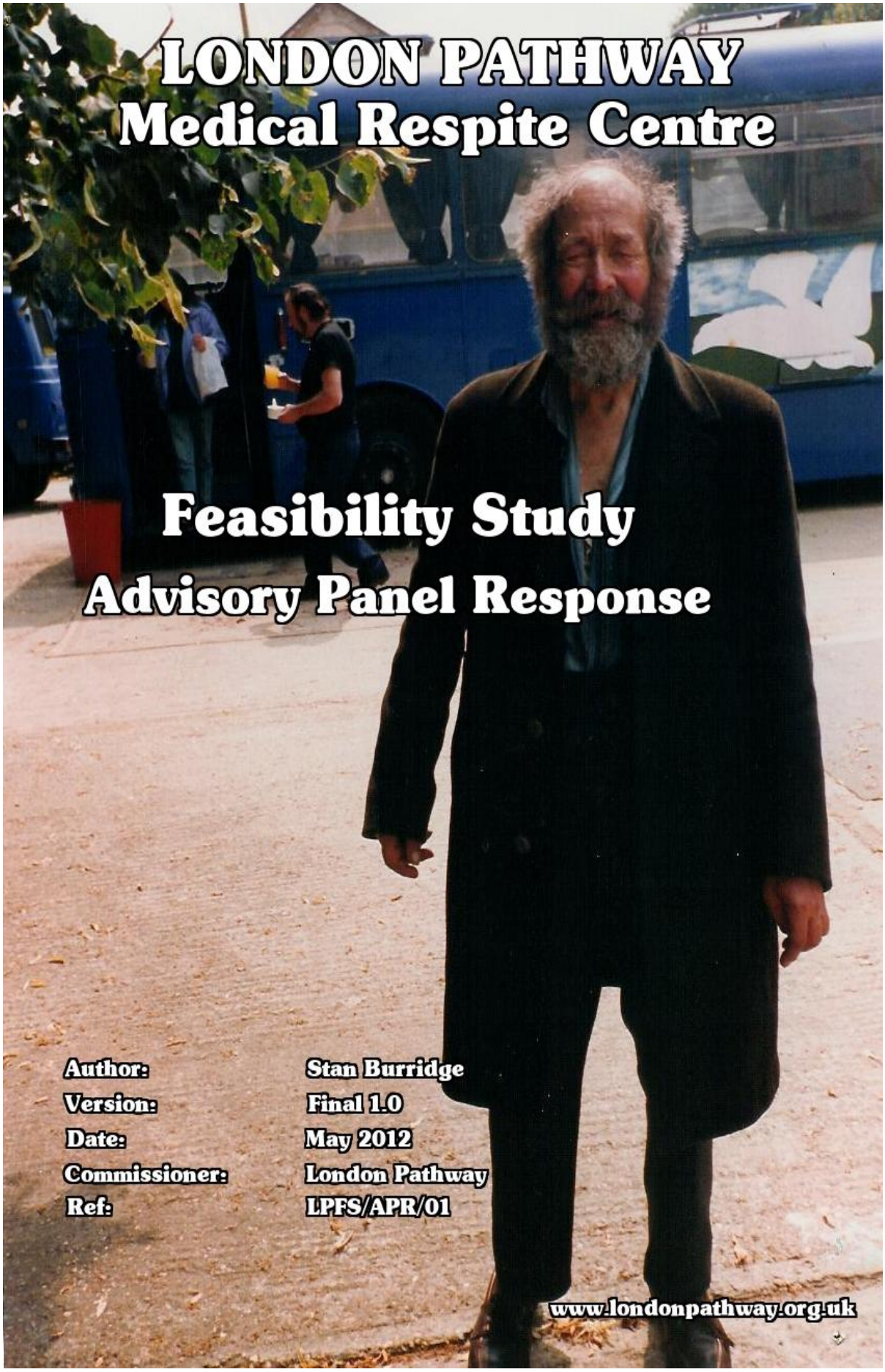
LONDON PATHWAY
Medical Respite Centre
Feasibility Study
Advisory Panel Response
Author: Stan Burridge
Version: Final 1.0
Date: May 2012
Commissioner: London Pathway
Ref: LPFS/APR/01
www.londonpathway.org.uk

London Pathway is a model of integrated healthcare for single homeless people and rough sleepers. Its aim is to put the patient at the centre of their own care pathway and transform health outcomes for one of the most vulnerable and deprived groups in our society. London Pathway believes that models of healthcare developed for and with homeless people will also help improve access to healthcare for other multiply excluded groups.

