lady Fund
- Tufton Charitable Trust
- Other anonymous funders
- Many other donors of socks, shoes, sleeping-bags, Christmas gifts and other items

Partner Agencies:

The following list includes many local agencies with whom the Hastings Homeless Service has worked in partnership during 2010 and/or to whom clients have been referred or who have referred clients to the Homeless Service.

No doubt some names have been forgotten, but the partnership and support of all agencies who work with the Service are truly appreciated.

- AAAC – counselling for adults abused as children
- Action for Change – alcohol misuse support
- Alcoholics Anonymous – alcohol misuse support
- Carisbrooke Surgery – GP services
- Carr-Gomm – supported accommodation
- Conquest Hospital
- CRI / Substance Misuse Service – drug treatment and support
- Eastbourne Primary Care Trust Homeless Service
- Emmaus
- Hastings Borough Council Housing Services
- Hastings & Rother Primary Care Trust
- Hastings & St Leonards Community Mental Health Teams – NHS mental health support
- Home Works – housing support
- Hope Kitchen – church-based soup kitchen and support
- Leaf Hospital, Eastbourne – podiatry services
- Mental Health in Primary Care – gateway to NHS mental health services
- Seaview Project – day-centre, housing and other support
- St John Ambulance Hastings Division
- St Vincent de Paul Society
- Snowflake – local homelessness charity
- University of Brighton
- Warrior Square Surgery – GP services
- Station Plaza – GP practices

Contact Details

St John Ambulance Homeless Service Hastings can be contacted at:

St John Ambulance HQ
Bohemia Road
Hastings
TN34 1ET

Telephone: 01424 435358 Fax: 01424 421105
E-mail: roger.nuttall@sussex.sja.org.uk

St John Ambulance Homeless Service Brighton:

16 Crowhurst Road
Brighton
BN1 8AP

Telephone: 01273 371539 Fax: 01273 371501
E-mail: brighton-homeless@sussex.sja.org.uk

St John Ambulance Sussex County Headquarters:

16 Crowhurst Road
Brighton
BN1 8AP

Telephone: 01273 371500 Fax: 01273 371501
E-mail: enquiries@sussex.sja.org.uk

St John Ambulance National Headquarters can be contacted at:

27 St. John's Lane
Clerkenwell
London
EC1M 4BU

Telephone: 020 7324 4000 Fax: 020 7234 4001
E-mail: enquiries@sja.nhq.org.uk

Appendix: Summary of Monitoring Statistics



Some explanatory notes on the way the following statistics are recorded are given at the end of this section.

Year-on-Year Totals for Comparison: (N/A = Not Applicable. NR = Not Recorded)	2010	2009	2008	2007	2006
Gender					
Men	980	1030	1107	784	860
Women	429	387	507	398	574
Total	1409	1417	1614	1182	1434
Age					
Under 16	1	1	1	0	2
16-18	10	8	14	1	7
19-24	76	93	86	54	63
25-34	297	174	236	183	253
35-44	324	362	525	406	395
45-54	425	431	347	250	374
55-64	212	281	314	236	293
65+	64	67	91	52	47
Ethnicity					
1. White British / Irish / Other	1359	1383	1584	1155	1420
2. Eastern European	0	3	6	5	3
3. Black African / Caribbean / Other	41	9	17	8	3
4. Mixed White & Black African / Black Caribbean	5	8	0	4	2
5. Bangladeshi / Indian / Pakistani	2	6	4	4	5
6. Chinese / Other Asian	1	} 6	4	4	5
7. Mixed White & Asian	1	}			
8. Middle Eastern	0	8	0	3	1
9. Mixed Other	0	0	0	0	0
10. Other	0	0	3	3	0
Contact Type					
New Contact	106	165	150	147	168
Known to Service	1302	1249	1463	1034	1265
Unknown	1	3	1	1	1
Accommodation Status					
Sleeping Out/Tents/Vehicle	74	68	164	171	89
Friend's Floor	115	98	146	110	63
Conquest Hospital	44	N/A	N/A	N/A	N/A
Seaview Unit	24	120	91	81	280
Hostel	26	29	59	43	96
B&B/Hotel	17	54	46	35	41
Squat	0	5	5	2	1
Other Supported Accommodation	33	87	102	NR	NR
Private rented	665	644	624	395	508
Care Home	61	34	69	45	47
Housing Association	231	208	210	241	240
Own	40	N/R	N/R	N/R	N/R
Unknown	79	70	98	57	64
Other	0	2	0	2	5

