

Module 3

People experiencing homelessness in hospital - what can you do to help?

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A common situation...

‘We’re on RED ALERT!!!

**You need to get this patient
out ASAP.’**

A real quote from a Bed Manager

‘He came in homeless. Why can’t he go out homeless?’



The answer...

- There is a moral imperative to help **but also...**
- Homeless people are often repeat attenders due to tri-morbidity, and a lack of access to primary care
- Health needs are not met, and then health deteriorates. They then get admitted for long periods, and become delayed discharges
- **Thus managing the health of homeless patients effectively, will both save lives and improve hospital efficiency**

An Expert by Experience account:

How do people
experiencing
homelessness feel
when they come to
hospital?



How can you help

1. Give a warm welcome, and make 'reasonable adjustments'
2. Identify homelessness quickly
3. Do the 'Duty to Refer' if consent is given
4. Signpost people to support services
5. Improve your discharge information
6. Get patients registered with primary care
7. Ensure mental capacity and safeguarding risks are assessed **carefully** if patient is going to the street
8. Get feedback on your care

1. Give a warm welcome



**A kind, non-judgemental
approach goes a long way!**

Remember the challenges many people experiencing homelessness face

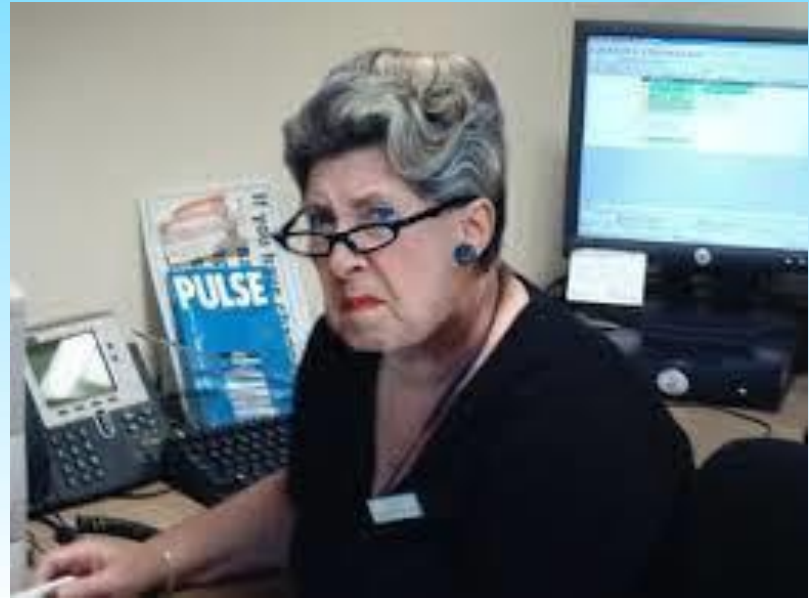


- Stigma
- Day to day survival challenges
- Mental health and addiction
- Cognitive / memory issues
- Difficulty accessing primary care for a variety of reasons
- Poverty (e.g. no credit on phone or ability to travel)
- Practical challenges – who will look after my dog

An Expert by Experience account:

What difference do staff attitudes make in hospital?





2. Identify homelessness early

- Ask Accident & Emergency receptionists to record housing status on admission
- Initial nursing assessments should also ask about housing status, and any discharge challenges
- Often patients are embarrassed, and may be reluctant to talk about homelessness, so this needs to be allowed for

Ask open questions e.g.

‘Do you have any concerns about where you will go on discharge?’

‘Where do you live at the moment? Are you ok to go there on discharge?’



3. Do the 'Duty to Refer' with consent

Homelessness Reduction Act
(HRA) April 2018

Public bodies in England have a 'duty to refer' an individual who is homeless or at risk of homelessness to a Local Authority for housing support assuming they consent to this