London Pathway is based on a set of fundamental values. In the London Pathway generosity, kindness, and compassion combine with a passionate commitment to professional quality to become the defining characteristics of health services for rough sleepers and single homeless people. London Pathway is a small independent charity, formed to champion homeless peoples' health needs within the NHS. London Pathway supports the work of the Faculty for Homeless and Inclusion Health. For more information about London Pathway, and to make a donation, please visit our web site at www.londonpathway.org.uk

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Foreword from Alex Bax, Chief Executive, London Pathway

We are pleased to publish this short report by Stan Burridge presenting the results of six weeks research with people who have current and former experience of homelessness. We set two objectives for this project. First, we wanted to find out what homeless people thought of the idea of specialist homeless medical respite centres, what homeless people thought they should be like, and to gather some initial views on how they should run. And second, we asked Stan to use the research process to identify and if possible convene a core group of people with personal experience of homelessness who might be interested in helping us shape the development of the first respite centre: to become an initial homeless advisory board for the project. This report fully meets the two objectives we set. It makes eleven clear recommendations about how to continue to involve homeless people in the project.

I would like to thank Stan for his hard work and dedication to this project, all the people who gave their time to talk to us, the eight people who came to our first advisory board meeting, and the many homeless agencies who were generous in allowing Stan access to their projects, clients and supplies of tea and coffee.

Alex Bax
Chief Executive

About the author

Stan Burridge spent most of his childhood in the care system and experience repeated episodes of physical, emotional and sexual abuse. His life on the streets of London began during the numerous times he absconded from care placements as a child. After leaving "care" and experiencing difficulties settling into mainstream society, he returned to street life, setting off a pattern that continued for many years. His cycle of homelessness-temporary accommodation-resettlement lasted the best part of two decade punctuated by a spell in prison and treatment for extreme depression.

During that time and since he has moved on from homelessness, Stan has been at the forefront of many initiatives, lobbying efforts and instances of direct and indirect action so that homeless people have a voice-and with his unique talent ensured that that voice can be heard loudly and eloquently. He is also the writer and presenter of the award winning BBC radio series "Postcards from the Street", an insight into life as a rough sleeper.

Summary

I would like to begin by saying that this one of the easiest projects I am ever likely to summarise because the overwhelming feedback I received throughout is that a specialist Medical Respite Centre is something that homeless people feel is needed and the faculty for homeless health are passionate about delivering. I found the level people with personal homelessness experience engaged leads me to believe that services are more likely to be overstretched than under used.

The only real problem I came up against whilst writing this report is that of impartiality. I find it impossible to remain impartial, and openly share the excitement and enthusiasm expressed by all of those who have given their valuable time to participate.

I have chosen to adopt a different approach to writing this document by avoiding the norm of providing lots of data, statistics and percentages; instead I will be demonstrating how each question posed was answered.

I feel that by doing it this way means we can focus attention on the human factor and not on the financial one. The cold hard facts are plain to see, health patients across the board can be crudely viewed as just a financial statistic without any reference to individual people, with individual needs and individual characters, and most cost effective patient is a dead one. The second best patient is one who will get better, stay healthier longer and become less dependent on the health system.

I could simply summarise by saying I have no doubt that this project will meet the target it is setting and in fact I believe it will go much further by creating employment and training opportunities and import life skills necessary to develop and progress the person as a whole. This will be done at the same as it will be tackling some of the physical health problems which are prevalent with the homeless people, reducing hospital readmission rates and generally improving health options for its patients.

This centre could become the benchmark to other healthcare providers.

During the course compiling this report I posed many questions which I have outlined previously and held a meeting with number of those questioned along with Alex Bax, Richard Hind and Phil Astley.

This meeting covered many of the building issues such as bed spaces, what services were important. I found it refreshing that I was in a position I had to limit those who I invited rather than throw out a mass invitation and hope that the seats were filled.

The answers to the questions posed both during the questionnaire and the meeting provided lots of information about what was wanted at the centre itself, the sort of things that will work, bed spaces and room settings. Some of which may not be useful when a building is acquired as the space needed to create all of the elements may be larger than the building can accommodate. But it was useful to have the opinions of those who contributed about what they feel would be a good use of the space. What opportunities should be at the centre for homeless and ex-homeless people to become involved in the day to day running of the centre?

Before this process began there had already been research done into the need for such a centre to exist, and this had been supported by financial data showing that in comparison to mainstream hospital beds there are massive savings when compared to readmission to hospital.

What hadn't been done was to open dialogue and with the very people who will benefit from having a Medical Respite Centre and invite them to form a representative group to feed back into the faculty as it goes from an idea, a concept into fully functioning unit which will improve the health outcomes for its patients.

I feel honoured that I was chosen to carry out on behalf of London Pathway and I commend the work that has been done so far, and hope that this feedback will galvanise the strength of feeling there is within the faculty to make the final push for funding and reach the ultimate goal of delivering the service.

