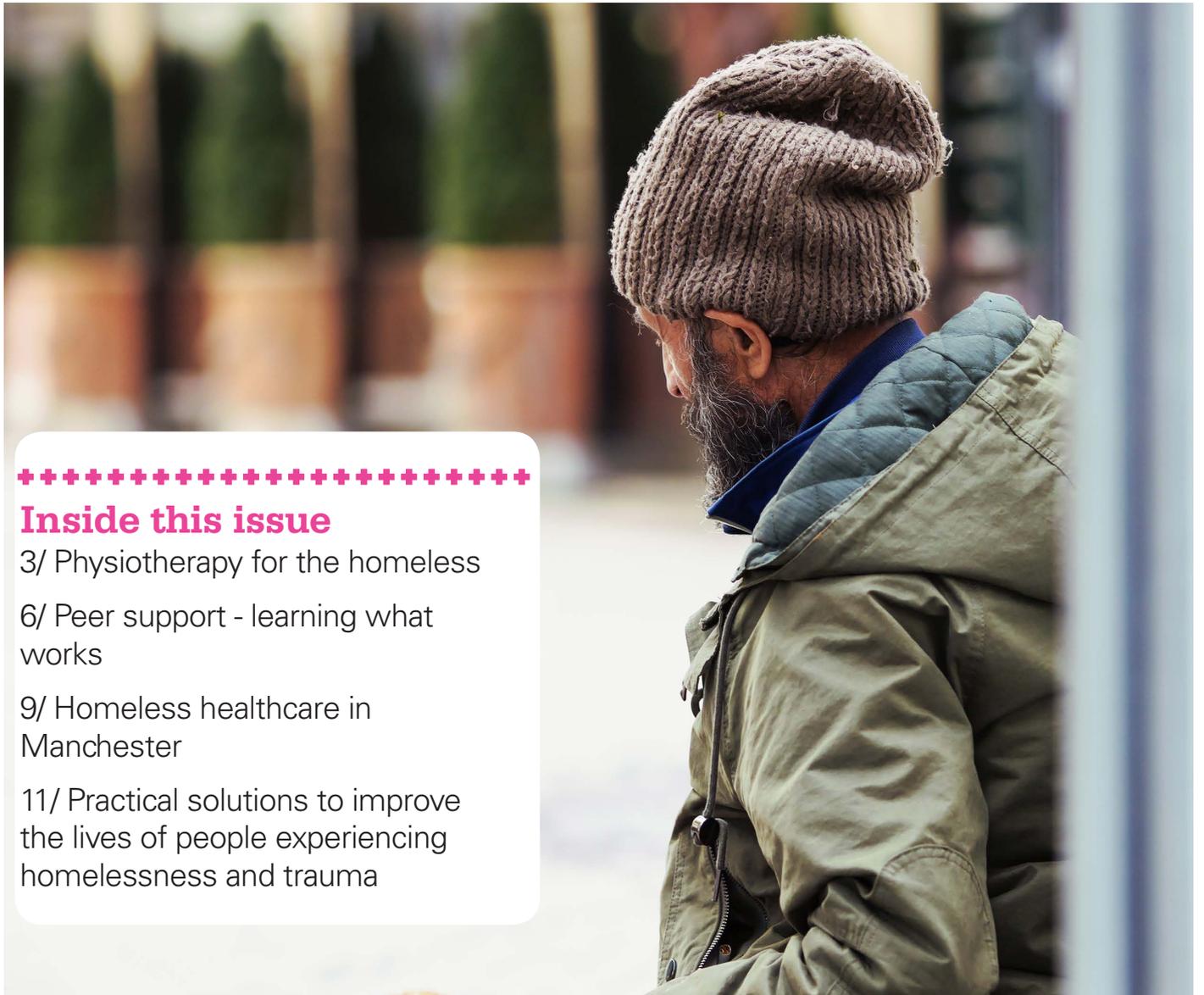


Homeless Health News



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Do homeless people need physiotherapy, and can they access it?