This duty applies to
hospital wards,
outpatient departments
and A&E now



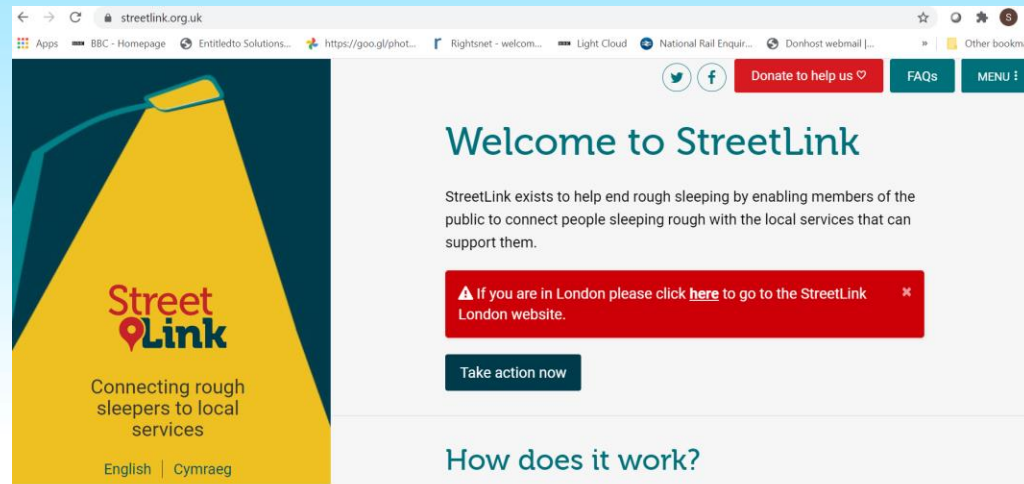
4. Signpost to community services

- Homeless Link (www.homeless.org.uk) provides information about local homelessness services in England



- Appoint a link worker within your service to find out about and build relationships with local services

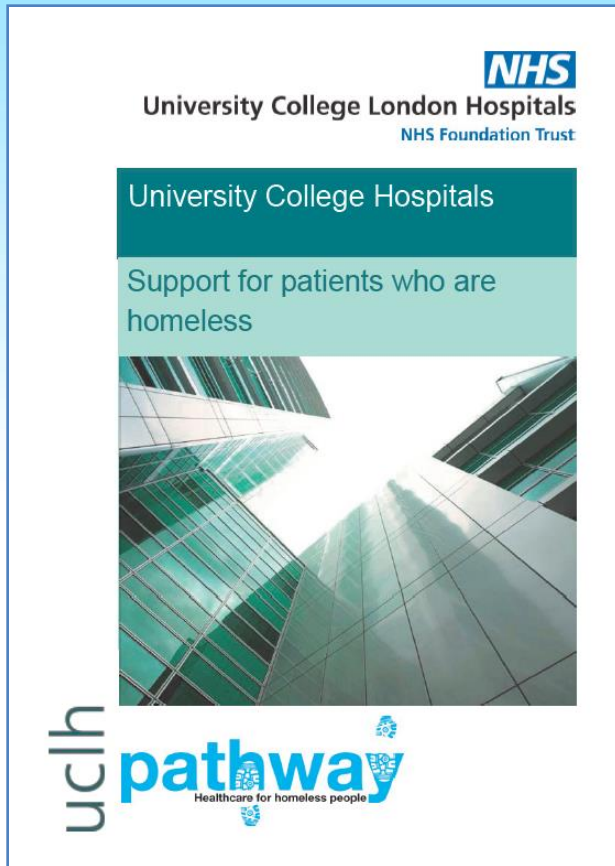
If someone has to return to rough sleeping alert StreetLink



Information that is requested: Description of person and belongings, sleep site location description, times of day they are there, risks, contact details (if they have)

<http://www.streetlink.org.uk>

5. Improve your discharge information



Provide information on:

- Street outreach teams / access
- Homeless day centres
- Night shelters
- Soup runs
- Local specialist homeless GPs
- Advice agencies e.g. Citizens Advice
- Health and housing rights
- Welfare advice
- Mental health, addictions, sexual health services

And shorter versions translated into other languages and in large print

6. Assist patients to get registered with primary care

e.g. [Groundswell](#) has produced a '[My Rights to Access Healthcare Card](#)' which has been distributed widely in London, and is now available nationally



There is no requirement for a homeless person to register with a specialist homeless practice even if there is one available

Consider the role of peer support in supporting patients to register



7. If patient has to be discharged to the street, safeguarding issues and mental capacity must be considered



Safeguarding - Legal Duty when

Person has a need for care and support and

- is experiencing, or at risk of, abuse or neglect
- as a result is unable to protect themselves from the risk of, or experience of abuse or neglect

1. Physical Abuse
2. Emotional/ Psychological Abuse
3. Financial Abuse
4. Sexual Abuse
5. Organisational Abuse
6. Neglect
7. Discriminatory Abuse
8. Domestic Violence
9. Modern Slavery
- 10. Self Neglect**

[Care Act, 2014](#)

Self neglect is often missed as a safeguarding issue...