Stan Burridge
May 2012.

Image ©THAMESREACH 2012

Introduction

The following report was commissioned by London Pathway and forms part of the feasibility study into the Medical Respite Centre conducted by them. This research for this report took place at a small number of venues across London and had two main aims:

1) To gauge the views of homeless and ex-homeless people on the concept of a Medical Respite

   Centre; this was to be done in an interview setting where a questionnaire was completed (Appendix one) the findings from those questionnaires form the backbone to this report.

2) To bring together a small group with direct experience of homelessness to form an initial advisory panel. A second questionnaire was completed relating to becoming involved on an advisory panel (Appendix two) a representative group were invited to take part in a meeting at the offices of London Pathway where further discussions were held; feedback from that session is contained within this document.

This report reflects the thoughts and wishes of all those who took part and is indicative of the general feeling there is among those who I spoke to about having a specialist Medical Respite Centre for homeless people. It will act to demonstrate that homeless and ex homeless people have been consulted and a platform created for them to have continued input into the project throughout its life.

Image ©Watford New Hope Trust 2012

Completing the task

There were a number of issues which have raised serious concerns during my work; the main one was gaining access to homeless people through organisations. Despite this work being commissioned by London Pathway, a registered charity, I found that making direct contact with homeless people through these organisations would was almost impossible. A number became difficult to get responses from and one organisation took the direct approach stating that this is something which they could not support at the time.

After this disappointing start, I approached Alex Bax who formally contacted a number of organisations on my behalf and this remedied the situation

It is my hope the closer the Medical Respite Centre comes to realising its aim, the need for director to director communiqué to gain access to service clients will diminish. I also feel that the as advisory panel develops it will earn the respect that it very clearly deserves.

It should be noted that there were some exceptions and specific thanks should be given to the following organisations that willingly opened their doors and provided both a space to conduct the work and (much needed) coffee and biscuits OR provided images for use within this paper.

NHS
East London and the City

Amanda Troughton, Dewan Uddin & staff
Health E1, Brick lane, London

Al Story FIND a TREE (personal joke)

Mike Smith and the fundraising team, WNHT

Rashpal Panesar, Thamesreach and members of Thamesreach User Group

Roger DeFoe and One Housing Group, Arlington House, Camden

James Penn, People Can 13a Great Chapel Street

Methodology:

During the short life of this project, the way in which it was conducted changed on a couple of occasions. At the outset I began with a large number of questions which had been formally agreed with Alex Bax and London Pathway and I aimed to simply talk about the respite centre, ask those questions and compile data from the responses. It was initially thought that by following this path we would eventually find a small group of people who were able to engage for a longer period and that they would form the nucleus of an advisory panel.

It very quickly became apparent that this was not going to secure the desired end product, and I was given feedback was that the questionnaire was too long. So after rethinking and discussing it with Alex we decided to focus less on the questionnaire at the start of the interview and focus on opening informal dialogue with smaller groups and individuals. The questionnaire had been transferred to a computer which we thought might make it easy to use however this was shelved and a paper version took its place. A sample of the questions and responses can be viewed in the Appendixes which follow later in this document.

Having decided to follow a presentation format to interviewing I contacted the Boston Homeless Health Care Centre[1] via email. I had noticed they who have a wide range of information on the internet about the respite centre they have, they sent me download links to the range of videos they have. I selected one[2] which I then used during this process; this proved to be a valuable tool in presenting the project to the interviewees.

Whilst the video was being watched I explained that in America no one gets free healthcare, so when they talked about paying for it there was a real difference, I further went on to talk about healthcare for homeless people in the UK and the general feeling is that it is often little more than *patch 'em up and send 'em out*' service. Some of those who I spoke to said that they had experience of going to hospital, being discharged and then having to return to hospital again.

I went on to discuss the idea of the Medical Respire Centre and talked about the plans to look at the homeless person as a whole. I found that once this conversation was opened up, and the plan to have homeless people involved from the very start, running through the questionnaire went much more smoothly.

We (myself and the interviewee) then went on to discuss how this model of care could also address some of the other non-medical issues such as housing and support needs, so that when they were discharged from the centre, they would be well enough and have enough support in place to ensure that they were provided with an opportunity to move away from street homelessness and continue to become healthier

Having completed the interview part of this project I am pleased to say that what had begun with concerns over whether or not I would be able to bring together a small group of people

[1] http://www.bhchp.org
[2] http://www.youtube.com/watch?v=doLwbPcbSrk

to form an initial advisory panel, ended with my having the luxury of being able to select people to form that 'group'.

