



Homeless Service Annual Report 2009

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

Sussex

Cover Photo:

Councillor Ann Norman Mayor of Brighton & Hove City Council opening our new Treatment Centre in August 2009

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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.

Homelessness and Health

A survey carried out in 2005 showed that more than two thirds of homeless people living in hostels were suffering from physical health problems which included conditions such as bronchitis, pneumonia, trench foot, frostbite, wound infections, respiratory conditions (such as asthma, bronchitis and pneumonia), cardiovascular conditions (such as heart problems and blood pressure issues), diabetes, cancer, epilepsy/seizures, renal damage, hernia and liver damage. ('SOS Sick of Suffering', St Mungo's, 2005).

It is not just the physical experience of homelessness that leads to poor physical health. Homeless people lack adequate access to healthcare services. Homeless people are 40 times more likely not to be registered with a GP than the general public and 55% have had no contact with a GP in the previous year ('Critical Condition', Crisis, 2002). Emergency services, such as A&E, are often used instead of a GP and homeless people who are not registered with a GP will often have untreated medical conditions that potentially escalate into a situation requiring urgent medical attention ('Homelessness: It makes you sick', St Mungo's, 2008).

Homeless people also suffer from high rates of mental ill-health. 32% of clients of homeless services in England have mental health needs and 14% have a personality disorder ('Survey of Needs and Provision', Homeless Link, 2009). The homeless population has twice the levels of common mental health problems when compared to the general population. Psychosis is 4 -15 times more prevalent in the homeless population ('Mental Ill Health in the Adult Single Homeless Population: a review of the literature', Crisis, 2009).



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 that we run there is a nurse volunteer and a minimum of one other volunteer. Clients are offered a 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 signposted 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.



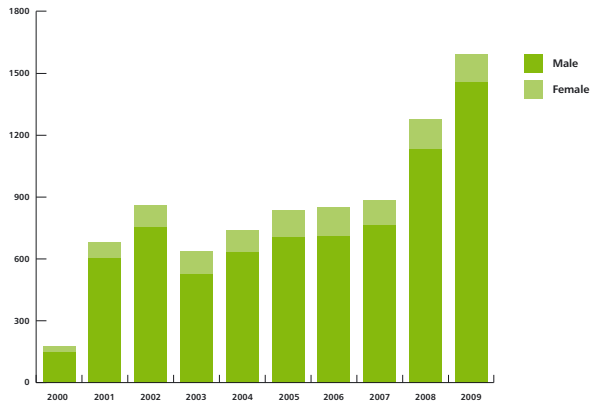
Brighton Homeless Service

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



How many people do we see?

During 2009 we provided 154 outreach sessions, an increase of 30% on 2008. We had 1592 client contacts, an increase of 25% over 2008. This was made up of 92% male and 8% female. We saw 33% less females in 2009 than in 2008.



New and recurring client contacts

The contact with all clients is monitored to show whether it is a new contact or whether the client is already known to the service. Approximately 27% of contacts in 2009 were with new clients.

New Contacts	434
Contacts from Clients Known to Service	1091
Other Contacts	67
Total	1592



Accommodation

In 2009 78% of people seen were homeless or in temporary accommodation. This is the same as the previous year. A more detailed breakdown of people's accommodation is set out in the table opposite.

Sleeping Out/Tent 41%	656
Council/Housing Ass/Private 22%	348
Night Shelter 11%	171
St Patrick's Hostel 9%	148
Unknown 5%	81
Friend's Floor 5%	80
Hostel - Other 5%	79
B&B/Hotel 1.5%	22
Squat 0.5%	7

Support Needs

By far the largest category of assistance provided is general support. One of the major problems homeless people face is isolation. Over 95% 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. The other significant areas of support are alcohol and health issues. It is noted that the number of people requiring support with alcohol issues (388) compared with drug issues (140) is significant. There are a number of services in Brighton for those with drug related problems and far less for those with alcohol related problems.

General Support & Social Issues	1519
Alcohol	388
Health Issues	384
Mental Health	212
Foot Care	148
Drugs	140
Housing & Benefits	124
GP General	95
First Aid	63
Wound Care	57
Police & Crime	49
Sexual Health	27
GP Registration	25
Hepatitis A,B,C	24
HIV	23
Diabetes	21
Prison Release	19
Dental	10
Sexual Abuse	6
Bereavement	4
Domestic Violence	4
A&E	2
Education	2

“Staff address my needs without any embarrassment”

Nurse consultations

Clients may consult the Nurse on one or more issues. In 2009 by far the most consultations were for wound care and foot care, followed by drug and alcohol related matters, infestation and skin disorders and musculoskeletal problems.