Assessment failings and self-neglect challenges: lessons about homelessness from case reviews

Safeguarding adults reviews regarding homeless people show practitioners struggling with Care Act assessment duties and in relation to self-neglect

October 22, 2019 in **Adults**



[Safeguarding, homelessness and rough sleeping: An analysis of safeguarding adult reviews](#)

Martineau S, Cornes M, Manthorpe J, Ornelas B, Fuller J, 2019.

Also - could this be organisational neglect?

🕒 This article is more than 3 months old

Homeless deaths rose by a record 22% last year, says ONS report

Charities demand action after estimated 726 homeless people die in England and Wales



Refer to safeguarding if you have any concerns **and** discuss with your manager

Assessment of mental capacity

A mental capacity assessment (MCA) should be considered if someone is being discharged to the street, and should **always** be undertaken for someone self-discharging or refusing treatment



Mental Capacity Act 2005

MCA - Key points

- This can be undertaken by any member of the clinical team
- An MCA may be needed every time someone presents - mental capacity is situation specific and often fluctuates
- It is not accurate to say 'he's got capacity'. Assessments should specify 'Capacity for what, and when?'

MCA - Key points continued

- Whatever the nature of the discharge an MCA may be required
- Clients with evidence of mental illness or cognitive deficits or underlying serious health problems should **always** be assessed if returning to the streets
- Be really clear what assessment is about e.g. is it about whether the person is safe to be discharged to the street, refusal of treatment and/or self discharge etc

MCA four stage assessment

Can the person:

1. **Understand** the information involved in making the decision
2. **Retain** the information long enough to make the decision
3. **Use or weigh up** the information
4. **Communicate** their decision

e.g. can the patient understand and articulate the risks that rough sleeping presents

A common challenge

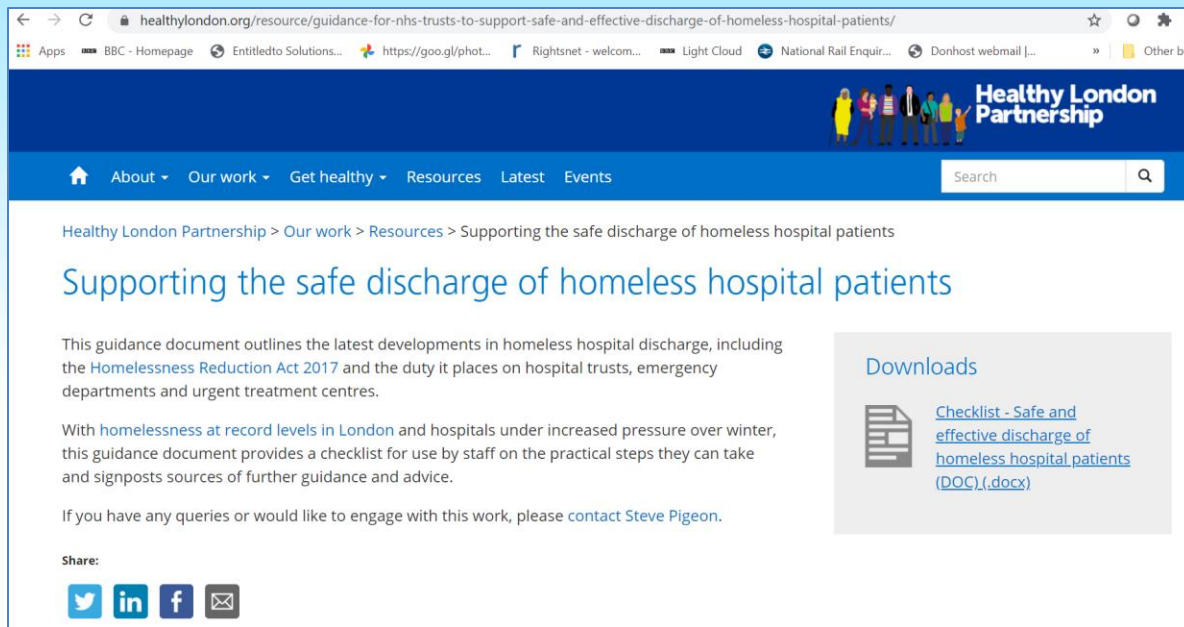
- Patient **will not engage** with an MCA for a variety of reasons – suspicion, behavioural issues, they think they are being tested, mental health problems, language difficulties
- **STOP and THINK** – these situations are complex
- Have you done everything you can to communicate effectively?
- Discuss the situation with a senior clinician

A note about patients with 'no recourse to public funds'