Jo Dawes, Senior Lecturer in Physiotherapy, Kingston University & St George's, University of London



Physiotherapy can help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice, supporting people with a range of conditions, in particular neurological, musculoskeletal, and cardio-respiratory problems. A national study of health needs of over 3,000 homeless people in the UK, reported that 78% had physical health problems¹. Many of these health problems could be aided by physiotherapy.

Reducing neurological pain

Research by the Disabilities Trust Foundation showed homeless people to have a high incidence of brain injury - as high as 48%². Symptoms can include paralysis, weakness, spasticity, poor balance and co-ordination, chronic pain and loss of stamina, impacting on people's mobility and functional ability.

Physiotherapists working with people who have neurological problems may provide exercise to help strengthen weak muscles, offer strategies to improve balance, improve pain with interventions such as Transcutaneous Electrical Nerve Stimulation (TENS) or acupuncture and provide walking aids to improve mobility, gait and balance.

Managing respiratory conditions

Research by Groundswell reveals incredibly poor respiratory and lung health amongst homeless people³, with diagnosed respiratory health conditions and lung diseases being dramatically higher than the general population, a key contributory factor for this is the high rates of smoking tobacco and illicit substances. Moreover, it is very likely that there is a significant amount of undiagnosed respiratory problems present among homeless people. Respiratory symptoms can include shortness of breath, cough, reduced energy levels, and less capacity for physical activity. Physiotherapists working in respiratory health can provide strategies for managing shortness of breath, give advice on inhaler technique, facilitate clearance of respiratory secretions and help to improve strength and physical activity levels using exercise prescription.

Treating musculoskeletal problems

The incidence of musculoskeletal problems is thought to be three times higher amongst homeless people, compared to the general public⁴. These can often be caused by traumatic injury, assaults or falls secondary to intoxication. It is recognised that homeless people may suffer more serious health problems than housed people and under-report minor health problems⁵. Rapid access to physiotherapy is considered vital in preventing acute musculoskeletal problems from becoming chronic⁶, but recent research suggests that people who are homeless experience barriers to accessing NHS primary care services, such as physiotherapy. They have reported difficulties in reaching clinics, registering with GPs and receiving letters from health professionals. Consequently, they can miss early interventions, and so present later with more advanced and complex problems, compromising their health, and potentially increasing costs.

Accessing physiotherapy services

On the assumption that homeless people do not have the means to pay for private physiotherapy, the NHS should be the main provider of physiotherapy to the homeless population. People can access NHS Physiotherapy via GP referrals, hospital consultant referrals, or self-referrals. Although 98% of the English population is registered with a GP, statistics reveal that only 83% of single homeless people with accommodation, 89% of 'hidden homeless' people and just 65% of rough sleepers are registered.⁷

Despite NHS England guidance stating that people without a fixed address should be able to register with a GP, many homeless people still struggle to register. In these cases, lack of GP registration will generally mean that primary care physiotherapy is inaccessible. Self-referral is not consistently offered UK-wide. For example, only six out of 32 London boroughs facilitate it.⁸

In some cities, specialist GP practices providing primary care for homeless people have an in-house physiotherapist working with them; however, anecdotal evidence suggests that these practices are very much in the minority. The voluntary sector also offers some provision of physiotherapy. Both Edinburgh and Leeds have volunteer run services working in partnership with charities, offering basic physiotherapy assessment and treatment within hostels and drop



Physiotherapy at Crisis at Christmas
Credit: Sam Mellish

in centres. Another well-established service is Crisis at Christmas. Volunteer physios gave 218 physio sessions at Crisis at Christmas in 2016, suggesting there is a demand for physiotherapy which may currently be unmet by mainstream services.

Homeless people have multiple morbidities, and circumstances that can inhibit access to physiotherapy. Bearing these difficulties in mind, and the difference simple physiotherapy interventions can make, perhaps it's time to consider how to reduce barriers to services like physiotherapy and to focus on how to make physiotherapy services more accessible to this 'easy to ignore' populations.

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New funding for Innovation Projects in Inclusion Health

Funding up to £5000 available



Fund for Leadership and Innovation - in Homeless Health

- ✦ Do you want to make a **difference** to the health of people who are **homeless**?
- ✦ Do you need **funding** to help get your ideas off the ground?
- ✦ Do you want to develop your **leadership** skills?

