



## **Working for Health**

*Healthcare for the homeless*

### **Presenter**

The problems of providing healthcare for homeless people. Norma is a nurse who works specifically with homeless people.

### **Norma House**

The idea of our services and 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 practise as most of us would actually access it, 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 practise, and were put onto accident and emergency where often it was inappropriate for them to be attending with a sore throat. So it's about making access to health care 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 our clinic room door's open and clients can just call in to me with any issue that they have around health and I will actually help facilitate that, giving 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 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 they ask me to visit the GP 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 surgery. Where I think without that link they may feel that they are not welcome at the GPs 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 sore throat, it may well be that 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 it 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 will be very much trying to help the client decide what's important to them at this time, but maybe make 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 often into a hospital consultant appointment 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, 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 the other 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 a X-ray, he's 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 that 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 from, very much, one of isolation for them, and often the 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 they are out on their own and very few people for them to talk to 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 we can off load those anxieties and often it is about off loading a share of the anxieties to try and present some of the mental health difficulties.

Access to any of the health care for the client group is very difficult and some of those access points are people who have difficulty with dental problems, difficulties accessing a dentist, and again that would 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, the amount of people who have got tooth decay until it actually presents a pain they will obviously want something done about it. Another presenting problem is a lot of client groups do a lot of walking in the same pair of shoes, the same socks, perhaps having little access to to shower and sort of personal hygiene facilities, so will often present with feet problems, and the types 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 problem is 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 would be extremely good if we can get in before things start to happen.

#### **Presenter**

Brian, another Big Issue seller who had a stroke of luck.

#### **Brian**

Well I was stood outside Victoria Coach Station, not begging, with a blanket over me and two Australian people come up to me, here's a cup of tea and a sandwich. What would you do if I give you 50 pounds. And I said, well I might catch a bus to Brighton. So they went back and told me to get packed and give me a 50 pound note. And that's nearly 6 year ago. And I've been to Brighton and I haven't looked back.

In Brighton they helped me out. Brighton Housing Trust helped me out. Well they asked me if I had a deposit, (interruption: right)so I worked hard (interruption: right) on the Big Issue, I got £75 deposit. I was living on the streets of London 17 year, (interruption: were you ) I've been in Brighton 6 year, I've been doing the Big Issue 5 year, (interruption: right) right, and now I've got myself a flat working hard on the Big Issue.