Wound Care & Foot Care	157
Drug & Alcohol Related	100
Infestation & Skin Disorders	66
Musculoskeletal	64
Circulation	57
Mental Health Related	52
Respiratory	47
Sexual Health	27
Diabetes	25
Central Nervous System/ Seizures	18
Dental	11
Elimination	10
Ear, Nose & Throat	10
Eyes	10
Pregnancy	7
HIV	6
Hepatitis A, B & C	6
Smoking Cessation	5
Diet	2
First Aid	1
Bereavement	1
Hypothermia	1
Migraine	1
Weight Check	1
Wheelchair request	1

This year we provided an additional clinic at First Base Day Centre.

There was an increase of 43% in the number of people seeing the nurse, up from 258 in 2008 to 686 in 2009.

Case Study 1

J is a thirty-eight year old, who was staying in the nightshelter. He has two children but has no contact with them. J was sexually abused as a child and drinks heavily.

J had been experiencing rectal bleeding for a numbers of months. Despite his key worker being aware of this no amount of cajoling could get him to attend the GP. J was seen at our clinic and the amount of blood lost led to us accompanying him to A&E. Our presence ensured that J waited to be seen, was cooperative with staff in what was an unfamiliar and frightening environment and stayed both for blood tests to be taken and the results to be examined. The situation was bordering on needing a blood transfusion.

J was given an outpatient appointment for an endoscopy. He was accompanied by a member of the Homeless Service and his key worker from the night shelter who between them were able to keep J calm and focused for an unpleasant intervention. Without our intervention none of this would have taken place. It is expected that with ongoing support there will be a positive outcome in J's health.

Service User Involvement

In January 2009 we successfully applied for a Service User Involvement Grant from The Queen's Nursing Institute Homeless Health Initiative. This enabled us to run three Service User Forums during April 2009 to identify the following:

- Is our service meeting the needs of our clients?
- Is further provision required?
- How do our clients find access to other local health care services?
- Do they use A&E?

The findings concluded that we are providing a mobile, accessible health care service which gives clients the opportunity to discuss their problems in a friendly, caring, non-judgemental way. We are able to provide weekly monitoring to support those living with ongoing illnesses. Our teams are able to engage with those that are disenfranchised from society.

“Assistance in accessing other health services – especially mental health”

Plans for 2010

Service Changes

Following the provision of clinics at First Base Day Centre we will be looking to expand the service by including health promotion interventions.

During the latter part of 2009 we have had success with accompanying vulnerable clients to hospital appointments. Not only does this ensure health issues are receiving the necessary care but it also means that appointments are kept. We plan to continue this vital work in 2010.

Service User Involvement

Following the Service User Survey 2009 funded by The Queen's Nursing Institute Homeless Health Initiative we plan to apply for further funding to carry out a wider survey amongst our clients.

Volunteer recruitment and training

We have a number of people interested in joining the service. We plan to run an induction programme early in 2010.

In 2010 we will be reviewing our volunteer training. We plan to produce a package which will be adaptable and more relevant to the clients that we currently work with. This will not have any major effect on our induction training although we hope to involve experienced volunteers in Homelessness Awareness training.

Hastings Homeless Service

The Hastings service runs four sessions a week and they are all run 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.



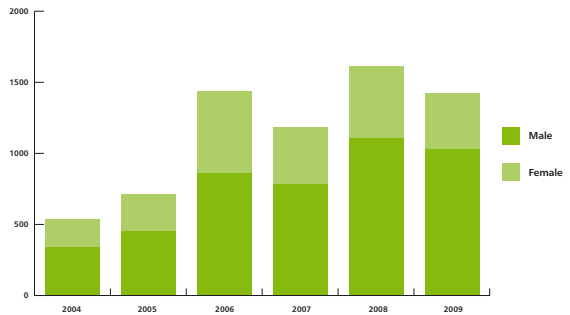
How many people do we see?

Hastings Homeless Service has seen a substantial growth in the numbers of clients seen since its inception.

During 2009 the Hastings Homeless Service had 1417 client interactions in total, compared with 1614 during 2008: a reduction of 12%, but comparable to other years prior to 2008 (which was an especially busy year).