- **Treat them the same as people with recourse – they can access the same primary care, support services etc**
- Under the Article 3 of the Human Rights Act, they can have a full assessment of care and support needs if it is judged that Article 3 rights may be breached
- Article 3 Human Rights Act refers to the prohibition of torture or inhuman and degrading treatment

<http://www.nrpfnetwork.org.uk/Pages/Home.aspx>

Checklist: Safe and effective discharge of homeless hospital patients



The screenshot shows a web browser displaying the Healthy London Partnership website. The URL in the address bar is <https://www.healthy london.org/resource/guidance-for-nhs-trusts-to-support-safe-and-effective-discharge-of-homeless-hospital-patients/>. The page title is "Supporting the safe discharge of homeless hospital patients". The main content area contains the following text:

Healthy London Partnership > Our work > Resources > Supporting the safe discharge of homeless hospital patients

Supporting the safe discharge of homeless hospital patients

This guidance document outlines the latest developments in homeless hospital discharge, including the [Homelessness Reduction Act 2017](#) and the duty it places on hospital trusts, emergency departments and urgent treatment centres.

With [homelessness at record levels in London](#) and hospitals under increased pressure over winter, this guidance document provides a checklist for use by staff on the practical steps they can take and signposts sources of further guidance and advice.

If you have any queries or would like to engage with this work, please [contact Steve Pigeon](#).

Share:

[Twitter](#) [LinkedIn](#) [Facebook](#) [Email](#)

Downloads

[Checklist - Safe and effective discharge of homeless hospital patients \(DOC\).docx](#)

<https://www.healthy london.org/wp-content/uploads/2019/01/190124-CHECKLIST-Safe-and-effective-discharge-of-homeless-hospital-patients.docx>

8. Get feedback on your care

For example:

- Service user feedback form developed by Experts by Experience
- Focus Groups
- Interviews
- Or just ask...

pathway
Healthcare for homeless people

HOSPITAL HOMELESS SERVICE FEEDBACK FORM

You are receiving this feedback form because you have seen a specialist homeless hospital discharge worker whilst you have been at the hospital.

We want to hear about your experiences of being seen in hospital, so that we can improve services for the patients that come after you. Your views are really vital part of helping us to understand how to provide better services in the future.

We do not need your name or contact details.

Your visit details:

Which hospital did you visit?

Which month was this in?



How many days were you in hospital?

If you only visited A&E tick this box

The first three questions are about your overall hospital experience



1. To what extent have you felt safe and cared for during your A&E visit or hospital stay?

'I have not felt safe or cared for at all' *'I have felt totally safe and cared for'*

 0 1 2 3 4 5 6 7 8 9 10 

2. To what extent do you feel you have been treated with kindness during your A&E visit or hospital stay?

'I do not feel I have been treated kindly at all' *'I have been treated very kindly at all times'*

 0 1 2 3 4 5 6 7 8 9 10 

And consider whether interested patients might like to become 'Experts by Experience' themselves

ebe@pathway.org.uk



How can you help

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Consider whether your hospital needs a Pathway team



Multi-disciplinary, multi-agency care coordination in hospital

Approach:

- Consultant GP in a MDT team
- 'Ward round' with community partners
- Focused on **long term health gain** as well as housing
- Involving people with lived experience

The 'Pathway' model

Cited as best practice in NHS long term plan (p42)

<https://www.england.nhs.uk/long-term-plan/>

info@pathway.org.uk

Pathway Annual Report 2017 5

Pathway Teams

Bradford Bevan
Bevan's HealthCare CIC operates a fully integrated model of care, incorporating mental medicine, primary care, the Bradford Bevan Pathway team, and an intermediate care facility in partnership with a housing charity. The approach is 'step up and step down' and offers a holistic approach to caring for patients who are homeless.

Leeds
Homeless Accommodation Leeds Pathway (HALP) is a collaboration between St George's Cryst and Leeds Community Healthcare Trust. The service includes a GP, nurse and Care Navigators.

UCLH
University College Hospital London opened the very first Pathway team in 2009, and continue to host the Pathway charity. The team is the training site for Pathway Care Navigators.

Mpath
Mpath is led by Urban Village Medical Practice, an outstanding rated provider of homeless primary care in Manchester. The GP-led service ensures continuity of care from the hospital into the community.

Royal London
The team at the Royal London includes a doctor, nurse, occupational therapist, Care Navigator and administrator. The team was involved in a National Institute of Health Research study into homelessness and healthcare. The team works with patients under the hospital & in the community to ensure safe discharge for homeless people admitted to the hospital.