I set about selecting a small group from those who I interviewed. Whilst I was conducting the interviews I tried to gauge how much that person engaged and the level of interest they showed in getting involved. I felt that I need to select a cross section of people which would be representative of homelessness and made my selection with this in mind. I think it's fair to add that some others who were not invited to the initial panel meeting could have offered as much input as those who were; I will be looking to revisit those at a later date and suggest ways of them getting involved.

I chose an equal balance of male and female, two of the women are black and one male has English as a second language. I also looked at the different stages each person was at so I chose two who were recovered addicts, three who are still currently using; two of the panel are resettled in independent accommodation; five were in hostels at the start and one was current rough sleeper[3].

Image © Thamesreach 2012

[3] This subject has since found a hostel bed.

What did people think of the idea of a medical respite centre?

Over the course of conducting this task I visited two hostels4 5, one specialist medical practice6 and one client run support group7. I spoke at length with 22 people who had personal experience of homelessness.

I mentioned at the start of this document I aim to steer clear of providing a range of statistics, primarily because homeless people are not just a number. I am aware that some of those who completed the questionnaire wish to retain client confidentiality and therefore all names have been removed for this purpose. I have set each question out and have written a brief account of the feedback for each one and I have demonstrated, where possible any conflict in responses received.

I have also included samples of the completed questionnaires later (Appendix 2)

1. **Do you think that a medical respite care centre will meet the needs of homeless people?**
   Without exception all of those questioned about the concept of a respite centre said that it would meet the need of homeless people. One person said that it would help some but not all. I think this is probably the most realistic answer. A project that meets the need of everyone is not a possibility and could never be created. The respite centre will not be the exception to that. However, it is felt that it will meet the need of the vast majority of those who are treated there.
2. **What essential medical services should be available at the centre?**
   Among those listed were the normal, doctors, nurses, podiatry and dentistry. It was suggested that in relation to dentistry an enhanced service could be in place offering a higher class of oral health. It was also said that an out-patients department would be welcomed as many found that going back for out-patient appointments difficult and they has missed appointments in the past. Other suggestions were an x-ray department
3. **What non-medical services should be available at the centre?**
   There was a wide range of answers for this question. I feel that there is a need to look at these responses in finer detail at a later date but the list did include:
   a. Housing advice
   b. Clothing
   c. Health check up's
   d. Needle exchange
   e. Support groups
   f. Benefits advice
   g. A.A &N.A sessions
   h. Chaplain
   i. Counselling

   As you can see this is a fairly comprehensive list and by no means exhaustive. There is a danger that by providing all of these non-medical services at the Respite Centre can see it becoming more of a one stop shop for all services than a medical unit. But these are the thoughts of those questioned and the initial advisory panel supported those views. However, if the demand shows that these are important factors in

[4] http://www.peoplecan.org.uk
[5] http://www.onehousinggroup.co.uk
[6] http://www.healthe1practice.nhs.uk
[7] http://www.thamesreach.org.uk

delivering the type of care which is needed then a way of accommodating them all should be explored.

4. **What additional skills should a doctor/medical director, nurse or support worker have when working at the centre?**
   Experience and understanding was the overriding answer, adding that respect is also something which is needed. It is clear that someone with direct experience of working within the homelessness field, personal experience or a real passion to make a difference would be key skills required by anyone employed within the centre.
5. **What kind of staff should the centre recruit?**
   I think in the main this was answered by the previous question. Some people said that ex-homeless people should be employed within the centre and I have dealt with this topic later in the document. There were also suggestions that people with experience of working with drug and alcohol dependency and mental health workers should be targeted for employment. As they would an important facture within the centre I am inclined to agree that staff with those skills should be employed.
6. **Should all staff wear uniforms?**
   Personally I feel that this would be dependent on the role they play within the centre. Very few organisations providing front line hostel staff have a uniform requirement and I don't feel that by imposing one for staff at the centre will achieve much. However, in the questionnaire a slight majority said they felt that staff should be identified by a uniform. Of those who were slightly less committed felt that the medical staff should wear a uniform and that name tags should be worn by all staff.
7. **What rules should be in place about drinking on the premises?**
   By far the largest portion of those questioned said that there should be no drinking on the premises. The rest (except one) said that it should be controlled, monitored perhaps by using a wet room facility, only in that persons room/bed-space. One person said that drinking should be an open policy and that it is up to the individual.
8. **What about drug use?**
   NO. Quite simply everyone said no to the use street drugs at the centre; and this was echoed by the three girls who attended the meeting all of whom still currently use street drugs. The feeling was that this is a health centre that could provide replacement therapy and that part of the process of getting well would be to become clean. One suggestion that did come up during this was a referral process which may fast-track rehab places.
9. **What rules regarding patient behaviour should there be? How should they be enforced?**
   No drink, no drugs, no porn was one reply; another said "If they are drunk out of their head, they must go to bed"; a code of conduct should be drawn up; everyone said respectful to others and the staff. When it came to enforcing this there it became clear that many didn't have any real idea on how to control or enforce appropriate behaviour, saying C.C.T.V might help and in one case exclusion for a limited period (almost a cooling off period) was suggested.
10. **What rules should there be for visitors? How should they be enforced?**
    Here things were a little clearer. Visitors are not allowed to bring in drink and drugs into the building, they must be respectful to staff and patients at all times and if they breach the rules then they are to be banned from entering the building.
11. **Should there be set visiting times?**
    100% said yes to visiting times. We never discussed a visiting area for those who are in shared spaces and perhaps this is something which can be discussed as the building development approaches.
12. **Should there be something to help homeless dog owners?**