	2010	2009	2008	2007	2006
Local Connection					
Yes	1305	344	492	364	450
No	77	64	31	46	26
Unknown	27	13	13	14	11
Rough Sleepers Contacts					
Sleeping Out/New Contact	15	19	21	33	28
Sleeping Out/Recurring Contact	59	49	143	137	61
Unknown	0	0	0	1	0
Health & Care Issues					
Alcohol	91	84	121	118	150
Chlamydia screening	4	2	2	3	N/A
Circulatory / cardiovascular	75	102	86	83	98
Dental	68	48	30	19	20
Diabetes / endocrine	16	18	45	14	42
Drugs	42	53	59	95	114
Ear, nose & throat	32	20	20	28	15
Eyes	12	11	14	15	11
First Aid given	32	19	29	11	34
Flu vaccine given	22	13	14	9	13
Foot care	198	195	236	273	300
Gastro-Intestinal	60	50	59	52	60
Headache	66	44	NR	NR	NR
Health Assessment	7	6	46	2	10
Health Promotion	189	181	239	156	156
Hepatitis	19	12	31	14	22
HIV	6	0	10	0	1
Medication advice	77	87	96	73	114
Medication prescribed	158	158	81	93	N/A
Mental Health	55	85	92	67	92
Musculo-Skeletal	156	143	126	111	151
Neurological	19	20	29	16	50
Nutrition / Weight	74	74	94	49	90
Paracetamol given	99	70	NR	NR	NR
Pregnancy & Gynae	51	23	30	17	17
Pregnancy test	9	9	13	N/A	N/A
Respiratory	64	85	78	62	47
Self-harm	5	<i>See notes below</i>			*
Sexual Health / Contraception	9	26	22	24	21
Skin Disorders & Infestations	96	87	71	93	120
Smoking	54	47	44	68	17
Suicidality	7	<i>See notes below</i>			*
Urology	31	15	NR	NR	NR
Wound Care	120	142	205	155	169

	2010	2009	2008	2007	2006
Other Support Issues					
Accompanied to appt	12	17	32	18	21
Advocacy	170	178	238	138	208
Asylum seeker / refugee	39	1	4	9	0
Benefits	25	<i>See notes below</i>			*
Bereavement	16	10	28	14	17
Domestic violence / abuse	11	14	23	23	18
Employment	16	8	16	10	2
Ex-armed forces	3	N/R	N/R	N/R	N/R
First Aid Training	9	14	21	20	9
Gambling	1	7	0	0	0
General social issues	487	596	851	607	840
GP contact / referral	67	91	90	76	136
GP registration	15	26	14	16	20
Housing	123	<i>See notes below</i>			*
Police & crime	14	22	46	46	46
Prison release	8	21	15	11	16
Sexual abuse	5	4	4	3	4
Referrals Made					
Action for Change	4	0	4	4	3
A&E	5	9	4	8	9
Community Mental Health Team	6	2	5	3	3
Conquest Podiatry	0	3	NR	NR	NR
Conquest - Other	12	9	9	21	17
Dentist	7	6	1	1	1
GP Carisbrooke	12	8	15	4	13
GP Warrior Square	30	24	22	28	31
GP Wellington Square	16	28	15	13	32
GP - Other	22	29	30	28	45
Hastings Borough Council Housing Services	15	13	12	6	6
Home Works	6	N/A	N/A	N/A	N/A
Mental Health in Primary Care / Health in Mind	6	10	8	8	3
Seaview Drop-In Staff	13	38	31	30	37
Seaview Housing Services	4	<i>See notes below</i>			*
Seaview Outreach Worker	10	11	N/A	N/A	N/A
Sexual Health	0	2	7	3	2
Social Services	5	4	8	0	0
Substance Misuse Service	4	3	2	1	3
Other Referrals					
		<i>See notes below</i>			*
AAAC (Adults Abused as Children)	1				
Advocacy Project	1				
Migrant Helpline	2				
SVDP Society	2				
BHT Legal & Immigration Service	1				
Diversity Resource International	1				
Tissue Viability Nurse	2				
HARC	1				
PCSOs	1				
District Nurses	1				
HACT Relief Fund	1				
CRI Domestic Abuse Project	1				