Of those 1417 contacts, 165 were with clients who were seen by the service for the first time, representing 11.6% of all contacts compared with 9.2% (150 new clients) in 2008.

It is noted that more women are seen in the Hastings service than in the Brighton service. The most likely reason for this is that the Hastings service is based exclusively in a day centre; the ratio of men to women seen by the Hastings Homeless Service approximates to the ratio of men to women who use the day centre.



Homeless and vulnerably housed people, especially rough sleepers, are particularly prone to wounds, wound infections and foot pathologies. Clients can access wound care at our clinics provided by experienced nurses and receive prescriptions for dressings and antibiotics as needed from the Nurse Co-ordinator (see Nurse Prescribing below).

“Open and easy to talk to, somewhere to get information from”

This photo shows the feet of a homeless client seen during 2009, who had begun to develop trench foot due to working and sleeping rough on the fishing boats in Hastings. This painful foot condition is caused by prolonged exposure to cold, wet conditions, and is not uncommonly experienced by homeless people who tend to wear shoes 24 hours/day and may not have access to dry socks and shoes. If left untreated, trench foot can lead to necrosis and ultimately loss of limb, yet can be dealt with easily and effectively.

The client shown below was treated successfully by the Hastings Homeless Service podiatrist and nurses.



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
With a nurse	369	553	1082	924	1316	1186
With a podiatrist	152	173	250	234	230	208
Wound care	71	72	169	155	205	157

Rough Sleepers

The Hastings Homeless Service has seen a significant drop in contacts with rough sleepers. Just 68 contacts were with street homeless people in 2009 compared with 164 in 2008. In April 2009, with funding from Hastings Borough Council under the Government's 'No One Left Out' initiative, Seaview Project created the post of Outreach Worker

for Rough Sleepers. With effective partnership working between the Outreach Worker for Rough Sleepers, other Seaview services and Hastings Borough Council Housing Services, together with support and advocacy from St John Ambulance Hastings Homeless Service, successful housing solutions have been found more swiftly for rough sleepers than in previous years.

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

Research into discharge of homeless patients

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 ('Ensuring safe and appropriate discharge for people who are homeless or in housing need', Tansley and Gray, 2009, Nursing Times vol 105 No. 40).

Hastings Homeless Service initiated a 14-month trial (July 2008 – August 2009) of a healthcare, support and advocacy service for patients who were about to be discharged from hospital. It was found that the emphasis of service provision required fell more on emotional and mental health support and intensive advocacy, particularly in relation to housing, than on follow-up general health care. It was identified that many homeless hospital patients felt socially isolated, often with little awareness of services that would be available or appropriate for them. The pilot project was found to provide a vital link between the hospital, the patient and other agencies.

Service user involvement & feedback

During the latter part of 2009 a survey of clients was undertaken to evaluate the Hastings Homeless Service. Clients were asked *'What have you found most useful or helpful about the Service?'* Responses included:

'They listen and know what they're talking about'

'Open and easy to talk to, somewhere to get information from'.

Responses to the survey confirmed the Hastings Homeless Service has been achieving its aims of making health care easily accessible and approachable for those who find mainstream health care services difficult to access; and that through advocacy, it enables marginalised people to access GPs, housing and other services.

The Hastings Homeless Service has been making efforts to include its clients in service development, particularly through involvement in the Working Party group, on which two places are reserved for service users. Early in 2009 one of the service's regular clients attended the Working Party, however he has now successfully moved on to permanent accommodation and no longer attends. Further efforts to include clients in service development will be made in 2010.



Case Study 2:

George (not his real name) has been supported by the Hastings Homeless Service continuously since its launch in 2004 – including a time when George had become street homeless – providing health care, social support and advocacy. In 2009, at 63 years old, George was living in a semi-supported flat which was no longer adequate for his needs and where other drinkers would come in and take advantage of him, while he was suffering with deteriorating physical and mental health and self-neglect. The Homeless Service team referred him to Social Services as a vulnerable adult, with a view to a care home placement. After many months of close partnership working with Social Services and other agencies, George was finally placed in almost the only residential care home found that would take someone with his needs.

Over the years George had expressed a long-term intention to quit drinking: an aim which was generally dismissed as unrealistic by those who knew him well and which did not form part of the plan for George's placement. However, after an initial few days of medication prescribed by his GP to aid detox, George has remained abstinent from alcohol since the first day he moved into the home (apart from one day and night which he spent away from the home). Even more amazingly, after several decades of heavy drinking, George states he does not miss alcohol and no longer wants to associate with his old drinking friends. As a result his health is much improved and he is gaining weight. At time of writing George has been in the home for over two months, and is happy, settled, safe, cared for, and enjoying getting to know other residents.