There should be something to help those with pets. Suggestions ranged from having kennels at the rear of the centre to finding temporary homes for pets whilst that person stays at the centre. I am in agreement that someone with a pet should be encouraged to complete whatever medical process is needed to make them well again. Their concern for the well being of a pet should not prevent this from happening.

13. **How important are mental health issues for homeless people?**
    Mental health issues is a very important factor with homeless people as the vast percentage of them will have issues. In response to this question all of those questioned said that mental health issues are very important for homeless people.
14. **What kind of mental health support might work best in a respite setting?**
    Group therapy, counselling, one to one therapy, all of these was mentioned specifically.
15. **What kind of housing support should be made available in the centre?**
    This was discussed at great length and one of the issues around housing is that you have to present in person to the homeless persons unit for an assessment. A good suggestion is that if this policy cannot change and telephone/fax referrals cannot be made then perhaps a satellite office can be provided where housing staff can come to the building and hold assessments there.
16. **What about discharges, where should the patient be discharged to?**
    It was the general feeling that no-one should be discharged back to the street, and that accommodation should be found for everyone where possible.
17. **What kind of post discharge support should there be?**
    The main suggestions were really about continuing the care once they have been discharged; there was not clear idea of how this can be done so again this is something which needs to be explored later.
18. **How many people should be in each room?**
    There was a lot of discussion about this, many suggested that single rooms would be better than shared ones, but also agreed that this may not be possible so smaller rooms rather that large dormitory type rooms.
19. **Would ward types rooms be suitable?**
    NO, was the straight forward answer. But again, without a building it was impossible to look at what was and what wasn't viable. In relation to the use of space within the Respite Centre these are things which will need to be looked at once the building has be acquired. It is only then that internal design will be possible.
20. **How would you keep male and female patients separate?**
    Separate rooms and possibly floors or sides of the buildings. Everyone agreed that male and females should be separate.
21. **Should there be a covered area outside for smokers?**
    Yes
22. **Should it also have heating, lighting and seating?**
    Yes
23. **Should smoking cessation support for people who wish to quit?**
    Yes
24. **How important is the quality of food?**
    This is one of the subjects that people spoke about quite a lot during the interview initial panel meeting. All said that the quality of food was very important and a variety of came as to the preparation of it.
25. **Should it be hospital food prepared in the main hospital kitchen and delivered?**
    The food should be prepared on the premises and NOT brought in from a hospital kitchen.

26. Would a canteen be better?

A canteen was a better idea than food being prepared and brought in.

27. Should there be a facility for people to prepare and cook their own food?

Yes there should be. It was agreed that people should be able to cook their own food. Having a shared cooking space would give a communal feel to eating. It was mentioned that for those who cannot physically do cooking then food should be prepared for them.

28. Would it be good to have a training kitchen for people to learn basic cooking skills?

Yes, the general thoughts were that there should be a place to learn basic cooking skills. Obviously it would be beneficial to teach people basic cooking and nutritional skills.

29. Should there be any activities available in the centre and if so, what?

Yes there should be activities and a range were suggested, Karaoke, Pool, Massage therapy were among them. A point that was made during the panel meeting often people put suggestions forward for activities but then despite promises things have never materialised.

30. Should there be a television at the end of every bed?

The answer here was spit; some people said they there should be a television at the end of every bed, and that it should be free; others suggested that a bedside television should only be for those who are unable to get out of bed through illness or isolation. It was said that if there was a television at the end of every bed then no one would mix.

31. Should there be a communal room for watching television?

Yes

32. Should there be more than one.

Yes. It was felt that more than one communal television room should be available in case people wanted to watch different programmes, one person mentioned video games as well.

33. What else do you think might work well within the respite centre?

A dental suite providing very high standard of dental work, someone mentioned a small swimming pool. Jacuzzi, sauna/steam room, many people indicated activities which would work well within the respite centre.

