



Diverse perspectives on health and illness

Responding to homelessness

Presenter

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You will hear from three people who work for Brighton Housing Trust. A voluntary organisation that aims to help homeless people. First, John Holstrum explains the wider role of the trust, in its work with single homeless people.

John Holstrum

It hasn't just stuck with just accommodation, it has looked at the whole needs of single homeless men and women. So for example our day centre will deal with the very practical realities of surviving on the streets in terms of food showers clothing, but also, we look at the other issues that can arise in a homeless person's life. The niche that we've developed is around vulnerable individuals who need a lot of support.

That need for support may go on for quite a number of years. In as far as that people's health may go up and down. We can have a situation where somebody may be very stable and happy and, their cat may die, and that bereavement may trigger a whole process, which means you then need very intensive support. So it's not, just a linear process where you go through first stage, second and third stage and then somehow you've hit the jackpot and everything's okay, that's not the reality as we see it. It seems to me you need flexible long term support, so that you can put in the resources when it's needed, but also, when it's not needed, let people just lead their lives.

Presenter

The First Base day centre is run by the trust. Nickie, the manager, and Michael a health worker, talk about their work at the centre.

Nicky Homewood

The day centre is used by an average of a hundred and fifty people a day. Some of those people are regular attenders who come to the day centre most days, for company, for support, and in particular for food, is why a lot of people come. The practical services we provide are, food, we provide breakfast and we provide lunch, some of which is free, some of which is at cost price. We have free shower facilities here, and washing facilities. We have a very cheap laundry service. We have a free clothing store, a free bedding store, a free furniture store for when people move into accommodation, and we also have storage facilities and so on. The other half of the work we do is, advice and information work, on a range of issues. To do with benefits, mental health, drug and alcohol work. Work with younger people, and also the area of work that Michael does around health.

Michael

Mainly HIV and sexual health, which is preventative work. and that involves, talking to people about what risks they may have taken. Explaining to them, again the different services that they can go to, where they can go to be tested. If they want that, and try and sort of build up people's confidence. Because like general health, people are very nervous about that, and once it comes onto sexual health, people are even more reluctant often, to talk, and to go to services about that, and a lot of people who we see here as well, because of the position they're in, they're quite vulnerable, they're quite open to people, saying to them that you can come and stay for the night if I can sleep with you.

So a lot of sort of problems around their own self esteem, and negotiating and having safer sex. As well as the sexual health, the thing that's sort of come much more to our attention at the moment, because people are becoming more aware of it, is hepatitis C, which is quite serious amongst IV drug users. It's estimated about 80% of all IV drug users could be

infected, and we find a lot of people who've been told that they have got hepatitis C. Because the information around it's changing so quickly at the moment, who've had no explanation of what that means to them. They may have been tested at a drugs service or while they were doing a prison sentence. And they're just told, you've got hepatitis C, and they'll arrive here, thinking 'I'm going to die next month', and then, in situations like that, it's explained that that's not the case, and talking through what they can do to prevent the onset of hepatitis C, and that's a lot of stuff around, reducing their drugs if they're using illegal drugs, making their GP, if they have a GP aware that they've got hepatitis C, because a lot of prescribed medication is liver toxic, and also talking about alcohol use, obviously that's anything affecting your liver's really quite serious.

So, really talking to people around things like that, but built in with all the other work that goes on in the day centre. People can talk of you know, and that's part of how we work I think.

That people can talk to us when we're serving up the soup, or clearly a table, or doing the showers, so it becomes much less formal, it's not sitting in an office, with somebody behind a big desk giving them a lecture. And it can take a long time for people to have the confidence, to know that they can talk about those issues. So it's very much client lead, the way we work, and at their pace.

Presenter

Norma talks about her work. She is a nurse, employed by the health authority, to work specifically with homeless people. She works at the first base day centre, which you heard about in the first part of the programme, and she is also attached to a general practice.