Project funding and a programme of professional development for 2018 will soon be open to applications for projects that seek to improve homeless health. All projects must be led by community and primary care nurses, in England, Wales or Northern Ireland. Project leaders benefit from a highly rated professional development programme and funding of up to £5000.



To find out more

Contact: David Parker-Radford, Homeless Health Project Manager
020 7549 1410
david.parker-radford@qni.org.uk

The Queen's Nursing Institute (QNI) has launched a new programme to fund nurse-led projects focused on improving homeless and inclusion healthcare.

The QNI invites nurses working in primary and community care in England, Wales and Northern Ireland to apply for funding of up to £5000, to develop projects which improve healthcare for people who have poor health outcomes because they are more likely to be marginalised by wider society.

Up to ten nurses will be selected to receive the funding. The year-long projects will start in January 2018. Alongside the funding, the QNI will also provide a year-long programme of professional support to help nurses develop their skills in planning projects, delivering outcomes, communications and leadership.

David Parker-Radford, the QNI's Homeless Health Programme Manager, commented, 'The average life expectancy of someone who is street homeless is 30 years less than the national average. A high proportion of people who are homeless have multi-morbidities and may be dealing with complex trauma, mental health issues, physical health conditions, addictions, and communicable disease alongside housing, and relationship issues.

'General Practice Nurses, Health Visitors, Mental Health Nurses and Specialist Homelessness Nurses are skilled at managing this complexity and are at the forefront of driving through innovations in holistic care. This programme will

help to unleash their innovation to improve care for vulnerable people.'

As well as people who are homeless, the funding is able to support projects that improve care for people in prison, refugees, people with drug and alcohol addiction, Gypsy, Roma or Travellers, and sex workers.

The new funding programme is part of the QNI's Fund for Innovation and Leadership programme, supported by Oak Foundation. Since 1990 the QNI has helped hundreds of nurses turn innovative ideas into reality, benefiting thousands of patients and improving nursing practice in diverse fields of healthcare.

Previous projects funded by the QNI's Fund for Innovation and Leadership that have focused on inclusion health have included a sock exchange for the homeless, a gypsy and traveller health project, drop-in wound care clinics and smoking cessation services for substance misusers.

Any nurse interested in applying should visit www.qni.org.uk/explore-qni/nurse-led-projects/homeless-health/ for further information or contact david.parker-radford@qni.org.uk.

Full guidance and the application form are on the QNI's website, and nurses who wish to discuss their ideas in advance are encouraged to contact the QNI.

The deadline for nurses to submit their funding applications is 29 September 2017.

Peer-support: learning more about what works

Stephanie Barker, PhD Candidate, University of Southampton



We hear stories about homelessness, read about it, and see it on our streets. We empathise to the best of our abilities. But homelessness is a different world; we really do not know what life is like unless we have lived it first-hand. If you were to become homeless, you would be more likely to develop mental health issues, be exposed to communicable diseases, and more likely to die by the age of 47¹.

We can only imagine the amount of work and resilience that it takes to survive homelessness; some of us are lucky to see someone fight their way out of it. Those who do survive have a breadth of valuable experience and their experiential knowledge of homelessness is the foundational value of peer mentoring or peer-support.

Peer-support is defined by the Substance Abuse and Mental Health Services Administration as “services [that] are delivered by individuals who have common life experiences with the people they are serving”¹⁰. Peers can connect with clients in a unique way, developing deep and meaningful experience-based relationships, providing essential social support to help someone escape the cycle of homelessness.

Peer-support has a long history in mental health and addiction services, but only recently became commonplace within homelessness services. Although peer-support is recognised as a means to support recovery, little is known about the critical elements that underpin client changes. Research suggests that peer-support has significant positive impacts on quality of life, drug/alcohol use, mental and physical health, and social support¹¹). These results are encouraging; however, we don’t really know how it works. Without further investigation, we can’t be sure what is beneficial and what is potentially harmful.

In order to understand peer-support, we need to break it down into its various components and identify which are integral to its effectiveness. By systematically assessing literature on peer-support from homelessness, addiction, mental health, physical health, and criminal justice areas, a preliminary model of peer-support has been developed¹².