Advisory Panel Questionnaire

I followed the same method for this section as I did the Respite Centre questionnaire but as this was much shorter questionnaire, I have copied the responses from those who completed it. Appendix 4 will have a selection of complete forms and I will add my own personal thoughts at the end.

A. **We want to set up a user group/panel, to represent patients at management level, what should it be called?**
   There wasn't a clear answer for this, answers were as follows:
   Independent Patient Panel; Client Panel & INVOLVE. For the time being is has been agreed that the name of the group will be called Advisory Panel. This will be subject to change.
B. **What role should the group/panel have?**
   Offer advice on activities. Complaints facility; Support network; To fill any role that needs to be filled; Feedback ideas and suggestions on improving the service; Share decision making; Similar to trained staff& sharing experiences
C. **How much power over decisions should the group/panel have?**
   Not as much as trained staff; equal; not sure; a lot of power to make decisions about what's going on & similar to a trade union 50/50.
D. **Should the group/panel be fixed, or should it be flexible to allow others to come and go?**
   Flexible open to everybody; fixed, if you want to go you will turn up on time.
E. **What about volunteers? Should the group/panel have volunteers?**
   Yes; if possible; yes, that way they know what's going on. One person said No! When I explored this further with them they responded " Volunteering is just like slave labour, you do all the work and someone else gets all the benefits"

F. **Should anyone who has homeless experience who begins working or volunteering at the centre be able to access employment training?**
Definitely; yes; yes and them you would have something to work towards

G. **What kind of employment training would benefit homeless people?**
Individual; nursing, housing, management skills; everything; it depends on the person; all kinds of training; with each individual it might vary;

H. **When a former homeless person becomes employed at the centre, what roles could they fill?**
Mentor, supervisor, consultant; start at the bottom but it really depends on the individual; the roles they apply for; anything with the right training; reception, cleaning, kitchen work, maintenance.

I. **Would you like to be kept informed about the progress of the centre? For example; when a building is acquired, when the opening is planned.**
Yes; yes please.

J. **How would you like to be kept informed? For example: Phone, text, email, letter, newsletter**
Any or all; email; text; newsletter and or face to face

K. **Would you like to be invited to take part in the group meetings?**
Yes

L. **How often could you attend meetings?**
Depends on the location, mainly in the afternoon or late morning, twice a week, depends on the time of the meeting, anytime, not at present; would definitely depending upon other commitments.

M. **What could help you to attend?**
Travel expenses; tea/coffee; an incentive like lunch and travel paid;

N. **Should the group/panel be paid in some way for its time when attending meetings?**
Yes; if it is within the budget it would act as an incentive.

O. **Given that a group/panel will be a very important feature at the centre, what would you like to see them be able to achieve?**
To create a more pleasant environment for services users and to help move on possibilities; people talking to help other people; just to help people that need help; to succeed; everything possible;

P. **Would you like to offer your thoughts on the questionnaire or anything else?**
A lot of service users have felt upset about broken promises regarding their future and lack of information provided. Let's hope that this project is different; I think it's a brilliant idea; One person said that the questionnaire needs to be simpler.

Panel member Tracey, deep in thought

Recommendations

1. I feel that an initial fund should be made available to support the advisory panel in its early stages. Once established is should be encouraged to seek external funding and support and rely on London Pathway should this prove too difficult. This initial fund would be to pay incentives for those who attend meetings including travel costs but also random team building sessions, Lunches, bowling etc.

2. In order to keep the advisory panel in a position where they are able to constantly feedback into the faculty I suggest that a minimum of bi-monthly sessions are held, these should be increased to monthly once the funding has been secured and fortnightly for the duration of the construction of the respite centre.

3. In order to overcome the difficulty I faced with service provision organisations I suggest a number of road show events are organised, with the Advisory Panel taking the concept of a respite centre out homeless groups and organisations. This should be supported by London Pathway and a member of medically trained staff should be in attendance.

4. I feel that a number of fact finding missions could be arranged for the advisory panel to attend. This would create an opportunity for the Advisory Panel to see:

   a.) How they are run,

   b.) How they manage to keep the interest of their members

   c.) How they reward participants for their time.

   d.) How the secured funding

   The information from these missions can be used to help develop the advisory panel from its current role looking at ways to form a patient support group once the centre opens its doors.

5. A simple easy to navigate website should be created; giving all the information about the respite centre, the various stages it has reached and allowing for continual input from people who are unable or unwilling to attend group sessions. This will also allow for flexibility of the Advisory Panel as any new members would be able to gain all the information they need to keep up-to-date and also those who miss meetings will be kept informed of events in their absence.