	2010	2009	2008	2007	2006
Number of People Seen					
Nurse	1169	1186	1316	924	1082
Podiatrist	151	208	230	234	250
General Volunteer	94	18	17	20	9
Trainer	8	34	92	28	98
Visiting Professional	29	31	21	20	26

Explanatory Notes:

Ethnicity:

From January 2010 the Homeless Service used a new system of categorising ethnicity: hence there are no distinct figures for Chinese / Other Asian and Mixed White & Asian for previous years, as these were previously recorded together in one category.

Contact Type:

New contact refers to a consultation or conversation between the Homeless Service team and a client for the first time.

Known to Service refers to clients who have been seen by the service before.

Unknown is recorded if the team members on duty are unsure whether the client is new to the service or not.

Local Connection:

Local Connection is recorded for every client seen. A client has a local connection with the area if they have been living in the Borough for 6 out of the last 12 months or 3 out of the last 5 years, if they have permanent employment in the area, or if they have a parent, child, brother or sister who has been living in the area for at least 5 years.

Local Connection is one of the legal housing tests applied by Local Authority housing services. The Local Authority has no duty to give housing assistance to a client without a local connection to the area, although it does have a duty to give everyone housing *advice*, regardless of local connection.

Rough Sleepers Contacts:

Sleeping Out / New Contact refers to a consultation or conversation between the Homeless Service team and a street homeless client for the first time. (If the client is known to the Homeless Service but this is the first time the service has had contact with him/her since s/he became homeless, the client is recorded as Sleeping Out / Recurring Contact).

Sleeping Out / Recurring Contact indicates that the client is sleeping rough and is already known to the Homeless Service, whether s/he was previously known as a rough sleeper or as someone with housing.

Unknown refers to clients who are sleeping rough, and the team members on duty are unsure whether the client is new to the service or not.

NB: The monitoring system, while detailed and providing much information, does not give the total numbers of individual rough sleepers seen over a given period.

Health & Care Issues and Other Support Issues:

These categories refer to issues addressed during each client consultation or interaction, whether with a nurse, podiatrist or general volunteer. The issues are only recorded if they have been addressed, not simply if they are a current issue in the client's life.

For example, if a street drinker presents to the service for a dressing to a wound on his finger, but the alcohol issues are not discussed on that occasion, wound care but not alcohol would be recorded.

However, on many occasions, several categories are recorded, as client consultations and conversations often cover a number of health and social issues.

Health & Care Issues

Dental refers to occasions when clients have presented to the Homeless Service clinics for advice or prescriptions for dental problems, as well as to attendance at advice sessions held at Seaview by Deana Stanley-Jackson, Senior Dental Advisor with Hastings & Rother Primary Care Trust, in partnership with SJA Homeless Service.

Health assessment refers to an overall health check, usually carried out as a screening tool for clients before entering on to Seaview Project's exercise and activities programme. It does not include assessment of presenting health problems.

Health promotion includes health assessments (see above), smoking cessation advice, sexual health advice and treatment, advice and support in relation to nutrition, weight and exercise.

Medication advice refers to occasions when advice is given in relation to medication that a client is already taking, and does not include times when a client is given a prescription by the Homeless Service's Nurse Independent Prescriber.