Norma

The idea of our services, my role is to actually provide an access point to health. Many of the homeless client groups, often, for a variety of reasons, find it very difficult in accessing health through a general practice. As most of us would actually access, if we had a health problem we'd go to our GP. A lot of the client group, prior to us opening, if they had a health problem, they may try registering at a GP service, but maybe for example, if they had no address, perhaps were turned away from that GP practice, and were presented at accident and emergency, where often it was inappropriate for them to be attending with a saw throat. So, it's about making access to health for them, and the way I do that in my role, is to provide some time at an outreach service in day centres, where I have an open clinic, and by that I mean, there's no appointments necessary. My clinic room door's open, and clients can just call into me with any issue that they have around health, and I would actually help facilitate that. Give them education, advice, point them in the right direction, to actually get that problem resolved.

And the other part of my role is based within the surgery that we've set up, working with a full time GP, to again, have access to a medical opinion for certain illnesses, where clients see me at first base day centre, and I ask them to visit the GP's surgery. Once they realise I work at the GP surgery as well, often that's provided a very safe link for them, and they'll present at the surgery. Whereas I think without that link, they may feel that they're not welcome at the GP's surgery, and actually not visit, and then the medical problem will actually get worse.

Many of the clients that I see actually present with a whole complex health problems, it's very rarely is it one medical problem. So it often won't just be a saw throat, it may well be they've got a chest complaint, that has been there for several weeks. A cough that's not getting better, pains in their chest. It may well be that they actually have some type of substance misuse, and that will give a medical complex scenario.

If they drink a lot of alcohol, the problems that go along with that. If they're using drugs, illicit type drugs, whether they be orally or through veins, they will also present with some medical conditions in relation to that. So it's quite a complex medical picture, and usually quite a lot of different areas to be looking at. And my role would be very much trying to help the client decide what's important to them at this time, but maybe making them aware of the things that they don't see as important, and that I can be there as and when they want to address that. and if necessary go along with them, to a GP to actually have a medical opinion sought. Or off into the hospital consultant appoint if we get one for them, is actually to attend with them. Because I've become more of a friend to them in a way, and it's about building up a rapport, and a trusting relationship, because I think that's extremely important to then address those health issues with them.

I would say probably a quarter of my time is spent doing actually hands-on practical type work, maybe through trauma wounds that people present with, or wounds of any type really. and then, another three quarters of my time is very much about advice guidance, trusting relationships, telling them what to expect when they get to a service. I mean I had a gentleman recently who needed an X-ray, has never had a chest X-ray done, didn't know what to expect, and it's actually going through that process with them, and telling them what to expect when they get there, and to make them realise they won't get the result that day. Because I think otherwise, that causes a bit of upset in their lives, if they don't get a result and they're expecting one.

The other problem that I see quite a lot of are, mental health type problems, and I think that generates very much one of isolation for them, and often a reason for becoming homeless may well be, because of, something that's gone wrong in their lives, and relationships have broken down, whether that be in families or partnerships, and often are out on their own. and, very few people for them to talk to about, about how they feel. and so quite often people will discuss with me how they're feeling, which again, for those of us that are, sort of got families and friends, often, we can offload those anxieties, and often it is about off loading and sharing the anxieties, to try and prevent some of the mental health difficulties.

Access to any other health care for the client group is very difficult, and some of those access points are people, who have difficulties with dental problems, difficulties accessing a dentist, and again that will be for a variety of similar reasons of not having addresses etc., and obviously less and less NHS dentists available now. So dental problems are a big big problem, and people will present with a dental problem right at the extremes, and the amount of people who've got tooth decay, until it actually presents a pain they will obviously want something done about it. Another presenting problem is, a lot of the client groups do a lot of walking in the same pair of shoes, the same socks, perhaps have little access to to shower, and sort of person hygiene facilities, so will often present with feet problems. And the type of feet problems may well be, basic athlete's foot type. Corns on the bottom of their feet, which makes it very painful to walk, and then if it's actually causing pain to walk, they'll put the weight onto the other leg, which might then give them a painful knee, and then the problems actually perpetuate, and you end up with more problems than just the initial presenting problems of feet. So, one of the other things that we're trying to do in the town, or I'm trying to do in particular, is try and increase the access into dental services, optician services, and into foot care services, and that will be extremely good if we can get in before things start to happen.