6. A newsletter/information sheet about London Pathway and the work towards the Medical Respite Centre could be generated and sent to all GP surgeries in the London area. This will deliver information to doctors within the area but information regarding registered homeless patients can be passed back creating a two way information source. I feel that this can be done electronically to save money, the possibility of applying to THIRD SECTOR or GP magazines may mean that this can be done free or at a greatly reduced cost. Some thought can also be given to having it as a feature article within a publication.

7. Once funding has been secured, there will be a consultation period where building contractors will be requested to submit tender to carry out the work. A member of the advisory panel should take part in this process and a compulsory clause in any contract awarded must include employment opportunities for homeless/ex homeless people with that company for the life of the contract.

8. On the subject of employment opportunities, the respite centre will look at employing homeless people in some of the non medical roles such as domestic staff. The three trainee positions which have been pencilled should be fixed and if necessary include

numeracy and literacy as part of that training so that no one is excluded from the process and will have an equal opportunity

9. In relation to funding application, consideration should be give for a delegation from the Advisory Panel to assist in that process, feeding into written applications and attending (where possible) meetings with a potential funder.

APPENDIX ONE

This is the full list of questions which were asked of the participants.

London Pathway Respite Centre Questionnaire

1. Do you think a medical respite care centre will meet to needs of homeless people?
2. What essential medical services should be available at the centre?
3. What essential non-medical services should be available at the centre?
4. What kind of staff should the centre recruit?
5. Should all staff wear uniforms?
6. What rules should be in place about drinking on the premises?
7. What about drug use?
8. What rules regarding patient behaviour should there be? How should they be enforced?
9. What rules should there be for visitors? How should they be enforced?
10. Should there be set visiting times?
11. Should there be something to help homeless dog owners?
12. How important are mental health issues for homeless people?
13. What kind of mental health support might work best in respite centre setting?
14. What kinds of housing support services should be made available in the centre?
15. What about discharges, where should the patient be discharged to?
16. What post discharge support should there be?
17. What do you think of the layout? Does it make sense?
18. Would you change anything or add anything to the layout? Please comment
19. How many people should there be in each room?
20. Would ward types room be suitable?
21. How would you keep the male and female patients separate?
22. Smoking, should there be a covered area outside for smokers?
23. Should it have seating, lighting, heating?
24. Should there be smoking cessation support for people who wish to give up?
25. How important is the quality of the food?
26. Should it be hospital food prepared in the main kitchen of a hospital and delivered?
27. Would a canteen be better?
28. Should there be a facility for people to be able to cook their own food?
29. Would it be good to have a training kitchen to help people learn basic cooking skills?
30. Should there any activities available in the medical respite centre? Are there any others that you can think of?
31. Should there be a television at the end of each bed?
32. Should there be a communal room for watching tv? Should there be more than one communal room?
33. What else would you think would go well in the respite centre?

Do you have any questions you would like to ask or points you want to raise?

Appendix two

Example A

London Pathway Respite Centre Questionnaire

Name

A respite centre is a place that will provide a stable environment to continue to get well. Sometimes s a homeless person is released from hospital because they are well enough to leave but no well enough to look after themselves. To have all the support services in one place; To assist in fully complete rehabilitation reducing the risk of going back into hospital; To provide healthy living skills training information and training; To have a unit where people with personal experience of being homeless people work together with professionals providing a decent standard of healthcare for homeless people; To sat a benchmark for healthcare services across the UK to provide the very best care to homeless people.

Do you think a medical respite care centre will meet to needs of homeless people? yes

What essential medical services should be available at the centre? - trained medical staff.
Dent, Physiotherapy, - Physical health etc

What essential non-medical services should be available at the centre?
Support Groups, housing, Social benefits etc.

What additional skills should a doctor/medical director, nurse or support worker have when working at the centre to help homeless people?
Comm skills, people skills like skills

What kind of staff should the centre recruit?
Fully equal - dedicated to helping the people

Should all staff wear uniforms?
Yes to distinguish who is who.

What rules should be in place about drinking on the premises?
No drinking - could be fights, accidents

What about drug use?
None - " " " "

What rules regarding patient behaviour should there be? How should they be enforced?
Respectful - control.

What rules should there be for visitors? How should they be enforced?
Respectful to staff - Visitors to follow rules

Should there be set visiting times?
Yes - Flexible, Depending on circumstances

Appendix two

Example B

What do you think of the layout? Does it make sense?
Yes

Would you change anything or add anything to the layout?
Please comment I think the male layout is very good AS I have been put it this PERMISSION

How many people should there be in each room?
two

Would ward types room be suitable? yes but Not Mixed

How would you keep the male and female patients separate? I would not AS their Are ADults And Male and Female Patients Should be told about sex Acts

Smoking, should there be a covered area outside for smokers?
yes

Should it have seating, lighting, heating?
yes

Should there be smoking cessation support for people who wish to give up?
yes

How important is the quality of the food?
Very

Should it be hospital food prepared in the main kitchen of a hospital and delivered?
NO