Bristol Royal Infirmary
The newest Pathway team was commissioned in January 2017, for an 18-month pilot. The team includes a GP, Clinical Coordinator, Social Worker and Children Worker.

Brighton
The Brighton Pathway team provides multi-agency and to and support for homeless patients, from primary care and hospital services to accommodation support and long term post-discharge outreach. They cover the boundaries of health, housing and charity support services to provide truly integrated care.

Kings Health Partners
KHP is the largest hospital homeless healthcare team in the country, operating 3 trusts and 15 hospital sites of King's College Hospital, Guy's and St Thomas and South London and the Maudsley and Lambeth hospitals. Their workers include GPs, Nurses, Occupational Therapists, Social Workers, Housing Workers and Peer Advocates.

Does your hospital need a Pathway team? Hospitals seeing...

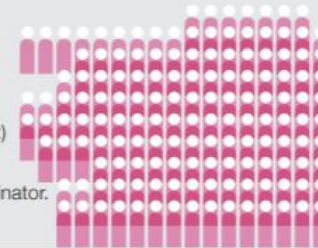
1-30 homeless patients each year need...

- an identified, responsible member of staff.
- a referral protocol to the local authority, ensuring that all staff are aware of their duty to refer under the Homelessness Reduction Act
- an information pack with signposting to local hostels, food banks, housing department details
- a small supply of spare, warm, clean clothing.



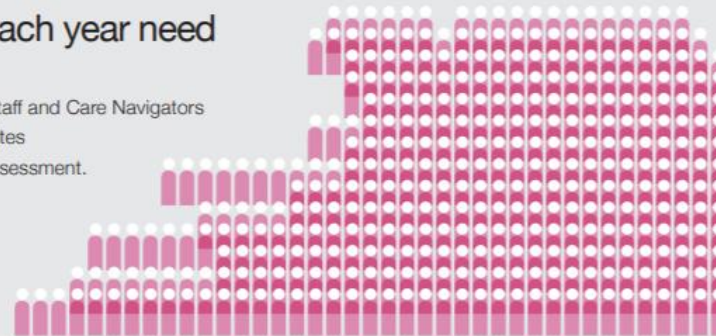
30-200 homeless patients each year need all the above, plus...

- a dedicated housing worker
- a named link hospital coordinator to maintain the referral protocol and support the housing worker in obtaining necessary medical assessments (with the patient's consent)
- strong relationships with the local council housing department, hostels and charities
- training and education of all hospital staff by the housing officer and named hospital coordinator.



200+ homeless patients each year need all the above, plus...

- a full Pathway team including GP, Nursing staff and Care Navigators
- a coordinator if the service spans multiple sites
- any specialist staff identified in the needs assessment.



Networks, training and resources

- Faculty of Homeless and Inclusion Health – regular newsletter and meetings: <http://www.pathway.org.uk/faculty/join/>
- Queens Nursing Initiative Homeless Health Network - hosts resources, and runs newsletter: <https://www.qni.org.uk/explore-qni/homeless-health-programme/>
- London Network of Nurses and Midwives Homelessness Group - hosts resources and runs cheap conferences, welcomes health support workers: <http://homeleshealthnetwork.net>
- [Fairhealth](#)
- [London Homeless Health Programme](#)

‘To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.’



Question 1. The Homelessness Reduction Act 'Duty to Refer' applies to:

- a) Accident and Emergency departments**
- b) Surgical wards**
- c) Out patient departments**
- d) None of the above**
- e) All of the above**

Question 2. The website link that you can use to find out about local support services is called:

- a) www.homelesslink.org.uk
- b) www.homeless.org.uk
- c) www.pathway.org.uk
- d) www.crisis.org.uk
- e) None of the above

Question 3. The website you can use to refer a rough sleeper to street outreach services is called:

- a) Street Rescue**
- b) National rough sleepers referral service**
- c) StreetLink**
- d) Pathway**
- e) Rough sleeping help**

Question 4. Which of the following scenarios requires a referral to safeguarding?

Known or suspected:

- a) Organisational abuse**
- b) Self neglect**
- c) Discriminatory abuse**
- d) Physical abuse**
- e) Both c) and d)**
- f) All of the above**

Question 5. In which these scenarios should a mental capacity assessment always be undertaken?

- a) if a rough sleeping patient is self-discharging before assessment to return rough sleeping**
- b) if a rough sleeping patient is refusing treatment**
- c) if a patient who is well, but has background mental health problems, needs to be discharged to the street**
- d) both a) and b)**
- e) All of the above**