Nurse prescribing

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 2009, 160 prescriptions were written by the Nurse Independent Prescriber for a total of 231 items, compared with 81 prescriptions for 105 items in 2008 (when prescriptions were only available for 6 months).

Plans for 2010

Additional out-of-hours venue

It has become evident that there is a small number of homeless and vulnerably housed people who for a variety of reasons choose not to access Seaview Project's services but do attend some of the other local voluntary services. The Hastings Homeless Service plans to extend its range of venues in order to ensure accessibility to health care and first aid services for this client group, by providing an out-of-hours service. We will be piloting some sessions at one of the local voluntary services from April 2010.

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 2009

- During 2009 we delivered training to 734 students over 102 sessions
- The total number of people trained in 2009 increased by just over 33% compared to 2008

- The most popular course was Overdose Aid, with over 56% of total attendees completing this course (410 people attended). The attendees included: agency staff, homeless service volunteers and clients.
- The total number of clients across the county attending the Overdose Aid training sessions increased by over 12%, from 284 students in 2008 to 323 students in 2009.
- There were 19 Drug and Alcohol Action Team (DAAT) Overdose Aid training sessions held in Brighton & Hove and 16 DAAT Overdose Aid training sessions held in West Sussex during 2009.
- The number of staff attending across all training sessions increased by just over 35%.
- The total number of Homeless Service volunteers in Brighton trained in 2009 increased by 21% compared to 2008. The total number of Homeless Service volunteers in Hastings trained in 2009 increased by 176% from 2008. The overall increase for all volunteers was 51%.



Plans for 2010

We have been commissioned to provide the Overdose Aid training (clients) again for both West Sussex and Brighton & Hove.

We are looking to develop our courses to keep in touch with the National Treatment Agency and key stakeholder strategies towards Harm Reduction including the reduction in the number of Drug Related Deaths. The key modules are provided by our service.

We plan to develop partnerships with Drug & Alcohol services in East Sussex and outside of Sussex County.

We will continue to provide training sessions for the volunteers in subjects relevant to their outreach duties.



Funding for Brighton and Hastings Services

The Brighton Service has historically been funded through grants and donations. Since its launch in 2004 the Hastings Homeless Service has received two consecutive 3-year National Lottery grants, the second of which expired at the end of February 2010.

St John Ambulance Sussex has recently appointed Jeanne Peterson to the post of Trust and Community Fundraiser who will be seeking to raise future funds for the Homeless Service through various grants and donations. An application to the Big Lottery for the Brighton Service has already been submitted.

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

*Big Lottery Fund
Hastings & Rother PCT
Hastings Lions
Hastings Round Table
Lazy Bees
Miss M Bourne
Mrs B M Gilmour
Queen's Nursing Institute Homeless Health Initiative
Seaview Project
St Cuthberts Housing Association
University of the Third Age
(donation for talk)*

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

Sussex Homeless Service

Accounts for the year ended

31st December 2009

	2008 £	2009 £
INCOMING RESOURCES		
Charitable Income	33,651	2,725
Grant Income	73,346	71,991
Activity Income	22,280	19,559
Other Income	(0)	435
Total Incoming Resources	129,277	94,710
RESOURCES EXPENDED		
Operations Costs	(8,451)	(5,502)
Personnel Costs	(103,557)	(108,968)
Member Development	(10)	(161)
Travel & Subsistence	(4,462)	(4,741)
Vehicle Costs	(733)	(8,746)
Property Costs	(5,464)	(5,562)
Office Costs	(3,105)	(1,433)
Marketing & Professional	(1,954)	(1,014)
Other Costs	168	900
Total Resources Expended	(127,568)	(135,227)
Net Surplus/(Deficit)	1,709	(40,517)

For Further Information:

St John Ambulance Sussex Homeless Service,
County Headquarters,
16 Crowhurst Rd,
Hollingbury,
Brighton, BN1 8AP.

Tel: 01273 371500

Email: Markie.Barratt@sussex.sja.org.uk

Web: www.sja.org.uk/sussex/homeless-service

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A Company limited by guarantee – Registered in England No. 3866129
Registered Office: St. John's Gate, Clerkenwell, London EC2M 4DA