Would a canteen be better?
yes

Should there be a facility for people to be able to cook their own food?
yes

Would it be good to have a training kitchen to help people learn basic cooking skills?
yes

Should there any activities available in the medical respite centre? Are there any others that you can think of? yes training and activi

Should there be a television at the end of each bed?
yes

Should there be a communal room for watching tv? Should there be more than one communal room?
yes but Not Just For TV but For Communal games

What else would you think would go well in the respite centre?
Lots of Support

APPENDIX THREE

Advisory Panel Questionnaire

In this section the following questions were asked. The number who completed this part of the questionnaire was less that the first one. I limited these questions to those who felt they would be able to take part in an advisory panel for the Medical Respite Centre. I will offer a solution to increase the level of input from service clients in my recommendations.

- We want to set up a user group/panel, to represent patients at management level, what should it be called?
- What role should the group/panel have?
- How much power over decisions should the group/panel have?
- Should the group/panel be fixed, or should it be flexible to allow others to come and go?
- What about volunteers? Should the group/panel have volunteers?
- Should anyone who has homeless experience who begins working or volunteering at the centre be able to access employment training?
- What kind of employment training would benefit homeless people?
- When a former homeless person becomes employed at the centre, what roles could they fill?
- Would you like to be kept informed about the progress of the centre? For example; when a building is acquired, when the opening is planned.
- How would you like to be kept informed? For example: Phone, text, email, letter, newsletter
- Would you like to be invited to take part in the group meetings?
- How often could you attend meetings?
- What could help you to attend?
- Should the group/panel be paid in some way for its time when attending meetings?
- Given that a group/panel will be a very important feature at the centre, what would you like to see them be able to achieve?
- Would you like to offer your thoughts on the questionnaire or anything else?

Appendix four

Example A

We want to set up a user group/panel, to represent patients at management level, what should it be called? INVOLVE

What role should the group/panel have? Share decision-making

How much power over decisions should the group/panel have? Equal

Should the group/panel be fixed, or should it be flexible to allow others to come and go? flexible

What about volunteers? Should the group/panel have volunteers? YES

Should anyone who has homeless experience who begins working or volunteering at the centre be able to access employment training? YES

What kind of employment training would benefit homeless people? INDIVIDUAL

When a former homeless person becomes employed at the centre, what roles could they fill? Mentor, Supervisor, consultant

Would you like to be kept informed about the progress of the centre? For example; when a building is acquired, when the opening is planned. YES

How would you like to be kept informed? For example: Phone, text, email, letter, newsletter
newsletter, letter and/or face to face

Would you like to be invited to take part in the group meetings?

How often could you attend meetings? location?

What could help you to attend? Travel expense

Should the group/panel be paid in some way for its time when attending meetings? Vouchers?

Given that a group/panel will be a very important feature at the centre, what would you like to see them be able to achieve? Everything possible.

Would you like to offer your thoughts on the questionnaire or anything else? No

Appendix Four

Example B

We want to set up a user group/panel, to represent patients at management level, what should it be called?

What role should the group/panel have?
TO FILL IN ANY ROLE NEED'S FILLING
How much power over decisions should the group/panel have?
A LOT OF POWER TO MAKE DECISIONS ON WHAT GOES ON
Should the group/panel be fixed, or should it be flexible to allow others to come and go?
FIXED IF YOU WON'T TO GO YOU WILL TURN UP ON TIME
What about volunteers? Should the group/panel have volunteers?
YES SO THEN THAY KNOW WOT'S GOING ON
Should anyone who has homeless experience who begins working or volunteering at the centre be able to access employment training?
YES SO THEN THAY HAVE SUMMING TO WORK TOWARD'S
What kind of employment training would benefit homeless people?
IT DEPPENDS ON THE PERSON
When a former homeless person becomes employed at the centre, what roles could they fill? ANY WITH THE WRIGHT TRAINING
Would you like to be kept informed about the progress of the centre? For example; when a building is acquired, when the opening is planned.
YES
How would you like to be kept informed? For example: Phone, text, email, letter, newsletter
ALL OF THE ABOVE
Would you like to be invited to take part in the group meetings?
YES
How often could you attend meetings?
DEPPENDS ON THE TIME'S OF THE MEETING'S
What could help you to attend?
AN INCENTIVE LIKE LUNCH + TRAVEL PAID FOR
Should the group/panel be paid in some way for its time when attending meetings?
YES
Given that a group/panel will be a very important feature at the centre, what would you like to see them be able to achieve?
TO HELP PEOPLE THAT NEED HELP
Would you like to offer your thoughts on the questionnaire or anything else?

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