“ If they hadn’t taken an interest in me, I would be dead by now.

George *

The model hypothesises that clients enter the peer-support process and develop a relationship with their peer-supporter, whom they learn from and compare themselves. Peers are role models for clients and provide them with various types of experience-based social support throughout their work. Peers benefit from entering into a helping role by experiencing an identity development that integrates their sense of self and improves their self-esteem, confidence, and knowledge. Results from this paper highlight peer-support as a beneficial process for both clients and peers.

By developing this preliminary model, we are able to evaluate the components through various methods and assess their importance to the effectiveness of peer-support. Consequently, we are in the midst of conducting multiple studies on peer-support and homelessness. A qualitative study with peers and clients was conducted to ascertain experiences and what participants felt is vital to this intervention.

Participants from the qualitative study identified three main critical elements of successful peer-support: **continuity of care, experience-based relationships, and peer motivation**¹³. Within each of these, we identified underlying processes such as role modelling, social support, and boundaries as important to effective peer-support. These elements represent aspects that are critical to providing peer-support to those experiencing homelessness. Further, participants expressed both the benefits to peers and described the overall impact of being supported by a peer:

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These accounts are powerful, and they provide us with valuable information about the impact and elements of peer-support for those experiencing homelessness.

Currently, we are asking experts in the delivery and management of peer support services, to rank statements that describe peer-support. Initial results highlight that peers and professionals appear to have different viewpoints on which elements are critical. This work will allow us to test our model and make multiple changes and improvements.

The next project is a feasibility study where client outcomes are evaluated through psychometric assessments and interviews, and then compared to a control group. This study will help us to further test the model, and explore the practicability of conducting controlled research with this population.

This is just some of the current research on peer-support and homelessness. However, we are still a long way from developing clearly defined concepts and standardised measures.

The ultimate goal is to understand the change mechanisms involved in peer-support, not to provide a standardised intervention manual, but to help services understand what they are already delivering, and how they can enhance their work, and help more people to escape homelessness for good.

*Participant names have been changed.

Managing Psychological Trauma in Healthcare

Learning and Networking Event

THE PASSAGE, LONDON, 5 JULY 2017



Experiences of emotional trauma can lead to poorer physical health.

People who are homeless are commonly also traumatised from childhood experiences, domestic violence, being a refugee, or military service.

- **How can health professionals respond sensitively to underlying trauma?**
- How can health professionals look after themselves when working with trauma?

Find out on this [free learning day](#) for community health and housing professionals, funded by Oak Foundation.

Chair: Dr Crystal Oldman,
Chief Executive, The QNI

Speakers include:

- **Dr Eileen Walsh**, Head of Therapies, Helen Bamber Foundation
- **Aggie Rice**, Programmes Coordinator, Point of Care Foundation
- **Janet Keauffling QN MBE**, Nurse for Homeless Adults, Swansea
- Survivors Speak Out Network (invited)

Practice in Action: Homeless Healthcare in Manchester

Rachel Brennan, Homeless Team Manager, Specialist Homelessness Nurse, Urban Village Medical Practice



Urban Village Medical Practice (UVMP) is a GP practice in Ancoats, Manchester with over 10,000 registered patients. It is the only commissioned primary healthcare service for homeless people in Manchester, and has been doing so for over 20 years. There are currently over 850 homeless patients registered at the practice. The Homeless Healthcare Team consists of clinical and support staff working across the city to engage homeless people with healthcare, and promote positive wellbeing. The team conducts outreach sessions in the city centre; talks to beggars and rough sleepers about their health, and provides information on accessing health services.

What the team does

The Nurse for the Homeless Team visit day centres and hostels, provide health checks, give information on a variety of health issues, and link patients to mainstream health services.

Patients registering with the practice receive a comprehensive assessment and a tailored plan specific to their health and social needs. Once registered, patients can access the many services provided at the surgery, including: GPs; Nurses; mental health workers; wound dressing; dentist; drug treatment; and infectious disease treatment. They offer easy access and a flexible booking system for appointments, which encourages attendance and supports patients to engage.