Medication prescribed refers to the number of times clients received nurse prescriptions from the Homeless Service, and not to the number of items prescribed (a considerably higher number).

Paracetamol refers to the number of times clients received Paracetamol from the Homeless Service, not to the number of Paracetamol tablets dispensed (which would be roughly double that number). Clients are able to receive Paracetamol from the Homeless Service under a SJA protocol, for minor ailments such as headaches, musculo-skeletal aches and pains, and as an anti-pyretic, e.g. for colds and flu.

Self-harm: There are no discrete previous years' figures for this category, as Self-harm and Suicide were previously categorised together. From January 2010 these two (usually distinct) issues have been separated into two categories.

Suicidality: There are no discrete previous years' figures for this category, as Self-harm and Suicide were previously categorised together. From January 2010 these two (usually distinct) issues have been separated into two categories.

Other Support Issues:

Accompanied to appt refers to times when clients have been supported at GP, housing or other appointments by a Homeless Service nurse or volunteer for support and/or advocacy.

Advocacy refers to advocacy given by the Homeless Service on behalf of clients to a range of health or housing agencies, either by phone, letter, or in person.

Asylum seeker / refugee refers to the number of contacts with clients who either are seeking asylum or have attained refugee status, whether this is addressed in the client consultation or conversation or not.

Benefits: There are no discrete previous years' figures for this category, as Housing and Benefits were previously categorised together. From January 2010 these two (usually distinct) issues have been separated into two categories.

Ex-armed forces: From January 2010 the Homeless Service has started to record client consultations and conversations in which it has transpired that a client is ex-armed forces. There are no doubt more clients who are ex-armed forces, unbeknown to the Homeless Service team, than those recorded.

General social issues covers a wide range of social issues that are discussed in client consultations and conversations and which do not necessarily fit into other categories. General social support given by all members of the team (whether volunteers, nurses or podiatrist) is a vital aspect of the work of the Homeless Service and is emphasised in the main body of this report.

Housing: There are no discrete previous years' figures for this category, as Housing and Benefits were previously categorised together. From January 2010 these two (usually distinct) issues have been separated into two categories.

Referrals Made:

These are only recorded if a client is referred directly by the Homeless Service team to another agency, not if a client is simply 'signposted' or advised to attend a particular agency.

Action for Change: new referrals are seldom made to AFC, as it is usually preferable for clients to present themselves to agencies dealing with substance misuse and addiction, in order to demonstrate motivation. Referrals recorded usually entail liaison regarding clients who are already engaging with AFC services.

GP Wellington Square: this surgery moved to the Station Plaza in June 2010 and became Station Practice. Referrals to this practice continued to be recorded as GP Wellington Square after June. From January 2011, referrals to all GP surgeries will be monitored as one category.

Mental Health in Primary Care became **Health in Mind** during 2010. Referrals to MHiPC and to HiM have been recorded as one category.

Seaview Housing Services in previous years included referrals to Seaview's floating support as well as to its support service for clients in their crisis accommodation units. With the ending of Seaview's provision of floating support, these referrals are now only to the latter support service.

Substance Misuse Service: new referrals are seldom made to SMS, as it is usually preferable for clients to present themselves to agencies dealing with substance misuse and addiction, in order to demonstrate motivation. Referrals recorded usually entail liaison regarding clients who are already engaging with SMS.

Other Referrals:

There are many other agencies that receive infrequent referrals from the Homeless Service. These vary from year to year, and are therefore listed here without previous years' figures for comparison.

Number of People Seen:

The primary professional dealing with a client is recorded here. In some cases two professionals are recorded for one client consultation, for example, when a client is seen by a nurse and podiatrist simultaneously.

General Volunteer refers to those occasions when a client is supported solely by a general volunteer without a health professional.

St John Ambulance
County Headquarters
16 Crowhurst Road
Brighton
BN1 8AP

01273 371500
www.sja.org.uk/sussex

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