Hospital in-reach

The staff visit homeless patients in Manchester Royal Infirmary on a daily basis, to ensure they receive the treatment they need. They also work with patients to develop a thorough plan for a safe discharge. Once patients are back in the community, UVMP follows up to ensure health needs are met, minimising the chance of further admissions. Frequent attenders to A&E are assigned a Case Manager to find achievable solutions and to support people to address issues.

Improving standards

UVMP are passionate about supporting homeless people to address their health needs, and helping them to access appropriate services. To promote this, they provide training to all people working with the homeless population in Manchester by delivering Homeless Healthcare Standards Training. They also deliver 'Know Your Rights' training to homeless people themselves, which provides information about their entitlement to healthcare, and advice on any issues which they may be encountering. They recently published a Homeless Health Needs Audit, based on research conducted with homeless people in Manchester in 2016. This provided an opportunity for homeless people to talk about their health issues and experiences accessing services, with the hope that the feedback could improve how services work to meet the needs of homeless people in the future.



About Rachel Brennan

Rachel Brennan, Homeless Team Manager at Urban Village Medical Practice, has recently been awarded a Travelling Fellowship by the Winston Churchill Memorial Trust to research Homeless Healthcare practice in Norway, Denmark and the USA.

The aim of Rachel's project is to identify innovative ways of providing homeless people with high quality, proportionate healthcare in the community and to learn methods of engaging homeless people with healthcare to improve health outcomes and reduce pressure on acute secondary services.

Urban Village Medical Practice in Manchester

In June, she will visit a street hospital in Oslo. The hospital provides step-down care from mainstream hospital and step-up care from the streets to prevent hospital admissions. The hospital provides a platform for the integration of health and social care to address the complex needs of the patients under their care. She will spend time with the Salvation Army 'Nurse on Wheels' team that works with homeless patients in the community.

Rachel will spend time with a street health team in Copenhagen led by GPs and Nurses who work with homeless patients on the street and in satellite clinics across the city. In September and October, Rachel will travel to the USA and visit projects such as the Boston Health Care for the Homeless Program that provides street medicine and medical respite facilities.

“ I am incredibly passionate about improved access to healthcare and reducing inequalities in marginalised populations and I am delighted to have been given such a unique opportunity to learn from best practice around the world. I am looking forward to sharing my findings with others on my return to improve health outcomes for homeless people in the UK.

Rachel Brennan, Homeless Team Manager, Urban Village Medical Practice

To share these experiences, Rachel will write a report outlining her findings on her return and disseminate this as widely as possible, including in Homeless Health News. To follow her progress, follow @missrmbrennan on Twitter.

For more information:
Urban Village Medical Practice
Twitter: @uvmp1
Winston Churchill Memorial Trust

Practical solutions to improve the lives of people experiencing homelessness and trauma

Joanne Prestidge, Innovation and Good Practice Project Manager - Housing First, Homeless Link



From a young age, I wanted to understand homelessness, and play a part in ending it. I couldn't imagine anything worse than not having a home, and I viewed homelessness as a systemic problem that needed fixing – one which involved making sure that people had support to move away from the street.

In 2008, I moved to London to work in street outreach, and my understanding of homelessness changed dramatically. My 'clients', sleeping rough in central London, often led complicated lives. They sometimes refused offers of support and housing, or declined to speak to me altogether. My black and white view of how to end homelessness became confusing and complex. After yet another client sabotaged the help I had put in place for them, I would tell myself that they were making a choice and there wasn't much I could do about it other than try again.

Not black and white

Over time, I came to see that those choices are more complicated than they seem. Decisions not to engage with support, abandon housing, or behave in ways that lead to eviction, are not a person being 'unwilling to take responsibility'. These actions and behaviours are a consequence of previous adversity; they are the impact of trauma and often a response of fear. I realised that a deeper understanding of these issues could improve my approach to support.

Prevalence of trauma in the homeless population

There is a relationship between trauma and homelessness, as a cause and a consequence of each other. Experiencing trauma impacts how a person views the world and engages in relationships with others, and their ability to tolerate and control emotion.

Researchers at Southampton University found indicators of a high prevalence of personality disorder and complex trauma amongst people who are homeless. Complex trauma, (multiple, interpersonal traumatic experiences usually from a young age) can shape the foundations of an individual's understanding of themselves and the world. Adverse childhood experiences have lifelong impact on the physical, mental, and social wellbeing of those who have experienced them.

Two innovative approaches - Psychologically Informed Environments and Trauma Informed Care - have emerged, which specifically consider past trauma and present symptoms within the homelessness population. They build on existing good practice around personalised, flexible, and persistent support for people experiencing homelessness.

Psychologically Informed Environments (PIE)

PIE is a framework that enables providers of homelessness services to consider the psychological and emotional needs of their clients. The framework encourages service providers to think about the environments, relationships and monitoring within their services, and emphasises the need for reflective practice.

Guidance about PIE was first published in 2012, and the concept has its foundations in the Enabling Environments and Psychologically Informed Planned Environments seen in the mental health and criminal justice sectors.

Trauma Informed Care (TIC)

TIC acknowledges that trauma is common, that there are higher rates of trauma in people using public services, and that services themselves can re-traumatise those they are trying to support. Trauma informed services train their staff to understand trauma and create policies and practices with an awareness of trauma in order to reduce the risk of doing further harm. Much of the work about TIC has been developed in the US, but the approach has been adopted by various sectors within the UK, including homelessness, criminal justice and services for young people.



Looking after staff

TIC and PIE also emphasise the emotional and psychological needs of staff working in homelessness services. Despite having high levels of contact with people who have experienced trauma, have multiple needs and engage in behaviours that can be challenging, it has traditionally been rare for staff to be offered access to any therapeutic support themselves. Through implementing TIC and PIE, the sector is acknowledging the impact of support work on staff, and how their own psychological needs determine how they engage and respond in their role. Reflective practice and clinical supervision are becoming more widely used to improve morale, strengthen support work, and improve

Exeter Engagement Hub is a multi-agency health and wellbeing centre. It adopts psychologically informed principles.

outcomes for service users.

From my own understanding of trauma, and through working in psychologically informed services, I grew as a practitioner. I became more resilient, more considered in my approach, and more compassionate to my clients. All

services could benefit from implementing these innovative approaches.

For more information:
Homeless Link Guidance Series
Trauma Informed Care and
Psychologically Informed Environments

Researching the psychological impact of complex care

Alienore Lemieux-Cumberlege, Masters Psychology of Mental Health, University of Edinburgh, Homeless Practitioner, Streetwork Crisis Centre Edinburgh



I am currently researching the experiences of frontline workers in homeless services who support service users who have experienced complex trauma or have multiple and complex needs, and the effect that this work has on their mental health and well-being.

I am collecting data across a broad range of services that work with homeless people across the UK, and I am keen to get responses from staff in a range of professions, including support workers, housing advisers, addictions specialists, and health professionals in specialist services working with homeless people.

How you can help

If you work a minimum of 10 hours a week in a service-user facing role, I would be very grateful if you would complete a survey. The survey should take about 10-15 minutes to complete. Participation is optional and participants are welcome to withdraw at any point during the survey.

What is the purpose of the research?

The results of this research will be disseminated in a number of ways, including in a report for service managers for homeless services across the UK that will include recommendations for service-level changes that can improve staff well-being, and thus improve the support we provide to our service users.

Please note that as this is an anonymous survey and participants are not asked to identify which service they work for, the results will not be specific to your service. I will be collecting data from homeless services across the UK.

On the final page of the survey, respondents are given the option to choose whether they would like to be contacted for further interviews/relevant research, further continuing professional development, or to hear about the results of the research - these are all optional, and email addresses that are given will not be associated to the responses provided in the survey. I am happy to answer any questions you may have about the survey and how the results will be used - please feel free to contact me at 07482 620262 should you have any questions or concerns.

[Complete the survey](#)

Endnotes

Editor: David Parker-Radford

Please submit ideas, articles, images, nurse and patient profiles by 30th June for the next Newsletter. Publication will be at the full discretion of the Editor.

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